

**First 5 Plumas
Summary of Planning Meeting - April 13, 2011
Identification of Strategies and Indicators**

At the April 13, 2011 meeting Commissioners identified what has been done and what is missing in the community for each outcome and then identified strategies and indicators for the next 5 years that could be implemented by First 5 Plumas to achieve the desired outcomes.

Following is a Table of the Strategies and Indicators Identified by the First 5 Commission at the April 11 Meeting

RESULT AREA: Improved Family Functioning

Outcome: Children Live in Safe and Stable Environments with Access to Resources	
What has been done by First 5 and other organizations to lead to this outcome	What is missing in the community to lead to this outcome
<ul style="list-style-type: none"> • Early intervention • Parents as Teachers home visitors • Healthy Touch • New Born House Calls • Roundhouse Council’s home visitation services to Native American families • Social services collaboration with nonprofits as part of differential response • Early Head Start • Head Start • FRCs report services access • Plumas Children’s Council—Strengthening Families • PRS—Nurturing Parents • PRS—Childcare services <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Long term involvement with families at risk through Early Intervention, Healthy Touch, Roundhouse council • Sending home visitors with targeted objectives into the home. • Funding family resources centers for a central location of services. • Coordinating dental care. • Floride treatment in the preschools • SCFO: Family Interest/Needs Survey; Family Assessment; Home Visiting; Family Goal Setting • Birth Partners • Home Visiting Coalition • Not sure about Healthy Touch or Early Intervention (do they move out of dev into the social services arena) 	<ul style="list-style-type: none"> • Long term involvement with families • Alcohol and drug services for parents in county (Key Issue) • Interagency case management • Early prenatal info/classes re baby/child • SART for D&A using parents <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Greater collaboration between different agencies especially PDH for breastfeeding follow-up • Intensive prenatal/parent support for expectant parents to promote bonding and attachment and how to read baby’s cues to respond in a developmentally appropriate approach • Families need more knowledge and skill • Local children’s dental care for children who must be sedated.
FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME	FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES
<ul style="list-style-type: none"> • Provide long term home visitation, including enhanced case management <ul style="list-style-type: none"> ○ Use home visitors w AOD knowledge • Outreach to at-risk families to enroll and link them to available services and support networks <ul style="list-style-type: none"> ○ Referrals to Head Start/Early Head Start • Support for parents w AOD; support for their children; 	<ul style="list-style-type: none"> • Number & percentage of families who are connected to Family Resource Centers, and other family support organizations • Number and percentage of families served by home visitation programs • ↓ in # of families @CWS w AOD • ↓ in # of drunk driving court cases

<p>monitoring/case management</p> <ul style="list-style-type: none"> • SART—across systems training <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> • Try to help facilitate a relationship with a local hospital to break down the barriers that keep them from using their facilities for children who need sedation for dental work. • Ask for documentation of these services being rendered as part of the data collection required from Venders 	<ul style="list-style-type: none"> • Fostercare data; CWS data; SIP • % of providers who do pregnancy test—do SART • Parent report • Monitor referrals and access • Research → intervention <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Number of children who received dental care locally . Number who were sent out of the county • Data Report; who got what and when; Home Visit contact sheet forms; training forms with signatures.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RESULT AREA: Improved Family Functioning

Outcome: Increased Male Involvement in the Lives of Children	
<p>What has been done by First 5 and other organizations to lead to this outcome</p> <ul style="list-style-type: none"> • HS pevt?perf? stds/outreach • Recreation Dist • F&G/Forest services • Recent father involvement activities • PUSD school nights • DV perp group • Nurturing Parents class • Dads in some home visits <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • A lot of early intervention recipients have the father in the home and they participate in the various parts of the program along with the Healthy Touch and Roundhouse • Some Home visits do happen with fathers who stay home while the mother works • SCFO: Male Involvement Activities, a once a year push (would like to change with an ambassador position); Male Involvement newsletter sent out every other month. • Social Welfare: Father Involvement for Professionals this April • LPC, PCC, SCFO: Fatherhood Workshop this April 	<p>What is missing in the community to lead to this outcome</p> <ul style="list-style-type: none"> • Father outreach • Father support • Prioritizing dads (in school nights) <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Father classes with father participation and leadership • A mini conference on strategies for involving fathers in a home visit as they may have their own special needs. • Data collection on was a male involved in the home visit • Legacy Program; Fatherhood Taskforce •
<p>FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME</p> <ul style="list-style-type: none"> • Fatherhood “ambassador” • Ongoing provider training • Encourage contractors to have father friendly policies <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> • Conferences on specific topic such as the single father, or the special needs baby and it father. Or managing without breasts.. Just some thoughts. • When a conference or parent meeting involves fathers have a door prize that might be something they want. Like tickets to a Vikings game, or a circular saw, or fire • Fund an Ambassador Position that would provide Fatherhood groups and activities for Plumas County. Prototype exists. 	<p>FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES</p> <ul style="list-style-type: none"> • # of dads in groups activities—i.e. sign-in sheets • ↓ DV • ↓ child abuse • ↓ foster placements • Father friendly orgs • Gender specific data collection <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Charting male involvement before male oriented door prizes and after. • Data collected, minutes of meetings and trainings, sign in sheets,

RESULT AREA: Improved Health

Outcome: Improved Parental Knowledge, Understanding, and Engagement in Their Children’s Health/Mental Health	
What has been done by First 5 and other organizations to lead to this outcome	What is missing in the community to lead to this outcome
<ul style="list-style-type: none"> • PAT • Early Intervention • Healthy Touch • Round House • New Born House Calls • Brought in guest speakers on parenting issues • WIC • Early Head Start <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • A lot of referrals are brought about by the various programs of First Five • Kindergarten round up • New born house calls • Sections of parents as teachers • The first five van at the fair • Infant massage • The children’s fair • SCFO: Connecting families to medical and dental homes, Parent trainings, screenings, Family Goal setting and Case management for reaching medical, dental, and social service goals. 	<ul style="list-style-type: none"> • Ongoing support to help parents w behavioral problems regardless of income—follow up after workshop • Transportation to medical appts • Prenatal parenting beyond the birth experience (w ongoing support) <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Collaboration collaboration collaboration---- • Parenting/prenatal parenting support classes covering nutrition, family dynamics, education to promote healthy pregnancy. This will also set up a relationship with a support person to help after the baby with breastfeeding, parenting and family support • Case Management with Individuals that encompasses wrap around services.
FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME	FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES
<ul style="list-style-type: none"> • Expand gas vouchers for children 3-5 for medical appts (back-up to current system) • Home visitors expand the visit to include follow-up support to behavioral workshops • Prenatal classes on parenting skills from 0 to first trimester • Behavioral specialist • Case management <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> • Supporting a case worker to evaluate these areas and case management and support for families. 	<p>No indicators from April 13</p> <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Home visitation relationship based approach • Parents feeling empowered • Evaluations and outcomes report, data reports

RESULT AREA: Improved Health

Outcome: Improved Access to Health Care Services for Children 0-5	
<p>What has been done by First 5 and other organizations to lead to this outcome</p> <ul style="list-style-type: none"> • Referral and resource to services across programs • Connecting to stakeholders • First 5 funded partners collaborations w others and healthcare providers • Application Assistance Project <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Put home visitors into homes that are able to refer to outside health care. • Dental screening. • Outreach for Hospital Dentistry in other counties for Plumas County children • SCFO: required health screenings and follow up. 	<p>What is missing in the community to lead to this outcome</p> <ul style="list-style-type: none"> • Formalized/standard ✓ list + flowchart for healthcare services/coverage initiative referral • Expand coverage initiative institutionalizing across First 5 partners • <u>Awareness</u> and <u>tools</u> to implement coverage initiative <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Early prenatal care and parenting • Transportation to out of area doctors • Cohesive planning and implementation for Hospital Dentistry. Outreach into other communities to provide services in Plumas County for other counties
<p>FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME</p> <ul style="list-style-type: none"> • Case management • Develop toolbox for coverage initiative and train First 5 funded projects and partners • Engage/support local health district assessment & community benefits plan. (What is First 5's role here?) • Data collection/assessment brings partners together, beneficial to all. Parent self-assessment/referral tool. <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> • Fund a program that coordinated drivers to out of area appointments for children 0 to five. • Community Health screenings for different ages 	<p>FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES</p> <ul style="list-style-type: none"> • Improved coverage enrollment • ↑ Medi-Cal reimbursement mix + ↑ medical penetration/patient load <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Data collection: Number of Screenings done, follow up and completion, growing the number of patients seen

RESULT AREA: Improved Child Development

Outcome: Improved Parental Knowledge, Understanding, and Engagement in Their Children’s Development	
<p>What has been done by First 5 and other organizations to lead to this outcome</p> <ul style="list-style-type: none"> • HS/EHS case management • PAT • ASQ—DECCA—ESI • Nurturing parents classes • Preschools/child care providers • FRC classes • Newborn housecalls • Family fun nights • Early start <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Roundhouse, parents as teachers • All of the existing programs • Infant stimulation, Infant massage, new born house calls, raising a reader, parents as teachers, Round house councils programs. • SCFO: Parent trainings and meetings, Home Visits, Individual Program Plans for each child with follow up. • First Five, PCC, LPC: Workshops for providers and parents; Children’s Fair, Family Fun night this April, Fatherhood training this April • R & R; Parent trainings? 	<p>What is missing in the community to lead to this outcome</p> <ul style="list-style-type: none"> • MH Early Intervention • Father involvement • SART • HS child development class <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Infant mental health and parenting with meeting the needs of the child age appropriate • Special needs play groups in each town, that also have a coordinated parenting component. • Public School buy into Parent Involvement coordination and focus. • Center Based Infant and Toddler Center
<p>FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME</p> <ul style="list-style-type: none"> • Support behavioral specialist in MH • Support Family Fun Nights • Support SART • Support HS Human development teacher/pre-natal parent ed for pregnant teens <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> • Fund playgroups • If Family Fun nights are successful it would be a good avenue to have information shared, available, and an opportunity for q & a. 	<p>FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES</p> <ul style="list-style-type: none"> • ↑ # of parent participation • ↓ school drop outs • ↓ CA reports • ↓ foster placements <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Pre and post parent survey • Sign in at event and attendance indicators, surveys of what’s been received, what hasn’t in key areas determined by First Five. Action Plans as part of follow up.

RESULT AREA: Improved Child Development

Outcome: Improved Screening and Intervention for Developmental Delays, Disabilities, and Other Special Needs for Children 0-5	
<p>What has been done by First 5 and other organizations to lead to this outcome</p> <ul style="list-style-type: none"> • A&S • PAT • Early intervention • Healthy Touch • Early Head Start • New Born House Calls • Child Care reimbursement <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Screening and referral • Intensive home visitation for families with special needs who are indentified • Ages and stages screener. Infant stimulation pre and post testing. Home visits for infants and toddlers with special needs . Infant massage, the child care council provides funding for searching for special needs. • Parent support groups • First Five: Early Intervention Program • SCFO: Early Head Start and Head Start 	<p>What is missing in the community to lead to this outcome</p> <ul style="list-style-type: none"> • More outreach for autism/physicians • Teletherapy/assessment • Play groups/typical and atypical • More search effort for special needs • Community awareness <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> • Collaboration with the dr and pdh • Targeted local autism services for children under three • Targeted search efforts for children with autism. • Search money for the child care council has declined and so the search has been reduced. • Center Based Infant and Toddler services which include health and developmental screenings.
<p>FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME</p> <ul style="list-style-type: none"> • Gap analysis of why missing autism and other: why are we missing kids? • Funding for blended play groups in each community • Increase search by having a person meeting where parents meet: person attending parent meetings • Behavioral specialist • Promote A&S (home visitors, health care providers) <p>Additional strategies from commissioners:</p> <ul style="list-style-type: none"> • A screening and information table for younger siblings at kindergarten round up. This could also function as a county awareness program of the special needs infant/preschool services offered in Plumas County • A coordinated, complete county wide search effort for special needs infants, with targeted training in autism red flags • Community health fairs? 	<p>FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES</p> <p>No indicators from April 13</p> <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> • Compare infant data on children diagnosed with autism currently and then again some years out. • Data collection of services rendered, program assessment

RESULT AREA: Improved Systems of Care

<ul style="list-style-type: none"> ● Outcome: Improved Partnerships That Support First 5 Outcomes 	
What has been done by First 5 and other organizations to lead to this outcome	What is missing in the community to lead to this outcome
<ul style="list-style-type: none"> ● Many topical collaboratives <ul style="list-style-type: none"> ○ Homevisiting Coalition ○ Oral Coalition ○ Childrens System of Care ○ AOD/MH/etc ● Efforts @ strategic planning in different silos: CWS, MCAH, First 5, hospitals, PUSD, etc. <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> ● SCFO: Data collection and program indicators, systems in place for evaluating program indicators and system in place for self evaluation and action plans. ● Teacher ECE workgroup ● Home visiting coalition ● Cares Advisory committee ● Oral health coalition 	<ul style="list-style-type: none"> ● Mutual data investments & interests ● Shared outcomes, goals, data ● Shared strategies with shared impacts <p>Additional information from individual commissioners:</p> <ul style="list-style-type: none"> ● Case management, system of evaluation
FIRST 5 COMMISSIONERS: 2-3 POSSIBLE STRATEGIES THAT FIRST 5 COULD DO TO LEAD TO THIS OUTCOME	FIRST 5 COMMISSIONERS: POSSIBLE INDICATORS THAT MEASURE THESE STRATEGIES
<ul style="list-style-type: none"> ● Maximizing First 5 dollars across partners to achieve ID'd shared outcomes ● First 5 provide training to grantees/partners on mutual interests: leadership, coalition building, grant writing ● Developing a foundation of tools, resources, materials common for all partners <p>Additional strategies from individual commissioners:</p> <ul style="list-style-type: none"> ● Self assessments done by or for vendors for quality assurance ● Improved family functioning, improved child development, improved health---ALL start prenatally, or like we have discussed even before that hence the high school parenting classes etc. ● Before babies are born is the time to be learning about these relationship skills of compassion, kindness, communication, health through nutrition, self care. Pregnant couples can learn to work together in really knowing the needs of the child from the get go. This will make for a child with high self esteem and will do better educationally and socially. Parents need support as well as the child with a strong relationship based approach. 	<ul style="list-style-type: none"> ● ↑ in periodic assessment of quality/level of collaboration: # of contacts; involvement; # of coll. Projects ● Evidence of <ul style="list-style-type: none"> ○ Shared planning ○ Shared training ○ Shared outcomes ○ Leveraged funding <p>Additional indicators from individual commissioners:</p> <ul style="list-style-type: none"> ● Data collection and program indicators

