All 4 Kids

San Diego County Children and Families Commission
Strategic Plan
January 2001 – June 2003

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January – July 2000

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Sandra McBrayer, Vice Chair
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Commission Membership
August – December 2000

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Contents

Preface **4**

The Strategic Planning Process **5**

Vision **6**

Mission **6**

Values **6**

Operating Guidelines **7**

Assessing Community Needs and Priorities **7**

Planning for Results **11**

Choosing Strategies for Results **12**

Ongoing Community Engagement **13**

Collaboration and Integration **15**

Allocation of Resources **15**

Evaluation **17**

Endnotes **19**

Appendices

A. Summary of Community Conversations
B. Priority Results and Indicators
C. Year One Activities

PREFACE

Proposition 10: The Opportunity

The California Children and Families Act (Proposition 10) was passed by voters in November 1998. This statewide ballot initiative increased the tax on cigarettes and tobacco products. The revenue will be used to provide comprehensive, integrated systems to promote early childhood development from the prenatal period to age five. Health, child care and parent education programs will be funded at the county level to best meet local needs as determined by each community. The intent is for all children to be healthy, to be cared for in strong and supportive environments, and to enter school ready to learn.

The San Diego County Children and Families Commission was established to implement the Act on a local level. The Commission is advised by a 15-member Technical and Professional Advisory Committee (TPAC) comprised of professionals representing many diverse segments of the local community, including health care providers, child development specialists, researchers, educators, community-based service providers, and parent educators. Their role is to provide the Commission information on community needs, existing resources, research and best practices, and to advise the Commission concerning the strategic plan.

Progress and Plans

In early 2000, the Commission produced its first ***All 4 Kids*** Strategic Plan which outlined an initial process for improving the lives of San Diego County's children and families. Working through the first full year of discussion, priority-setting, and funding activity has helped the Commission and the community clarify goals and methods for maximizing the opportunities offered by Proposition 10.

In its first year, the Commission established staffing, basic operations systems and an infrastructure for carrying out its responsibilities. It developed approaches to needs assessment, information gathering, and priority setting. Two large public engagement efforts, for first year planning and for the 2001 to 2003 Strategic Plan, formed the basis for the ongoing community conversations that will guide the Commission's future decision-making. TPAC members, County staff and community experts researched existing data resources that can be used to measure results of activities for children.

Early in 2000, guided by the criteria outlined in the Strategic Plan, the Commission issued a series of immediate need grants to quickly infuse funds into the community. Working with the TPAC, a grant process consultant and procurement experts, the Commission established a Request for Grant Applications (RFGA) process that will be used for competitive grants.

San Diego County was chosen as a participant in two statewide initiatives — the Civic Engagement Project and the Results for Children Initiative — that provide Proposition 10 Commissions with technical support for ensuring strong community involvement and sound systems for accountability.

The Strategic Plan for 2001 through 2003 builds on this first year's experience to set the course for integrating early childhood programs, services and projects into a family-focused, neighborhood-based approach to school readiness. The Strategic Plan is a framework that describes how the Commission will approach its work. The plan will be reviewed annually and will be implemented through an annual implementation plan.

In addition, in 2001 to 2003, the Commission will continue development of an infrastructure to support its long-term, comprehensive activities and results. The Commission will formulate a community relations and information plan that will incorporate on-line technologies. It will seek advice on issues related to finance and investment strategies, and build information systems for complex accounting, reporting and data analysis.

THE STRATEGIC PLANNING PROCESS

To ensure that Proposition 10 dollars are spent in the most effective and efficient manner possible, the Commission has taken a results-based approach to planning, focusing on the results it wishes to achieve to improve the lives of children and families. These results are measurable, providing a means for the Commission to account to the community for program performance and impact.

Through the strategic planning framework, the Commission works with the community, providers and program experts to design a results-based plan. The planning process includes:

- Defining the vision, mission, values and operating guidelines for the Commission's work
- Assessing the needs of children and families in San Diego County, and the values and priorities of the community
- Establishing criteria for setting priorities at each stage of the planning process
- Choosing priority results to guide Commission activities
- Defining processes for selecting programs and services that will achieve selected results
- Setting guidelines for allocating Commission funds and other resources
- Building in evaluation processes to ensure accountability

Developing the Strategic Plan

The Strategic Plan for calendar year 2000 addressed initial priorities as well as longer-term infrastructure development activities such as building partnerships and establishing evaluation, data and reporting systems. During this time, the Commission continued to solicit community involvement and examine existing resources and best practices.

This Strategic Plan for 2001 to 2003 builds on the accomplishments and infrastructure development achieved under the first year's plan. It is the result of extensive dialogue among Commissioners, TPAC members, a broad range of community members, content experts, and public and private agencies serving children and families. Bringing together existing resources, it incorporates information from ongoing community needs assessments, best practices research, and civic engagement activities.

A Continuing Commitment

Strategic planning is a long-term and iterative process. State law requires an annual review and revision of County Commission strategic plans. As part of its annual plan update, the Commission will continue to rely on public input to determine pressing needs and develop realistic solutions. The planning process itself provides the opportunity to strengthen local leadership and community infrastructure to support families with young children. The result of these efforts will be healthy, well-adjusted children who are prepared to succeed in school.

VISION

Every child in San Diego County will enter school physically, mentally, socially and developmentally ready to learn.

MISSION

The San Diego County Children and Families Commission provides proactive leadership to achieve this vision by:

- Funding services
- Advocating for policy change at local, state and national levels
- Coordinating and leveraging existing resources
- Developing infrastructure
- Building community capacity to support families

VALUES

- Programs and activities are for the benefit of all children
- Parents are the child's first teachers, and we respect their capacities and skills
- We welcome the diversity of San Diego's communities
- Our communities possess our greatest assets and their participation is essential to our success
- The Commission and the community are mutually accountable to our children
- We are committed to excellence

OPERATING GUIDELINES

- Open and inclusive processes
- Seamless, family-focused systems
- Responsiveness to the needs of all children in the community
- Cultural competence
- Prevention and early intervention
- Partnership and collaboration
- Coordination and enhancement of existing effective resources and services
- Prioritization, allocation and leveraging of resources for effective investments
- Awareness and promotion of no-cost and low-cost solutions
- Potential for achieving selected results through proven and/or innovative programs
- Community and intergenerational solutions
- Measurable results
- Sustainability

ASSESSING COMMUNITY NEEDS AND PRIORITIES

San Diego County's economic, social, demographic, healthcare and education environments are undergoing rapid changes. Assessing the needs of San Diego County's children and determining the community's priorities for funding will be a continuous process to ensure that Proposition 10 funds are effectively used to support positive change. The Commission will maintain current knowledge of community needs and priorities by:

- Assessing County data on community-wide trends
- Conducting community conversations to directly ask community members about values, needs, and priorities
- Encouraging public comment at all TPAC and Commission meetings
- Soliciting specific research or in-depth reports from experts in areas such as health, education, parenting, and evaluation
- Incorporating information from other organizations' needs assessment, asset mapping and civic engagement activities

San Diego County Data and Trends

San Diego County is the second largest county in California and the fourth most populated county in the United States. An estimated 2.9 million people live in the County, approximately 223,000 of whom are children under age five. Among these children, approximately 42% are white, 41.5% Hispanic, 10% Asian or Pacific Islander, 6% African American, and 0.5% Native American and other. It is estimated that 17% of children under age five live in poverty.

The County contains 18 incorporated cities, 43 school districts, and 3,600 square miles of unincorporated areas, a complex and often overlapping patchwork of jurisdictions that provide services for children, families, and communities.

San Diego County data on children 0 to 5 present some striking statistics:

- Every 39 hours an infant dies before his or her first birthday (224 infant deaths in 1998)[1]

- Almost 20% of mothers delivering infants in San Diego County do not receive prenatal care in the first trimester[2]

- Every six hours an infant is born to a young girl who is between the ages of 12 and 17 and is a single parent (1,567 births in 1998)[3]

- Over 20,000 children under 5 in San Diego County have no health insurance[4]

- There is little county-wide information on dental disease in young children. However, in some high risk areas of San Diego County over 60% of children under 5 have visible cavities. Over 30% of the County's children have no dental insurance, and among low income and Hispanic families the rate of uninsured is much higher[5]

- An estimated 151,000 children ages five and under live in families where both parents or the only parent is employed and therefore may need child care[6]

- For families earning $30,000 per year or less, typical costs for infant care in a licensed child care center would consume 25% of their income[7]

- Approximately 12,400 children ages five and younger are in subsidized child care or preschool programs. It is estimated that there are over 71,000 young children eligible for these services (based on income and parental employment status). Thousands of families are on waiting lists[8]

- In San Diego County, the turnover rate for child care staff is estimated at over 30% annually, a rate that negatively affects quality of care[9]

- Approximately 422,000 adults living in San Diego County cannot read and write well enough to meet everyday needs. Children's literacy levels are strongly linked to the educational level of their parents[10]

- Every day, 228 reports of suspected abuse or neglect of children under 18 are received by the Children's Services Bureau (an average of over 83,000 annually)[11]

- A monthly average of 7,136 of San Diego's children under 18 live in out-of-home placement as a result of abuse or neglect[12]

Community Conversations

In late 1999, to develop the first *All 4 Kids* Strategic Plan, the Commission gathered broad community input through regional community forums, targeted ethnic outreach activities, a

telephone survey, and public comment presented at TPAC and Commission meetings. This broad input surfaced a wide variety of needs of children from birth to age 5.

For the 2001-2003 strategic planning process, smaller, more focused community conversations were conducted to address the following questions, framed to elicit community values and priorities and to identify institutions, resources and groups important to families:

- What does it mean to say that a child is "physically, mentally, socially and developmentally ready to learn?"
- Who is responsible for school readiness?
- What are the criteria that the Commission should use in choosing how to use Proposition 10 funds?

With the assistance of TPAC and Commission members and other community partners, broadly representative groups of 20 to 30 community members were convened in each of the County regions, using the framework of already existing collaboratives. In addition to regional groups, four organizations with countywide representation were asked to convene representative community groups:

- San Diego County Children, Youth and Families Commission
- Ninth District PTA (San Diego and Imperial Counties), for kindergarten teachers and first grade parents
- The San Diego County Child Care and Development Planning Council
- The San Diego County Chapter of the American Academy of Pediatrics

In the two-hour sessions, the groups were given an introduction to the purposes and activities of the Proposition10 Commission, and then were engaged in conversations about the above questions. (See summary of conversations, Appendix A.) Each conversation was facilitated by a Commission or TPAC member, and all Commissioners and TPAC members attended at least one conversation.

Public Comments at Commission and TPAC Meetings

The San Diego County Commission on Children and Families and TPAC meet monthly. All meetings are public, and every agenda presents the opportunity for public comment on items on and off the agenda. Additionally, the public is invited to provide comments to the Commission using a variety of other communication methods including written comments by mail, fax or e-mail, and verbal feedback via voice mail. The Commission will continue to welcome and encourage public communication as a means of keeping informed about needs and priorities.

Research and In-Depth Reports

During its first year of operations, the Commission convened special committees or contracted with experts for in-depth studies of specific issues related to its work. For example, special studies were conducted regarding the potential of library-based literacy programs, the feasibility of selected indicators, child care staff compensation, and the contents of a Welcome Baby Kit.

The Commission will continue to use the extensive expertise available to it through the TPAC and other community resources to assess needs and explore choices.

Incorporating Information From Other Needs Assessments

During the strategic planning process, the Commission and TPAC have received findings from other community strategic planning efforts for health and human services programs, as well as information submitted by community individuals and agencies regarding specific problems, existing community programs and resources, and best practices. Examples of these other resources are the San Diego County Health and Human Services Agency Strategic Plan, and the Children's Initiative Zero to Six Task Force report on "Education and Training for Home-Based Child Care Providers."

Common Themes

Several themes emerged from the many sources of information used to identify community priorities.

- **Children are born ready to learn.** We must provide them with a home, an environment and a community that will support and encourage them.

- Communities want services and supports that are **located in neighborhoods, culturally sensitive to the people being served, and locally controlled** by community members and collaboratives.

- **Home visiting programs** providing health care, early assessment of problems, parent education and referral to resources can greatly enhance readiness for school.

- **An abundance of outstanding resources, programs and services exist in our County,** and many of them have developed successful collaborations for serving their communities.

- Programs must access the **traditional institutions** that are an integral part of the community experience. Staff, providers, teachers, administrators and policy makers must reflect the population served.

- Community members represent **a wealth of untapped human resources**, available to work hard at planning, outreach, and education.

- The **entire community has a responsibility** to make children a priority and to ensure that our children enter school ready to learn.

- **Parent education and support** are most important. We should "support the parents to support the child."

- We need **better partnerships and relationships among parents, schools, and teachers**; many parents are not involved in their children's education and feel unwelcome at schools.

- We need to **expand eligibility for existing public programs** – for health insurance, child care, preschool, nutrition and housing -- to include families who don't qualify for subsidies but can't afford to pay on their own.

- The **business community can greatly support parents and children** through family friendly policies and practices and support of schools. They can be powerful partners in achieving Proposition 10 goals.

- San Diego County has **significant deficiencies in housing, transportation, health insurance, and child care.**

PLANNING FOR RESULTS

To ensure that San Diego maximizes its opportunity to promote the development of children from birth to age five, the Commission has adopted a results-based approach to guide its activities. This approach bases planning and evaluation on the results the Commission wishes to achieve. Results-based planning defines:

- **Results**: What conditions do we want to improve for children and families?
- **Strategies:** What can we do that we think will work?
- **Indicators**: What can we measure to show us what we're doing is working?

Priority Results

The San Diego County Children and Families Commission will work to accomplish a single, over-arching result:

> All of San Diego County's children will enter school physically, mentally, socially and developmentally ready to learn.

In developing the first Strategic Plan, the Commission and the TPAC identified seven results areas that reflect, on a community-wide level, what San Diego children need to meet the overall goal of school readiness. These priority results will guide local decision making for funding programs, services, and projects that promote, support, and improve early childhood development.

PRIORITY RESULTS

- Children are born healthy
- Children remain healthy
- Children are learning
- Child care/early education is high quality
- Child care/early education is accessible
- Children are in safe and supportive environments
- Children are in optimal physical environments, including tobacco-**free**

Indicators

In its first Strategic Plan, the Commission designated specific indicators to measure progress towards achieving the desired results. For example, for the result of "children are born healthy," an indicator can be the number of women who begin prenatal care in the first trimester of pregnancy.

In 2000, the Commission contracted with local evaluation experts to further refine this framework of results and indicators and suggest changes when necessary. The criteria used in choosing the indicators were:

- They are easy to understand
- The data are not difficult to collect and track
- They are a reliable measure of the chosen results
- They are available from existing data sources or represent an important area for development of new data sources
- They can be analyzed by county region, race/ethnicity, language, etc.

The results and indicators (detailed in Appendix B) reflect the Commission's continued strong commitment to account for results as measured by practical and accessible data. Through its work with the Results for Children Initiative in 2001 and 2002, the Commission will continue to strengthen public involvement in determining priorities, measures, and key strategies for achieving results.

CHOOSING STRATEGIES FOR RESULTS

During its first year, the Commission established a model for choosing specific strategies to achieve the selected results. At the beginning of the year, based on the guidance of the public and the Technical and Professional Advisory Committee, the Commission selected potential "Stage One" (first year) activities addressing key results. During the course of the year, some of these

activities were funded as immediate needs grants, and others were chosen as priorities for the Request for Grants Proposals (RFGA) process. Those activities that were beyond the realistic scope of the Commission's funding capabilities were designated for future collaborative efforts or advocacy by the Commission.

Potential Role of the Commission for Each Strategy

Each year, using the Strategic Plan as a framework, the Commission will work closely with TPAC and the community to narrow the wide range of potential long-term and short-term strategies or activities to meet the desired results. The Commission will then consider the refined list of potential activities to determine its most appropriate role for each, choosing among:

- **Strategic grantmaking**, supporting a few areas that promise to accomplish specific priority results
- **Responsive grantmaking,** supporting new and innovative programs outside the scope of the selected priority results
- Acting as a **catalyst and leader** for coordinating or integrating existing government, business, foundation and professional resources, or
- **Advocating** for legislation or policy to positively impact the lives of children and families, given that every need cannot possibly be met by Proposition 10 funding

Criteria for Choosing Priorities

Finally, the Commission will use the following criteria to assess potential activities and determine its priorities. These criteria are based on the Commission values and operating principles as well as guidance from the community through community conversations.

- Creates **benefits for all children** ages 0 to 5 in the County
- **Strengthens the ability of parents** as the child's first teachers
- Utilizes **intergenerational solutions**
- Promotes **prevention and early intervention**
- Reaches **diverse communities** through **cultural competence**
- Uses **existing community resources**
- Fosters **partnerships and collaboration**
- **Builds community capacity** for problem solving and decision making
- Produces **measurable results** for accountability
- Is **sustainable** beyond Commission funding

ONGOING COMMUNITY ENGAGEMENT

Through ongoing community engagement efforts, the Commission intends to maintain broad community relationships and seek public guidance and input regarding assets, needs and priorities. For advice or assistance in resolving difficult issues such as priorities and directions, the Commission will engage community partners such as parents, residents, educators, public safety groups, health and child care providers, associations, faith communities, and advocacy

groups. The public dialogue will be further supported through activities such as the Civic Engagement Project, the Results for Children Initiative, community conversations, a web site, and a newsletter.

Civic Engagement Project

The Civic Engagement Project (CEP) is a foundation-funded effort to intensively assist eight county Commissions with integrating public involvement into their way of doing business. The CEP will provide a framework under which the San Diego County Commission will maintain a countywide dialogue on issues affecting children and families and the criteria by which funding decisions should be made. In addition, the Commission will field test a community organizing strategy for targeted civic engagement in three communities. If successful in this effort, the Commission's leadership could build the capacity to replicate this process in communities countywide.

Results for Children Initiative

In addition to its participation in the Civic Engagement Project, in August 2000 San Diego County was chosen as a participant in the Results for Children Initiative (RCI). The Initiative, funded by the Foundation Consortium, will provide five Proposition 10 commissions with technical assistance for instituting results-based accountability in the context of inclusive governance.

Leadership Team

To maximize the synergy of the CEP and RCI projects, a Leadership Team will guide the activities of both initiatives. The team, chosen for their geographic, ethnic and professional diversity, includes County officials, a Commission member, two TPAC members, and representatives of the community throughout all six County regions. They will report directly to the Commission's Executive Director.

Community members will work with the local CEP/RCI Leadership Team to determine specific key outcomes by which to measure the results of Commission activities. RCI technical assistance, and the Community Relations Plan to be developed under the RCI project (see below) will greatly enhance the quality of the Commission's community engagement efforts.

Community Relations Plan

The Commission has identified the need for a well-thought-out plan to provide structure and cohesion to all of its community engagement activities, including ongoing conversations, community events, and newsletters and a web site to inform the public about Proposition 10 activities or opportunities. The CEP Steering Committee/RCI Leadership Team will develop a Community Relations Plan to guide outreach, engagement, media relations and public information activities. The TPAC, the Commission, and community members will also be involved in the development of the plan.

COLLABORATION AND INTEGRATION

As reflected in its mission, operating guidelines, and criteria for choosing priorities, the Commission is committed to bringing together existing community resources to benefit children and families. The community-based approach and funding capabilities of the Commission give it a unique potential for acting as a catalyst for collaboration and integration of child and family services across traditional lines. The Request for Grant Applications (RFGA) process will be a key component for fostering partnerships, utilizing existing collaboratives, and encouraging new linkages to achieve this integration.

The Commission will also ensure that it coordinates with other governmental and non-governmental organizations to achieve mutual goals. This may include, for example, partnering for civic engagement and planning activities or sharing of resources to achieve large, countywide results.

ALLOCATION OF RESOURCES

Revenue allocations from the State Commission will be used only to supplement existing levels of service, not to fund existing levels of service. No money in the California Children and Families Trust Fund will be used to supplant state or local general fund money.

Funding will reflect the goals and priorities identified by the Commission as guided by the Strategic Plan. In all funding decisions, the Commission will balance priority area, outcome, geographic, and ethnic considerations. When appropriate, *All 4 Kids* funds will be used to leverage additional public and private support for long-term continuing services.

First Year Funding Activities

During the first full year of operations, financial management, accounting, and monitoring systems were initiated to prepare for funding allocation.

Immediate needs grants were distributed, based on the extensive community and professional discussion conducted during the 1999 strategic planning process. These included small grants to licensed child care providers throughout the county, grants to small parent-run organizations, planning grants for future Commission activities in literacy and Welcome Baby kit distribution, and funding of other proven, highly visible activities in areas of great need.

In addition, with extensive involvement of the TPAC, the Commission designed and implemented a Request-for-Grant-Applications (RFGA) process through which funds can be granted for activities that address identified priorities, outcomes and indicators.

Funding Principles

In the course of the Commission's funding discussions and decisions throughout the first year, the following funding principles emerged:

- **Responsibility:** Proposition 10 funds present an opportunity to improve the lives of our children, and the money must be spent wisely
- **Accountability:** The funding process will be open and inclusive, and all financial reports will be public documents
- **Prioritization**: Proposition 10 funds cannot meet all of the needs of the County's children. Each year's funding must be directed to a few specific priorities as guided by community participation
- **Flexibility:** Funds must be available to respond to unforeseen needs and opportunities
- **Leveraging:** Funds can be optimized by supplementing, pooling or matching existing resources
- **Low-cost or no-cost solutions:** The Commission can use its formidable human and institutional capital to effect system change at little financial cost
- **Adequate support:** Activities to achieve important outcomes may require extended funding periods and support

Through community engagement, ongoing review of progress and response to challenges, the Commission will continue to develop and refine its funding principles and priorities. Critical to success is the ability to adjust the program and distribution of resources as necessary.

How Funds Will Be Used for 2001-2003

For 2001 through 2003, the Commission funds will be allocated among:

- **Community investments,** granted through the RFGA process, to fund activities that support specific priorities identified by the Commission
- **Responsive grants**, reserved for the discretion of the Commission to support existing, proven activities and to respond to unforeseen opportunities to achieve positive impact
- **Long-term initiatives,** to support major multi-year activities
- A **public information and education fund** to be approved by the Commission with specific criteria for support of small requests
- **Sustaining reserves,** to extend the longevity of Proposition 10 funding
- **Evaluation** of funded activities and the operations of the San Diego County Commission
- **Administrative costs,** to be kept as low as commensurate with responsible management of a comprehensive, County-wide program

Long Range Financial Planning

Over time, as tobacco use decreases, tobacco tax revenues and *All 4 Kids* funding will also decrease. To stabilize funds and extend them over a longer period, a portion of each year's money will be invested in a Sustaining Reserve fund. The Commission will continue to seek advice on finance and investment strategies from private, community, business, foundation, and academic experts.

EVALUATION

The Commission and the community are mutually accountable to the children of San Diego County for effective use of Proposition 10 funds to achieve school readiness. The Commission will ensure that evaluation is an integral part of all of its planning and activities, using the results-based approach that requires clear definition of desired results and the means by which they will be measured. Funds for evaluation will be allocated in each annual budget. The Commission has received and will continue to receive substantial technical assistance on evaluation through its relationship with the Results for Children Initiative.

Long-Term, Community Wide Evaluation

The Commission is committed to accounting for results as measured by practical and accessible data. As described above, evaluation experts have already assisted the Commission through in-depth research on community-wide indicators for priority results. Their focus was on feasibility of data gathering and opportunities to collaborate with other data gathering efforts, such as the County Child and Family Heath and Well-Being Report Card, the United Way Community Impact Survey, the California WIC information system on pregnant and breastfeeding women and their infants, and other State maternal and child health reports. These community-wide indicators will show results only over the long term.

Evaluation of Funded Projects

Over the shorter term, Commission-funded projects will be evaluated on their accomplishments. Applicants for Commission grants are required to describe how they will evaluate achievement of results as related to the identified priorities. Commission staff will work with grantees to identify appropriate evaluation measures. A comprehensive data system will be established to enhance the consistency and accuracy of information from funded projects. The data will be used to evaluate the rate of progress towards the identified results, demonstrate the effectiveness of programs and services, and identify needs for improvement.

Evaluation Plan

The Commission, TPAC and CEP/RCI Leadership Team will develop a plan for evaluation of Commission efforts as a whole as well as for individual activities and funded programs. The plan will describe:

- The **levels of evaluation** that will be done (Commission efforts, long-term community level results, funded programs, and other activities)
- The **staffing, resources and expertise** that will be used for evaluation efforts
- Guidelines for determining what **types of data** will be used to evaluate the quality and quantity of services provided
- **How and when data will be collected,** analyzed, and reported to the public and the State Commission
- **How data and information will be fed back** into design and implementation of plans and programs

- The **information systems** that will be used to track data and link to other data systems
- How **funded programs will be evaluated** in relation to the identified priority areas, results and indicators
- How **funded programs will contribute to overall evaluation**
- How the **Commission will help community organizations** develop evaluation skills
- How the **Commission will coordinate with State Commission evaluation efforts**
- How **Commission efforts will be evaluated**, using the vision, mission, values, operating guidelines and other criteria. For example, they will be evaluated on:
  - Progress shown towards community-level results
  - The success of collaboration efforts
  - The integration of programs and services into consumer-oriented systems
  - The effectiveness of community capacity building activities
  - The use of funds and other resources to produce the greatest possible value for children and families
- How the **Commission and its advisory committees will continue to seek and evaluate information** on existing programs, community resources, community-wide measures and best practices and utilize the information for planning and evaluation

Statewide Evaluation

The State Children and Families Commission will evaluate the effects of county commissions' efforts on large groups of children in the state, using community-wide indicators. Counties will report to the State Commission on those indicators addressed through their local activities. The San Diego County Commission will advocate, especially through the California Children and Families Association, for coordination of County and State evaluation activities and data, to maximize the comparability of data across counties.

ENDNOTES

1-3. San Diego County HHSA, Child, Youth and Family Health Assessment and Planning staff report.

4. United Way of San Diego County Outcomes and Community Impact Program, 2000 preliminary data.
5. Children's Dental Health Initiative of San Diego/Share the Care staff report; United Way of San Diego County Outcomes and Community Outcomes and Community Impact Program, *Dental Insurance Coverage*, 1999.
6. San Diego County Child Care and Development Planning Council. *Meeting the Child Care Needs of San Diego County Families.* June, 1999, p.i.
7. California Child Care Resource and Referral Network. *The California Child Care Portfolio 1999.*
8. San Diego County Child Care and Development Planning Council. *Meeting the Child Care Needs of San Diego County Families.* June, 1999, Tables A1 and B5.
9. San Diego County Child Care and Development Planning Council. *White Paper on Child Care Staff Compensation.* August, 2000, p.1.
10. San Diego Council on Literacy. *Literacy Services (READ/San Diego) Fact Sheet*, p.1.
11. San Diego County HHSA, Child, Youth and Family Health Assessment and Planning staff report.
12. San Diego County HHSA, Child, Youth and Family Health Assessment and Planning staff report.

APPENDIX A
SUMMARY OF COMMUNITY CONVERSATIONS
September-November 2000

WHAT DOES IT MEAN TO YOU TO SAY THAT A CHILD IS READY TO LEARN?

- Children are born ready to learn; even the most challenged can learn.
- The child's basic needs are met—health, nutrition, safe family.
- The child is balanced and strong socially, emotionally, and physically.
- Any special needs have been identified and addressed.
- The child feels confident and competent to begin school.
- S/he has been read to and has basic language skills, including English competence.

WHO IS RESPONSIBLE FOR A CHILD'S BEING READY TO LEARN?

- Family—mothers, fathers, grandparents and other family members—have primary responsibility.
- Child care providers and preschools should provide an early learning environment.
- Healthcare and social service providers identify and address problems with the child or family.
- The faith community should provide family supports.
- Employers have a responsibility to create family-friendly work policies.
- Government should provide needed laws, policies and programs to support children.
- The entire community is responsible and all must work together.

COMMUNITY SUGGESTIONS TO ACHIEVE READINESS TO LEARN

Parents/Family

- Parent education should be made available and should include the developmental stages and how to teach to the level of the child, school expectations, nurturing, discipline, and the importance of reading in the family.
- Parents need information about existing services for all of their needs and how to use the systems.
- Parents need support from community and extended family members, including role modeling, mentoring and peer support.
- Other caretakers, such as grandparents, also need education, information and support.
- Strengthen family systems through home visitation programs.

- Start at the very beginning – at the prenatal stage – to bond parents, child and whole family.
- Community outreach should include all segments of the community, including military families and families of all income levels.

Health

- Families need access to a basic level of health care including prenatal care, developmental assessments, and dental, vision and mental health services.
- Medi-Cal and Healthy Families insurance eligibility should be expanded to include more low-income working families.

Child Care and Preschool

- Parents need affordable, accessible and high quality child care.
- Child care providers need professional development training and support/incentives for attending training.
- There is a shortage of qualified child care workers, including bi-lingual workers, and turnover is high due to low compensation.
- Child care subsidy programs should expand eligibility to include more low-income working families.
- Quality standards should be established and parents should be educated as to what to look for when choosing a provider.
- Decrease ratios of children to teachers/care providers.
- Parents and the public need to be informed regarding the scope and role of child care providers.

Relationships with Schools

- Family, school, and child care providers should collaborate to prepare a child for school, including providing a readiness assessment.
- Teachers need better understanding of developmental stages of children and should teach children at their individual level.
- Schools should do a better job of welcoming parents, encouraging parental participation, and working with parents to resolve problems.
- Parents need to be involved in the schools and know how to advocate for their children.
- Schools have the potential to act as a neighborhood hub providing education for parents and children and other needed services.

Special Needs

- Health care professionals, parents and child care providers should recognize and address special needs as early as possible.
- Services should be expanded to ensure that the lower risk and/or non-English speaking children with special needs are served.
- Families of special needs children need support, special programs, and assistance with advocacy.

- Special needs children need better access to appropriate mental health services.

Partnerships

- Expect partnerships and collaboration among all the resources that help children and fund grants that build relationships.
- Collaborative and neighborhood based programs offer the best solutions: they provide a variety of solutions for complex problems, provide cultural reference, and have needed flexibility.
- Include business leaders as collaborative partners and support employers who support families.
- Expand existing community collaborative services with a focus on early child care and development.
- Build on, strengthen and coordinate programs that are already successful and are based on an accepted strategy; don't duplicate services.
- Leverage and blend funds to provide more comprehensive services.
- Services should provide a continuum of care, with a "no wrong door" or "one stop shopping" approach.

Community Infrastructure

- Collaboratives need help with infrastructure development, resources, consistency of leadership, and outcomes accountability.
- There is a need to provide leadership training to community members to work together with government to find community solutions.
- The rural communities of San Diego County need better transportation and more resources for families.
- We are losing our sense of community; children go to schools outside their neighborhoods, ties are broken, business leaders don't know their communities, and families do not have time to become involved in their communities.

HOW SHOULD THE COMMISSION PRIORITIZE AND MAKE CHOICES?

Criteria

- Spend the money wisely, according to the what the communities think is important.
- Put the welfare of our children first regardless of legal status or income.
- Raise the bar for all children by helping the highest concentration for children at risk, but don't ignore families who are on the edge.
- Pick one or two things to do really well.
- Commit to a single long-term approach; recognize that real change is real slow.
- Plan for the long term; build a legacy and build in sustainability.
- Decide based upon what is most beneficial to most people.
- Respect the values and cultures of community members.
- Have a prevention focus.

- Success varies for all families; don’t use a cookie cutter approach, deal with individual differences.
- Support proposals that provide a systems approach.
- Measure effectiveness.

APPENDIX B: San Diego County Children and Families Commission
Long-Term Community-Wide Results and Potential Indicators
Summary of Recommended Revisions

OUTCOME – CHILDREN ARE BORN HEALTHY	
1.	Percent of women who begin prenatal care in the first trimester
2.	Percent of women who receive adequate care (according to Kessner or Koessler Index which measure quantity of care)
3.	Teen birth rate ages 12-14
4.	Teen birth rate ages 15-17*
5.	Percent of teen births which are not the first births
6.	Percent of babies born with low birthweight*
7.	Infant mortality rate
8.	Percent of children born to high risk families, those where the mother: ▪ is under age 20 ▪ is unmarried and ▪ has less than 12 years education
OUTCOME – CHILDREN REMAIN HEALTHY	
1.	Percent of 0-5 year olds who have health insurance*
2.	Percent of 0-5 year olds who have dental insurance
3.	Percent of 0-5 year olds with usual sources of health care
4.	Percent of 0-5 year olds who receive recommended well-child visits
5.	Percent of mothers at time of hospital discharge who plan to breastfeed
6.	Breastfeeding percents at 3, 6 & 12 months
7.	Percent of children who have received a dental exam within the previous 12 months ▪ ages 1-2 ▪ ages 3-5
8.	Percent of children ages 1-5 with untreated dental caries
9.	Percent of children who are overweight/obese

10.	Rate of asthma hospitalizations for 0-5 year olds
11.	Rate of asthma emergency room visits for 0-5 year olds
12.	Percent of postpartum women who receive a check-up within 6 weeks of delivery
13.	Percent of 0-5 year olds in very good or excellent health
CHILDREN ARE LEARNING	
1.	Capacity of services for children with special needs
2.	Percent of children who are systematically screened, identified and treated for developmental delay and behavioral problems
3.	The number of referrals of children to services for developmental delays and other special needs
4.	Do not pursue as a measure, but instead carry out an investigative study to track and compare success in school of those children who did or did not attend preschool programs which employ developmentally appropriate practices and promote kindergarten readiness
5.	*The number of child care providers who receive training about school readiness per year*
6.	The service capacity of family literacy programs for parents
7.	The attendance at family literacy programs by parents
8.	Percent of children who are ready for kindergarten
9.	Average number of hours per week that parents devote to helping their preschool and kindergarten children learn
10.	Percent of families involved in activities at their child's early education setting and kindergarten
11.	Percent of kindergartners in school on an average school day*
12.	Percent of 2nd and 3rd graders who are reading at or above the national 50th percentile on the Standford-9 reading test*
CHILD CARE/EARLY EDUCATION IS HIGH QUALITY	
1.	Rate of turnover among center staff and family and child care providers

2.	*Rate of compensation for childcare workers*
3.	Percent of child care providers who receive training and/or technical support for caring for children with a range of special needs (developmental, emotional, behavioral)
4.	Percent of childcare/early education programs which meet state and national standards for culturally competent, safe and developmentally appropriate care
5.	Percent of child care/early education center staff and family providers who meet standards for education, training and competency set by the California Child Development Teacher Matrix or accreditation equivalent

CHILD CARE/EARLY EDUCATION IS ACCESSIBLE	
1.	Percent of families (who qualify and are in need) who receive subsidized child care services*
2.	Number, type and distribution of child care facilities compared to service requests
3.	Number and distribution of child care facilities which have “non-traditional hours” compared to service requests for “non-traditional hours” child care
4.	Percent of children with a range of special needs who receive developmentally appropriate child care/early education services (whose parents want them to receive such services)
CHILDREN ARE IN SAFE AND SUPPORTIVE ENVIRONMENTS	
1.	Rate of domestic violence reports*
2.	Rate of deaths and hospitalizations due to unintentional injuries in 0-5 year olds
3.	Rate of children (ages 0-17) in families identified as homeless*
4.	Rate of substantiated child abuse/neglect cases*
5.	Percent of women who do not use alcohol or drug abuse
6.	Percent of households with 0-5 year olds who do not experience any family alcohol or drug abuse
7.	Percent of women who use drugs postpartum or while breastfeeding
8.	Percent of children exiting foster care who do not re-enter out-of-home care within 6, 12 and 18 months

9.	Percent of parents with adequate social support
10.	Positive Parenting Measure
11.	Percent of child care programs which actively promote parental guidance and education
CHILDREN ARE IN OPTIMAL PHYSICAL ENVIRONMENTS, INCLUDING TOBACCO-FREE	
1.	Percent of women who don’t smoke during pregnancy
2.	Percent of 0-5 year olds in households free of tobacco smoke
3.	Rate of screened children who are identified with lead poisoning
4.	Number of children identified with lead poisoning
5.	Carry out review to see what type of toxins should be measured and what are measures