



Strategic Planning Day Summary October 13, 2010

Planning Day Overview

The first of two Plumas First 5 planning days was held on Wednesday, October 13, 2010. Participants included Ellen Vieira, Joyce Scroggs, Merle Rusky, Elliott Smart, Mimi Hall, Lori Simpson, Carol Burney, and Cathy Minicucci. Carol Casaday and Barbara Alderson facilitated the process.

The planning day was designed to answer the question:

What outcomes will further our vision and mission over the next five years?

The question was addressed through a facilitated planning process that included

- Where We've Been: reviews of past accomplishments, community indicators, and community inputs
- Where We Are: driving and restraining forces that impact the vision
- Where We're Going: identification of desired outcomes

The givens for the planning days established the parameters of planning.

- We won't duplicate what is already being done in the community
- The budget is trending downward at about 3% per year
- We will leverage our resources
- We support research based practices and proven successful practices
- Our strategic plan will reflect state results areas:
 - Improved family functioning.
 - Improved child development.
 - Improved health.
 - Improved systems of care.

Where We've Been

Lessons and Challenges

After reviewing the past decade, the participants identified lessons and challenges. Overall First 5 has been effective in achieving stated outcomes and has reached community members who need their help. The largest challenge is evaluation and the relationship of data to outcomes. Other challenges included increased collaboration with other local agencies, and better connections to regional and state groups.

Relationship with the community. While First 5 is reaching the public, as one person said, “We’re staving off isolation,” more could be done. Ongoing education of the public about First 5 is important. Challenges include making services more accessible for consumer needs and linguistically appropriate.

Relationship with other organizations. First 5 has worked well with many of the agencies in the county. They provide good connections with the schools, for example. However, there is a challenge to create greater connections with other agencies, such as hospitals and Child Welfare Services.

Evaluation. This has been the greatest challenge for the participants. While people can see improvements, the specific impacts are not well known. As one participant asked, “How can we tie outcomes to what we’ve done?”

The difficulty of prevention assessment and the burden of data collection on providers/contractors makes this an area for further exploration and change. Participants discussed several aspects of evaluation.

- The need for a clear statement of impacts relative to program activities
- Data collection and entry:
 - There is data we routinely collect or could collect that show short term outcomes, e.g. number of uninsured who become insured through our programs, but this data is not currently being used or summarized in this way.
 - Data collection is a burden on service providers/intake workers so some data collection was discontinued.
 - Data entry issue not data availability issue.
 - Provide support for data entry/leverage existing community data resources.
 - Feeding the computer. “I have to make the computer my friend, because if I don’t then I won’t get to do the other things.”
- Accountability suggestion: At the beginning we define indicators and they need to be part of the funding/granting process.
- Evaluation challenges:
 - Evaluation is difficult with small counties and small programs
 - Evaluation with small numbers is difficult. We are working on an evaluation over time, so we can have enough numbers to aggregate and evaluate.

Community Indicators and First 5

Participants reviewed community health, welfare, and well-being indicators. They identified areas where First 5 had an impact and areas where more work is needed.

Community Indicators and First 5	
Areas of First 5 Impact	Areas That Require More Work
<ul style="list-style-type: none"> • Breastfeeding • Healthy Children: improve child health and support families • Oral Health Investments <ul style="list-style-type: none"> ▪ Oral health increased ▪ Need for out of county care decreased • Abuse and neglect, especially among people with special needs • Children with special needs have better conditions • Education level of women giving birth is rising • Sustained quality of childcare • Retention of childcare workers 	<ul style="list-style-type: none"> • Alcohol abuse • Improve family functioning • Oral Health <ul style="list-style-type: none"> ▪ Need to continue oral health investments ▪ Still too many severe oral health care needs • Children with special needs

Public Input

Two provider focus groups and three parent focus groups were held to get public input on what is working well and what still needs to be done. Based on a review of this data, the planning participants identified areas to consider in their planning.

- Let people know what is available
- Mention oral health from different angles (continue to raise awareness for families, communities, providers)
- Pediatric care: appropriate care for young children
- Changing family structures
- Father involvement and support
- Child development in high schools
- Build relationships with providers, especially health providers
- More child care
 - Odd hours and weekends
 - Infant
- Parents not knowing when to use services

Where We Are: Driving and Restraining Forces

Driving and restraining forces are factors such as policies, entities, attitudes, groups, or individuals that push and pull First 5 toward their vision and change. Participants were asked to identify the forces moving First 5 toward their vision and restraining movement toward their vision.

Plumas First 5 Strategic Planning Day What are the driving and restraining forces that impact our vision?		
 DRIVING	OUR VISION	 RESTRAINING
<ul style="list-style-type: none"> Federal health policy Federal prevention agenda Future for families (living and moving into the area) Collaborative spirit Children and families Alcohol and drug issues of parents State has available funds for alcohol and drug and for mental health State policies re: domestic violence 		<ul style="list-style-type: none"> Unemployment Limited staff time Available funding Sustainable funding Transportation Languages Rural lifestyle Geography Territorialism Institutional discrimination Limited resources for alcohol and drug services Lack of prevention at schools Community not accessing available funding

Practical Actions and Outcomes

The participants brainstormed a variety of possible actions that could further the vision and mission. They then grouped these possible actions and used them to define outcomes for their strategic plan. Neither the actions nor the outcomes are prioritized. Specific actions to operationalize the outcomes will be discussed at the next planning meeting.

Plumas First 5 Strategic Planning Day To further our vision and mission, we intend to					
Improve Systems of Care	Improve Family Functioning			Improve Health	Improve Child Development
Strengthen Service System	Increase Support For Families	Increase Youth Knowledge of Parent Skills	Increase Male Involvement in Lives of Children	Increase Health Access and Health Equity	Increase Support of Parental Options for Childcare
<ul style="list-style-type: none"> ▪ Training of partners & families on addressing social determinants ▪ Work collaboratively with PCPH to improve health care access ▪ Fund case management ▪ Leverage existing and new funding when appropriate ▪ Support to restore A&D services ▪ Maintain collaboration with schools to strengthen service system and increase youth knowledge of EC Development 	<ul style="list-style-type: none"> ▪ Prenatal care ▪ Early infant car-including special needs ▪ Teach respect/prevent abuse @ early age ▪ Increase support for family relationships ▪ Watch domestic violence services ▪ Watch lack of AOD services and impact on families ▪ Watch unemployment and transportation 	<p>All of the items listed under category have been deleted This category may be deleted because it is not something that Prop 10 can fund. The discussion centered on the responsibility of schools to do this. See collaboration with schools to strengthen service system</p>	<ul style="list-style-type: none"> ▪ Home visiting for fathers of birth-5 ▪ Develop Fatherhood Task Force-Fatherhood partner-up CAPP ▪ Male involvement ▪ Enhance male involvement to the existing homevisiting programs 	<ul style="list-style-type: none"> ▪ Expand mental health services to children 0-5 ▪ Increase opportunities for mental health trainings ▪ ↑access to prenatal care ▪ Expand collaboration with families for oral health care for children 	<ul style="list-style-type: none"> ▪ Early infant care ▪ Expand access to special need pre-schools