



# **STRATEGIC PLAN**

## **2014-2020**

75-A Diamond Valley Road, Markleeville, CA 96120 ●  
(530) 694-1334



### Vision

*All of Alpine's children will thrive from birth and are provided a foundation for life long success.*

### Mission

*Serve as a leader and partner to provide 0-5 children and families of Alpine County an environment which fosters a foundation for physical and emotional health that enhances learning and success.*















## **First 5 Alpine Goals and Strategies**

This section defines and describes the key components of the 2008-2013 Alpine Strategic Plan and how they connect.

<b>GOAL</b>	A long-range (e.g., 3 or more years) statement of desired change in the condition of well being for children, adults, families or communities, based upon the vision that “all California children enter school healthy and ready to learn.” (Tells “where” the future should lead)
<b>STRATEGY</b>	The method used by the commission to achieve the goal.
<b>OUTCOME</b>	A description of the desired change that is short-term (1-3 years), measurable, actionable, realistic and (time) specific. Outcomes support the achievement of the goal. (Describes “what” will signal progress toward First 5 goals)
<b>INDICATORS</b>	Specific process and/or performance measures used to determine whether programs, services, projects, or initiatives are achieving goals and focus area results.

### ***2014-2020 Goals, Strategies, Outcomes, and Indicators***

The California Children and Families Commission provides guidelines for counties to follow when developing their strategic plans. County commissions must develop strategic plans that address the four strategic results identified by the State Commission:

1. Improved Family Functioning: Strong Families
2. Improved Child Development: Children Learning and Ready for School
3. Improved Child Health: Healthy Children
4. Improved Systems for Families

First 5 Alpine has five goals for the 2014-2020 time period. Each of the goals, strategies, outcome and indicators to measure progress are described in the next section, preceded by an explanation, or rationale for the goal.

## **Improved Child Development**

Goal 1: Improve school readiness for children

<b>Strategy</b>	<b>Outcome</b>	<b>Indicator</b>
1.1 Support early care and education programs	Increase capacity of early education programs	Increased access of early care and education programs

**Child Development-** The optimal development of children is considered vital to society and so it is important to understand the social, cognitive, emotional, and educational development of children.

## **Improved Child Health**

Goal #1 Enhance health opportunities for families with children ages 0-5.

<b>Strategy</b>	<b>Outcome</b>	<b>Indicator</b>
1.1 Provide access to families with children 0-5 for preventative health screenings. (Preventative screenings would include but not be limited to hearing/vision, well child, oral health and developmental screenings.)	All children ages 0-5 will have the opportunity for preventative health screenings in Alpine County.	Number of children who have had the identified health screenings as recorded in grantee reports and professional site visits service logs.
1.2 Partner with agencies that provide health education programs to families with children ages 0-5 including access to health care options in regards to the Affordable Care Act.	Increased number of health education programs in Alpine County.	Number of health education programs available in Alpine County.
1.3 Collaborate with local agencies to implement tobacco education and cessation programs in Alpine County.	Decreased number of families with children ages 0-5 who report there is a smoker in the house.	Number of families with children ages 0-5 reporting on smokers in the household as indicated by questionnaires and surveys.
1.4 Implement a wellness policy for grantees of the First 5 Alpine.	Improve overall health and well being of children and families with young children.	Number of grantees implementing a First 5 Health and Wellness policy.

**A Healthy Start-** Increasing access for health services opportunities for families with children 0-5 in Alpine County is a priority for the First 5 commission.

## **Improved Family Functioning**

Goal #1 Families with children 0-5 are supported to provide environments that support healthy relationships.

<b>Strategy</b>	<b>Outcome</b>	<b>Indicator</b>
1.1 Provide educational information programs for families with children ages 0-5 and the Five Protective Factors.	Increased percentage of families who report an increase in general knowledge and understanding of the Five Protective Factors.	Percentage of families who reported a change in general knowledge and understanding of the Five Protective Factors as indicated by surveys.
1.2 Implement early intervention strategies for new and expecting mothers.	Increase percentage of families reporting more knowledge and overall sense of well-being regarding pregnancy.	Number of families who report an increase of knowledge and overall sense of well-being regarding pregnancy as indicated by surveys and interviews.
1.3 Support programs that educate parents on the health risks of pre-natal substance abuse.	Decrease number of children entering school with identified special needs directly or indirectly related to pre-natal substance abuse.	Number of children entering kindergarten with identified special needs in Alpine County.

**Strong Families-** Pre-K development begins with strong and healthy families that have support services available when needed. Effective community outreach and education is dependent on meaningful relationships with parents, caregivers and service agencies.

## **Improved Systems of Care**

Goal #1 Collaborate with agencies to ensure services for families with children ages 0-5 are quality, comprehensive and accessible.

<b>Strategy</b>	<b>Outcome</b>	<b>Indicator</b>
1.1 Serve as a resource for community members, parents and professionals regarding resources and services for families with children ages 0-5. (Continue networking, information gathering, and dissemination through newsletters, internet and public events.)	Increased percentage of participants reporting increase knowledge of services for families with children ages 0-5.	Number of participants reporting an increase of knowledge of the service for families with children ages 0-5 as indicated by annual community assessments and surveys.
1.2 Increase number of trainings available to professionals and service providers for families and children ages 0-5.	Increased percentage of professionals who have participated in early education related trainings.	Number of professionals who have participated in early education related trainings as indicated by employee records and grantee reports.
1.3 Partner with local and statewide agencies including First 5 California	Increase number of programs and partnerships in Alpine County that work towards the goals and objectives as outlined in the strategic plan.	Number of early childhood and family support programs and partnerships in Alpine County.

**Improve Systems of Care** - Includes activities such as school's readiness for children, service outreach, planning, support and management, provider capacity building, training and support, community strengthening efforts and program management.

## Evaluation

### Evaluation of First 5 Funded Programs

All First 5 funded programs participate in an annual reporting and evaluation process to ensure that investments are successful. As outlined in the matrices above, outcomes will be measured at least annually. Throughout the year multiple evaluation tools will be used in this process including, but not limited to, the Proposition 10 Evaluation Data System (PEDS Appendix B), the Desired Results Developmental Profile-Revised (DRDP-R in Appendix A), parent survey and interviews, grantee reports and community wide assessments. The First 5 Alpine Commission annually reviews this strategic plan and amends the plan based on evaluation reports and changes of the community's needs.

First 5 Alpine, in partnership with Alpine County Health and Human Services, is implementing the Family Development Matrix Pathway Project. This project is being implemented through the grant recipients of CAPIT funds that specifically serve families with children 0-5. The results will be shared with the Commission as well as Health and Human Services for reporting purposes. The goal of this project is to further connect families to community services and help build a support system with-in the Five Protective Factors\* framework.

The Family Development Matrix (FDM) is a comprehensive, strengths-based assessment tool that enhances the community program's commitment to supporting families and children while improving data collection methods.

The Family Development Matrix provides these benefits:

- The Family Development Matrix facilitates a "family-in-situation" comprehensive assessment.
- Provides reliable information from which to assess family situations. Family workers are more effective in understanding family strengths and areas of concern.
- Builds on individual and family strengths to address problems recognized through the FDM assessment.
- Facilitates family decisions and goal setting with empowerment plans.
- Tracks changes in family status for as long as they are engaged with the program providing tables and graphs of family progress.

## **What are the Five Protective Factors?**

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive evidence supports the common sense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminish. Research also shows that these are the factors that create healthy environments for the optimal development of all children.

### **1. Parent Resilience**

No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it is needed.

### **2. Knowledge of Parenting and Child Development**

Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.

### **3. Social and Emotional Competence of Children**

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.

### **4. Social Connections**

Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.

### **5. Concrete Support in Times of Need**

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

Information provided by: Strengthening Families, a project of the Center for the Study of Social Policy:

[www.strengtheningfamilies.com](http://www.strengtheningfamilies.com)

## Desired Results Developmental Profile-Revised

Who uses the Desired Results Developmental Profile?

Staff members who have received training in the use of the Desired Results for Children and Families instruments complete the profile (e.g., the primary teacher, the director, or the family child care home network staff). Children with exceptional needs will have their profile completed by the primary or special education teacher, the specialist assigned to spend the most amount of time with them, or the person who knows them best. The developmental profile should not be completed by teacher aides or by parents, although their comments and other anecdotal observations may be used to inform the child's primary teacher or caregiver. If other staff members' or parents' observations is included, the person completing the DRDP-R should note them in the "comments" section of the profile. Teachers may confer with other staff members who work with the child, but the responsibility for completing the developmental profile should be with the child's primary teacher or caregiver.

The staff person who completes the developmental profile should be able to understand the child's language, either by himself or herself or through an interpreter. "Language" refers to the mode of communication in which the child is most fluent (e.g., the child's primary language, sign language, or assistive communication device). An interpreter can be a parent, a teacher's aide, or another person who speaks the child's primary language.

### ***When is the developmental profile to be completed?***

The DRDP-R is a tool for observing children's achievement of desired results across time. The DRDP-R must be completed within 60 calendar days of initial enrollment for all children. After completion of the initial DRDP-R, subsequent DRDP-R's for children 3 years of age and older should be completed once every six months.

### ***How should the Desired Results Developmental Profile-Revised be completed?***

Observations about a child should be made during the course of typical daily activities. The DRDP-R is based on naturalistic observation. The primary source of information for completing the developmental profile should be the teacher's or the caregiver's observations of the child during typical daily activities in the child care setting. Teachers and caregivers should not set up artificial testing situations for the child to complete the developmental profile.

### ***How should the measures be scored using the Desired Results Developmental Profile?***

The DRDP has a four-point rating scale. For each measure, the person completing the profile will note one of the following responses: "Not Yet", "Emerging", "Almost Mastered", or "Fully Mastered." For those measures that the child has mastered, the person completing the profile should indicate the date that the measure was observed in the comment section.

Ratings	Definitions
Not Yet	The child has never exhibited the behavior.
Emerging	The child is just beginning to exhibit the behavior.
Almost Mastered	The child exhibits the behavior on an increasingly regular basis, but the caregiver does not believe the child has "fully mastered" the behavior.
Fully Mastered	The child typically and regularly exhibits the behavior.



## Community Needs Assessment Reports Appendix A

### **Introduction:**

The First 5 Alpine Commission collaborated with the Alpine County Childcare Planning Council in fiscal year 2012-2013 on a community needs assessment. Throughout the county multiple focus groups occurred where the public was invited in an “open forum” type assessment. These assessments focused primarily on what services for families with children 0-5 are currently present and to identify what gaps in services or accessibility to services exist in Alpine County. Focus groups were facilitated (open to all community members) in Bear Valley, Hung-a-lel-ti, and the Woodfords community. An additional forum was held with family service professionals in Alpine County which complemented the information given by the residents. Results of each forum were compiled and analyzed for planning and implementation of new goals and strategies for the 2014-2018 plan.

### **Summary of Identified Needs**

Summary information was taken from First 5 Surveys (15), The Family Development Matrix (13), and community input interviews. (8)

### **Child Development**

**Center based preschool programs**-95% of families reported that a center based preschool program for their child was a priority.

**Child Care**-12 out of 15 respondents stated that child care was important to them either keeping a job or accepting a job (5 Full time/ 3 Part Time/ 4 undetermined)

**Infant Toddler Child Care program**-8 respondents noted that Child Care for their 0-3 year was important for then in order to accept or keep a job

**Screenings**-Four respondents noted that access to developmental screenings were important for to them for their child 0-3

**School Readiness/Kindergarten Transition**-17 respondents sated that it was important for their child to be ready for school – Kindergarten readiness skills and Enrollment and Transition programs

**Playgroups**-(ie Mommy and Me)- 6 respondents stated that they would like more informal opportunities for them and their children to socialize with other children and parents

**Literacy Support** -Six respondents noted that they would like to have some type of literacy activity (i.e. story time)

### **Other:**

- (3 or less respondents stated that this was a apriority for their family) Child Development workshops  
Access to specialty services (i.e. therapy sessions, behavior specialists)

### **Child Health**

**Prenatal and Infant health support**-14 respondents stated that information and support surrounding prenatal and infant health was important to them

- Prenatal care
- Breastfeeding support
- Developmental screening and information

**Oral Health**-Seven respondents stated that getting some education and or support for oral health care was important for their children

Nutrition-Eight respondents stated that nutrition education was important to them.  
Nine respondents stated that access to affordable health foods was a challenge for their family

**Other**-Three or less respondents stated that this was a priority for their family)

- Health Care provider (pediatric)
- Immunization information

### **Family Functioning**

**Parenting Classes**-12 out of 15 survey respondents stated that some kinds of parenting class or support program would benefit them as a parent with young children.

Suggested topic included:

- Birthing Classes
- Child Development
- Nutrition'
- General Support Groups
- Father/Male involvement activities
- Support for Grandparents raising young children

### **Transportation**

According to Parent interviews and surveys 64% of families stated that they do not have consistent and reliable transportation.

Five out of Seven parents interviews mentioned that regular public transportation would be beneficial to their family situation.