

FIRST 5 INYO COUNTY'S 2009-2014 STRATEGIC PLAN





FIRST 5 INYO COUNTY

Research shows that a child's brain develops in rapid and unique ways during the first 5 years of life. Early experiences set the stage for future growth and gifts. The environment in which a child lives, plays, and learns has the potential to impact the rest of his or her life.

First 5 Inyo County is dedicated to funding outcomes that help shape the trajectory of a child's life to yield lifelong benefits and rewards. Every year, the Commission invests resources in vital services for children 0-5 and their families. This strategic plan is our road map for promoting positive change for the children of our county for the next 5 years.



"Studies show that children in early childhood education programs are more likely to score higher in reading and math, more likely to graduate from high school and attend college, more likely to hold a job, and more likely to earn more in that job. For every dollar we invest in these programs, we get nearly \$10 back in reduced welfare rolls, fewer health care costs, and less crime."

~President Barack Obama



MISSION

First 5 Inyo County is committed to enhancing communities to support and ensure child health, child development, school readiness, and family functioning.

VISION

All children in Inyo County will thrive in supportive, nurturing, and safe environments, enter school healthy and ready to learn, and become integrated, contributing members of society.

About the Inyo County First 5 Commission

Following voter approval of Proposition 10 in November 1998, Inyo County Children and Families Commission was established by the Inyo County Board of Supervisors in 1999. The Commission is housed under Health and Human Services but operates as an independent "county agency." The governing board of the Commission, which is appointed by the Board of Supervisors, consists of 7 members. Composition of the Commission is as follows:

- a. One member shall be a member of the Board of Supervisors.
- b. One member shall be the Health and Human Services Director of his/her designee.
- c. One member shall be designee, as defined in Health & Safety Code Section 130140, of the Health and Human Services Director.
- d. Four members shall represent any of the following categories: recipients of project services included in the county strategic plan, educators specializing in early childhood development; representatives of a local childcare resource or referral agency, or a local child care coordination group; representative of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have a goal of promoting, nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations of societies.

Susan Cash—Chair
County Supervisor

Karen Harrison—Vice Chair
Early Child Development Educator

Jean Turner
HHS Director

Linda Benson
HHS Designee

Randee Arcularius
Parent

Dr. Charlotte Helvie
Pediatrician

Marie Santos
Early Child Development Educator

Strategic Planning Process

In fall 2008, the Inyo County First 5 Commission began discussing the need to revisit the 2006-2011 Strategic Plan as the needs of the community were rapidly changing and the Commission's funding was tied to long term programs through 2011, making it difficult to address new needs that emerged. As the state continued to grapple with an unprecedented deficit— ultimately facing program cuts in order to balance the budget— First 5 funds needed to be freed up to meet changing needs.

Technical Assistance funding available to the Northeast counties through the First Five Association was used to contract with Social Entrepreneurs for assistance in updating the Strategic Plan and staff began gathering resources to facilitate the process. In February 2009, the Commission decided to end all current contracts, focus on the strategic planning process, and prepare to redistribute funding to the community based on the new plan beginning in FY 2009-2010. Although this was a difficult decision, staff and commissioners believed a true revamp of the Strategic Plan was necessary to address current community needs in the most cost effective way. The Commission was also concerned that all result areas outlined by State First 5 were not being critically evaluated under the current plan and addressed on a local level.

In the spring of 2009, the Commission held 4 community meetings attended by a total of 57 people; Big Pine (11 people), Independence (4 people), Lone Pine (21 people), and Bishop (21 people). Community members were asked to comment on the needs of children ages 0-5, families, and caregivers in relation to Child Development, Child Health, School Readiness, and Systems of Care. (Frequently mentioned concerns are documented in Appendix O.)

The community meetings were a launching point for surveys in both English and Spanish that were distributed countywide to service providers, child care providers, community organizations, county agencies, and families. More than 1,500 provider and parent surveys were delivered in person, by mail, or distributed at community events. Providers and families also had the option to take the survey online. After 3 weeks, the Commission received 256 surveys from parents and 88 surveys from providers for a total of 344, or approximately a 20% response rate which is fair, given the 3-week turnaround on the survey. (Results of the community survey are documented in Appendices A-N.)



Although needs varied by community, ethnicity, primary language, and income level, countywide three key critical issues were of concern for all groups: Nutrition, Fitness, and Child Care. Information received from the community meetings and surveys was used in tandem with information each commissioner shared through the process, as well as data from the following sources:

Summer Bridge Program Data
Key Informant Interviews with two past contractors
Professional Development Program (PDP) Data
Oral Health Program Data
Maternal Child Health Surveys
CHDP Data
API Scores
Foster Care Data
Children Now Data

Ultimately, this collective evaluation of needs in Inyo County lead to the development of critical issues and the New Strategic Plan for FYs 2009-2014. The following critical issues, goals, outcomes, indicators, funding guidelines, and funding allocations are a roadmap to purchasing high quality outcomes for children and families over the next five years. As is necessary with any planning process, this plan will be updated yearly to reflect changes in need, funding, and programming to best meet the current concerns of children, and to keep children at the forefront of all future planning.

Inyo County 2009 Critical Issues

Needs Identified in the County that cross all racial, language, geographic, and income barriers:

Nutrition
Fitness
Childcare

Other highly rated needs the Commission identified from Community Meeting and Survey Results included:

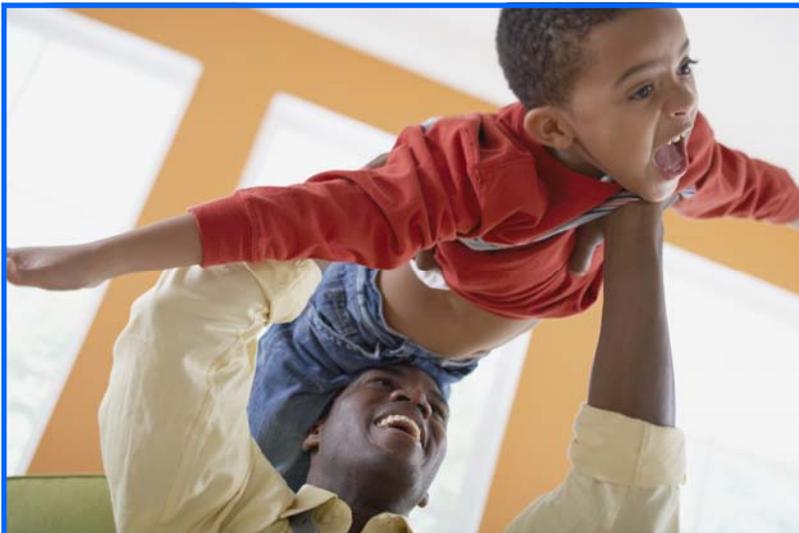
Oral Health
Basic Needs
Pre-k to K Transition



“Children are the living messages we send to a time we will not see.”

~John W. Whitehead

Critical Issues by State Result Area



IMPROVED CHILD HEALTH:

Oral Health
Health Access
Nutrition & Fitness

IMPROVED CHILD DEVELOPMENT:

Childcare
Child Development

IMPROVED FAMILY FUNCTIONING & IMPROVED SYSTEMS OF CARE:

Basic Needs

Goals



1. Ensure children 0-5 receive timely and adequate health services to prevent, detect, and treat health issues.
2. Improve the development of children 0-5 and promote successful transition to school.
3. Support optimal parenting and family self-sufficiency.
4. Improve systems of care and leverage existing resources throughout Inyo County.

Measuring Goals

The Commission has selected indicators and subindicators on the following pages to help measure programs and outcomes that are being achieved. The indicators were selected based on a logical sequencing process that helps ensure programming and services are in place to yield optimal outcome results.

Subindicators were developed primarily based on state suggested best practices, and they serve as a menu of options for funded programs to select from as ways to help measure their program success towards meeting Commission Outcomes. (Subindicators can be found in Appendix P.)

The Commission may add additional options for contractors to select from as programs are developed, but the current menu of options serve as the basis for items that can be measured. All subindicators and additional evaluation requirements will be discussed with future partners and put in writing prior to contracts being signed and funding being released. The Commission is committed to reliable, quality evaluation that aids them in making future strategic and fiscal planning decisions, so measuring our effective progress toward clear goals is of high priority.

Objectives & Indicators

1. Ensure children 0-5 receive timely & adequate health services to prevent, detect, and treat health issues

A. Children have access to proper nutrition and the fitness resources to maintain a healthy weight.

1. Number and percentage of parents and caregivers who are educated regarding appropriate nutrition and fitness, and are implementing this knowledge with their children ages 0-5.
2. Number and percentage of children ages 0-5 who eat a healthy diet and engage in age appropriate active play.
3. Number and percentage of children ages 2-5 that are in the expected range of weight for their height and age.

B. Children receive preventative and ongoing oral health care.

1. Number and percentage of parents and caregivers who are knowledgeable about early oral health and practice healthy dental habits with their children ages 0-5.
2. Number and percentage of children ages 1-5 who are accessing early dental care and being screened for dental problems.
3. Number and percentage of children ages 1-5 who are identified with dental problems, and who receive treatment for them.

C. Children receive access to preventative and ongoing health care.

1. Number and percentage of parents who are knowledgeable about the importance of and have access to preventative health care prenatally and for children 0-5.
2. Number and percentage of children ages 0-5 who are going to well baby and well child check ups for screenings and immunizations.
3. Number and percentage of children 0-5 receiving referrals for early screening and treatment for developmental delays and health problems.

2. Improve the development of children 0-5 and promote successful transition to school.

A. Parents & caregivers have increased knowledge & skills regarding child development.

1. Number and percentage of parents and caregivers accessing service programming, or classes on parenting, child development, and school readiness.
2. Number and percentage of parents and caregivers implementing information learned from programming and services.
3. Number and percentage of parents and caregivers reporting an increase in knowledge and confidence, or a positive change in routine/ habits.

B. Children have increased access & availability to a variety of quality care & early education programs.

1. Number and percentage of children ages 0-3 and 3-5 attending programs and accessing services.
2. Number and percentage of children ages 3-5 showing improved signs of school readiness at preschool and Kindergarten entry.
3. Number and percentage of children succeeding in school longitudinally at Kindergarten, 2nd and 4th Grade Assessment.

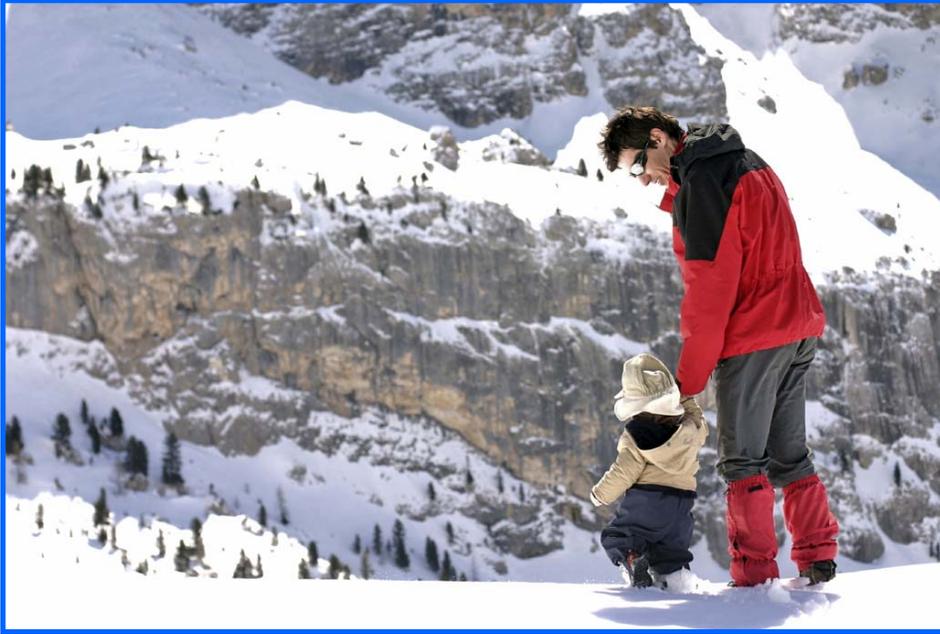


“It is easier to build strong children than to repair broken men.”

~Frederick Douglass

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Objectives & Indicators



“A child
educated
only at
school is an
uneducated
child.”

-George Santayana

3. Support optimal parenting and family self-sufficiency.

A. Community based resources receive increased support to help target families* meet basic needs.

- 1. Number and percentage of providers at community based resources educated and knowledgeable about First 5 and its mission and goals.**
- 2. Number and percentage of providers at community based resources accessing services and support from First 5.**
- 3. Number and percent of families that have improved access to services and improved self sufficiency.**

B. Community based resources receive increased support to sustain children’s health and development.

- 1. Number and percentage of providers at community based resources educated and knowledgeable about First 5 and its mission and goals.**
- 2. Number and percentage of providers at community based resources accessing services and support from First 5.**
- 3. Number and percentage of children that have improved child health and development.**

4. Improve systems of care and leverage existing resources throughout Inyo County.

A. Systems serving children 0-5 have increased accountability.

- 1. Implementation of a countywide data system to collect client information, program results, and outcomes.**
- 2. Timely collection and evaluation of identified client information ** pertinent to program results and outcomes.**
- 3. Increase number and percentage of participation and documented utilization of shared data to help make future funding decisions.**

B. First 5-funded programs will have diverse and sustainable funding.

- 1. Increased knowledge of and access to First 5 in the community.**
- 2. Increase total number of dollars leveraged compared to First 5 Investments.**
- 3. Increase in program Sustainability.**

*Targeted families as defined by the Commission. May change from year to year. See Grant Application and RFA for further detail.

**As defined and determined by the Commission

Guiding Principles

Based on the new strategic plan, beginning in FY 2009-2010, program funding will be used to address the new goals and objectives of the Commission. The Commission has adopted the following funding policies to help guide funding decisions:

- The Commission may but is not required to fund in each of the four result areas.
- Priorities may be established by result area for different geographic areas of the county.
- The Commission will focus on but is not limited to funding direct services.
- The Commission will focus on funding special projects that are designed to meet the following guiding principles:

- 1) Reduce barriers and improve access to services
- 2) Focus on reducing disparities.

- The Commission will fund three types of grants:

Strategic Grants -Strategic grants will be awarded via an application process. Grants will not exceed one year and may be funded up to the allowable county purchasing limit*. Projects will include small community efforts of limited scope, project sponsorships and what has traditionally fallen under mini-grants.

Special Project Grants -Special projects will be awarded by RFP and will focus on meeting the priorities, goals and outcomes of the Commission, utilizing strategies that are outlined in the strategic plans.

Targeted Grants -Targeted projects may be funded from the pool of high quality, high performing special projects funded in a previous year. Contracts will be for one year with an option for renewal for three additional years based on results and contract compliance. Should a contract be renewed for three years, the third year will be a transition contract as no further funding may be awarded thereafter.

** Currently \$2,500 for FY 2009-2010. Should the amount change, the Commission will be notified to discuss new limit and how to proceed in future years.*



“There are no seven wonders of the world in the eyes of a child. There are seven million.”

~Walt Streightiff

Funding Allocation

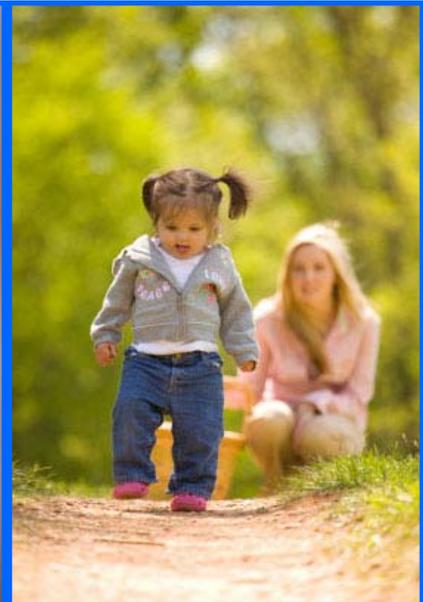
To accomplish goals 1, 2, and 3 under the strategic plan, beginning in FY 2009-2010, the Commission will fund strategic grants and special project grants that help meet the needs of children and families in these areas. Targeted grants may be available during FYs 2010-2014 based on high quality high performing special projects funded in a previous year. Because the Commission is entering FY 2009-2010 with a new plan and with all past contracts now ended, new programs are yet to be determined in FY 2009-2010.

To address goal 4 under the strategic plan, beginning in FY 2009-2010, the Commission will fund a special project to address capacity building throughout Inyo, which may include a countywide system to help track and measure funded programs and outcomes.

The Commission will be continuing the State First 5 School Readiness Match Grant Program through FY 2011 as State funding allows, and is committed to funding programs that help them fulfill the goals of the School Readiness Match, but will enter FY 2009-2010 with a countywide approach to school readiness, being cognizant of providing services to past school readiness communities.

When I approach a child, he inspires
in me two sentiments: tenderness
for what he is, and hope for what
he may become.

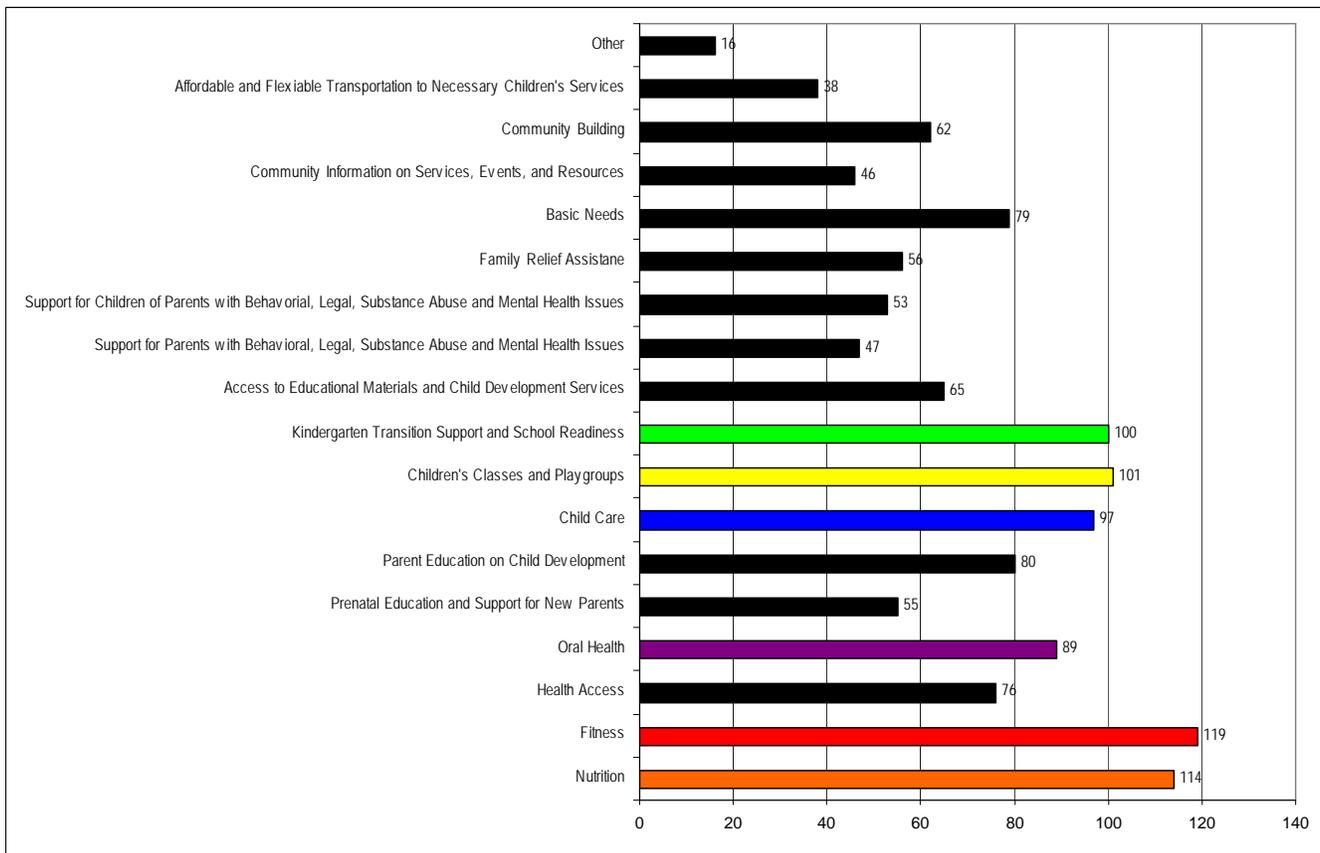
~Louis Pasteur



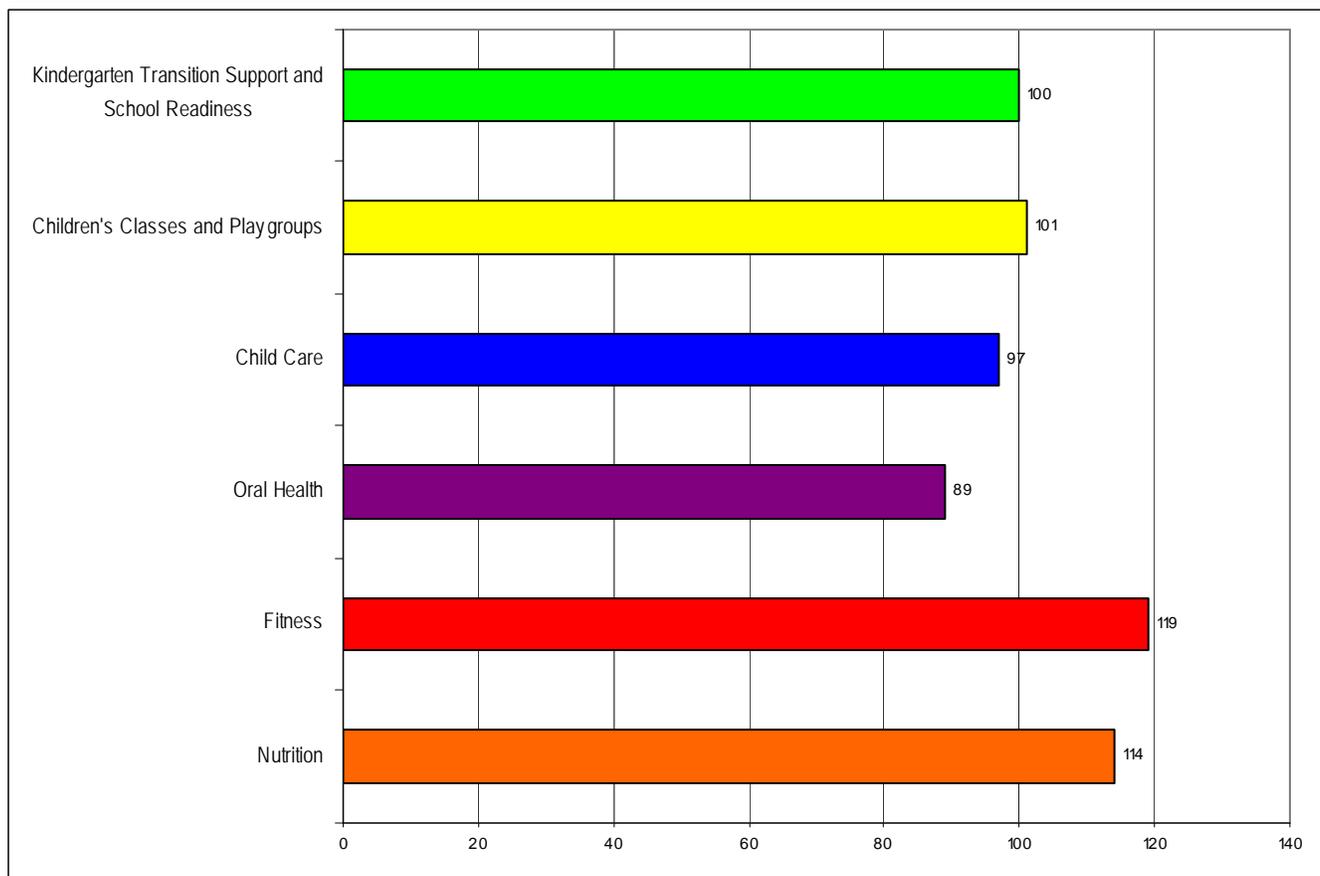
Appendix A—Chart of Need Categories Used in Parent & Provider Survey

These categories appeared on the community survey for parents and providers to rank the top 5 categories they felt were of greatest priority for Inyo County children & their families..	
Nutrition Example: nutrition education and consultation, availability of healthy food, breastfeeding assistance	
Fitness Example: active play opportunities, obesity prevention education, indoor winter play areas	
Health Access Example: transportation to services, insurance assistance, local developmental and health screenings	
Oral Health Example: access to children’s dental services, dental health education, local dental screenings	
Prenatal Education and Support for New Parents Example: breastfeeding education, teen parent support, healthy pregnancy education, prenatal care	
Parent Education on Child Development Example: new parent support, parenting classes, flexible parent education programs	
Child Care Example: evening and weekend care, financial assistance, training for child care providers, infant care	
Children’s Classes and Playgroups Example: children’s night and weekend playgroups, art and culture classes for children	
Kindergarten Transition Support and School Readiness Example: activities to help children develop classroom skills, coordination between preschool and kindergarten teachers, information for parents on preparing children to enter school	
Access to Educational Materials and Child Development Services Example: book and toy library, age and culture-specific activities and play days, parent resources	
Support for Parents with Behavioral, Legal, Substance Abuse and Mental Health Issues Example: confidential counseling resources, positive discipline strategies, support groups	
Support for Children of Parents with Behavioral, Legal, Substance Abuse and Mental Health Issues Example: short-term foster care, counseling and grief programs, comprehensive support services	
Family Relief Assistance Example: support for single and teen parents, grandparents raising grandkids, and working parents	
Basic Needs Example: food, clothes, employment and housing assistance	
Community Information on Services, Events, and Resources Example: availability of materials in Spanish, free directory of local family resources and services	
Community Building Example: public celebrations, volunteer opportunities, educational/cultural events on child development	
Affordable and Flexible Transportation to Necessary Children’s Services Example: transportation to important services within Inyo County and north and south of Inyo County	
Other:	

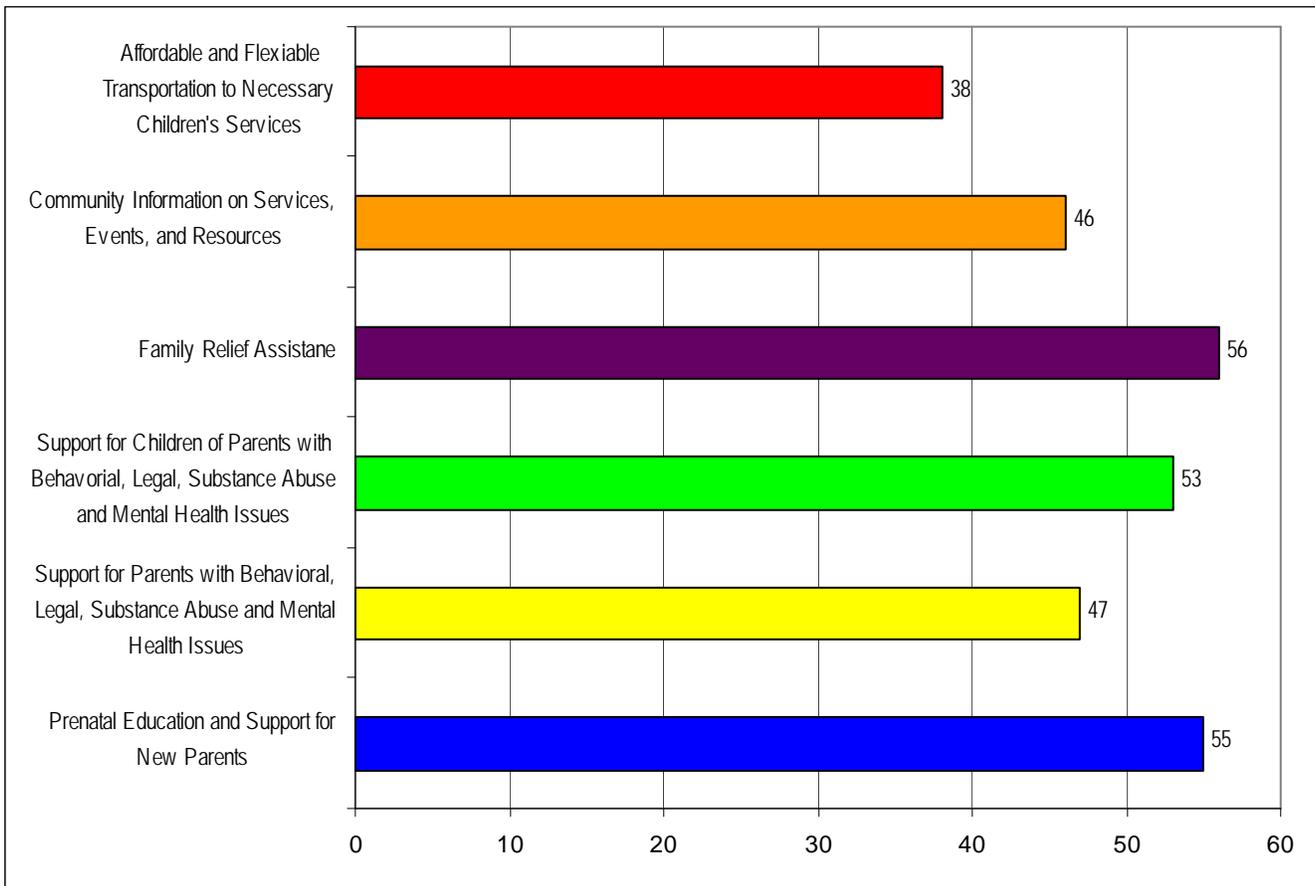
Appendix B—Parent Survey: Frequency Need was Marked 1-5



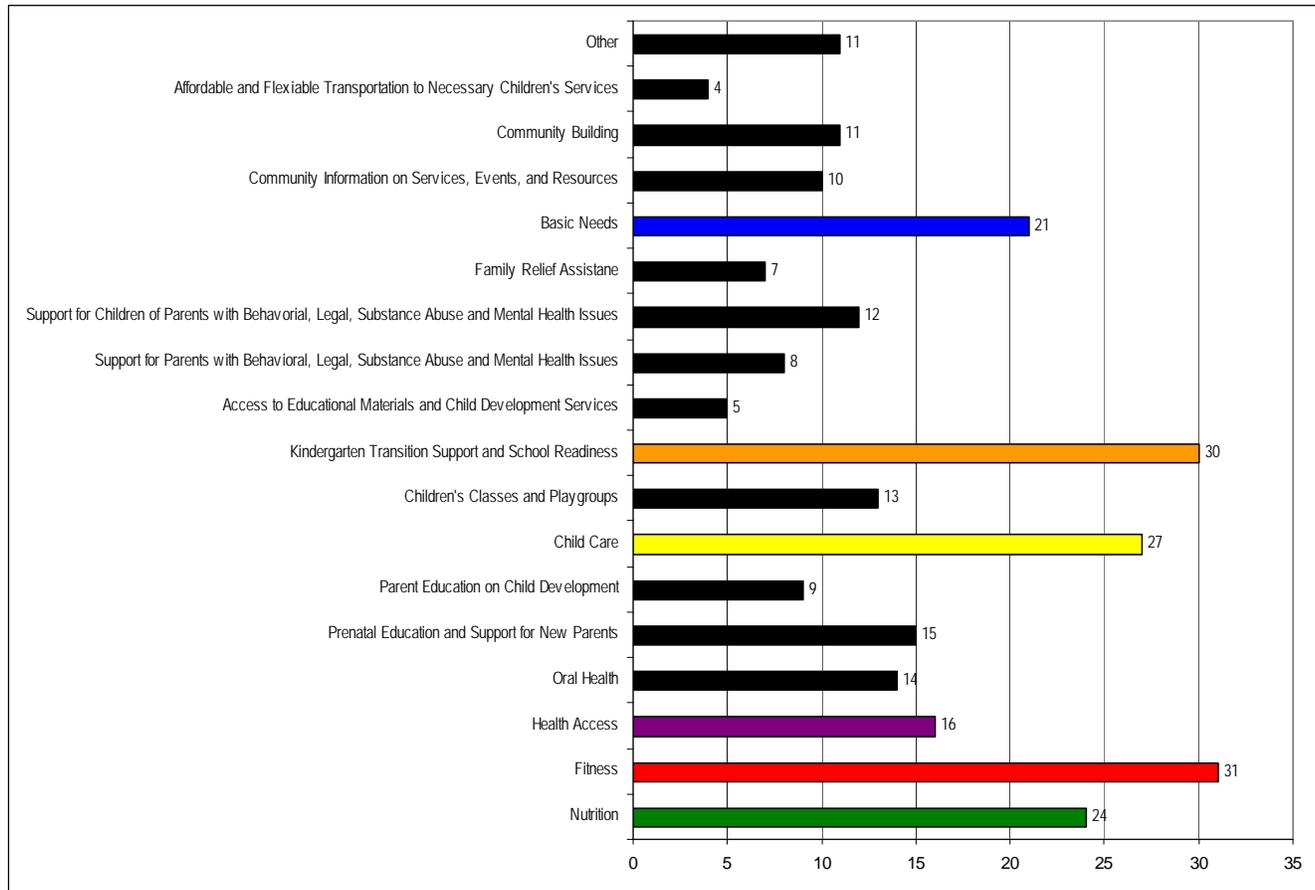
Appendix C—Parent Survey: Need Most Commonly Marked 1-5



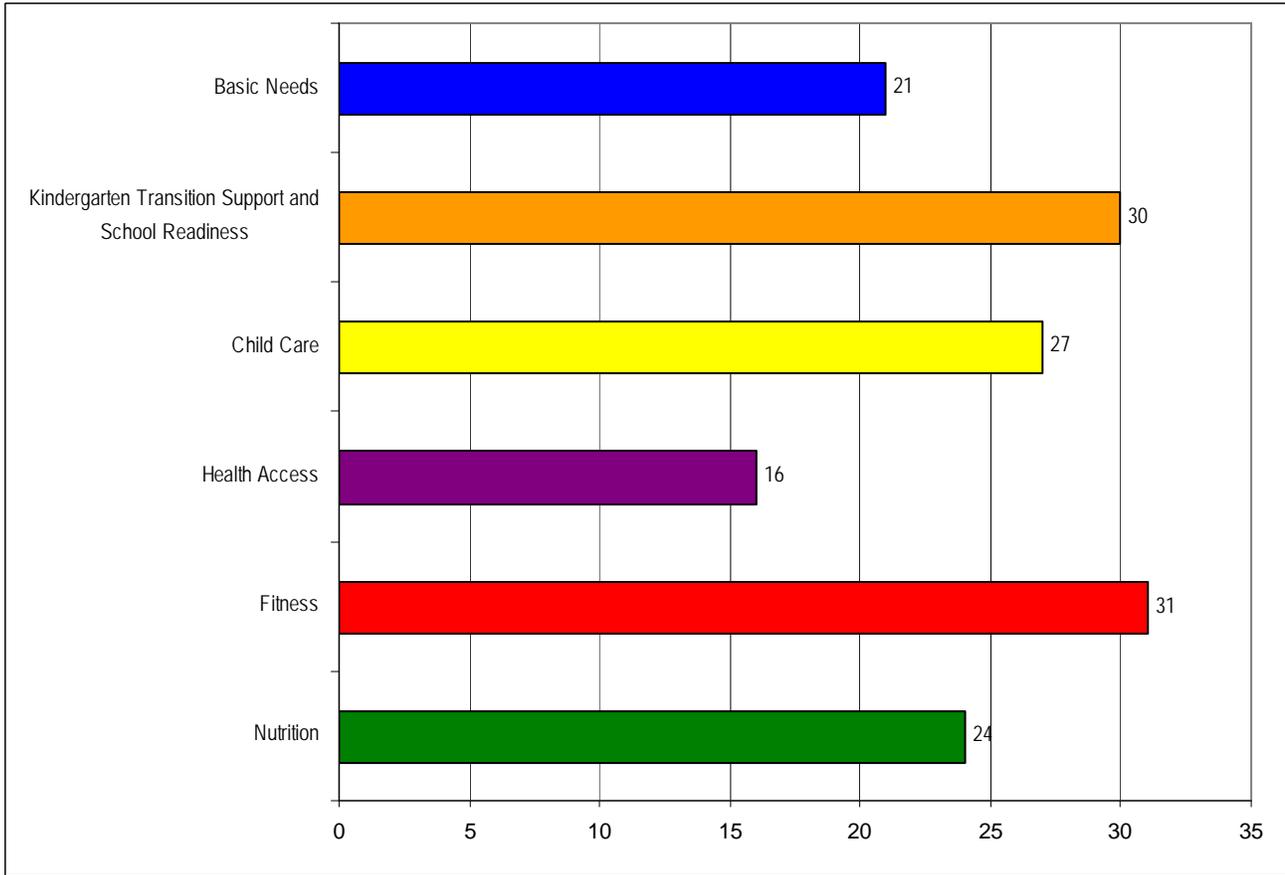
Appendix D—Parent Survey: Needs Least Commonly Marked 1-5



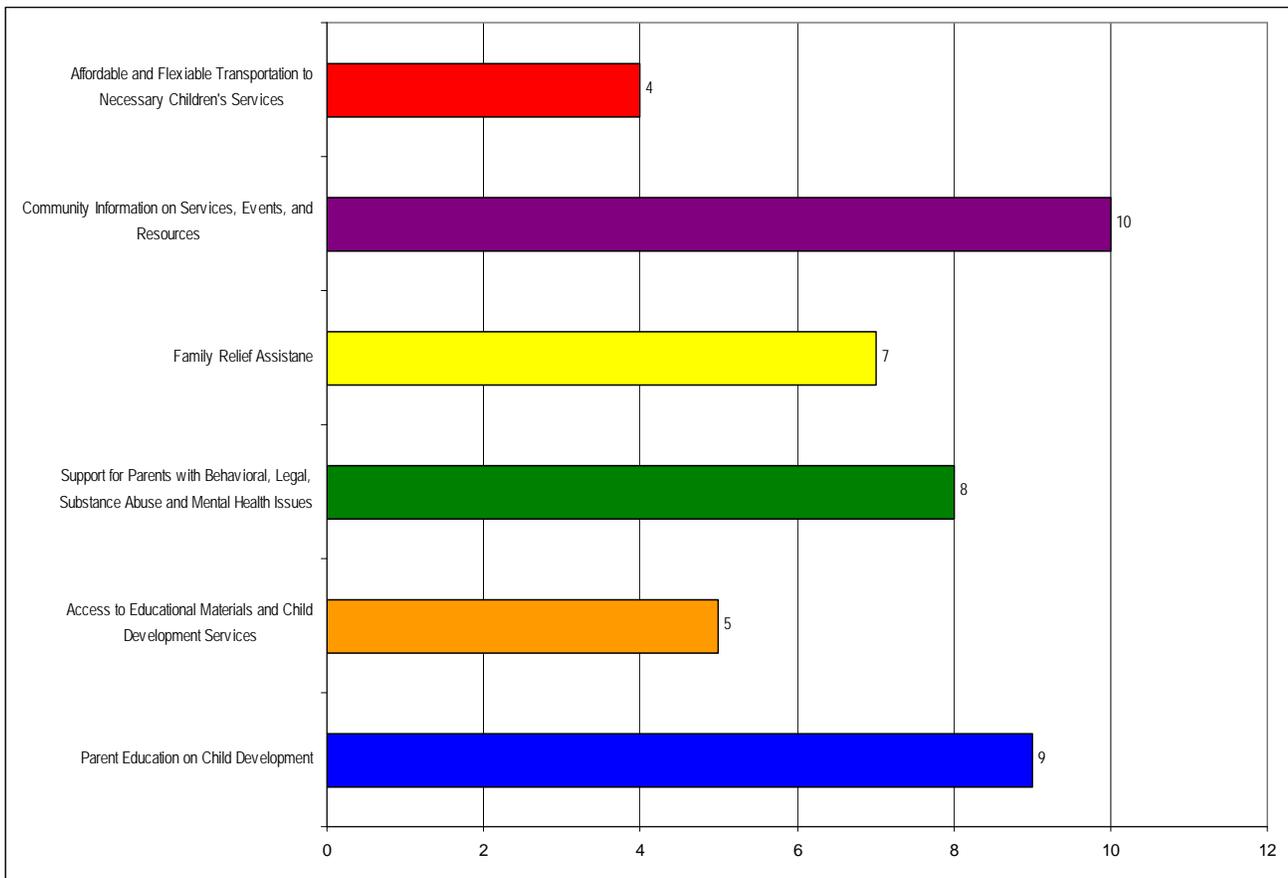
Appendix E—Parent Survey: Frequency Need Was Selected #1



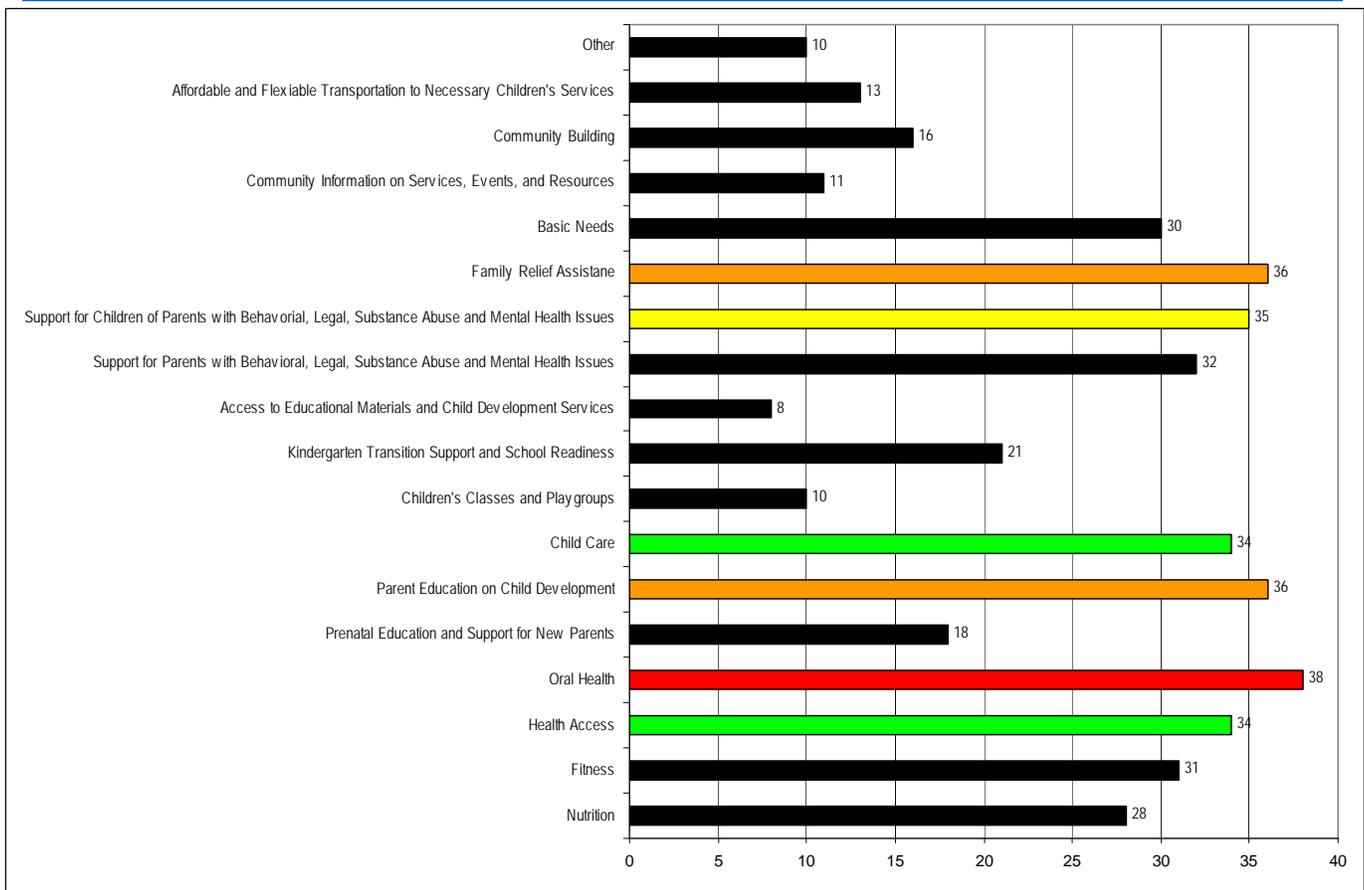
Appendix F—Parent Survey: Need Most Commonly Selected #1



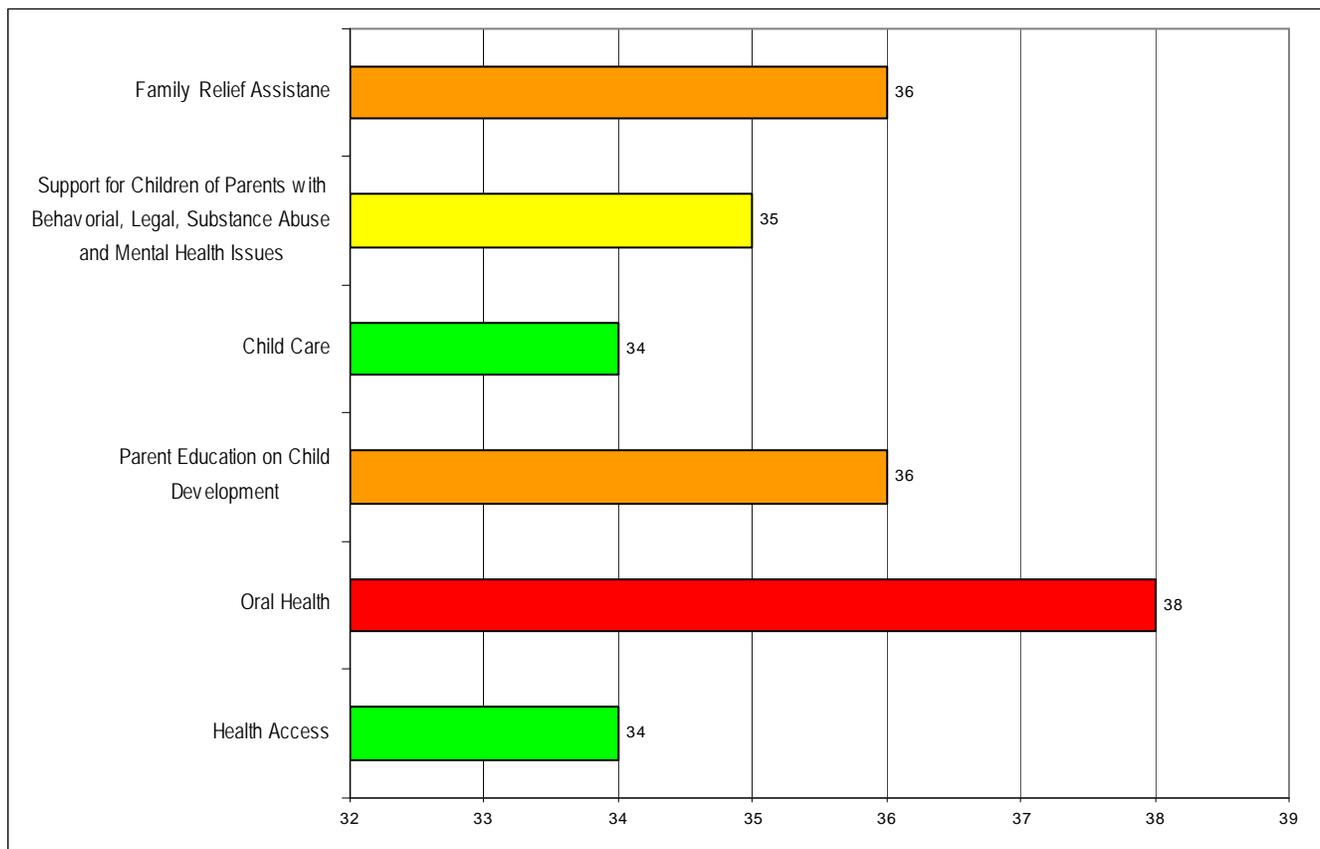
Appendix G—Parent Survey: Need Least Commonly Selected #1



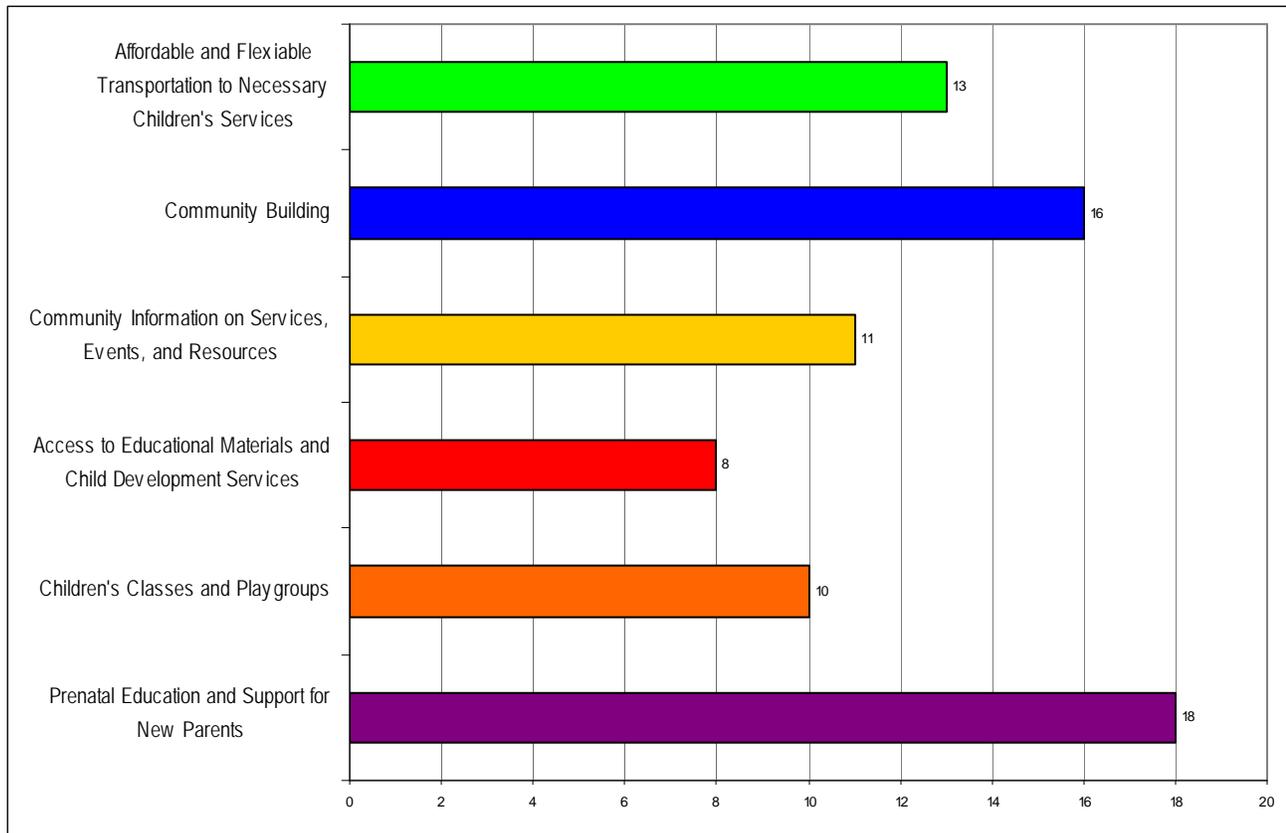
Appendix H—Provider Survey: Frequency Need was Marked 1-5



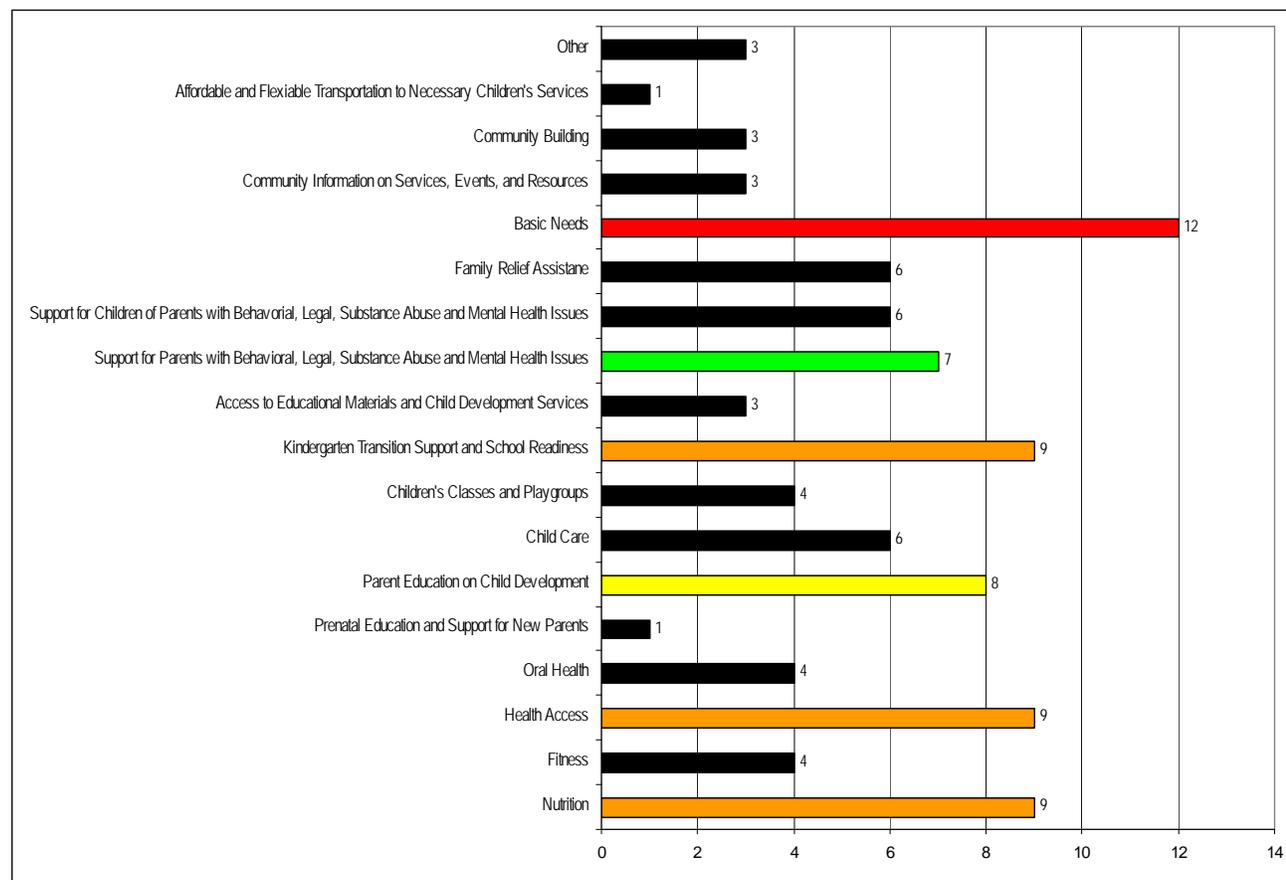
Appendix I—Provider Survey: Need Most Commonly Marked 1-5



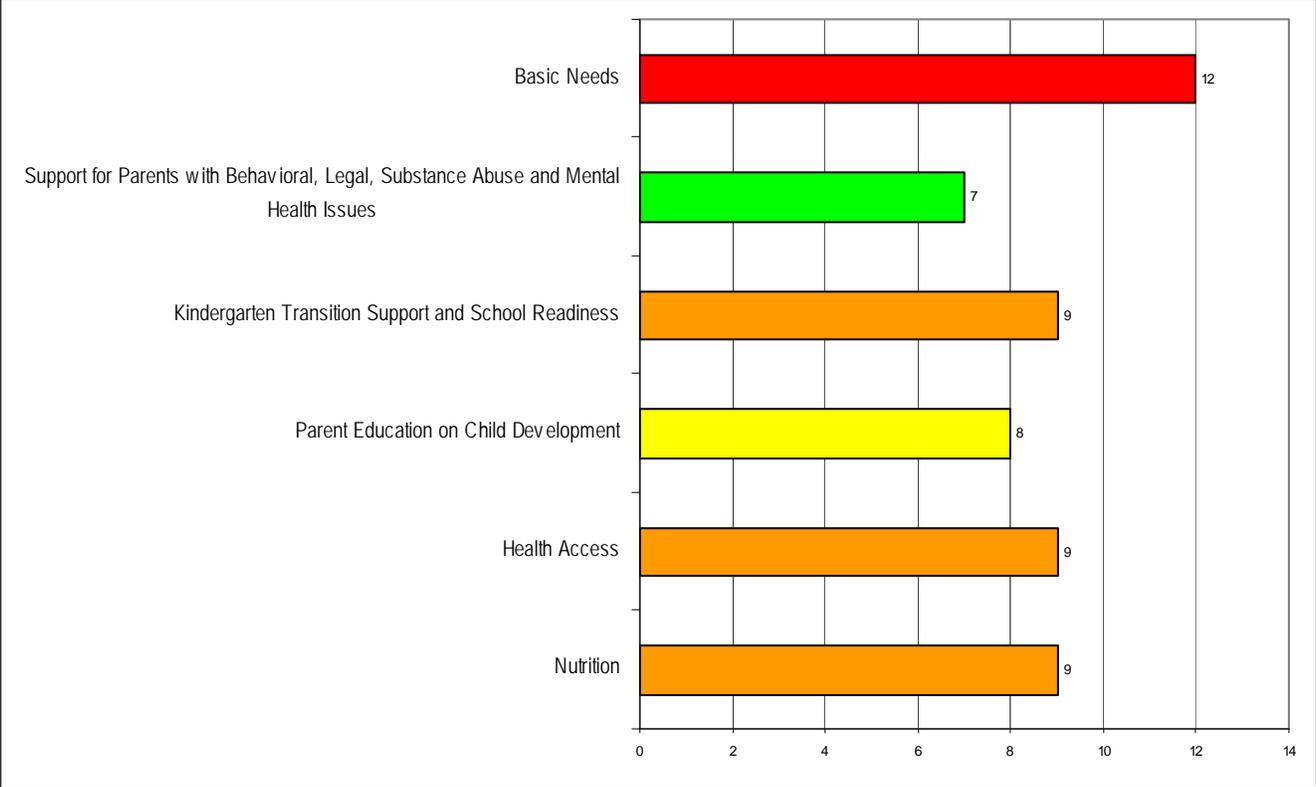
Appendix J—Provider Survey: Needs Least Commonly Marked 1-5



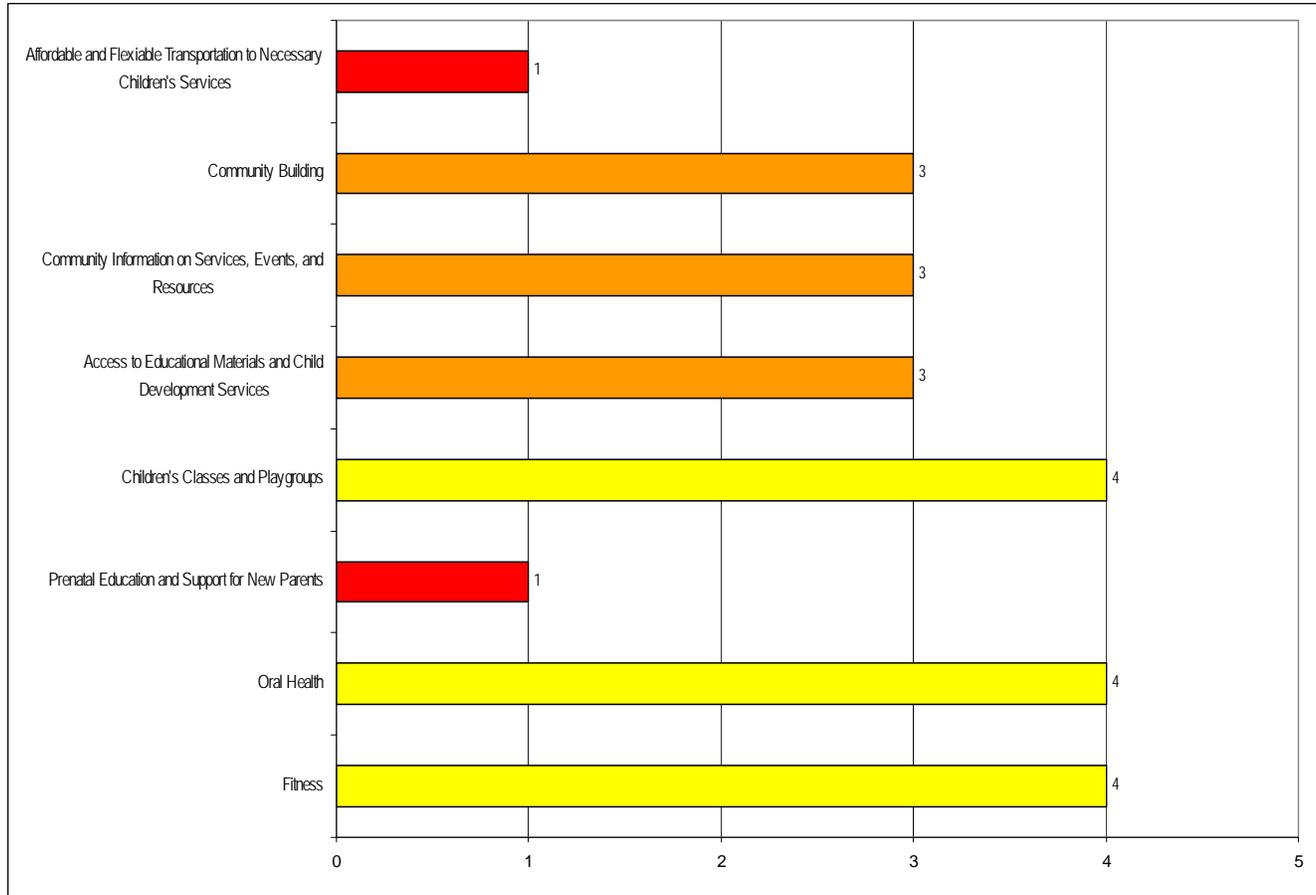
Appendix K—Provider Survey: Frequency Need Was Selected #1



Appendix L—Provider Survey: Need Most Commonly Selected #1



Appendix M—Provider Survey: Need Least Commonly Selected #1



Appendix N—Parent & Provider Survey: Comparison of items selected #1 vs. 1-5

SELECTED #1

PARENT

1. Fitness
2. Kindergarten Transition/ School Readiness
3. Child Care
4. Nutrition
5. Basic Needs
6. Health Access

SELECTED 1-5

PARENT

1. Fitness
2. Nutrition
3. Children's Classes/ Playgroups
4. Kindergarten Transition/ School Readiness
5. Child Care
6. Oral Health

SELECTED #1

PROVIDER

1. Basic Needs
2. Kindergarten Transition/ School Readiness
Health Access
Nutrition
3. Parent Education on Child Development
4. Support for Parents with Behavioral, Legal, Substance Abuse, and Mental Health Issues

SELECTED 1-5

PROVIDER

1. Oral Health
2. Parent Education on Child Development
3. Family Relief
Support for Parents with Behavioral, Legal, Substance Abuse, and Mental Health Issues
4. Child Care
5. Health Access

Appendix O—Needs Expressed at Least 3 or More Times at Community Meetings

FITNESS

Lack of formalized active play/ parks and recreation programs for kids 0-5

HEALTH ACCESS

Lack of translation services for families

ORAL HEALTH

Lack of pediatric dentist

Lack of transportation and funding to visit out of town pediatric dentist

Lack of knowledge about oral health care for children

Lack of oral health information available in Spanish

PRENATAL CARE

Lack of prenatal health information

SCHOOL READINESS

Lack of parent education and support for Pre-K to K transition/ school readiness

Lack of coordination between preschool and Kindergarten staff

Lack of socialization for children entering Kindergarten

CHILD CARE

Lack of licensed family child care

Lack of infant care

Lack of financial assistance to pay for child care

EARLY EDUCATION

Lack of parent/ child classes

Lack of opportunities for children, parents, and families to socialize and develop friendships, support networks, and community

LITERACY

Lack of story time, library programs, and other literacy activities for kids

FAMILY FUNCTIONING

Lack of counseling for children and families with drug and alcohol abuse

Lack of counseling for families in the Justice System

Lack of classes and support for grandparents raising grandchildren

ACCESS TO SERVICES

Lack of anonymity to access services

Lack of confidence in confidentiality

Lack of knowledge about services available for families

Lack of knowledge about services for families here illegally and what services they access for their children may or may not impact immigration status

Lack of transportation to employment, shopping, health care, child care, etc.

Appendix P—Subindicators for Goals & Outcomes

1. Ensure children 0-5 will receive timely & adequate health services to prevent, detect, and treat health issues.

A. Children have access to proper nutrition and the fitness resources to maintain a healthy weight.

1. Number and percentage of parents and caregivers who are educated regarding appropriate nutrition and fitness, and are implementing this knowledge with children ages 0-5.
 - a. Number and percentage of pregnant women who understand what good nutrition means and are making positive nutritional choices during pregnancy
 - b. Number and percentage of parents who understand what good nutrition means and are making positive nutritional choices
 - c. Number and percentage of caregivers who understand what good nutrition means and are making positive nutritional choices
 - d. Number and percentage of women who are breastfeeding at time of discharge, at 6 weeks, 6 months, and 12 months
 - e. Number and percentage of women who participate in breastfeeding support programs
 - f. Number and percentage of parents and caregivers who participate in educational child nutrition and fitness programs
 - g. Amount of educational "screentime" (TV, computer, video games) child watches per weekday/weekend
 - h. Amount of non-educational "screentime" (TV, computer, video games) watched per weekday/weekend
 - i. Number and percentage of qualified families receiving WIC
 - j. Number and percentage of qualified families receiving food stamps
2. Number and percentage of children ages 0-5 who eat a healthy diet and engage in age appropriate active play.
 - a. Number and percentage of children who are breastfed at time of discharge, at 6 weeks, at 6 months, and at 12 months
 - b. Number and percentage of children eating an age appropriate healthy diet
 - c. Number of locations appropriate and available for children to play in every season of the year
 - d. Number of age-appropriate physical activities for children 0-5
 - e. Number of children 0-5 who engage in an appropriate amount of daily active play
3. Number and percentage of children ages 2-5 that are in the expected range of weight for their height and age.
 - a. Number of children who have their BMI calculated
 - b. Number and percentage of children whose BMI is in the expected range for their age and height
 - c. Number and percentage of children identified with a high BMI whose BMI decreases over time

B. Children receive preventative and ongoing oral health care.

1. Number and percentage of parents and caregivers who are knowledgeable about oral health and practice healthy dental habits with children ages 0-5.
 - a. Number and percentage of parents educated on early oral health
 - b. Number and percentage of caregivers educated on early oral health
 - c. Number and percentage of parents who self report healthy dental habits with children ages 0-5
 - d. Number and percentage of caregivers who self report healthy dental habits with children ages 0-5
2. Number and percentage of children ages 1-5 who are accessing early dental care and being screened for dental problems.
 - a. Number and percentage of children who have dental insurance
 - b. Number and percentage of children ages 1-3 and 3-5 being screened for dental problems
 - c. Number and percentage of children with no dental caries at age 3 and at age 5
 - d. Number and percentage of children ages 1-3 and 3-5 receiving fluoride treatments
 - e. Number and percentage of children participating in an early sealant program
3. Number and percentage of children ages 1-5 who are identified with dental problems, and who receive treatment for them.
 - a. Number and percentage of children at age 3 and age 5 with untreated dental problems
 - b. Availability of pediatric dental services (ratio of providers to population)
 - c. Number and percentage of children who have dental insurance
 - d. Number and percentage of children ages 1-3 and 3-5 who receive annual dental exams
 - e. Number and percentage of children who travel out of county for pediatric dental care
 - f. Number and percentage of children ages 1-3 and 3-5 with dental carries
 - g. Number and percentage of children needing emergency dental treatment

(Continued on next page)

C. Children receive access to preventative and ongoing health care.

1. Number and percentage of parents who are knowledgeable about the importance of and have access to preventative health care prenatally and for children 0-5.
 - a. Number and percentage of children who have health insurance
 - b. Number and percentage of live births in which mothers received late or no prenatal care
 - c. Number and percentage of children who receive well-baby and child checkups by age 2
 - d. Number and percentage of children who participate in fully operational population-based immunization registries
 - e. Number and percentage of children aged 19-35 months who receive the recommended vaccines
2. Number and percentage of children 0-5 who are going to well baby and child check ups for screenings and immunizations.
 - a. Number and percentage of children who have health insurance
 - b. Availability of pediatric health services (ratio of providers to children under age 5)
 - c. Number and percentage of children who receive well-baby and child checkups by age 2
 - d. Number and percentage of children who participate in fully operational population-based immunization registries
 - e. Number and percentage of children aged 19-35 months who receive the recommended vaccines
 - f. Number and percentage of children being screened for developmental delays and health problems
3. Number and percentage of children 0-5 receiving referrals for early screening and treatment for developmental delays and health problems.
 - a. Number and percentage of children ages 0-3 and 3-5 identified with developmental delays
 - b. Number and percentage of children ages 0-3 and 3-5 identified with health problems
 - c. Number and percentage of children identified with health problems traveling out of county for medical care
 - d. Number and percentage of children identified with health problems referred to local providers for medical care
 - e. Number and percentage of children identified with developmental delays traveling out of county for treatment
 - f. Number and percentage of children identified with developmental delays referred to local providers for treatment

2. Improve the development of children 0-5 and promote successful transition to school.

A. Parents & caregivers have increased knowledge & skills regarding child development.

1. Number and percentage of parents and caregivers accessing services, programming, or classes on parenting, child development, and school readiness.
 - a. Number and percentage of people who are aware of any support services available in their community
 - b. Number and percentage of parents taking parenting skill classes focused on child development
 - c. Number of families utilizing free literacy tools & services like county libraries, First 5 Reading Railroad, Reach Out & Read, & Raising a Reader
 - d. Number and percentage of early childhood care and education providers who receive training and/or technical support for caring for children with special needs
 - e. Number of Parents & caregivers educated regarding appropriate nutrition & fitness, and are implementing this knowledge with children 0-5
 - f. Number of parents & caregivers educated about the lifelong effects of investing in early childhood development and literacy
2. Number and percentage of parents and caregivers implementing information from programming and services.
 - a. Number and percentage of families who report reading 3 to 5 times a week to their children 0 to 5
 - b. Number and percentage of primary care or education providers who use developmental screenings for all children under age 3
 - c. Number of parents and caregivers making positive nutritional choices for children 0-5
 - d. Number of parents & caregivers who are implementing 3 or more developmental activities with the children 0-5 in their care daily
3. Number and percentage of parents and caregivers reporting an increase in knowledge and confidence, or a positive change in routine/ habits.
 - a. Number and percentage of parents who report a sense of belonging to the neighborhood/community
 - b. Number and percentage of children living with parents with a history of mental problems (or current mental health problem) and/or history of addiction problem (or current addiction problem)
 - c. Number and percentage of families/parents rated by self-response survey as feeling they possess adequate parenting skills regarding age-appropriate development activities and discipline tools
 - d. Number and percentage of children identified as having special needs by the time of kindergarten entry
 - e. Number and percentage of children identified with disabilities who are referred to developmental services by Kindergarten entry
 - f. Number & percentage of invested parents volunteering at preschools, churches programs, and other pre-k activities for children
 - g. Number & percentage of invested parents who take an active role in child's schooling Kindergarten and beyond - PTA, class volunteer, tutor, back to school night/ teacher conf attendee, etc.
 - h. Number & percentage of invested parents who engage with their child during 0-5 activities and classes instead of passively observing while "professionals" interact with children
 - i. Percentage of recipient parents & caregivers who go on to refer their friends and family to First 5 programs or services

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Appendix P—Subindicators for Goals & Outcomes Continued

B. Children have increased access & availability to a variety of quality care & early education programs.

1. Number and percentage of children ages 0-3 and 3-5 attending programs and accessing services.
 - a. Number and percentage of children who have ever attended a nursery school, Pre-Kindergarten, or Head Start program by the time of Kindergarten entry
 - b. Number and percentage of children with special needs who participate in early childhood care and education programs
 - c. Number of licensed center child-care spaces based on individual community need throughout the county
 - d. Number of licensed family child-care slots based on individual community need throughout the county
 - e. Number of Head Start slots for low-income children based on individual community need throughout the county
 - f. Number of licensed center child-care spaces for children with special needs based on individual community need throughout the county
 - g. Number and percentage of children with special needs enrolled in Head Start
 - h. Number of calls received by Child Care Resource and Referral agencies (CCRRs) in each county, by type of caller (i.e., parents, child-care providers) and number of families qualifying and not qualifying for services
 - i. Number and Percentage of children being asked to leave multiple childcare providers and preschools due to behavioral problems
 - j. Number and percentage of children attending part time child development related programming, other than child care/ preschool, with parents
 - k. Number and percentage of children attending part time child development related programming, other than child care/ preschool, without parents
2. Number and percentage of children ages 3 and 5 showing improved signs of school readiness at preschool and kindergarten entry.
 - a. Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development
 - b. Number and percentage of ECE/child-care workers who are credentialed
 - c. Number and percentage of children being held back in preschool
 - d. Number and percentage of children age 3 meeting age appropriate developmental milestones as determined by preschool teacher
 - e. Number and percentage of children age 5 meeting age appropriate developmental milestones as determined by preschool teacher
3. Number and percentage of children succeeding in school longitudinally at Kindergarten, Second Grade, and Fourth Grade Assessment.
 - a. Number and percentage of children scoring at or above grade level on Kindergarten, 2nd Grade, and 4th Grade assessments
 - b. Number and percent of children being held back in Kindergarten, 2nd Grade, and 4th Grade
 - c. Number and percentage of children in 4th grade scoring at or above grade level on reading

3. Support optimal parenting and family self-sufficiency.

A. Community based resources receive increased support to identify target families* and help them meet their basic needs.

1. Number and percentage of providers at community based resources educated and knowledgeable about First 5 and it's mission and goals.
 - a. Increased attendance of community resource providers at First 5 funding workshops and collaborative meetings
 - b. Number & percentage of community resource providers applying for special and strategic grants
2. Number and percentage of providers at community based resources accessing services and support from First 5.
 - a. Increasing number of community resource partners targeting families with unmet basic needs
 - b. Increasing number of new families with children 0-5 accessing community resource aid through First 5 partners
3. Number and percent of families that have improved access to services and improved self sufficiency.
 - a. Number of providers who reside in the community they serve
 - b. Number of service locations throughout the county
 - c. Providing co-located services (e.g., multiple agencies providing services at a shared location)
 - d. Providing services in conveniently located places (e.g., schools)
 - e. Providing mobile services (e.g., mobile van)
 - f. Providing home-based services
 - g. Providing transportation to services
 - h. Providing activities or services at reduced prices or free of charge
 - i. Expanded service hours or more flexible scheduling
 - j. Increasing outreach and public awareness of services

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Appendix P—Subindicators for Goals & Outcomes Continued

- k. Providing services for special-needs population(s)
- l. Providing services for underserved population(s)
- m. Number of parents surveyed whose primary concern is providing food, shelter, or clothing for their children 0 to 5

B. Community based resources receive increased support to sustain children's health and development.

1. Number and percentage of providers at community based resources educated and knowledgeable about First 5 and it's mission and goals.
 - a. Increased attendance of children's health providers at First 5 funding workshops and collaborative meetings
 - b. Diverse health organizations and groups are applying for strategic and special grants
2. Number and percentage of providers at community based resources accessing support from First 5.
 - a. Diverse health organizations and groups are receiving strategic and special grants
 - b. Number of children's health programs offered by First 5 partners and collaborators
 - c. Increasing number of families participating in First 5 partner health programs
3. Number and percentage of children that have improved child health and development.
 - a. Number of providers who reside in the community they serve
 - b. Number of service locations throughout the county
 - c. Providing co-located services (e.g., multiple agencies providing services at a shared location)
 - d. Providing services in conveniently located places (e.g., schools)
 - e. Providing mobile services (e.g., mobile van)
 - f. Providing home-based services
 - g. Providing transportation to services
 - h. Providing activities or services at reduced prices or free of charge
 - i. Expanded service hours or more flexible scheduling
 - j. Increasing outreach and public awareness of services
 - k. Providing services for special-needs population(s)
 - l. Providing services for underserved population(s)
 - m. Number of parents surveyed whose primary concern is providing food, shelter, or clothing for their children 0 to 5

4. Improve systems of care and leverage existing resources throughout Inyo County.

A. Systems serving children 0-5 have increased accountability.

1. Implementation of a countywide data system to collect client information, program results, and outcomes.
 - a. Implementation of new data collection tools
 - b. Utilization of a shared accountability system across agencies (e.g., using some common measures to assess results and examining findings jointly)
2. Timely collection and evaluation of identified client information pertinent** to program result and outcome.
3. Increase number and percentage of participation & documented utilization of shared data to make future funding decisions.
 - a. Utilization of data to inform program refinements and future program funding

B. First 5-funded programs will have diverse and sustainable funding.

1. Increased knowledge of and access to First 5 in the community.
 - a. Number and percentage of articles and press coverage in local media outlets
 - b. Number and percentage of people subscribed to the email listserv
 - c. Number and percentage of people accessing the website
 - d. Number and percentage of community groups that have invited First 5 to share its mission and ways to contribute
 - e. Number and percentage of people who know about First 5 and who access First 5 services
 - f. Number of outreach events that promote our mission and the number of people who attend each
2. Increase total number of dollars leveraged compared to First 5 Investments.
 - a. Percentage of First 5 funds versus funds from other sources
3. Increase in program Sustainability.
 - a. Percentage of First 5 funds versus funds from other sources
 - b. Percentage of community members who have benefited from a First 5 sponsored program or service
 - c. Percentage of recipient parents & caregivers who go on to refer their friends and family to First 5 sponsored programs or services
 - d. Percentage of community members who volunteer their time or resources in support of First 5

* Target Families as defined by the Commission may change from year to year. See grant application for current definition.

** As defined and determined by the Commission