



## **Strategic Plan 2007 – 2010**

*Today's children, tomorrow's hope...*

## **First 5 Butte County Children & Families Commission**

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For more information on the First 5 Butte County Children & Families Commission, visit our website at: [www.buttecounty.net/bccfc](http://www.buttecounty.net/bccfc).

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# 1. Introduction

## Proposition 10

In November 1998, the California voters passed Proposition 10, “The California Children and Families First” Initiative, which added a tax on tobacco products to fund early childhood development programs. Revenues from the tax are distributed to California counties based on the number of babies born in that county. The funding is intended to help develop a comprehensive and integrated system for early childhood development services and to promote strong families, healthy children and readiness for school. With guidance from the State Commission, county commissions have control over their own local decisions and funds, thereby providing greater local flexibility in designing solutions appropriate for their particular community’s needs.

To receive Proposition 10 funds, each county commission is required to adopt a comprehensive, integrated strategic plan to serve as a guide for how Proposition 10 funds will be utilized and how progress will be measured. Together, the State Commission and county commissions are working to achieve Proposition 10’s ultimate goal of enhancing the early growth experiences of children, helping to enable their success in school and life.

## The First 5 Butte County Children & Families Commission

Following the passage of Proposition 10, the Butte County Board of Supervisors formed the First 5 Butte County Children & Families Commission (Commission) and established a dedicated trust fund for Proposition 10 funds. This nine-member Commission represents the diversity of issues that lead to successful early childhood development. The purpose of the Commission is to distribute Butte County’s share of revenues from Proposition 10 and provide strategic leadership for ensuring the successful development and lives of Butte County children and their families. To date, the Commission has invested over \$16 million in efforts to fulfill its purpose.

The Commission has grown over the past 10 years – building an infrastructure to support public awareness, fiscal responsibilities and evaluation. It now has the opportunity to look forward over the next three years to strengthen families, to increase the health and well being of children, and invest in children with renewed hope for the future.

In addition to a strategic plan, the Commission maintains a financial plan that serves as a guide for grant awards, provides a framework for administrative, program and evaluative support, and guides funding allocations in support of the strategic plan. It is expected that Proposition 10 sales tax revenues will decline regularly each year as efforts to curtail smoking among adults and teens become more effective.

## Welcome to Butte County!

Butte County, “Land of Natural Beauty and Wealth,” is located in the northeastern Sacramento Valley, and has a population of just over 214,000. The county’s natural wonders include wild forests and waterfalls, creeks and canyons, lakes, rivers and dams, mountains and meadows of wildflowers. Butte County encompasses 1,049,340 acres of land, 42% of which is farmland. It is a largely rural county with four incorporated cities, including the city of Chico, home to a California State University. Fifty-one percent of the population, however, resides in unincorporated land.

The population is as diverse as the landscape and this contributes to the many challenges that families with young children face. Challenges include: language and cultural differences; social and geographic isolation; high rates of childhood obesity; low rates of breastfeeding initiation during early postpartum; a high infant mortality rate; a high rate of child abuse; inadequate access to infant mental health services; and a high rate of asthma prevalence with the number of children diagnosed with asthma well above the state average.

While the county has an abundance of natural wealth, the most recent census information indicates that Butte County ranks 41 out of California’s 58 counties in terms of children living in poverty. More specifically, 28% of Butte County’s children ages 0-5 live in poverty. Butte County has nutritional problems both directly and indirectly related to the poverty issue, as well as a significant population without medical or dental insurance. In addition, Butte County has a high rate of children living outside the traditional home in either foster care or kinship situations, and like many other counties across the state, substance abuse is a significant and increasingly expanding problem. Last year Butte County ranked third statewide in the number of children being detained from methamphetamine laboratories, with a total of eleven children rescued from lab sites. The Butte County Interagency Narcotics Task Force (BINTF) reports that in 2005, there was a total of 233 reports of Drug Endangered Children responded to by BINTIF.

## **2. Vision, Mission, and Guiding Principles**

### Vision

The Commission envisions a future where all Butte County children will be born healthy and valued. They will be safe, capable, healthy, strong and active learners. Our children will grow up in a nurturing family and community that helps them to achieve their full potential and be successful in life.

### Mission

The Commission is dedicated to identifying and supporting the provision of a countywide, comprehensive, integrated system of early childhood development and health services that will lay the emotional, social, physical, and intellectual foundation

for every child to thrive and enter school ready to learn and become productive, well adjusted members of society.

### Guiding Principles

The Commission is committed to a community-based process that honors the social, emotional, cultural and ethnic diversity of our community and families by:

- Honoring the diversity of families.
- Identifying community strengths and needs to support a comprehensive and collaborative system facilitating integrated, effective and efficient service delivery.
- Practicing wise stewardship and ensuring program accessibility, availability, accountability and quality.
- Respecting and fostering families' capacities and skills by promoting effective parenting and child development strategies that include increasing children's strengths and assets.
- Including health promotion programs, specifically tobacco prevention and cessation programs and services.
- Including best practices for optimum child development.

### **3. Investment Highlights (July 2004 – June 2007)**

Since its inception, the Commission has invested over \$16 million dollars to improve the lives of children and families in Butte County. The Commission has invested heavily in prevention, early Intervention, and education, and takes pride in the diversity of programs that have been funded. Highlights of Commission investments are listed below.

#### ***Improved Family Functioning***

##### Communities Accessing Responsive Services – CARS (\$275,000) *Youth for Change*

Highlights of program services include:

- Providing preventive case management services, with an emphasis on addressing basic needs (i.e. food, clothing, shelter), to families who are referred to the Butte County Department of Employment and Social Services, Children's Services Division, but do not rise to the level of intervention that requires a case to be open.
- Utilization of a strength-based model to nurture the family's skills.

Teaching Recovery & Care for Kids – TRACK (\$275,000)

*Skyway House*

Highlights of program services include:

- A residential drug and alcohol treatment for pregnant women and mothers of young children that allows children to live with their mothers during the 90-day program.
- Program components include: drug & alcohol treatment and case management; group & individual counseling; interactive parenting classes; infant & toddler preschool activities; life skills classes; referrals for medical case management, STD education, breastfeeding education and support, smoking cessation programs, and infant and family nutrition classes; and nine-months of post-treatment case management.

Young Parents Support Services (\$275,000)

*Northern Valley Catholic Social Services*

Highlights of program services include:

- Providing a combination of services to young parents (to age 24) with children 0-5, including:
  - In-Home Parenting Classes – Utilizing the Parents as Teachers curriculum, parents learn about age-appropriate discipline, play activities and how they relate to bonding and brain development.
  - Mental Health Counseling – Provided by Marriage and Family Therapist Interns.
  - Young Father's Support Group – Volunteer Father Mentors and a certified parent educator teach young fathers parenting skills, anger management and self-sufficiency skills.

HelpCentral.org (\$130,148)

*Private Industry Council*

Highlights of program services include:

- A searchable database ([www.helpcentral.org](http://www.helpcentral.org)) including programs and services that are needed and utilized by families with children age 0-5.
- The website can be accessed 24 hours a day, seven days a week.
- The database directory includes program description, eligibility, fees, hours, contact information, and locations of 750 programs. Services include emergency food, parenting classes, recreational programs, support groups, drug treatment,

tax assistance, in-home help, after school programs, hospice, counseling, and subsidized day care.

### ***Improved Child Development***

Get Ready! (\$275,000)

*Valley Oak Children's Services*

Highlights of program services include:

- Implementation of a nationally recognized program designed to increase school readiness by decreasing inappropriate behavior. Program components include:
  - Incredible Years Classroom Management Program – Provides early care providers with tools to address and prevent behavior problems, promote social competence, and engage parents in their children's early learning.
  - Second Step Curriculum – Designed to decrease behavior problems and strengthen children's social and emotional skills.
  - Woven Word Curriculum – Teaches children emergent literacy and social and emotional skills that are critical to school success. Home activities are utilized to increase parent involvement.

### ***Improved Health and Wellness***

Breastfeeding Support Center (\$275,000)

*Butte County Department of Public Health*

Highlights of program services include:

- Free breastfeeding support and services to all Butte County women.
- Services such as immediate guidance by telephone, personal assistance at the Center or at home, support groups and equipment to nursing mothers.
- State-of-the-art research-based training and information on lactation to health care or service professionals in regular contact with post-partum mothers.

The Children's Dental Project (\$275,000)

*Butte County Department of Public Health*

Highlights of program services include:

- A trained team that includes a dental hygienist, a public health nurse and the Tooth Fairy (health education specialist) provide preventive oral health education for parents and preschoolers throughout the county.
- Dental screenings at preschools throughout the county.
- Case management services tailored to individual dental needs.

- Innovative Strategies for providing service such as establishing a Rotational Dental Referral System and the Dental Collaborative.

Clean Start/Healthy Beginnings (\$275,000)

*Enloe Medical Center*

Highlights of program services include:

- Medical and psychosocial case management of women in the Touchstone Program who are pregnant or have children up to 5 years old, as well as screening of Touchstone children for developmental milestones. Touchstone provides day treatment and aftercare programs for drug and alcohol dependent women.
- Medical and psychosocial case management of mothers with high-risk pregnancies who are referred by Enloe's Postpartum Unit.
- Creation of the video "Just Ask" that trains medical providers how to identify and refer pregnant and/or parenting women and fathers to appropriate services for substance abuse

OPT (Overweight Prevention & Treatment) for Fit Kids (\$275,000)

*California State University, Chico Research Foundation*

Highlights of program services include:

- The creation and field testing of LEAP (Lifelong Eating and Activity Patterns) curriculum for preschoolers and home daycare providers.
- Provides nutrition education classes/workshops for parents and early childhood educators.
- Provides families with individual nutrition counseling services.

***Improved Systems of Care***

Immunization Registry of Northern California

*Butte County Department of Public Health*

In 2002 the Commission funded the Butte County Automated Immunization Registry (BAIR) with \$580,000 to create an immunization registry for children age 0-5 in Butte County. The Registry has successfully leveraged the Commission's investment and is able to extend their initial award from the Commission through 2008.

Because of local First 5 funding, BAIR was able to establish a firm foundation of technical and administrative support, and processes were established. In 2004-05, BAIR was chosen by the state to serve as the lead in forming a 15 county regional registry known as the Immunization Registry of Northern California.

Highlights of program services include:

- As of March 2007, 97% of Butte County children under the age of 6 have an immunization record in the registry, thus contributing to improved vaccination coverage and decrease of preventable disease.
- Currently, 22 of the 25 (88%) significant Butte County pediatric vaccine providers are on the registry.

#### **4. Plan Development and Community Needs**

Each county commission is required to develop and adopt a strategic plan to guide funding decisions and provide information on how the Commission will measure progress toward achieving its goals.

First adopted in November 2000, the Commission's strategic plan is reviewed and revised annually. The revisions of the plan are completed with input from the Commission's advisory committees, including the Child Abuse Prevention Council, Children's Services Coordinating Council and Local Child Care Planning Council.

In developing the 2007 strategic plan revision, the Commission sought to acquire a broad spectrum of input from both the population being served and the population providing services. To that end, input ranged from surveying parents and kindergarten teachers to reviewing local data, family needs assessments and recent research.

*For more details on the methodology of our strategic plan development, please see Appendix A.*

#### **5. Result Areas, Outcomes and Indicators**

After meeting with parents, reviewing local data, and identifying local needs, the Commission worked to prioritize those needs and develop corresponding Result Areas, Outcomes and Indicators.

In the context of this Strategic Plan,

- *Result Areas* communicate the ultimate results and improvements towards which the Commission strives;
- *Outcomes* are used to demonstrate the impact, changes or benefits that result from certain activities or services; and
- *Indicators* are used to measure the progress towards achieving outcomes. That is, they describe observable, measurable characteristics or changes that represent achievement of an outcome.

## Result Areas

Recognizing the similarity between the Commission's focus areas and the State Commission's Result Areas, the Commission adopted the Result Areas used by the State Commission in this revision of the strategic plan. Aligning with the State Commission does not change the focus of Butte County's efforts; rather it provides consistency and ease of reporting, without compromise.

## Outcomes & Indicators

Each county commission is required to measure the outcomes of commission-funded programs through the use of applicable and reliable indicators. When selecting indicators for the 2007 plan revision, the Commission looked to the following criteria<sup>1</sup> for guidance:

- Importance: How important is this indicator as a component or determinant of child and family well-being?
- Meaningfulness: Can the public and policymakers easily understand what this indicator means and what its implications are for child and family well-being?
- Validity and Reliability: Does this indicator measure what it is supposed to measure, and do the results hold over time and across diverse populations?
- Availability and Quality of Data: Are data readily and consistently available for this indicator?
- Ability to Induce Action: Will this indicator grab the attention of the public and policymakers and help motivate action?
- Facilitates Cross-Systems Collaboration on Behalf of Children: Does this indicator reflect an issue that requires the involvement of stakeholders from different sectors of the county?

The Commission's four Result Areas, ten Outcomes and twenty-three corresponding Indicators are shown together in the following matrix. This matrix communicates the Commission's priorities, on which all funding decisions will be based, and supports the Commission's commitment to systems change and collaboration between partners.

In addition to the priorities included in the matrix, the Commission believes that ***tobacco education, prevention and cessation are fundamental components of their work.*** The Commission will continue to seek innovative and creative ways to address issues pertaining to the use of tobacco by pregnant women and the dangers of secondhand smoke exposure to young children.

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<sup>1</sup> Adapted from Mark Friedman's *Accountability Framework*

| Outcomes →   |   | Result Area 1- Improved Family Functioning         |   |  | Result Area 2- Improved Child Development   |  |
|--------------|---|--|---|--|---|--|
|              |   | 1a) Children will thrive in safe and stable homes. | 1b) Families have access to mental health, alcohol, drug & tobacco prevention and treatment services. | 1c) Families and caregivers have access to information and support to protect and promote the health, safety and well-being of their children. | 2a) Families & caregivers have access to information, quality early education opportunities and support to protect and promote the social/emotional development and school readiness of their children. | 2b) Children demonstrate developmentally appropriate competencies in self-care, social, emotional, cognitive, physical & communication skills. |
| Indicators ↓ |   |  |   |  |   |  |
| 1            | % of children with a regular medical home*  | X  | X   | X  |   |  |
| 2            | % of children age 0-5 who are in the expected range of weight for their height and age  |  |   | X  |   |  |
| 3            | % of births when breastfeeding is initiated during early postpartum*  |  |   | X  |   |  |
| 4            | % of children with up-to-date immunizations at 24-35 months   |  |   | X  | X   |  |
| 5            | % of fatal injuries (for children age 0-5)  | X  |   | X  |   |  |
| 6            | % of nonfatal injuries requiring medical advice or treatment for children 0-5   | X  |   | X  |   |  |
| 7            | % of babies born tox positive   | X  | X   |  |   | X  |
| 8            | % of births to mothers with adequate/adequate plus prenatal care*   | X  |   |  | X   |  |
| 9            | # of children 0-5 in foster care placement  | X  | X   | X  |   |  |
| 10           | % of licensed providers who have at least 12 ECE units or the equivalent in professional development hours                      |  |   |  | X   | X  |
| 11           | # of accredited family childcare and childcare centers  |  |   |  | X   | X  |
| 12           | % of childcare providers who are still in the workforce (after 9 months)  |  |   |  | X   | X  |
| 13           | Arts, cultural and other enrichment activities & programs will be made available and utilized by families with children age 0-5 |  |   | X  | X   | X  |
| 14           | % of families that report reading or telling stories regularly to their children ages 3-5                                       | X  |   |  | X   | X  |
| 15           | % of kindergarten teachers that indicate their students are ready to start school   | X  | X   |  | X   | X  |
| 16           | % of children entering kindergarten with adequate emergent literacy skills*   |  |   | X  | X   | X  |
| 17           | % of children entering kindergarten with adequate pre-academic skills*  |  |   |  | X   | X  |
| 18           | % of children entering kindergarten with adequate small motor skills*   |  |   |  | X   | X  |
| 19           | % of children entering kindergarten who demonstrate appropriate behavioral skills*  |  | X   | X  | X   | X  |
| 20           | % of children entering kindergarten with noticeable tooth decay*  |  |   |  | X   | X  |
| 21           | % of children entering kindergarten who have had a recent oral health exam  |  |   | X  | X   |  |
| 22           | # of Kit for New Parents distributed  | X  |   | X  | X   |  |
| 23           | Level of collaboration amongst partners to improve service delivery   |  |   |  |   |  |

| Outcomes →   |   | Result Area 2 (cont)                       | Result Area 3- Improved Health and Wellness                             |   | Result Area 4- Improved Systems of Care  |   |
|--------------|---|--|---|---|--|---|
|              |   | 2c) Improve the capacity of ECE providers. | 3a) Parents have access to health education, including prenatal health. | 3b) Children have access to health and dental services. | 4a) Support the development of quality early education & child-ready school environments that promote success in life. | 4b) Promote systems change to enhance service delivery. |
| Indicators ↓ |   |  |   |   |  |   |
| 1            | % of children with a regular medical home*  |  | X   | X   |  |   |
| 2            | % of children age 0-5 who are in the expected range of weight for their height and age  |  | X   | X   |  |   |
| 3            | % of births when breastfeeding is initiated during early postpartum*  |  | X   |   |  |   |
| 4            | % of children with up-to-date immunizations at 24-35 months   |  | X   | X   |  |   |
| 5            | % of fatal injuries (for children age 0-5)  |  |   |   |  |   |
| 6            | % of nonfatal injuries requiring medical advice or treatment for children 0-5   |  |   | X   |  |   |
| 7            | % of babies born tox positive   |  | X   |   |  |   |
| 8            | % of births to mothers with adequate/adequate plus prenatal care*   |  | X   |   |  |   |
| 9            | # of children 0-5 in foster care placement  |  |   |   |  |   |
| 10           | % of licensed providers who have at least 12 ECE units or the equivalent in professional development hours                      | X  |   |   | X  |   |
| 11           | # of accredited family childcare and childcare centers  | X  |   |   | X  |   |
| 12           | % of childcare providers who are still in the workforce (after 9 months)  | X  |   |   | X  |   |
| 13           | Arts, cultural and other enrichment activities & programs will be made available and utilized by families with children age 0-5 |  |   |   |  |   |
| 14           | % of families that report reading or telling stories regularly to their children ages 3-5                                       |  |   |   |  |   |
| 15           | % of kindergarten teachers that indicate their students are ready to start school   | X  | X   | X   | X  |   |
| 16           | % of children entering kindergarten with adequate emergent literacy skills*   |  |   |   | X  |   |
| 17           | % of children entering kindergarten with adequate pre-academic skills*  |  |   |   | X  |   |
| 18           | % of children entering kindergarten with adequate small motor skills*   |  |   |   | X  |   |
| 19           | % of children entering kindergarten who demonstrate appropriate behavioral skills*  |  |   |   |  |   |
| 20           | % of children entering kindergarten with noticeable tooth decay*  |  | X   | X   |  |   |
| 21           | % of children entering kindergarten who have had a recent oral health exam  |  | X   | X   |  |   |
| 22           | # of Kit for New Parents distributed  |  | X   |   |  |   |
| 23           | Level of collaboration amongst partners to improve service delivery   |  |   |   |  | X   |

Several of the Indicators used in the Matrix are defined below.

**1. Indicator:** % of children with a regular medical home. **Definition:** Refer to the American Academy of Pediatrics.

**3. Indicator:** % of births when breastfeeding is initiated during early postpartum. **Definition:** Breastfeeding initiation includes: exclusively breastfed infants; and combination breastfed and formula fed infants. The average number of total births excludes those of unknown feeding type.

**8. Indicator:** % of births to mothers with adequate/adequate plus prenatal care. **Definition:** Adequate/adequate plus prenatal care includes mothers who initiated prenatal care by the fourth month of pregnancy and had greater than or equal to 80 percent of the expected number of prenatal care visits recommended by the American College of Obstetricians and Gynecologists.

**16. Indicator:** % of children entering kindergarten with adequate emergent literacy skills. **Description of Skill:** Demonstrates letter recognition, sound recognition, pre-reading skills, comprehension, book knowledge.

**17. Indicator:** % of children entering kindergarten with adequate pre-academic skills. **Description of Skill:** Knows colors, shapes, completes multi-task sequences, shows emerging literacy (letter recognition, sound recognition).

**18. Indicator:** % of children entering kindergarten with adequate small motor skills. **Description of Skill:** Uses scissors, draws, holds crayon, stays within lines, buttons clothes.

**19. Indicator:** % of children entering kindergarten who demonstrate appropriate behavioral skills. **Description of Skill:** Takes turns, follows directions, responds to authority appropriately, not overly aggressive or withdrawn.

**20. Indicator:** % of children entering kindergarten with noticeable tooth decay. **Definition:** Tooth decay is noticeable and untreated

## 6. Funding Strategies

The Commission will work to accomplish its Result Areas through four different funding strategies: 1) Commission Initiatives, 2) Responsive Grant Making, 3) Special Funding, and 4) State Commission Initiatives.

### Commission Initiatives

The Commission considered the community's needs and existing assets, the Commission's unique role to address root causes of problems lying in wait, and where its investment could have the most impact. As a result, the Commission will allocate the majority of its share of Proposition 10 funds to initiatives through a Request for Qualifications (RFQ). These initiatives will be funded for three years and will include the:

- Oral Health Initiative to provide dental treatment services to children 0-5.
- Health and Well-being Promotion Initiative to provide comprehensive services through evidence-based home visiting.
- Tobacco Cessation Education Initiative to educate parents and others on the dangers of second hand smoke exposure and its relationship to the development of asthma in children ages 0-5 years.

### Responsive Grant Making

The Commission recognizes the importance of the myriad of issues that contribute to successful child development through its Responsive Grant Making Program. This program will award three-year grants through a Request for Proposals (RFP) process. Funding priorities are included in the matrix on pages 11 to 13.

### Special Funding

The Commission responds to emerging community needs by providing grants through the Commission's ongoing Special Funding Program. Please see the Commission's Special Funding Policy for more information.

### State Commission Initiatives

The Commission will continue to participate in several programs funded in part by the State Commission:

- **School Readiness Initiative:** This initiative seeks to engage families, community members, and educators in helping children to thrive and enter school ready to learn. Efforts focus on communities with low performing schools as measured by the Academic Performance Index.

- **CARES Program:** The objectives of this program are to: 1) increase the amount of time child care providers stay in the field; 2) increase the amount of time child care providers remain at one site; 3) increase providers' level of ECE education; and 4) improve the quality of child care. CARES provides training, support and cash stipends to qualified child care providers for participation in the program. Program "Tracks" place participants on career pathways leading to further education, advancement on the Child Development Permit Matrix, and degree attainment.

## 7. Evaluation

The Commission is committed to evaluating its funded programs. The evaluation efforts are intended to guarantee support and compliance with State Commission evaluation requirements and to reflect an ongoing commitment to ensure local accountability, document program quality and effectiveness, and measure progress towards outcomes.

### Guiding Principles

The Commission adopted principles to guide its evaluation process and help define the nature of its evaluation efforts. These principles provide: 1) a common understanding of what will drive the evaluation design and process, 2) specific activities to be undertaken, and 3) the relationships that are needed to ensure success. The Commission's guiding evaluation principles include:

- Evaluation activities provide information for both projects and the Commission with regard to decision-making in the areas of project design, resource allocation, and strategic planning.
- While funded projects/initiatives are linked to the ultimate outcomes and results the Commission is trying to achieve, they should only be held accountable for what is realistic given the time and resources available to them.
- Technical assistance and training are integral components of evaluation and should be designed to help build capacity of Commission-funded agencies, organizations and groups.
- To be successful, evaluation requires on-going partnership, learning and respect between the evaluators and key stakeholders.

### Levels of Evaluation

In addition to guiding principles, the Commission is committed to evaluating its programs utilizing three distinct levels of evaluation.

- **Level 1:** The Commission and grantees will continue to assist the State Commission by collecting information for the statewide evaluation. (For example, grantees will be

asked to answer questions regarding the demographics of the population they serve.)

- **Level 2:** The Commission will evaluate funded programs, measuring outcomes using reliable indicators. Therefore, all grantees are required to report on the outcomes they achieve. As programs may vary in service type and scope, each program will have its own evaluation plan and performance measures. This level of evaluation is intended to ensure grantee accountability to the Commission and to the community at large. Ideally, this level of evaluation will also prove useful to grantees and serve as a learning tool to improve program performance and practices.
- **Level 3:** In an effort to hold itself accountable, the Commission will also support extensive evaluation of the Commission-designed initiatives. These evaluation efforts are intended to show the effectiveness of the Commission's strategies and the countywide impact of the initiatives.

## **8. Conclusion**

The First 5 Butte County Children & Families Commission's 2007 – 2010 Strategic Plan will be used to guide the policies, investments and work of the Commission and its staff over the coming three years. The plan is reflective of what can happen in a community that is dedicated to coming together to make a difference for its children. The Commission is committed to providing leadership and working with our community of parents and providers to help build a future where all Butte County children will be born healthy and valued; be safe, capable, healthy, strong and active learners; and grow up in a nurturing family and community that helps them achieve their full potential and be successful in life.

## Appendix A: Strategic Plan Development Methodology

The Commission made a combination of efforts to assess local needs by gathering local input from a broad spectrum of both the population being served and the population providing those services. The sources varied from parents to teachers to nonprofit organizations serving the Commission's target population, and data collection methods included:

- Parent-Commissioner meetings: As past efforts to host traditional focus groups often resulted in poor attendance, the Commission changed its approach and attended *existing* parent gatherings in order to have direct contact with parents. The commissioners attended nine different meetings in Oroville, Paradise and Chico, meeting with over 120 parents. Commissioners arrived at the meetings with very broad questions, as their intent was to listen and collect anecdotal information. According to feedback, both parents and commissioners found the meetings to be very fruitful.
- Family Needs Assessments (FNA): For the past two years, parents whose children participate in the School Readiness Program have filled out Family Needs Assessments. The assessments gave families the opportunity to indicate areas of need and interest.
- 2006 Parent Phone Survey: The Commission funded a Parent Phone Survey conducted by an external evaluator. The intent of the survey was to collect countywide baseline data where none was available. The results, when broken out by income, indicate specific child and family needs.
- Kindergarten Teacher Survey (KTS): The Commission sponsored a county-wide Kindergarten Teacher Survey. Teachers indicated the overall preparedness level of entering kindergarten students (skill categories included hygiene, outlook/attitude, large motor skills, attention span, social skills, behavioral skills, language, small motor skills, pre-academic skills, and emergent literacy skills).
- Local Data: The Commission considered local data in developing this plan. The data was by no means exhaustive, but included available countywide data gathered by commission staff and partners and was intended to compliment the parent meeting input and the Parent Survey results.
- Recent Research: The Commission also considered recent research including:
  - 2005 California Child Care Portfolio for Butte County
  - 2004 Pediatric Nutrition Surveillance for Butte County
  - "Mommy It Hurts to Chew," The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3<sup>rd</sup> Grade Children, Dental Foundation
  - Search Institute's Developmental Assets for Infants, Toddlers, and Early Childhood

- Articles regarding the importance of play
- Recommendations to improve preconception health
- Articles on the effects of nicotine on the fetus

Note: Though the Head Start Community Assessment and the Local Child Care Planning Council Needs Assessment are traditionally considered for Strategic Plan revision purposes as well, neither document was available during the Commission’s planning phase.

The following table indicates the community needs identified through the above listed processes.

| <b>Identified Community Need</b>                       | <b>Parent Meetings</b> | <b>FNA</b> | <b>Parent Phone Survey</b> | <b>KTS</b> | <b>Local Data</b> |
|--|------------------------|------------|----------------------------|------------|-------------------|
| 1. Literacy skills                                     |                        |            | X                          | X          |                   |
| 2. Dental care and treatment                           | X                      |            | X                          | X          | X                 |
| 3. Healthy, low cost snack and meal ideas              | X                      | X          |                            | X          |                   |
| 4. Nutrition and fitness information;                  |                        | X          |                            |            | X                 |
| 5. Affordable child care, nontraditional hours         | X                      | X          |                            |            | X                 |
| 6. Parent support and education                        | X                      | X          | X                          |            | X                 |
| 7. Transportation                                      | X                      | X          | X                          |            |                   |
| 8. Home safety and first aid instruction               | X                      | X          |                            |            | X                 |
| 9. Family counseling                                   | X                      |            |                            |            |                   |
| 10. Substance abuse treatment                          |                        | X          |                            |            | X                 |
| 11. Parent outreach                                    | X                      | X          |                            | X          | X                 |
| 12. Culturally and linguistically appropriate services | X                      |            |                            |            | X                 |
| 13. Socialization opportunities                        | X                      |            |                            |            | X                 |

## **Appendix B: Financial Plan and Forecast**

### Introduction

The First 5 Butte County Children & Families Commission completed a process of long range financial planning as a means to develop funding allocation plans to support its Strategic Plan.

This financial plan serves as the guideline for future grant awards and provides a framework for balanced general administrative support, program management, and evaluation activities. It also serves as the basis for a funding allocation plan and annual budgets. While this plan does not authorize or appropriate funding, it serves as a tool to guide Commission investments.

The fifteen-year projection in this plan takes into account that Proposition 10 sales tax revenues are predicted to decline regularly each year as efforts to curtail smoking among adults and teens become more effective. The expenditure projections assume a cost of living adjustment each year for Commission program and administration costs, and evaluation, but no significant increases.

The Financial Plan and Forecast will be updated annually to reflect actual revenue and expenditures, and the assumptions used in development will be reviewed to ensure their validity and effectiveness.

### Background

The Commission was formed pursuant to the Children and Families Act of 1998 authorizing an additional sales tax on tobacco products, and its distribution to counties to support programs for children 0-5 years. The intent of the tax was to fund programs to fill gaps and assist children in reaching school healthy, both physically and emotionally, and ready for academics. Primary focus areas are health, early care and education, improved family functioning, and integrated systems, which are accessible and culturally appropriate for families. These strategic result areas increase support of school readiness. Funds are distributed to counties based upon the county's share of statewide births. Butte County's birth rate is less than one-half of one percent of the statewide total.

Legislative requirements for counties to receive Proposition 10 funding included completion and approval of a strategic plan before any funds could be authorized. In most counties, the formation of a commission and the development of the plan took a significant amount of time. The tax began in January 1998 and it accumulated until commissions approved their strategic plans. Butte County's Strategic Plan was approved in November 2000, and the first funding cycle began in June 2001.

Butte County currently receives nearly 2 million in Proposition 10 disbursements annually. At the beginning of the 06-07 fiscal year, the Commission had adopted an

expenditure budget of \$3.045 million (spending down its savings), and had approximately \$3.5 million in its trust fund designated for future sustainability.

### Financial Plan Goals and Objectives

The main goal of the financial plan is to provide the guiding financial framework for budgetary responsibility. This plan acknowledges that the Commission's initial funding cycles were intended to spend down a large portion of the uncommitted fund balance to jump start programs in the community, and would not necessarily continue. The plan outlines the commission's ability to fund effective programs, new initiatives, or match available funding for the next fifteen years. This plan has been prepared with a conservative emphasis, yet quantifiably enables the Commission to plan for future funding cycles.

The following objectives of this plan are intended actions to achieve the above stated goals:

1. Provide a maximum level of funding considering declining revenues
2. Commit to evaluation
3. Cap administration expenses at 12% of the total annual budget
4. Provide capacity for multi-year initiatives

### Financial Plan Principles

The financial plan principles provide guidelines and procedures for the use of the plan.

- The financial plan projects revenue and expenditure estimates for fifteen years.
- The annual budget will be based on the Financial Plan's numeric and narrative information.
- The funding allocation plan is based on information approved in the financial plan.
- Commission staff shall update the financial plan each year to reflect actual expenditures and revenues for the fiscal year and prepare a report to the Commission. Staff shall also validate the assumptions used in the preparation of the plan. If any assumptions warrant change, this will be included as part of the annual update.
- Changes to the financial plan can only be made with Commission approval.
- If the revenues and expenditures in the annual budget result in a surplus of funds, these funds will be placed in the beginning fund balance of the annual update of the plan.
- If a small deficit occurs in the annual budget, Commission staff will adjust variable expenses to the degree possible. If large deficit adjustments are

necessary, the evaluation results will assist in the prioritization of necessary reductions.

- The Commission will evaluate the goals, objectives and principles of the financial plan on an annual basis.

### Plan Assumptions and Funding Strategies

Economic Assumptions include:

- 2.0 % decline in State Proposition 10 funds annually (or as predicted by the State Commission)
- 3.5 - 4.0% interest earnings
- 3.1% inflation factor
- Salaries inflated 5% to accommodate county structure of increases

Policy Assumptions include:

- A maximum level of funding each year for programs, grants, or initiatives considering declining revenues
- Continue systems grants to a total of \$500,000
- Operating costs are minimized whenever possible and reasonable, and Administration costs do not exceed the established upper limit determined by Commission policy
- Evaluation is funded and inflated annually
- A conservative approach is used

Results include:

- Exhaust the reserve designated for long-term sustainability over a fifteen year period
- Responsible administration and distribution of Proposition 10 tax dollars

### Implementation

The First 5 Butte County Children & Families Commission enacted this Financial Plan on September 20, 2002. It was updated in November 2003 and in March 2007.