



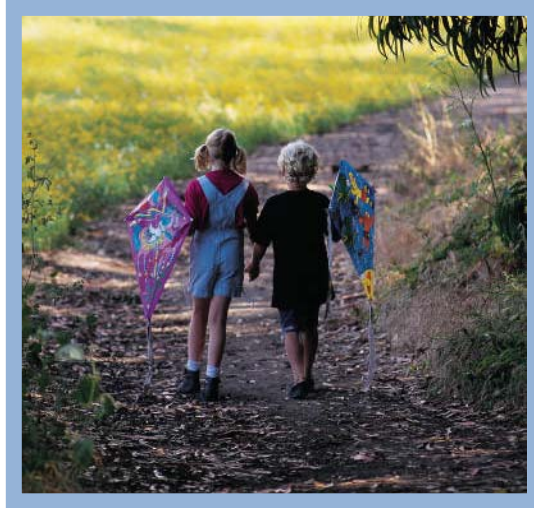
# **2015-2017 Strategic Plan**

***Adopted on  
December 9, 2014***

## Table of Contents

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Mission / Vision.....	3
Introduction / The Critical First 5 Years .....	4
Proposition 10 – California’s Children and Families Act .....	5
About Stanislaus County’s Commission.....	6
About Stanislaus County and Its Young Children.....	7 – 8
Areas of Focus, Results, and Objectives.....	9
What is the Stregthening Families Approach? .....	10
Funding Criteria.....	11
Prioritizing Locations for the Delivery of Services .....	12
Planned Expenditures for 2015 – 2017 .....	13 – 14
Matrix of Prioritized Services, Providers, Locations (with Associated Protective Factors) .....	15 – 17
Evaluation .....	18 – 19
Final Comment.....	20



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### *Mission*

Promoting the development and well-being of children 0 through 5



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### *Vision*

All of Stanislaus County's children will thrive in supportive, safe, nurturing, and loving environments; are healthy, eager, and ready learners; and become productive well-adjusted members of society.

## Introduction / The Critical First 5 Years

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The first 5 years of a child's life are critical because early experiences shape how a child's brain grows and develops. Early childhood development research shows that a child's brain develops more rapidly during those first 5 years than at any other time. The environment in which a child lives, plays, and learns has an enormous effect on the rest of his or her life.

The Stanislaus County Children and Families Commission is dedicated to promoting children's development and well-being by supporting programs that make a difference in the emotional, physical, and intellectual experiences in a child's first 5 years. Every year, the Commission invests millions of dollars in vital services for children 0 through 5 and their families in the areas of health, safety, family support, and child development.



Coordinated, long range, strategic decisions need to be made about the areas where Proposition 10 resources can best be used. A Strategic Plan is the vehicle used by the Stanislaus County Children and Families Commission to express its focus, direction, and desired results. An effective strategic plan takes into account the environmental factors that inevitably affect the implementation of the strategic plan and the progress towards countywide goals. The Commission recognizes that Stanislaus County and its population are unique, and the following sections of this Plan reflect the distinctive qualities and challenges of our county:

- 📌 Proposition 10 and the Stanislaus County Children and Families Commission formed under the law
- 📌 The county and its children – including race/ethnicity and languages spoken
- 📌 Areas of focus, results, and objectives
- 📌 Utilizing a Strengthening Families approach
- 📌 Funding criteria
- 📌 Planned expenditures
- 📌 Matrix of prioritized services, providers, and locations
- 📌 How programs will be evaluated

The purpose of this Strategic Plan is to express, explain, and describe the Commission's mission and vision in a manner that will guide future operational and funding decisions.

## *Proposition 10 – California’s Children and Families Act*

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In November of 1998, California voters passed Proposition 10, an initiative popularly known as the California Children and Families Act. The initiative’s goal is simple: to help ensure that our youngest children, from prenatal through five years of age, get the best possible start in life. The ballot measure added a tax of 50 cents per pack on all cigarettes purchased in the state and a comparable tax on other tobacco products. The revenues collected are used to create and supplement education, health, and childcare programs that promote early childhood development.

The purpose, intent, and duties of the Commission (which were codified as Sections 130100 through 130155 of the State of California Health and Safety Code) are as follows:

- ✎ Facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure children are ready to enter school
- ✎ Provide greater local flexibility in designing delivery systems and to eliminate duplicate administrative systems
- ✎ Use outcome-based accountability systems to determine future expenditures

Revenues generated by the Proposition 10 tax are deposited into the State California Children and Families Trust Fund. It is estimated that \$420 million will be collected in 2014-2015, and Stanislaus County’s share of the collections will be approximately \$5,100,000. Future revenues are expected to decrease as a result of decreased tobacco usage and decreased interest income (due to a smaller reserve).



## About Stanislaus County's Commission

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Following voter approval of Proposition 10 in November 1998, the Stanislaus County Children and Families Commission was established by the Stanislaus County Board of Supervisors on December 8, 1998, pursuant to Ordinance #687. The ordinance provides that the Commission shall operate as an independent "County agency". The governing board of the Commission, which is appointed by the Board of Supervisors, is comprised as follows:



- ↳ 1 Member of the Commission shall be a member of the Board of Supervisors
- ↳ 1 Member of the Commission shall be a County Health Officer
- ↳ 2 Members of the Commission shall be two of the following County Department Heads: Health Services Agency Director, Behavioral Health and Recovery Services Director, Community Services Agency Director
- ↳ 1 Member shall be a representative of a local school district
- ↳ 4 Members shall be community representatives

The Commission, which meets on the 4<sup>th</sup> Tuesday of the month, adopts a strategic plan, establishes policy direction, and exercises general oversight of the programs and contracts funded with Proposition 10 funds. It relies on its appointed Executive Director to conduct day-to-day operations and supervise Commission staff. At least annually, the Commission reviews its:

- ↳ Strategic plan
- ↳ Priorities, results, and objectives
- ↳ Internal Evaluator's report on the progress Stanislaus programs have made towards attaining the mission and vision of the Commission as expressed through the strategic plan

### Commission Membership as of December 2014

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<u>Name</u>	<u>Position</u>	<u>Date of Original Appt.</u>	<u>Current Term Expires</u>
Vicki Bauman	School Representative	June 2005	August 2016
Vito Chiesa	Board of Supervisors	January 2009	December 2014
David Cooper, Vice-Chair	Community Representative	September 2006	August 2015
Denise Hunt	Community Representative	September 2011	August 2017
Mary Ann Lee, Chair	Health Services Agency	November 2007	Permanent
Nelly Paredes-Walsborn	Community Representative	September 2004	August 2016
Madelyn Schlaepfer	Behavioral Health and Recovery	November 2012	Permanent
George Skol	Community Representative	June 2002	August 2017
John Walker, MD	Public Health Officer	November 2000	Permanent

## About Stanislaus County and Its Young Children

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Stanislaus County is located in the heart of Central California in the San Joaquin Valley. There are diverse geographic and cultural areas within the county, ranging from urban to rural and metropolitan to isolated. The communities vary in population size from under 1,000 to more than 200,000 people.<sup>1</sup> The county's rich soil and mild climate make it ideal for agricultural production, an industry with a value of over \$3.6 billion in 2013.<sup>2</sup> Agribusiness is a large component of the County's economy, and includes those businesses that are connected to agricultural production (e.g., food packing and shipping). Stanislaus County also employs a large percentage of people in education and social services, and the increasingly developing health care industry.



### Language and Race/Ethnicity Distribution

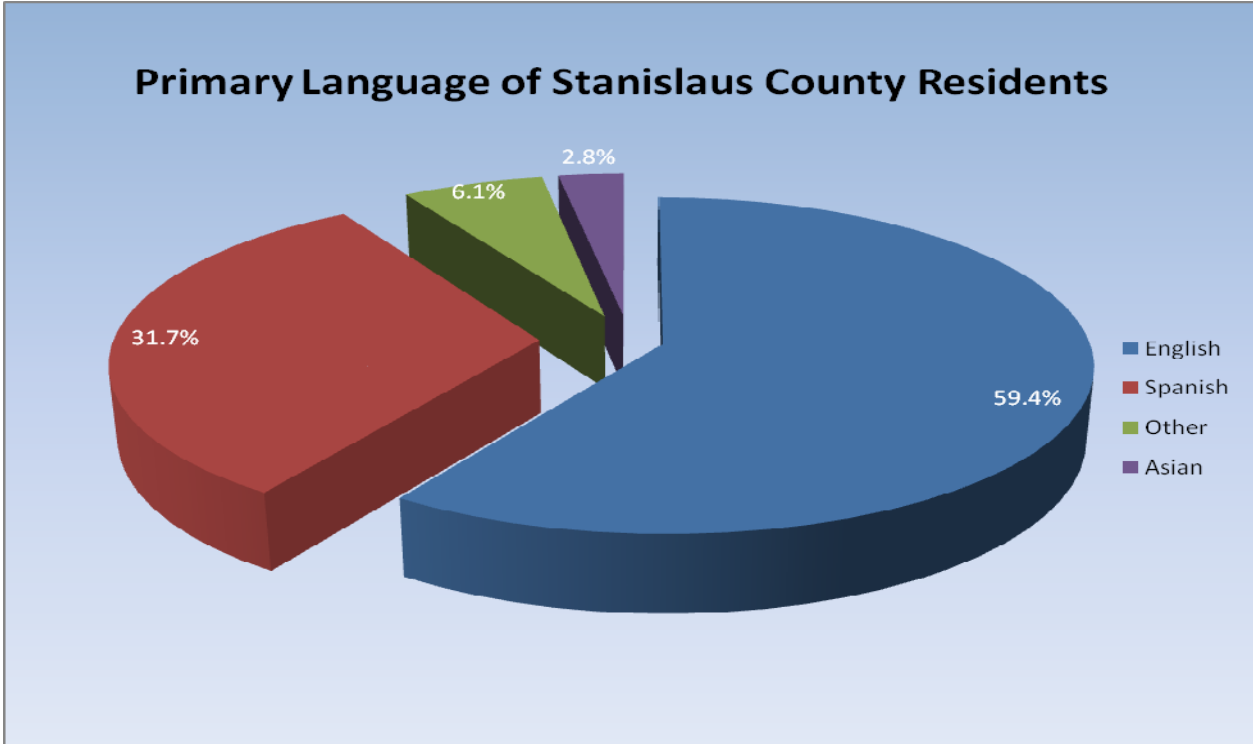
The county is home to over 525,000 people of diverse race/ethnicities. It is expected that Hispanic population growth will continue to outpace other races/ethnicities. By 2030, the general population percentage of Whites is projected to decrease to 40% while the percentage of Hispanics will increase to 48%. Asian (6%), Black (2%), American Indian (.5%), Pacific Islander (.5%), and Multi-Race (2%) populations are expected to remain fairly consistent.<sup>3</sup>

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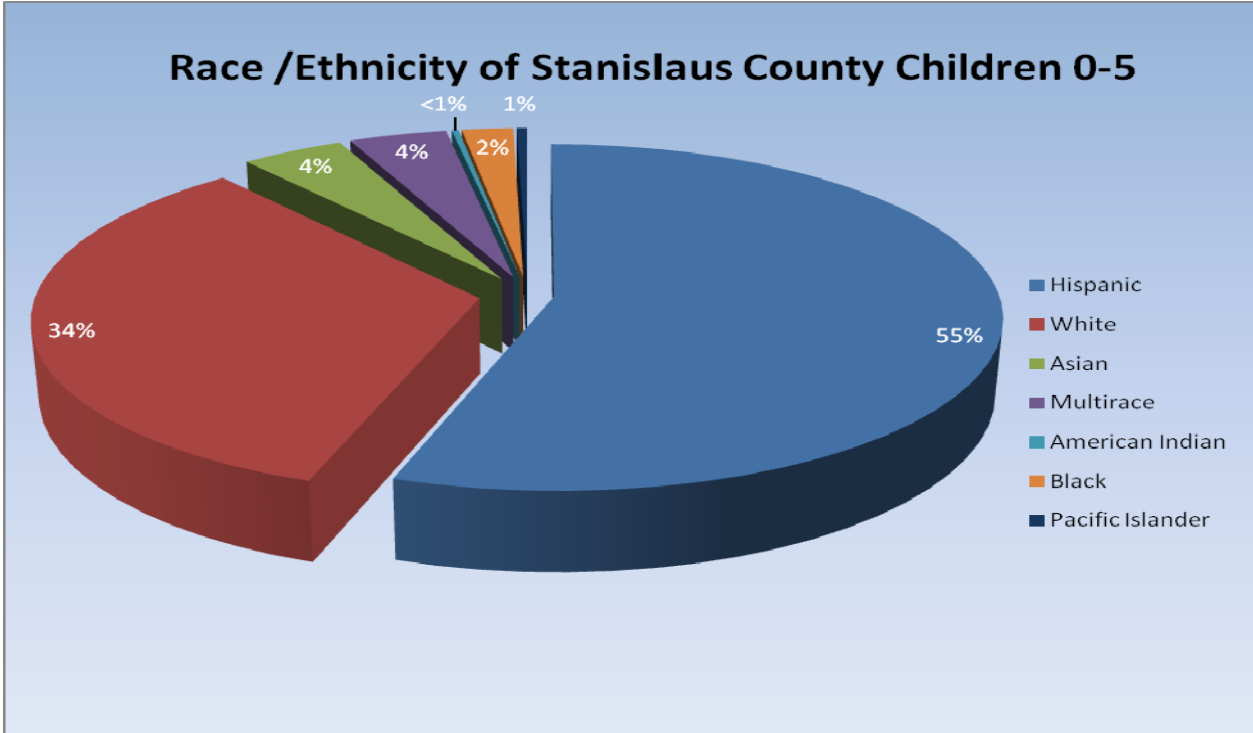
<sup>1</sup> State of California, Dept. of Finance, E-1 Population Estimates for Cities, Counties, and the State – January 1, 2013 and 2014: Sacramento, CA, May 2014;

<sup>2</sup> The Stanislaus County Agricultural Crop Report 2013. [www.stanag.org/ag/croprpts/croppdf/2013-crop-report.pdf](http://www.stanag.org/ag/croprpts/croppdf/2013-crop-report.pdf)

<sup>3</sup> State of California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2010-2060, Sacramento, CA, July 2007. <http://www.dof.ca.gov/research/demographic/reports/projections/P-3/>



Language spoken at home; U.S. Census Bureau, 2013 American Community Survey



State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2010–2060*. Sacramento, CA, May 2014.



## Areas of Focus, Results, and Objectives

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Using the Strengthening Families approach (which is described on the next page), the Commission focuses on providing services and producing results in the areas of family functioning, health, child development, and sustainable systems. In these areas of focus, the Commission's desired results for children 0-5 in Stanislaus County are listed below with corresponding objectives:

- 📌 Families are supported and safe in communities that are capable of supporting safe families
  - ✓ Maintain positive trends in the reduction of repeat child maltreatment reports
  - ✓ Decrease incidents of child abuse and maltreatment
  - ✓ Increase positive social support for families
  - ✓ Increase family resilience capacity (knowledge, skills, and awareness) to promote healthy development and safety
  
- 📌 Children are eager and ready learners
  - ✓ Increase families' ability to get their children ready for school
  - ✓ Increase the number of children who are cognitively and socially-behaviorally ready to enter school
  
- 📌 Children are born healthy and stay healthy
  - ✓ Increase the number of healthy births resulting from high-risk pregnancies
  - ✓ Increase community awareness and response to child health and safety issues
  - ✓ Increase / maintain enrollments in health insurance products
  - ✓ Maintain access and maximize utilization of children's preventive and ongoing health care
  
- 📌 Sustainable and coordinated systems are in place that promote the well-being of children 0-5
  - ✓ Improve collaboration, coordination, and utilization of limited resources
  - ✓ Increase the resources\* and community assets leveraged within the county
  - ✓ Increase in resources coming into Stanislaus County, as a result of leveraged dollars



Each service that the Commission will fund is expected to contribute to one or more of these results by impacting the lives of program participants.

*\*The term resources, as used in this plan, is inclusive of people (human capital), money, and facilities.*

## *What is the Strengthening Families Approach?*

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Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Because research studies support the common-sense notion that when these Protective Factors are well established in a family the likelihood of negative outcomes diminishes, the Commission's funded services are to be focused in one or more of these areas:

**Parental Resilience** - Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

**Social Connections** - Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community.

**Concrete Support in Times of Need** - Basic economic needs like food, shelter, clothing and health care are essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

**Knowledge of Parenting and Child Development** - Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Studies show information is most effective when it comes at the precise time parents need it to understand their own children.

**Social and Emotional Competence of Children** - A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

The services listed in the Matrix of Priorities on pages 16 and 17 of this Plan address each of these Protective Factors. To integrate the Strengthening Families initiative into the Commission's framework of services, each service listed on the Matrix is classified under the Protective Factors it is most closely associated with. The purpose of including the Strengthening Families Approach in the Commission's Strategic Plan is to bring attention to the type of work performed by contractors, promote a community conversation about supporting families, and encourage the use of a "common language" when collaborating with other agencies and providing services to clients.

## Funding Criteria

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As the availability of funds diminishes, the Commission will make decisions about services and providers / organizations to be funded based on the following criteria.

### **When making funding decisions, the Commission will give priority to services that:**

- balance prevention and long term results with immediate intervention impacts.
- are delivered at the local, community level and build community, organizational or collaborative structure capacity.
- can be delivered in various parts of the county either by different organizations in multiple communities or by one organization throughout the county.
- have a reasonable unit cost, based on similar programs and services.
- are closely related to the Commission's desired results and objectives.
- the Commission can invest in responsibly.
- are evidence-based (promising or best practice models).
- are considered high priority for the community.
- demonstrate significant participant results.
- in combination with other services, result in a viable project.
- are responsive to Commission strategies.
- are not readily available from other programs.

### **When making funding decisions, the Commission will give priority to providers / organizations that:**

- have demonstrated the ability to leverage a broad range of resources.
- have a high level of adherence to contract terms and Commission policies and procedures, and a history of delivering on projects as contracted.
- are responsible and are prepared to efficiently deliver services as contracted.
- have clearly stated, realistic objectives with measureable program results.
- show stewardship and have the capacity to implement services.
- create viable projects by combining Commission funds with other resources.
- the Commission can invest in responsibly.
- use evidence-based program designs (promising or best practice models).
- are capable of developing and delivering services in a culturally proficient manner.
- demonstrate evidence of strong collaborations.
- are responsive to Commission strategies.
- have demonstrated successful sustainability efforts.

## Prioritizing Locations for the Delivery of Services

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To prioritize where services are delivered, the Children and Families Commission will consider a variety of factors, including:

- Accessibility of location
- Availability of public transportation
- Availability of related or coordinated services at the location
- Proximity to community centers
- Geographical coverage
- Ease/cost effectiveness delivering services at the location
- Opportunities for economies of scale

When making prioritization decisions for locations, the Commission will consider information from evaluation reports, collaboration and leveraging reports, contractor reports, and other information related to services, programs, and community needs.

## *Planned Expenditures for 2015-2017*

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### **Overview**

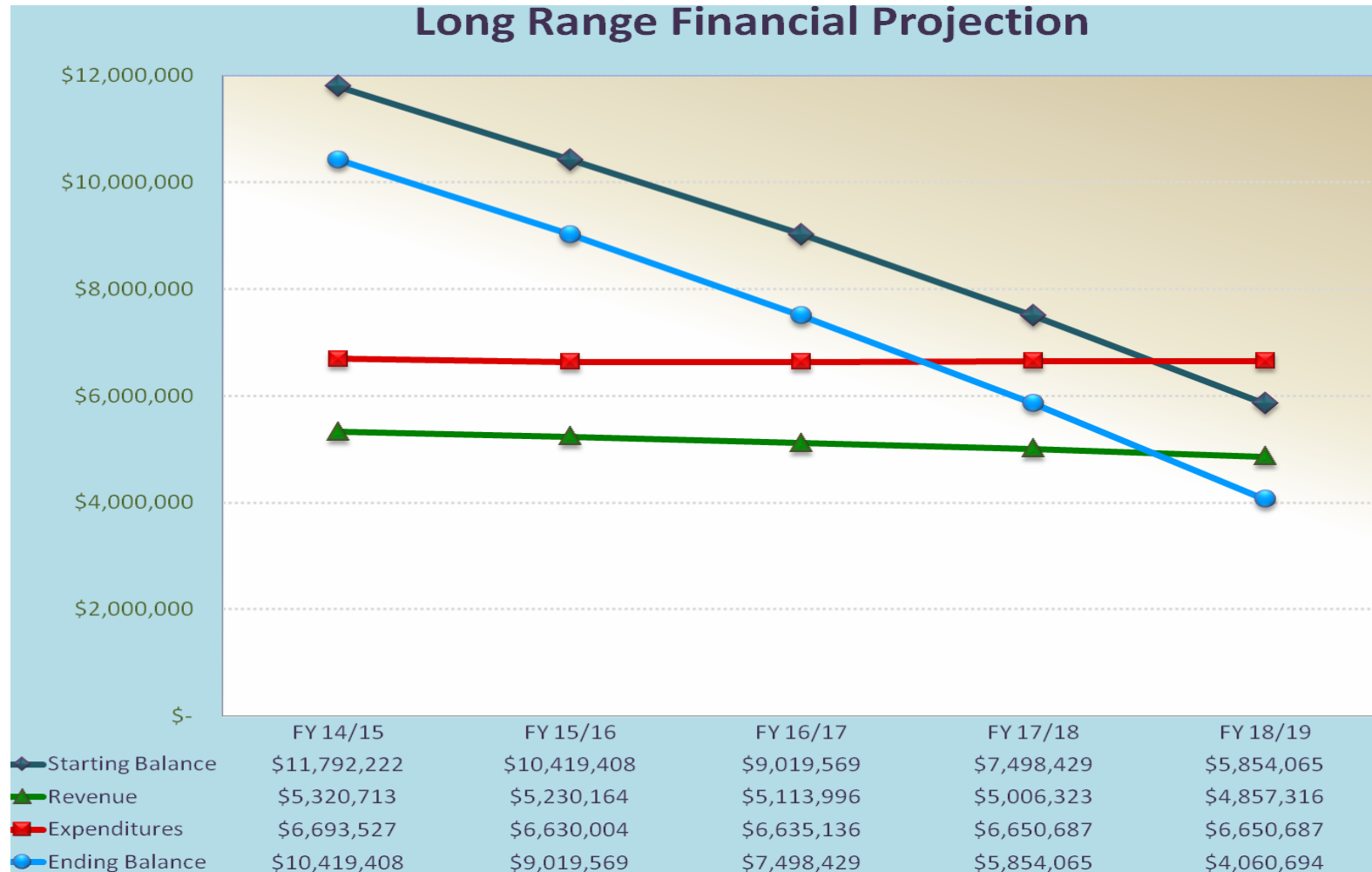
The balance in the Stanislaus County Children and Families Trust Fund (as of June 30, 2014) is over \$11,000,000. This amount represents, as of the end of the 2013-2014 fiscal year, periodic allocations received from the State Trust Fund plus accumulated interest less actual expenses.

It is important to note that the Commission's financial policies require a six month operating reserve be set aside from this reserve balance amount. The amount to be set aside for the six month operating reserve will vary each year and decrease over time since the amount is based on the Commission's decreasing annual revenue stream.



**Projections Under This Strategic Plan**

During this Strategic Plan, the Commission will use fund balance and anticipated revenues to create a stable, consistent funding level for the three years covered by this plan. The following chart illustrates this strategy.



As can be seen, starting balances are expected to decrease as a result of decreased tobacco tax revenues and a planned spend down of reserves.

## Matrix of Prioritized Services, Providers, Locations (with Associated Protective Factors)

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The following matrix is a compilation of the prioritized list of services, prioritized providers for each service, and prioritized locations for service delivery. This matrix will be used to guide staff recommendations and Commission decisions regarding services to be funded, the providers to be offering the services, and the locations where services are to be delivered. Budget constraints and fiscal considerations will determine the number of services, providers, and locations that can be supported with Commission funds.

How to read the Matrix (found on pages 16 and 17 of this document):

- Column 1 on the left hand side of the page is the priority number for the service listed in the second column (between the first two vertical blue lines). For example, the second service priority for the Commission is parenting classes.
- Columns 3-7 (between the 2<sup>nd</sup> and 3<sup>rd</sup> vertical blue lines) contain the preferred providers for the identified service. For example, the Commission prefers that parenting classes (service priority #2) be provided by the following providers (listed in priority order): 1. DR/FRC staff, 2. CBO staff, and 3. School staff.
- Columns 8-16 (to the right of the 3<sup>rd</sup> vertical blue line) contain the preferred location where an identified service is to delivered. For example, the Commission prefers that parenting classes (service priority #2) be provided at the following locations (listed in priority order): 1. DR/FRC sites, 2. CBO sites, and 3. School sites and other learning sites (tie).
- Column 17 (the farthest column to the right) indicates which of the five protective factors are most closely associated with the service being provided. Using the key at the bottom of pages 16 and 17, parenting classes (priority #2) addresses the social connections and knowledge of parenting and child development protective factors.



Factors such as agency capacity, the cost of providing services, staff availability, economies of scale, location accessibility, etc. will be taken into account as funding decisions are made. This means that not all of the staff service providers and service delivery locations of a particular service will or must be funded before a lower priority service is funded. This permits the Commission to blend a combination of lower cost/wide impact programs with higher cost programs serving a smaller number of participants.

## Matrix of Prioritized Services, Providers, Locations (with Associated Protective Factors)

Service Priorities	CBO Staff	DR/FRC Staff	Health Staff	Mental Health Staff	School Staff	Community Based Organizations (CBO)		DR / FRCs	Medical Clinic	Mental Health Clinic	School Sites	Other Early Learning Sites	Mobile or Home Locations	Countywide (no specific location)	Campaign	Protective Factor(s)
1	Case management	3	1	2	4		3	1		4		4	2			A,B,C,D,E
2	Parenting classes	2	1			3	2	1			3	3				B,D
3	Pregnancy / infant intense services			1									1			B,C,D
4	Family / child crisis support services	2	1		3		2	1		3						A,B,C,E
5	Pregnancy / infant support groups	1	1	1		2	1	1			2					B,D
6	Resource and referral services	1	1	1	1	2	1	1			2		2	1		A,B,C
7	Behavioral health consultation				1		1	1			3	2				A,D,E
8	Developmental screenings	2	1		1	3	2	1		1	3	2	3			D,E
9	Interim outpatient health care			1					1							C
10	Children's book distribution	1	2			3	1	2			4		3			E
11	Family literacy	2	1			3	2	1			3					D
12	Kindergarten readiness services					1					1					D,E
13	Child literacy classes	1	2			1	1	2			1					D,E
14	Community outreach	1	1	1	1	1								1		B

A – Parental Resilience    B- Social Connections    C- Concrete Support in Times of Need    D- Knowledge of Parenting & Child Development    E- Social & Emotional Competence of Children



	Service Priorities	CBO Staff	DR/FRC Staff	Health Staff	Mental Health Staff	School Staff	Community Based Organizations (CBO)	DR/FRCs	Medical Clinic	Mental Health Clinic	School Sites	Other Early Learning Sites	Mobile or Home Locations	Countywide (no specific location)	Campaign	Protective Factor(s)
15	Individual mental / behavioral health services				1		2	2		1	2		1			A,C,D,E
16	Group mental / behavioral health services				1		2	1			2					A,C,D,E
17	Depression screenings	1	1	1	1		1	1		1	1		1			A,C
18	Oral health education			1			2	1			1					B,C
19	Health and safety classes and materials	1	2	1		2	1	2			2					B,D,E
20	Oral health screenings and varnish			1			2	1			1					C,D
21	Health insurance enrollment services	2	1	1		3	2	1	1				1	1		A,C
22	Promoting caregiver-child interaction	1	1		2		1	1			2					A,D,E
23	Adult literacy classes	2	1				2	1								A,B
24	Child development classes				1						1					D,E
25	Resources and trainings for child care providers	1					1	2			1					A,B,D
26	Health screenings	2		1			2						1			C
27	Public awareness campaigns for health, safety, and early child care education	1		1	1										1	B

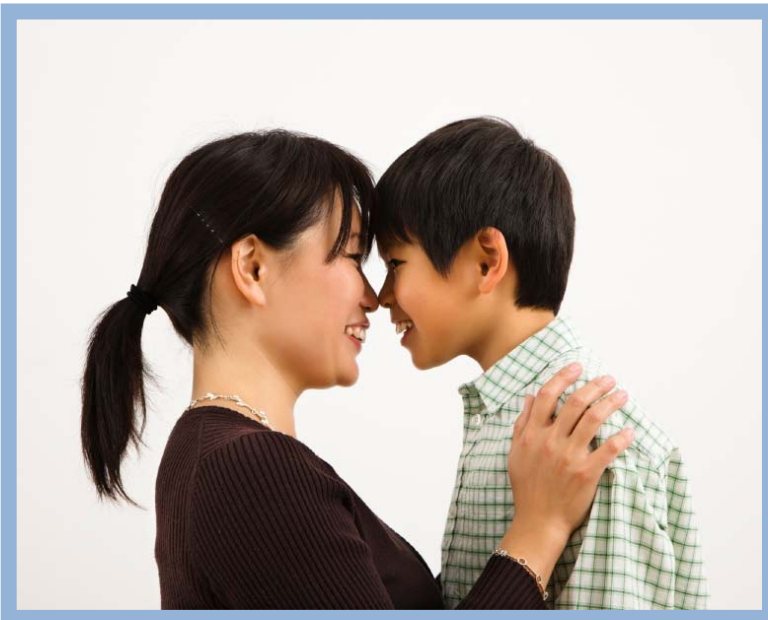
A – Parental Resilience    B- Social Connections    C- Concrete Support in Times of Need    D- Knowledge of Parenting & Child Development    E- Social & Emotional Competence of Children

## Evaluation

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The Stanislaus County Children and Families Commission is dedicated to the ongoing and comprehensive evaluation of its work and that of Prop 10 funded programs in order to ensure accountability and progress towards results for children 0-5 and their families.

The California Children & Families Commission developed a results-based accountability (RBA) system in 2002. This system tracks progress and results in the areas of family functioning, child development, maternal and child health, and systems change in order to support improvement in program planning and policies, and to assist in more effective funding decisions on state and local levels. In an effort to support the State's accountability efforts, as well as the County's, the Commission established a structure to evaluate its programs in alignment with the state's result areas framework.



### Evaluation Purpose and Goals

Effective evaluation incorporates information, reflection, learning, and action. It is the systematic acquisition and analysis of information to provide useful feedback to a funded program and to support decision making about continuing or altering program operations. Evaluation is also an ongoing process in which questions are selected, framed, and answered in order to assess the value and effectiveness of programs, as well as to further strengthen and build the capacity of programs when utilized in a meaningful way.

The evaluation process is intended to answer the questions “how much was done, how well it was done, and is anyone is better off”? During the evaluation process, the Commission acquires, reports, and analyzes information, and shares that information with stakeholders (i.e., programs, community, funders, legislators). The information is also used as a basis for decisions and action to improve programs and results.

### Evaluation Approach

The evaluation is a cooperative process between the Commission and funded contractors, each having specific responsibilities. The contractors are accountable for collecting, compiling, analyzing, and reporting data regarding their programs. The Commission is also responsible for collecting, compiling, analyzing, and reporting data from the multiple contractors, and then sharing that information with stakeholders. Additionally, the Commission is responsible for providing technical assistance for programs during this process.

Several methods, using both qualitative and quantitative data sources, are employed to evaluate programs and the Commission's progress towards results. The analysis of data, site visits and interviews

are examples of techniques used for evaluation. The following are sources of data that the programs and Commission utilize throughout the evaluation process:

- 📌 Outcome-based scorecards (SCOARRS)
- 📌 Budgets
- 📌 Invoices
- 📌 Demographic Data Sheet (DDS)
- 📌 Family Development Matrix
- 📌 Contracts
- 📌 Scopes of work
- 📌 Site visit reports and discussions
- 📌 Program correspondence
- 📌 Annual reports



### **Evaluation Deliverables**

The evaluation framework allows the Commission to share important information with stakeholders, both local and statewide, illustrating accountability, effectiveness and impacts on children 0-5, their families, and their communities. The Commission publishes a Local Annual Report and an Annual Program Evaluation, holding public hearings for both. This information is used to assist in decision-making and continuous improvement, directing the Commission and programs to repeat and enhance effective strategies, as well as to serve as a catalyst for improvement where appropriate. Ultimately, evaluation assists the Stanislaus County Children and Families Commission in knowing it is making the best investments possible to promote the development and well-being of children 0 – 5.

## *A Final Comment*

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The Stanislaus County Children and Families Commission has a solid track record of promoting the health and development of the county's population aged 0 through 5. The recent downturn in the economy has caused tobacco tax revenues to decrease at the very same time demands for children's services have increased. The Commission has spent years preparing itself and its contractors for anticipated tobacco-tax revenue decreases. However, regardless of any change in its resources, the Commission will continue to promote the development and well-being of the county's youngest residents and will continue to use the resources available to it to maintain and improve the positive impacts made by funded programs in recent years.

In regards to implementation of this Plan, adoption of a 2015-2016 budget will be the first step in that process. The Commission will consider adoption of a 2015-2016 budget in the late spring of 2015. Subsequent budgets implementing this Plan will be considered by the Commission in the late spring of 2016 and 2017.

This strategic plan refines the Commission's priorities so limited resources are expended in areas where the greatest benefit for children and their families can be generated. Throughout the period covered by this Strategic Plan, the Commission plans to provide consistent support to its highest priority programs. The health and well being of the County's youngest residents depends on the Commission's ability to balance competing needs while making effective and consistent investments.

