First 5 Sacramento Commission
2015 Strategic Plan
For Fiscal Years 2015-16 through 2017-18
April 7, 2014

To the Sacramento County Community:

The First 5 Sacramento Commission is pleased to present the 2015 Strategic Plan for Fiscal Years 2015-16 through 2017-18. On behalf of the Commissioners, we thank the many community partners who contributed to its development.

This Strategic Plan symbolizes First 5 Sacramento’s commitment to children and families in our community. Proposition 10, the California Children and Families Act represents the will of the people to empower County Commissions to dedicate funding where it is needed most in their communities. Community input from parents, caregivers, and stakeholders provided the foundation that determined the unique child development needs of Sacramento County.

This Plan is the road map to ensure that First 5 Sacramento funds initiatives that provide a comprehensive range of programs and safety net services for children prenatal through age five. As stewards of public funds, the goal of these investments is to ensure all children receive the best start in life, and that parents and caregivers have the tools they need to ensure their children are successful life-long learners.

As Proposition 10 celebrates 15 years for children, First 5 Sacramento remains committed to ensuring that Sacramento County has strong communities where children are safe and healthy.

First 5 Sacramento will continue devoting resources to all the essential services that benefit the whole child during the first five years of life. Children are our number one priority. These early years are the foundation for future success in school and in life.

Regards,

Supervisor Phil Serna
Chair

Toni J. Moore
Executive Director

2015 Strategic Plan
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Introduction

This report documents the First 5 Sacramento Commission’s Strategic Plan for Fiscal Years 2015-16 through 2017-18. The Children and Families Act of 1998 requires that a “county commission adopt an adequate and complete county Strategic Plan for the support and improvement of early childhood development within the county.” The First 5 Sacramento Commission adopted their original Strategic Plan in 2000. This plan was updated in 2003, 2006, and again in 2009. This report reflects the results of the current Strategic Plan process for Fiscal Years 2015-16 through 2017-18.

This First 5 Sacramento Commission’s Strategic Plan is a guiding document that describes the overall direction that targets the comprehensive needs of children ages zero through five and their families in Sacramento County. The primary customer of the plan is the community. The Commission has a responsibility to the community to ensure that investments are made that help families and children realize their potential and enjoy productive and fulfilling lives. Therefore, the Commission’s ability to make strategic investment decisions is of critical importance. In addition, Commission Staff have the responsibility to develop the Implementation Plan and make specific funding recommendations that contribute to achieving the strategic direction.

The Strategic Plan provides the framework for how the Commission will achieve its desired objectives. It begins with a high level Vision for the future, the Mission (how the Vision will be achieved), and the Strategic Principles. The Vision, Mission, and Strategic Principles provide the criteria to make decisions and to ensure that the effectiveness of funding allocations are maximized in measurable performance.

In addition to the Vision, Mission, and Strategic Principles, the Commission adopted a Strategic Hierarchy as a part of the structure of the plan. Through this hierarchy the Commission communicates its priorities and defines the change it hopes to achieve through its investments. This Strategic Hierarchy has been organized in the following way:

- Priorities: What are the most important areas for the Commission to address?
- Goals: What do we want to achieve for all children ages zero through five and their families in Sacramento County?
- Results: What changes are needed to achieve this goal?
- Strategies: What strategies describe the approaches that will be implemented to achieve the desired results?
- Indicators: How will we measure success?

The update process for the Strategic Plan provides an opportunity to review the Strategic Plan using the structure of the Strategic Hierarchy. It also allows for community input, review of emerging trends, and examining the progress made.

The update process that was implemented in creating this plan was a three-step process. The first step was the Commission approval of the overall work plan. The second step included
several Work Group meetings that were conducted to accomplish an in-depth review of the Strategic Hierarchy and make recommendations to the Commission for a new update to the Plan. The third step included community input sessions to inform the community on the Work Group’s recommendations to the Commission.

This Plan is therefore a result of considerable time and effort of the Commission, Work Group, the Commission Staff, as well as community input. Outreach for community input was accomplished through the following methods: social media outlets, website announcements, e-mail distribution to contractors and other interested parties, distribution of postcards via community partners, and word of mouth.

The Strategic Hierarchies for each major Priority were reviewed in detail to ensure that the Goals and Results are relevant and will have the highest impact on children ages zero through five and their families. The Priority areas included Health, Early Care and Development, and Empowered Families. The Work Group updated the Strategic Hierarchies for each Priority and made recommendations for Results to be funded for Fiscal Years 2015-16 through 2017-18.

The Commission funds many programs and initiatives that provide great benefits to the children and families of Sacramento County. However, the Commission must also make some difficult decisions regarding investments that will produce the greatest return. While the First 5 Sacramento funding allocation is significant, it is not enough to fund every area and particularly broad areas that would not produce the impact and systemic change that the Commission desires.

The overall intent of this update is to ensure that a comprehensive review of the Strategic Plan is accomplished and that the strategic direction for Fiscal Years 2015-16 through 2017-18 is clearly defined. In addition, this update captures the essence of the discussions of the Work Group as well as community input.

Finally, this Strategic Plan proposes an allocation of $76.7 million over Fiscal Years 2015-16 through 2017-18. Of this total budget over 90% of the funds are dedicated to programs and services.
First 5 Sacramento Commission Foundational Statements

**Vision**
Sacramento County will have strong communities where children are safe and healthy.

**Mission**
Support the optimal development of children ages zero through five, healthy pregnancies, the empowerment of families, and the strengthening of communities.

**Strategic Principles**
1. Invest in specific areas to create lasting systemic change.
2. Make narrow and deep investments to achieve the greatest impact.
3. Look for opportunities to leverage (but not supplant) other dollars to increase impact.
4. Choose strategies that promote prevention, early intervention, and community collaboration.
5. Make data-driven decisions that address community needs, build community assets, and prioritize children and families at greatest risk.
6. Ensure services are accessible, culturally competent, and responsive to special needs and disabilities.
Reports and Data Sources

The Work Group used the existing Strategic Hierarchy to facilitate their review of the overall plan. In addition, data provided from the *First 5 Sacramento Community Survey Report (2013)*, including information gathered through community forums, and the *Trends in the Well-Being of Sacramento County Children (2013)*, developed by Walter R. McDonald & Associates, Inc. (WRMA) were used to determine if the Strategic Hierarchy continued to address the needs of the community or indicated the need for change and/or modification.

The following are the highlights of the most recent Commission sponsored reports and data sources. These were used in the review process and update of the Strategic Plan.

**Highlights of the Community Assessment Survey**

In August and September 2013, the Strategic Plan Work Group, First 5 Sacramento staff, and WRMA revised the 2008 Community Assessment Survey (CAS) tool. The survey questions focused on experiences, needs, issues, and interests surrounding the care and development of children ages 0 to 5 and their families. The Work Group chose to use SurveyMonkey, a web survey tool, to increase the potential number of survey respondents. First 5 Sacramento staff also distributed the hard copy CAS, as well as links to the web based surveys, through contractors and targeted community organizations. Dissemination primarily occurred in the form of emails, Facebook posts, and tweets on Twitter.

WRMA collected community responses to the online English and Spanish surveys in SurveyMonkey from September 30, 2013 through November 5, 2013. A total of 1,229 respondents started the English web survey and 98 respondents started the Spanish web survey. Ultimately, 125 English and 5 Spanish respondents indicated that they were not residents of Sacramento County and were prevented from completing the remainder of the survey. These totals also take into account 159 completed paper surveys submitted by Sacramento Covered, Elk Grove Unified School District, and River Delta Unified School District.

The 2013 CAS relied on a convenience sampling approach to collect basic data from respondents who indicated that they lived in Sacramento County. Convenience sampling means that responses are collected from volunteer participants without any underlying probability-based selection method. Although this form of sampling is time and cost efficient, convenience sample findings cannot be reliably used to generalize about the status and needs of all children and families in Sacramento County.

The following is a summary of the key CAS findings:

CAS Respondents:
- 36.7% Caucasian
- 83.3% English
- #1 Zip Code frequency: Elk Grove (95758 and 95624)

2015 Strategic Plan
• #2 Zip Code frequency: South Sacramento (95823)
• 91.3% Female
• $30,000 to $49,000 Median Income
• 57.5% One or more caregivers employed full-time
• 61.3% Higher education degree or certificate

Most Common Barriers to Access to Needed Services
• Health and Dental Care
  o Inability to take time off work to take children to doctor/dentist
  o Lack of insurance and cost of medical/dental care
  o Difficulty scheduling appointments when using Medi-Cal insurance

• Child Care & Preschool Services
  o Cost of child care and/or preschool programs

Most Desired Affordable Services and Most Commonly Reported Needs
• The top three services desired:
  o Community farm stands
  o Parks with age appropriate equipment
  o Physical activity programs

• The support services most needed:
  o Quality child care for children with special needs or disabilities
  o Domestic violence counseling

• Overall most needed in community:
  o Affordable child care or preschool programs
  o Wellness activities to promote good health

The Community Assessment Survey Report can be obtained at: http://www.first5sacramento.net/Media-Room/Pages/Reports.aspx

**Highlights of the Trend Report**

A comprehensive report entitled, *Trends in the Well-Being of Sacramento County Children* was prepared in December 2013 by WRMA. A wide range of Federal, State, and County reports, and studies were reviewed and analyzed to create this report. The report provides detail on the progress of selected child well-being indicators as well as where the county progressed or lagged on these indicators.

The report details that progress was made in the following indicators:

• Unemployment rates have been slowly decreasing
• Teen births are decreasing in Sacramento County
• Infant mortality has decreased for white and “other race” infants
• Exclusive breastfeeding rates are increasing
• 98% percent of children ages zero through five in Sacramento have health insurance
• The number of children ages two through five years who have recently seen a dentist have increased
• Children ages two through four years who are obese has slightly decreased
• Substantiated child maltreatment cases in Sacramento County have decreased
• The county appears to have made progress in reducing the number of children regularly eating fast food

The report also details that improvement is necessary in the following indicators:

▪ The number of children living in poverty has steadily increased
▪ Infant mortality steadily increased for African American infants
▪ The percent of children fully immunized by age two decreased
▪ The percent of children who are enrolled in preschool has decreased
▪ Children ages three through five enrolled in special education in the county has increased
▪ The rate of maltreatment for African-American children has increased

The Trend Report can be obtained at http://www.first5sacramento.net/Media-Room/Pages/Reports.aspx
The Strategic Hierarchy is a structure for breaking down the high level Priorities into Goals, Results, Strategies, and Indicators. This planning tool is a four-level flow diagram that moves from broad and general statements of the Commission’s Priorities to specific measurable Indicators of success. Each level of the hierarchy is linked to the other levels and the relationships among the pieces are clearly defined. Through this hierarchy, the Commission communicates its priorities and defines the change it hopes to achieve through its investments.

The four-level structure contains the following elements:

- **Priorities**: What are the most important areas the Commission can effectively address?
- **Goals**: What do we want to achieve for all children zero through five and their families in Sacramento County?
- **Results**: What changes are needed to achieve this Goal?
- **Strategies**: What Strategies describe the approaches that will be implemented to achieve the desired Results?
- **Indicators**: How will we measure success?

The proposed Hierarchy for the 2015 Strategic Plan is as follows and includes three priorities, seven goals, and fifteen results. The Work Group determined this collection of priorities, goals, and results after the consideration of data from the Trend and CAS Reports, prior evaluation reports, Board of Supervisors priorities, and community input.
Comprehensive Strategic Hierarchy for Fiscal Years 2015-16 through 2017-18

The following graphic shows all Priority Areas, Goals, and Results.
Service Delivery Strategies

Health Priority Area
The Health priority area ensures children have access to medical and dental care, are born healthy, and that they remain healthy throughout their childhood. Programs funded under the health priority will address all of these goals by providing the following services:

- Services and advocacy to ensure children have access to health and dental services
- Children’s Dental Clinic (Galt)
- Support services for pregnant moms
- Information on safe infant sleeping
- Breastfeeding support
- Advocacy work to ensure obesity prevention is a topic of discussion in Sacramento County

Early Care and Development
The Early Care and Development priority area addresses services to guarantee children are in environments conducive to their development and that they enter kindergarten ready to learn. The goals under the early care and development priority will be addressed in the following ways:

- By providing technical assistance and training for child care providers to increase the quality of care
- Through advocacy work to ensure there is accessibility to affordable quality child care
- By providing programs that help children become ready for kindergarten, such as: preschool; transitional summer camps; play groups; parent education workshops; developmental screenings; and, referrals to services.

Empowered Families
The Empowered Families priority area provides families with ways to connect to communities and safety-net programs that ensure families support children’s development and safety. The goals under the empowered families priority will be met through programs such as:

- Family Resource Centers
- Parent education classes and workshops
- Safe and emergency child care
- Parent support during times of crisis
- Resources and referrals to services
- Community Building Mini-Grants
Service Integration and Accessibility

Many of the services recommended for funding are multi-faceted and touch upon more than one result area. For example, the Commission funds breastfeeding support services under Result 5: Increase prevalence and duration of breastfeeding. However, this service also has been shown to decrease childhood obesity (Result 4: Prevent obesity through improved nutrition and physical activity), improve parent/child bonding (Result 13: Increase use of Effective Parenting), and contribute to lower rates of child abuse and neglect (Result 15: Decrease childhood injuries and death).

For most result areas, the Strategic Plan proposes direct services delivered through a network of government agencies and community based providers. These providers work closely together, referring families to one another as guided by the families’ needs. In some cases, the working relationships are formalized through memos of understanding.

Commission staff promote community awareness of available services through multiple avenues including but not limited to: community outreach; participation in community events; collaboration with other county departments; school districts; the County Office of Education; and community based providers, etc. Extensive media (television, radio, print) and various social media outlets (Facebook, Twitter, and Pinterest) are also utilized in promoting awareness of First 5 Sacramento’s funded programs and parent education.

Finally, the Commission’s funded programs and activities are responsive to the diverse needs of the community; are affordable and accessible; culturally competent; community-driven; and responsive to special needs and disabilities.
Financial Planning

2015 Strategic Plan Period

The proposed expenditures for the three-year 2015 Strategic Plan period total $76.7 million and are categorized as follows:

<table>
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<th></th>
<th>FY 2015-16</th>
<th>FY 2016-17</th>
<th>FY 2017-18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>1,716,546</td>
<td>1,759,892</td>
<td>1,804,421</td>
<td>5,280,860</td>
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<tr>
<td>Evaluation</td>
<td>581,924</td>
<td>594,232</td>
<td>606,809</td>
<td>1,782,964</td>
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<tr>
<td>Program</td>
<td>22,895,526</td>
<td>23,156,292</td>
<td>23,626,137</td>
<td>69,677,955</td>
</tr>
<tr>
<td>Total</td>
<td>25,193,996</td>
<td>25,510,416</td>
<td>26,037,367</td>
<td>76,741,779</td>
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</tbody>
</table>

In addition, it is estimated that approximately $2.8 million will be carried forward from the 2009 Strategic Plan period to complete a water fluoridation project anticipated in Fiscal Year 2014-15.

Long Term Financial Plan

The Commission maintains a Ten-Year Financial Plan to closely monitor various funding streams and to plan for sustainability of services. The Ten-Year Financial Plan is updated on an annual basis as part of the budget preparation, review, and authorization process. It is anticipated that the 2015 Strategic Plan period will be primarily supported through the annual Proposition 10 allocation of approximately $13.4 million for Fiscal Year 2015-16; $13.2 million for Fiscal Year 2016-17; and $12.9 million for Fiscal Year 2017-18. The budget will also draw upon reserves. Based on current projections (March 2014), it is anticipated that the Strategic Plan period will begin with a fund balance of $55.3 million and end with a fund balance of $20.9 million.
Selection of Contractors

The following established services/programs are recommended for extension into the 2015 Strategic Plan period:

- **Health**
  - Hearts for Kids
  - Kit for New Parents
  - Perinatal Education Campaign
  - Perinatal Direct Services
  - Infant Sleep Education Campaign
  - Child Death Steering Committee
  - Smile Keepers – Dental Mobile Services
  - Women’s Infants, and Children (WIC) – Breastfeeding Support Services

- **Early Care and Development**
  - Child Action, Inc. – Quality Child Care Collaborative
  - Elk Grove Unified School District
  - Folsom Cordova Unified School District
  - Galt Joint Union School District
  - Natomas Unified School District
  - River Delta Unified School District
  - Robla Elementary School District
  - Sacramento City Unified School District
  - Sacramento County Office of Education – Preschool Bridging Model Plus
  - San Juan Unified School District
  - Twin Rivers Unified School District

- **Empowered Families**
  - Birth and Beyond Program (Parent Education, Crisis Intervention, and Home Visitation)
  - Sacramento Children’s Home – Crisis Nursery
  - Community Link – 2-1-1
  - Department of Human Services – CPS Liaisons

The above services/programs will not be subject to a competitive selection process; however, new contracts will be negotiated and executed for the three-year period. The above programs are being recommended for extensions due to factors such as their critical role to Sacramento County’s safety net for children; relevance to the primary purpose of Proposition 10; ability to leverage state and federal funds; and demonstrated results to date.
In contrast, contractors for the following services/programs will be selected through a competitive process that will occur in Fiscal Year 2014-15, the year preceding the 2015 Strategic Plan period:

- Health Outreach, Screening, and Utilization
- Dental Outreach and Utilization
- Dental Clinic – Galt/River Delta
- Community-based School Readiness
- Developmental Screening/Support
- Community Building Mini-Grants
- Evaluation Consultant(s)

**Implementation Plan**

Following the adoption of the 2015 Strategic Plan, Commission staff will develop a specific Implementation Plan. This plan will include the identification of evidence based practices, implementation strategies, and funding mechanisms for each result area. This information will be incorporated into competitive selection processes as well as evaluation planning.

**Program Evaluation**

The Commission’s Evaluation Committee with the leadership of an outside evaluation consultant will develop a plan to evaluate the funded programs. This evaluation plan will include specific indicators that will measure the impacts of Commission funding. Examples of indicators may include but may not be limited to:

- Percent of children enrolled in health and dental insurance
- Percent of children with low birth weight or premature births
- Number and rate of child mortality
- Percent of women who are exclusively breastfeeding at 6 months after delivery
- Percent of children who have seen a dentist by one year of age
- Percent of child care settings (family and center based) demonstrating improvements based on environmental rating scales
- Percent of children who are read to daily
- Percent of children participating in a preschool program
- Percent of children entering kindergarten ready for school
- Rate of substantiated child maltreatment
- Percent of parents who indicate increased knowledge of parenting and child development
- Rate of foster care entries
- Percent of parents who report utilization of community resources
- Percent of parent who report connectedness to their community

Finally, program evaluation efforts will produce useful information to help ensure informed decision making.

2015 Strategic Plan
Strategic Plan Participants

Commissioners
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Vacant, Countywide Services Agency
David W. Gordon, Community
Beth Hassett, Community
Scott Moak, Community
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Ernie Brown, Human Services Coordinating Council
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Catherine Jones, Foster Care
Laura Kerr, Children’s Coalition
Ellen King, Lactation Consultant
Leoma Lee, Faith
Trish Lindvall, Parks and Recreation

Warren R. McWilliams, III, D.D.S., Dental Health
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Ashley Rosales, Nutrition
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Delette Ziegelmann-Jackson, Disability Advisory Committee

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Commission Interns
Hugo Licea
Tammy Montgomery

Walter R. McDonald and Associates, Inc.
Walter R. McDonald, President
Dr. Margaret Camarena, Research Manager

Melissa Rossi, Research Associate
Anne Marie Stevenson, Research Associate

2015 Strategic Plan
Community members who provided public input during the Strategic Plan Work Group meetings and public testimony on the elements of the Strategic Plan during the January 13, 2014 Commission meeting.

Kelly Bennett-Wofford
Stephanie Biegler
Jeanine Brown
Rachel Davis
Sandy Dorn
Debbie Doss
Lucy Eberhardt
Rex Fortune
Anthony Garcia
Aurelia Garcia
Claudia Gibson
Linnea Hathaway
Ted Hendricks
Nancy Herota
Laurie Holtog
Heather Hutcheson
Christie Hamm
Brenda Jacobson

Jen Ledoux-Davis
Chris McCarthy
Jeannette Newman-Vellez
Michelle Odell
Dave Pascoa
Gina Roberson
Kristina Rodriguez
Caroline Ross
Jim Scheibel
Amelia Schendel
Martha Seager
Robin Smith
Alissa Soderman
Pamela VanParys
Ana B. Velasco
Natalie Woods-Andrews
Kelly Young

Community Input Sessions

In an effort to include the community in the strategic planning effort, 11 community meetings were held at 10 locations throughout Sacramento County during the month of February 2014. Over 80 community members participated in providing feedback on the elements of the Strategic Plan recommended by the Work Group. The top themes voiced as priorities by the community included the need for affordable child care, transportation, and the need to inform families on services available for young children.

The meetings were held at the following locations:

• Arcade Community Center
• Fair Oaks Library
• Galt – Fairsite School Readiness Center
• Meadowview Family Resource Center
• Mutual Assistance Network Family Resource Center
• North Highlands Family Resource Center
• Oak Park Community Center
• Sacramento County Office of Education
• South Natomas Community Center
• South Sacramento - Jose Rizal Community Center