



Executive Summary

First 5 Tehama Commission embarked on a period of planning and dialogue about financial resources, community need, services, service delivery and systems beginning January 8, 2010 and held multiple sessions which concluded on October 5, 2011 with the adoption of the following funding objectives.

1. *First 5 Commission is a policy making commission that guides long term investments from a systems level perspective and provides the organization and leadership for the System of Care for children ages 0 - 5.*
 - With declining revenues, School Readiness which has been the platform for the System of Care becomes our signature program and funding priority.
2. *The Commissioners will use their roles and expertise to support the formalization of this System of Care.*
 - An Early Intervention Partnership is being developed with stakeholders to monitor and ensure the on-going success of this System of Care (Appendix A).
3. *This countywide System of Care for children 0 to 5 becomes an essential element to any future grant writing, partnerships, and advocacy that targets 0-5 year olds.*

A. Mission, Statement of Values, and Commitments

Mission

In partnership with the community, Tehama County children will be born healthy and thrive in safe, supportive, nurturing and loving environments; and will enter school cognitively prepared and be healthy, active, socially appropriate learners.

Reviewed 05/24/10

The Commission approved the following Statement of Values designed to serve as a tool for directing policy and planning efforts. *Reviewed 05/24/10*

Statement of Values

1. Respect the inherent value and worth each person and culture possesses
2. Work together with organizations/people who support common values and vision to achieve our goals
3. Advocate for social change to promote human dignity and to improve the quality of life
4. Safeguard the human and financial resources entrusted to us as we carry out our mission by leveraging funds to maximize community resources and program support
5. Demonstrate a commitment to inclusive collaboration in our work through teamwork and innovation

First 5 Tehama is dedicated to creating models to fill systems and service gaps through the following commitments:

First 5 Tehama Commitment

1. Quality not quantity
2. Priorities not funding streams
3. Effective Evaluation
4. Focus on implementation and learning areas of investments
5. Replication and common application

A similar set of commitments is required from the awarded grantees.

Grantee Commitment

1. Professionalism
2. Buy-in
3. Collaboration

B. Service Delivery

In the past, Tehama has identified problems that need to be addressed as well as recognized what works best in the county and then built upon those strengths. First 5 encourages and supports a more comprehensive network of integrated services and accountability measures to ensure that the desired outcomes for early childhood development are achieved.

Philosophy of Service Delivery

1. Capacity Building

Assessment, developing plans and implementing actions to address the strengths and weaknesses of organizations serving children will result not only in an increase of quality services, but a higher probability of organization and program sustainability.

2. Early Intervention System of Care (Appendix A)

- First 5 provides leadership and organization to strengthen and sustain the framework developed with partners for the Early Intervention System of Care.
- Direct service projects promote tobacco prevention and cessation.

- Direct services are delivered in a framework that plans for, implements and sustains positive systems change for children and families.

3. **School Readiness as the Platform**

- Partners collaborate, support, and link to the School Readiness Signature Program.
- Partners utilize collaborative meetings to brainstorm ways to maximize resources within the community.
- Direct service projects utilize proven practices and models or well-designed promising practices incorporating the six **“Essential Elements for Programs for Young Children”**:
 - INCLUSIVE:**
Includes all relevant adults in the assessment and planning for the child. This may include preschool teachers, childcare providers, non-custodial parents, parents, grandparents, therapists, etc.
 - HOLISTIC:**
Assesses and incorporates information about the child’s physical, social, emotional, and cognitive functioning and needs. Also assesses and utilizes the physical, social, emotional, and cognitive functioning of the primary caregiver(s). Untreated issues in adults result in decreases in functioning for children.
 - RELATIONSHIP BASED:**
Children are absolutely dependent upon adults who care for them. Their emotional, cognitive and social development occurs within the primary relationships.
 - UTILIZES AN UNDERSTANDING OF “NORMAL” DEVELOPMENT:**
Members of the team understand the normal issues of this age group (such as the “critical period” time frames for attachment, language and brain development).
 - DEVELOPS COMMUNITY BASED SOCIAL SUPPORT SYSTEMS:**
Understands and incorporates the data showing that improving the families support system results in gains for the children.
 - NATURAL ENVIRONMENTS:**
Services are delivered in the environments that the child spends time in.

C. **Equity Principles**

First 5 Tehama is aware that the issues facing the county are relatively common throughout the region and there is a commitment to ensure that projects funded encompass these four equity principles:

1. Serve ethnically, culturally and linguistically diverse children and families and special needs children and families
2. Address the needs of geographically and socially isolated communities
3. Target traditionally under-served/high-need populations
4. Streamline access and remove barriers* to promote access
**Common barriers were identified as language, transportation, cost, funding sources, and attitudes.*

D. Commission Goals and Objectives

Improved Family Functioning

- **Objective 1:** Parents will receive support to increase their knowledge of child rearing, family relationships and community resources.

Improved Child Development

- **Objective 2:** Increase access to voluntary structured programs of quality early care and education that integrate cognitive, social and emotional development for all three and four year old children.

Improved Child Health

- **Objective 3:** Increase health access to prevention and primary health care services for pregnant women and children.

Improved Systems of Care for Families

(Must be addressed and is woven into all approved proposals)

- **Objective 4:** Families from all cultural backgrounds are easily able to access multiple services and resources through an integrated system.
- **Objective 5: Increase administrative capability and organization sustainability.**

Service Areas

In order to be successful and to maximize the impact of funds, the Commission targeted the following service areas as funding priorities:

Improved Family Functioning

- **Service Area 1.1:** Support and expand parent education opportunities such as Nurturing Parenting and Families and Schools Together (FAST).
- **Service Area 1.2:** Support and expand case management services.

Improved Child Development

- **Service Area 2.1:** Provide home visiting programs such as Parents as Teachers (PAT).
- **Service Area 2.2:** Provide an array of options for quality preschool activities such as playgroups and KinderCamp.
- **Service Area 2.3:** Provide developmental screening and referrals and preschool referrals.

Improved Child Health

- **Service Area 3.1:** Provide support to parents/guardians to ensure children have health insurance, regular source of medical/dental care, and receive routine well-child check-ups including dental check-ups.

Improved Systems of Care for Families

(Must be addressed by all proposals as appropriate)

- **Service Area 4.1:** Support and promote programs practicing joint collaboration and case management.
- **Service Area 4.2:** Build on existing services, fill gaps in current system, and focus on the greatest needs to ensure resources are maximized and that there is no duplication of services.
- **Service Area 4.3:** Support and develop collaborations at local, county and state level such as the Early Intervention Partnership.
- **Service Area 4.4:** Community strengthening:
 1. Partner and support Family Resource Centers;
 2. Partner and support Tehama County Health Partnership;
 3. Partner and support Annual Children's Faire and Child Abuse Prevention Month activities; and
 4. Promote 'Kit for New Parents', First 5 Tehama Resource Guide, and family support activities.
- **Service Area 5.1:** Identify and develop other sources of funding, in-kind, and cash leveraging resources to support project efforts.

E. Evaluation

The goal of evaluation activities is to measure progress in meeting the core outcomes of the Strategic Plan. First 5 Tehama establishes an evaluation that adheres to the requirements of the Children and Families Act for accountability and addresses local research questions. The Tehama First 5 evaluation process collects demographic and service data in a uniform format across all funded organizations.

First 5 Tehama uses the free web-based reporting system from First 5 California.

Agencies with First 5 funded programs are expected to collect evaluation data tailored to their individual projects. Evaluation consultant works with First 5 Tehama and grantees to establish tailored evaluation plans that address objectives and service areas, including logic models showing the link between activities and short, intermediate and long term outcomes, data collection systems, data entry and monthly reports.

Evaluation Plan – approved 06/24/10

Logic models with performance measures have been developed and implemented for four primary program strategies:

- School Readiness;
- Mobile Dental Clinic;
- Ongoing systems change and leadership;
- Family Resource Center support

Core Outcomes

Improved Family Functioning:

- Connection to local or area Family Resource Center and community resources
- Children live in home environments supportive of optimal cognitive development

Improved Child Development:

- Connection to early education programs
- Connection and transition to elementary school
- Children are ready for school

Improved Child Health:

- Health access: insurance, medical and dental home, preventive care

Improved Systems of Care for Families:

- Level one: individual holistic family services
- Level two: programs shared training, shared outreach, shared planning and leveraged funding
- Level three: county level organizations and plans
- Level four: schools ready for children