

## Section I: Acknowledgements

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# First 5 Sacramento Commission

## **Vision**

Sacramento will have strong and inclusive communities, safe and healthy families, and valued children who can realize their potential and enjoy productive and fulfilling lives.

## **Mission**

The First 5 Sacramento Commission is committed to supporting the healthy development of children prenatal to age five, the empowerment of families, and the strengthening of communities.

## **Principles on Equity**

The First 5 Sacramento Commission will provide leadership and take proactive steps to ensure that children and their families from diverse populations, including children with special needs, are an integral part of the planning and implementation of Proposition 10.

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## **Section II: Introduction**

### **The Strategic Planning Process**

On March 8, 2008 the First 5 Sacramento Commission (Commission) approved a Strategic Plan Update Work Plan, which included a day-long planning retreat for the entire Commission. In addition, the Commission delegated the completion of the 2009 Strategic Plan Update to a six member Work Group, comprised of Commissioners and an Advisory Committee member.

On August 2, 2008, a One-Day Strategic Planning Session was held for all Commissioners to review the current Strategic Plan and provide overall direction for the next steps in the development of the 2009 Strategic Plan Update. At this meeting, the Commission:

- Reviewed the Vision, Mission, Core Components, and Funding Principles of the 2006 Strategic Plan Update. The Core Components and Funding Principles were combined to create the Strategic Principles;
- Reviewed the 10-Year Financial Plan Update;
- Considered information and data on current trends, strengths, needs and opportunities through reviewing documents such as the Trend Report and the Community Assessment Survey.

Pope, Gonzalez and Associates was selected as a consultant to review the results of the First 5 Sacramento Commissioner Day-Long Planning Session, to conduct five Strategic Planning Work Group Meetings, and complete and present a draft 2009 Strategic Plan Update to the Commission for approval.

The Work Group met on August 12, September 16, September 23, October 3, November 6, and December 8, 2008 to complete the planning, discussion and decision-making required to produce a draft Plan Update for the Commission's review. The Work Group solicited and considered broad community input. Each of the Work Group meetings included an opportunity to the public to provide written and/or verbal input.

Pope, Gonzalez and Associates drafted the Plan and received feedback from multiple avenues. The Plan was submitted to Commission staff for review and comment. The last two Workgroup meetings were dedicated to review and discussion of the draft Plan. The Advisory Committee facilitated opportunities for public input on the draft Plan by utilizing e-mail, mail, web and print advertising to reach community members, community associations/groups, and local leaders. In addition, the Advisory Committee conducted four public input sessions on November 14, 17, 19, and 20, 2008 in various areas of Sacramento County to secure comments on the Plan. Revisions were made to the document as a result of input received. The draft Plan was also posted on the First 5 Sacramento Commission website for public viewing in late December 2008.

On January 12, 2009, the First 5 Sacramento Commission approved the 2009 Strategic Plan Update, including the following Strategic Principles:

- Make “narrow and deep” investments to have the greatest impact.
- Look for opportunities to leverage (but not supplant) other dollars to increase impact.
- Invest in areas where we can create lasting systemic change.
- Address specific community needs and build community assets.
- Make data-driven choices based on specific community needs.
- Choose strategic approaches that incorporate prevention and early intervention.
- Use strategies that promote coordination and collaboration.
- Programs we fund shall be tobacco free.
- Our investments shall be affordable and accessible, culturally competent, community-driven, and responsive to special needs and disabilities.

Based on these principles, the Commission approved the twelve **Results** the Workgroup selected from the Plan's strategic hierarchy:

- R1: Increase comprehensive health insurance coverage
- R2: Increase use of medical/dental homes
- R6: Prevent obesity through improved nutrition and physical activity
- R7: Increase prevalence and duration of breastfeeding
- R8: Decrease dental disease
- R12: Increase use of effective parenting
- R13: Increase families access to safe/emergency child care

- R15: Increase participation in quality early care and education
- R16: Increase caregiver use of developmentally appropriate practices
- R17: Increase schools' readiness for children
- R18: Increase family connections in neighborhoods
- R19: Increase family and community self-advocacy to make change

### **The Implementation Plan Framework FY 2010/11 – 2014/15**

Following the approval of the First 5 Sacramento Commission's 2009 Strategic Plan Update, Commission staff initiated the development of an Implementation Plan Framework that outlines next steps in the implementation of the Commission's funding plan for 2010 – 2015. According to the Strategic Plan Update, there is \$113.1 million available to utilize for programs that benefit children ages zero through five.

During the development of the Implementation Plans, Commission staff researched evidenced based, best and promising practices. In addition to conducting literature searches, staff solicited community and provider input on best practices related to the approved Results. In January 2009, a request for best practices was presented to current contractors and other partners at meetings and via e-mail. A request was also posted on the Commission website. Many responses were received, and numerous links to articles, studies, and websites were provided. These suggested best practices have been considered by Commission staff and where appropriate, are included in the Implementation Plans. In addition, at the Advisory Committee's request, Commission staff presented a draft summary of each Implementation Plan's key highlights and strategies at their May 8, 2009 meeting as an informational item.

The Framework addresses each of the 12 Results approved by the Commission. The format is designed to address each of the 12 Results by articulating the Commission approved Result Areas, the Community Assessment, Target Population, Background and Best and Promising Practices, Implementation Strategies, Funding Process, Proposed Funding Allocation, Funding Timeframe, and Implementation Plan Summary.

Commission staff has included both Initiative and Result specific approaches in the 2010-2015 Implementation Plan Framework. Increasing community connectivity between individual providers and community resources is a critical step to ensuring a community of support to parents. Neither service providers nor parents live in silos. In addition, families' challenges are multi-faceted, and the most effective ways to create change may address multiple Results through coordinated and integrated efforts. Therefore, the Commission staff designed five initiatives that work toward multiple highlighted Results, with a "driving purpose" that is articulated in its name. The Commission's 2010 – 2015 Implementation Plan Initiatives and the Results that they address are:

- Health Access
  - R1: Increase comprehensive health insurance coverage
  - R2: Increase access to and utilization of medical/dental homes
- Breastfeeding, Nutrition, and Physical Activity
  - R7: Increase prevalence and duration of breastfeeding
  - R6: Prevent obesity through improved nutrition and physical activity
- Effective Parenting
  - R12: Increase use of effective parenting
  - R13: Increase families access to safe/emergency child care
- School Readiness
  - R16: Increase caregiver use of developmentally appropriate practices
  - R17: Increase schools' readiness for children
- Community Building
  - R18: Increase family connections in neighborhoods
  - R19: Increase family and community self-advocacy to make change

In addition, the Commission staff created two approaches that address a single Result each, including:

- Dental
  - R8: Decrease dental disease
- Child Care
  - R15: Increase participation in quality early care and education

### **Sacramento County Demographics**

According to the 2008 Children's Report Card, more than 1.4 million people live in Sacramento County. The 2008 Children's Report Card states that 22.5% (or approximately 122,850) of the nearly 546,000 children, youth, and young adults in the County are 0-5 years old. In addition, the number of children ages 0-5 in the County has increased by 13% between 2000 and 2008.<sup>1</sup>

Young children in this County are ethnically diverse. The number of students enrolled as English Language Learners in Kindergarten has increased by 30% between 2000 and 2006. Children 0-5 represent the County as follows: White (46,619), Hispanic (33,425), Asian (16,127), Black (11,622), Pacific Islander (1,088), American Indian (406), and Multiracial (10,532).

It is estimated that 21,735 of the County's children age 0-4 live in poverty, with disparities across race and ethnic groups. For example, 40% of African American children live in poverty compared to 24% Hispanic, 17.5% White, and 14% Asian of the same age group.<sup>2</sup> This data indicates that Sacramento County has a very

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<sup>1</sup> Sacramento County Children's Coalition. (2008). Children's Report Card, Sacramento County 2008.

<sup>2</sup> Ibid.

diverse, and rapidly growing, population. All of the Plans in this report use this data as a basis for planning.

### **Required Elements To Each Implementation Plan**

Per the Commission's direction, First 5 Sacramento staff developed Implementation Plans. Due to the uniqueness of each Result or Initiative, not all plans look exactly alike. However, at a minimum, each Plan addresses the following areas:

#### **1. Result**

Results were selected from the Strategic Hierarchy by the Commission appointed Work Group and approved by the full Commission for funding.

#### **2. Community Assessment**

Within each plan, information and statistics specific to the Result are provided to paint an overall picture of the potential issue(s), the community that is impacted, and the need to address the Result.

The Commission's evaluator, Walter R. McDonald & Associates (WRMA), compiled a report entitled "Trends in the Well-Being of Sacramento County Children". This report summarized information and data on a variety of issues impacting local children ages zero through five, and noted areas where Sacramento County has or has not made progress. WRMA also completed the first year of a Parent Interview that looked at the impact of the Commission's programs. In addition, a Community Assessment Survey was developed and administered by the Advisory Committee and Commission staff to 177 community members throughout the County. This survey assessed the current needs, ranked by importance, of local parents/caregivers and their families. The Trend Report, Parent Interview, and Community Assessment Survey may be referenced in the Implementation Plans.

#### **3. Target Population**

Consistent with the vision, mission, core components, and equity principles of the Commission's 2009 Strategic Plan, the Implementation Plan Framework aligns recommended strategies with the Commission's target population and service area.

#### **4. Background and Best and Promising Practices**

Each Result has been researched based on published proven practices and best and promising practices; the research is cited in each individual Implementation Plan. Consideration was given to public input, research reports submitted by experts and also which strategies would work best for Sacramento County.

#### **5. Implementation Strategies**

Implementation Strategies have been listed for each Result Area based on best and promising practices, the existing service delivery system, and Sacramento County demographics.

**6. Funding Process**

This section outlines the funding process for each Result Area or Initiative. Each Result or Initiative is unique and may not fit under a conventional Request for Proposals (RFP) mechanism. In addition, due to the five year time span of the updated Strategic Plan, it is possible that funding mechanisms and contract amendments, extensions, or negotiations may be conducted at different points in time.

**7. Proposed Funding Allocation**

The recommended funding allocations were made based on research into best and promising practices and selection of implementation strategies.

**8. Funding Timeframe**

The Implementation Plans will be implemented through the 2010 – 2015 funding cycle and Commission investment for that funding cycle will begin on July 1, 2010. A timeframe of major deadlines/activities and the required fiscal resources is included in the Implementation Plans.

**9. Implementation Plan Summary**

A chart is provided with each Implementation Plan to summarize timelines, key strategies, associated outcomes and indicators, and fiscal resources. The chart provides an overall snapshot of the Result or Initiative.

**Conclusion**

This Implementation Plan Framework is a roadmap to define the future direction of the Commission’s funding priorities for 2010-2015.

**Proposed Funding Allocation Summary:**

<b>First 5 Sacramento Commission Results and Allocations FY 2010/11 to 2010/15</b>	
<b>Health Care</b>	\$ 10,492,377
<b>Breastfeeding, Nutrition, and Physical Activity</b>	8,611,622
<b>Dental Disease</b>	32,120,044
<b>Effective Parenting</b>	45,642,151
<b>Child Care</b>	6,500,000
<b>School Readiness</b>	34,697,471
<b>Community Building</b>	4,285,000
<b>Subtotal</b>	<b>\$ 142,348,665</b>
<b>Special Projects and Dept. Wide Program Management</b>	5,622,188
<b>TOTAL</b>	<b>\$ 147,970,853</b>