



# First 5 Kern Strategic Plan 2011-2012

Lost Hills · Ridgecrest

Caliente · Mettler · Mojave · Shafter

Taft · Boron · Frazier Park · Oildale · Woody

Rosedale · Tehachapi · Delano · Arvin · Greenfield  
Shafter · Lamont · Rosamond  
Glennville · McKittrick

Manicopa · Wasco · California City

McFarland  
Bakersfield · Buttonwillow  
Weedpatch

Edwards AFB  
Lake Isabella · Kernville





## Table of Contents

2	Introduction
2	Vision of First 5 Kern
2	Mission of First 5 Kern
4	Planning Process
6	Focus Areas, Strategies and Results
8	Focus Areas, Strategies and Results Matrix
16	Evaluation

## Introduction

First 5 Kern has built a strong reputation in the community as an expert and advocate for children from prenatal through age five and their families. Working in partnership with its service providers and communities throughout Kern County, it has been able to positively impact the lives of thousands of children and their families.

The 2010-11 Strategic Plan represents the current synthesis of the Commission's thoughts on how to best use the Proposition 10 resources generated to create long-term positive results for Kern County's youngest population and their families. The Plan builds on lessons learned, accomplishments and infrastructure development achieved under previous years' plans. It integrates all of the Commission's funded programs and services into a family-focused, culturally appropriate and community-based approach to help ensure that children enter kindergarten physically, mentally, emotionally and cognitively ready to learn.

## Vision

All Kern County children will be born into and thrive in supportive, safe, loving homes and neighborhoods and will enter school healthy and ready to learn.

## Mission

To strengthen and support the children of Kern County prenatal to five and their families by empowering our providers through the integration of services with an emphasis on health and wellness, parent education, and early childcare and education.



## The Planning Process

The core purpose of the Strategic Plan is to provide a framework that guides the work of the Commission and its funded partners. From the time when the Commission created its initial strategic plan in 1999, the document has been reviewed annually and revised as needed. The Strategic Plan identifies the diversity of needs and suggests strategies and actions to improve early childhood health and development services throughout Kern County.

On March 3, 2010, the Commission held its 2010-11 Strategic Planning Workshop, with the purpose of reviewing the core components of the 2009-10 Strategic Plan and making decisions about its priorities. It was determined that the following priorities in each of the four focus areas will be used in guiding our programs:

- 1. Health and Wellness** – All children will have an early start toward good health.
  - Case management for early identification, linkage, support and health education
  - Enrollment, access, retention and utilization of health insurance, and oral, physical and mental health care
  - Prevention and treatment of substance exposed infants



- 2. Parent Education and Support Services** – All parents and caregivers will be knowledgeable about early childhood development, effective parenting and community services.
  - Case management that is long-term and strength-based, including ongoing follow-up addressing basic needs, family stabilization, information and referral, and a written care plan
  - Evidence-based parent education
  - Promote and ensure child safety through investigation of unhealthy, poor living conditions; legal services; and mental health services
- 3. Early Childcare and Education** – Quality early childcare and education services will be accessible.
  - Quality programs via research and best practices, including promoting higher education for teachers and provision of higher quality programs
  - Capacity via availability of quality childcare slots, including “general” spaces and “specialized” spaces that are affordable and provide quality education
  - Parent education targeting child development, parenting skills and parent/family stability
- 4. Integration of Services** – A well-integrated system of services for children and families will exist.
  - Directed across Health and Wellness, Parent Education and Support Services, and Early Childcare and Education, as part of the RFP and contracting process
  - Replicable
  - Demonstrate integration through identifiable measures, including blended funding, MOUs, participation and joint work plans

## Strategic Plan Process Participants

More than 200 participants in this year’s strategic planning process were engaged in various stages over several months. The process involved broad-based committees, responses to a formal Request for Information and the Strategic Planning Workshop. Focus areas, priorities, result indicators and strategies were reviewed and updated as needed through input provided by early childhood education and childcare specialists, healthcare experts, parents, child advocates, community organizations and policymakers.

## Focus Areas, Strategies and Results

To accomplish the Commission's vision and mission, a results-based accountability framework was employed to facilitate turning the curve on those result indicators that most accurately represent the developmental needs of Kern County's children ages prenatal through five and their families. This results-based accountability framework serves to 1) link seemingly unrelated programmatic strategies and results; 2) clearly define the "ends" sought and the "means" to achieve them; and 3) offer a basis for evaluating accomplishments. This framework is outlined in the following pages.

The Strategic Plan has four focus areas that correlate to the state focus areas:

### **Kern County**

- Health and Wellness
- Parent Education and Support Services
- Early Childcare and Education
- Integration of Services

### **State**

- Improved Child Health
- Improved Family Functioning
- Improved Child Development
- Improved Systems of Care

Three focus areas advance specific children's issues of Health and Wellness, Parent Education and Support Services, and Early Childcare and Education. The fourth area - Integration of Services - is focused on First 5 Kern's role in supporting systems change to increase the effectiveness and efficiency of how children and families are served.

The Commission accomplishes its work through a variety of means, including funding programs, providing training and establishing partnerships. The Commission's work is also advanced by supporting systems change and integration of services, and disseminating information and materials as necessary to reach parents, caregivers and service providers responsible for the health, development, safety and well-being of these young children.

The focus areas, strategies and objectives in this document reflect the policy priorities of the Commission and do not attempt to specifically identify and address the day-to-day responsibilities of administering the work.



## Focus Area 1 – Health and Wellness

**Result Statement:** All children will have an early start toward good health.

### Objective 1.1: Children will be connected with medical and dental homes.

#### Strategies

- Provide parent education on the importance of a medical home and preventive care
- Identify medical and dental homes during pregnancy
- Develop a procedure to identify a medical home prior to discharge from a birth hospital
- Support systems that track utilization and performance indicators

#### Results Indicators

1. Number and percentage of children with an established medical home
2. Number and percentage of children who have health insurance that provides medical, dental, vision and mental health services
3. Number and percentage of children who receive annual dental exams
4. Number and percentage of children who receive restorative dental care
6. Number and percentage of children who receive the recommended immunizations for their age
7. Number and percentage of children with diagnosed special needs receiving special needs services
8. Number and percentage of children receiving special needs services who are demonstrating improvement
9. Number and percentage of children with identified special needs who receive developmental services by the time of kindergarten entry
19. Number and percentage of parents engaged in parent education programs, demonstrating an increase in knowledge

### Objective 1.2: Children will be enrolled in existing health insurance programs.

#### Strategies

- Increase the number of certified application assisters
- Educate parents on the benefits of health insurance, health care and the utilization of both
- Support model programs that promote utilization follow-up in an effective manner
- Expand training opportunities for health insurance enrollment to include family resource centers, community-based organizations, school districts and others

#### Results Indicators

1. Number and percentage of children with an established medical home
2. Number and percentage of children who have health insurance that provides medical, dental, vision and mental health services
3. Number and percentage of children who receive annual dental exams
4. Number and percentage of children who receive restorative dental care
6. Number and percentage of children who receive the recommended immunizations for their age
7. Number and percentage of children with diagnosed special needs receiving special needs services
8. Number and percentage of children receiving special needs services who are demonstrating improvement
9. Number and percentage of children with identified special needs who receive developmental services by the time of kindergarten entry

### Objective 1.3: Pregnant women will be linked to early and continuous care.

#### Strategies

- Increase referrals to family resource centers from medical providers, schools, Department of Human Services and others
- Support community education on the importance of early prenatal care
- Support evidence-based home visitation models

#### Results Indicators

11. Decrease number and percentage of live births in which mothers received late or no prenatal care
12. Decrease number and percentage of births at low birth weight (2,500 grams or 5 lbs. 8 oz. to 1,501 grams or 3 lbs. 5 oz.)
13. Decrease number and percentage of births at very low birth weight (1,500 grams or 3 lbs. 5 oz. and less)
14. Number and percentage of women who did not smoke during pregnancy
15. Number and percentage of women who are breastfeeding
44. Number and percentage of women who did not drink alcohol during pregnancy
45. Number and percentage of women who did not use recreational drugs during pregnancy

### Objective 1.4: New mothers will be encouraged to breastfeed.

#### Strategies

- Promote models of care in all delivery hospitals that encourage breastfeeding
- Support evidence-based home visitation models
- Support breastfeeding through media outreach

#### Results Indicators

15. Number and percentage of women who are breastfeeding
43. Increase percentage of the number of months that women breastfeed

### Objective 1.5: Children will be provided medical, dental, mental health, developmental and vision screenings.

#### Strategies

- Provide parent education on the importance of preventive care and screenings
- Encourage the delivery of services at preschools, childcare facilities, kindergarten classrooms, homes and other appropriate venues
- Incorporate screenings into community education and outreach efforts

#### Results Indicators

1. Number and percentage of children with an established medical home
2. Number and percentage of children who have health insurance that provides medical, dental, vision and mental health services
3. Number and percentage of children who receive annual dental exams
4. Number and percentage of children who receive restorative dental care
6. Number and percentage of children who receive the recommended immunizations for their age
7. Number and percentage of children with diagnosed special needs receiving special needs services
8. Number and percentage of children receiving special needs services who are demonstrating improvement
9. Number and percentage of children with identified special needs who receive developmental services by the time of kindergarten entry
19. Number and percentage of parents engaged in parent education programs, demonstrating an increase in knowledge
46. Number and percentage of children who received prenatal screenings
47. Number and percentage of children who received postnatal screenings

**Objective 1.6: Children with identified special needs will be referred and linked to appropriate services in a timely manner.**

<b>Strategies</b>	<b>Results Indicators</b>
<ul style="list-style-type: none"> <li>• Participate in community programs serving special needs children</li> <li>• Support evidence-based home visitation models</li> </ul>	<ul style="list-style-type: none"> <li>7. Number and percentage of children with diagnosed special needs receiving special needs services</li> <li>8. Number and percentage of children receiving special needs services who are demonstrating improvement</li> <li>9. Number and percentage of children with identified special needs who receive developmental services by the time of kindergarten entry</li> </ul>

## Focus Area 2 – Parent Education and Support Services

**Result Statement: All parents and caregivers will be knowledgeable about early childhood development, effective parenting and community services.**

**Objective 2.1: Direct family support services will be promoted and provided.**

<b>Strategies</b>	<b>Results Indicators</b>
<ul style="list-style-type: none"> <li>• Target at-risk populations for the delivery of services</li> <li>• Support family resource center services</li> <li>• Promote in-home services and case management</li> </ul>	<ul style="list-style-type: none"> <li>2. Number and percentage of children who have health insurance that provides medical, dental, vision and mental health services</li> <li>7. Number and percentage of children with diagnosed special needs receiving special needs services</li> <li>14. Number and percentage of women who did not smoke during pregnancy</li> <li>17. Decrease number and percentage of children suffering substantiated abuse and/or neglect</li> <li>20. Number and percentage of families who report reading or telling stories regularly to their children</li> <li>21. Number and percentage of case-managed families demonstrating improvement as indicated by the Family Stability Rubric grading scale</li> <li>44. Number and percentage of women who did not drink alcohol during pregnancy</li> <li>45. Number and percentage of women who did not use recreational drugs during pregnancy</li> </ul>

**Objective 2.2: Parents can access culturally-relevant parenting education.**

<b>Strategies</b>	<b>Results Indicators</b>
<ul style="list-style-type: none"> <li>• Offer parent education classes and services in the family’s primary language</li> <li>• Offer parenting and health education classes/workshops in high-risk targeted areas in collaboration with family resource centers</li> </ul>	<ul style="list-style-type: none"> <li>2. Number and percentage of children who have health insurance that provides medical, dental, vision and mental health services</li> <li>7. Number and percentage of children with diagnosed special needs receiving special needs services</li> <li>14. Number and percentage of women who did not smoke during pregnancy</li> <li>17. Decrease number and percentage of children suffering substantiated abuse and/or neglect</li> <li>19. Number and percentage of parents engaged in parent education programs, demonstrating an increase in knowledge</li> <li>20. Number and percentage of families who report reading or telling stories regularly to their children</li> </ul>

**Objective 2.3: Parents’ knowledge of developmental milestones and behavioral norms will be expanded.**

<b>Strategies</b>	<b>Results Indicators</b>
<ul style="list-style-type: none"> <li>• Support evidence-based home visitation models that incorporate developmental screenings and education</li> <li>• Work with the media to promote screenings at health fairs and other community events</li> <li>• Participate in health fairs and other community events to provide information on screenings</li> </ul>	<ul style="list-style-type: none"> <li>7. Number and percentage of children with diagnosed special needs receiving special needs services</li> <li>17. Decrease number and percentage of children suffering substantiated abuse and/or neglect</li> <li>19. Number and percentage of parents engaged in parent education programs, demonstrating an increase in knowledge</li> <li>20. Number and percentage of families who report reading or telling stories regularly to their children</li> <li>24. 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</li> </ul>

**Objective 2.4: Domestic violence, child abuse and neglect will be prevented.**

<b>Strategies</b>	<b>Results Indicators</b>
<ul style="list-style-type: none"> <li>• Train family resource center staff in the prevention, identification and treatment of domestic violence, child abuse and neglect</li> <li>• Support legal services to ensure that children have a safe and stable home environment</li> <li>• Support evidence-based home visitation models that reduce family violence</li> </ul>	<ul style="list-style-type: none"> <li>17. Decrease number and percentage of children suffering substantiated abuse and/or neglect</li> <li>21. Number and percentage of case-managed families demonstrating improvement as indicated by the Family Stability Rubric grading scale</li> </ul>

## Focus Area 3 – Early Childcare and Education

**Result Statement: Quality early childcare and education services will be accessible.**

**Objective 3.1: Parents will be supported in their partnership with early educators in their roles as first teachers.**

### Strategies

- Support in-home visitation programs based on promising practices
- Promote tools that provide information for new parents
- Promote evidence-based parenting education classes
- Support efforts to increase media attention to the role of parents as their children's first teachers
- Support parenting classes for guardians

### Results Indicators

19. Number and percentage of parents engaged in parent education programs, demonstrating an increase in knowledge
20. Number and percentage of families who report reading or telling stories regularly to their children
21. Number and percentage of case-managed families demonstrating improvement as indicated by the Family Stability Rubric grading scale
24. 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 area of cognitive, social, emotional, language, approaches to learning, and health/physical development

**Objective 3.2: Quality and affordable early childhood education and childcare services will be supported to allow for retention and expansion.**

### Strategies

- Support capacity-building efforts for early childcare providers
- Coordinate with the local childcare planning council on retention efforts
- Support services in collaboration with family childcare providers
- Promote programs that train childcare providers

### Results Indicators

22. Number and percentage of children participating in center-based school readiness activities
23. Number and percentage of children attending licensed center-based childcare or family childcare
24. 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
25. Number of licensed center-based childcare and family childcare provider spaces with non-traditional hours available
26. Number of licensed childcare spaces available to infants
27. Number of family childcare providers willing to serve infants
28. Number of licensed center-based childcare and family childcare providers willing to provide services to children with special needs

**Objective 3.3: Providers caring for special populations (infants and toddlers, non-traditional hours of care and children with special needs) will be increased and supported.**

### Strategies

- Coordinate with local childcare planning council to assess both needs and supply

### Results Indicators

24. 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

- Support the development of policies to expand childcare programs
- Promote programs that provide non-traditional childcare services
- Encourage the provision of incentives to people interested in providing care to children with special needs

25. Number of licensed center-based childcare and family childcare provider spaces with non-traditional hours available
26. Number of licensed childcare spaces available to infants
27. Number of family childcare providers willing to serve infants
28. Number of licensed center-based childcare and family childcare providers willing to provide services to children with special needs

## Focus Area 4 – Integration of Services

**Result Statement: A well-integrated system of services for children and families will exist.**

**Objective 4.1: A system that leverages, blends and stabilizes resources will sustain integrated child and family support services.**

### Strategies

- Participate in regional efforts with other First 5 commissions to address similar or shared challenges
- Encourage collaboration among agencies serving similar populations to maximize efficiencies
- Require periodic reports to document efforts to leverage, blend and stabilize resources
- Provide grant-writing workshops and technical assistance to partner agencies and programs to secure additional sources of support
- Research the feasibility of developing memorandums of understanding among funded organizations to promote using the internet and databases that gather information to reduce duplication of services

### Results Indicators

29. Number and percentage of First 5 funded programs that have a current sustainability plan
30. Percentage of funding leveraged from other sources
31. Number and percentage of funded programs that participate in joint planning with other social service agencies and providers
32. Number and percentage of funded programs that collaboratively seek funding and pool resources with other agencies
33. Number and percentage of funded programs that collaboratively advocate for policy change with other agencies



**Objective 4.2: First 5 Kern will provide input into the strategic planning efforts of other Kern County entities.**

**Strategies**

- Ensure collaboration with other agencies, organizations and entities with similar goals and objectives in countywide policy documents
- Designate a representative(s) of First 5 Kern to the above

**Results Indicators**

31. Number and percentage of funded programs that participate in joint planning with other social service agencies and providers
32. Number and percentage of funded programs that collaboratively seek funding and pool resources with other agencies
33. Number and percentage of funded programs that collaboratively advocate for policy change with other agencies
34. Increase in public input (e.g., community gatherings, hearings, advisory boards)

**Objective 4.3: Community stakeholders will understand the importance of early childhood development.**

**Strategies**

- Support efforts to increase media attention on the importance of early childhood development
- Participate in various community events
- Review and update the Community Outreach and Communications Plan annually
- Implement an outreach plan that addresses this objective

**Results Indicators**

35. Increase in outreach efforts to promote public awareness of services
36. Number and percentage of funded programs that provide services in community-based locations (e.g., schools)
37. Number and percentage of funded programs that offer co-located services
38. Number and percentage of funded programs that offer transportation services
39. Number and percentage of funded programs that offer flexible hours of operation (hours beyond Monday-Friday, 9am to 5pm)

**Objective 4.4: Funded organizations will leverage resources as a result of capacity building and sustainability efforts.**

**Strategies**

- Link with other organizations serving children and families

**Results Indicators**

31. Number and percentage of funded programs that participate in joint planning with other social service agencies and providers
35. Increase in outreach efforts to promote public awareness of services
36. Number and percentage of funded programs that provide services in community-based locations (e.g., schools)
37. Number and percentage of funded programs that offer co-located services
38. Number and percentage of funded programs that offer transportation services
39. Number and percentage of funded programs that offer flexible hours of operation (hours beyond Monday-Friday, 9am to 5pm)
40. Number and percentage of service providers with interdisciplinary training
41. Number and percentage of funded program staff who receive training and technical assistance to improve quality of services
42. Number and percentage of funded programs that offer family-focused services that address the needs of multiple family members



## Evaluation

### Results-Based Accountability Model

The Commission believes that program evaluation is an ongoing feedback process. The goal of evaluation is to identify program outcomes in order to build a “road map” for the continued development of programs to serve the needs of all children. These reports are also used to identify best practices.

The Children and Families Act of 1998 mandates the collection of data for the purpose of demonstrating results. The results-based accountability model as adopted by First 5 California requires the collection and analysis of data and a report of findings in order to evaluate the effectiveness of funded programs.

Evaluation is an important component of the Strategic Plan and the Proposition 10 implementation process in Kern County. Carefully tracked and reported information details program outcomes and the impact on the communities served. Equally important, an effective evaluation program provides critical information to help continually improve the Commission’s efforts to better the health and well-being of children and families throughout Kern County.





2724 L Street  
Bakersfield, CA 93301  
Telephone: 661.328.8888  
Fax: 661.328.8880  
e-mail: [info@kccfc.org](mailto:info@kccfc.org)  
[www.First5Kern.org](http://www.First5Kern.org)

## Commissioners

**Mimi Audelo, Chairperson**

*Director of Special Events,  
San Joaquin Community Hospital*

**Roland Maier**

*Vice Principal, Lincoln Junior High  
School, Taft, California*

**Carrie Champness**

*Community Advocate*

**Pat Cheadle**

*Director, Kern County Department  
of Human Services*

**Karen K. Goh**

*Kern County Supervisor,  
Fifth District*

**Claudia Jonah, MD**

*Health Officer, Kern County  
Department of Public Health*

**Nancy Puckett**

*Program Coordinator, Kernville  
Union School District  
Family Resource Center*

**James Waterman, PhD**

*Director, Kern County Department  
of Mental Health*

