



Imperial County Children and Families First Commission

Strategic Plan

Year 2003

September 2003

“It’s All About Children & Families”

Proposition 10





Vision Statement

All Imperial County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

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INTRODUCTION

On June 29, 1999, the State Commission issued the following statement regarding the eligibility for services funded with revenues from the California Children and Families Trust Fund, *“Consistent with the letter and intent of the Act, eligible children are children prenatal through five years of age, residing in California. Services and programs funded, in whole or in part, by revenue generated as a result of this Act, shall not be denied due to an eligible child’s immigration status.”*

To be as inclusive as possible, the Imperial County Children and Families First Commission (Commission) encourages all ideas, concepts and requests that specify “promoting, supporting and improvising the early development of children prenatal through five years of age”. The Commission will ensure that services and programs are not restrictive and are universally implemented to all eligible children and their families. All children ages 0 through 5 and all their families need to be represented within the county ensuring that all funding efforts will be representative of and responsive to the broader range of needs in the county’s communities.

It should be understood that it will take several years for implementation of strategies and full utilization of resources to be fully operational. The Strategic Plan will be phased in over the course of several years. Continuous updates and revisions will need to be incorporated as local programmatic needs and resources change. The Commission will work closely with the State Commission (First 5 California), other County Commissions and Imperial County communities to implement the vision and funding opportunities that are determined to be the most appropriate for Imperial County. It is our intention to consistently place the needs of children and families first by localizing the integration of programs and strategies into a consumer-oriented and easily accessible system. Strict adherence to accountability, performance standards, and service integration will be required of all funded programs as it affects balancing funding allocation decisions.

In recognition of happy, healthy and productive children, the local Commission stresses the importance of child health, child care and development, and parent support/family functioning to ensure the entire planning and implementation process each year is both efficient and effective. The coordination and integration of services is critical to providing support to families and reducing duplication of efforts through service provision. Efforts in this area will ensure that families experience a single system of care, and that client and service information is integrated and shared in a respectful and confidential manner.

Given the enormity and the complexity of the task at implementing successful Proposition 10 endeavors, the Commission must set priorities at every stage rather than waiting until the allocation of resources which helps to clarify where and why investments are being made.

Imperial County Children and Families First Commission

STRATEGIC PLAN Year 2003

I. PROPOSITION 10: “IT’S ALL ABOUT CHILDREN AND FAMILIES”

After three years of intense media exposure about brain research, child development and the importance of the first years of life, California voters responded in November 1998 with the passage of Proposition 10: The California Children and Families First Act. Funded by an increase in tobacco taxes, Proposition 10 will enhance service availability in improving child health and development. Proposition 10 is intended to promote, support and improve early childhood development through coordinating resources and programs that emphasize family support, parent education, child care and development and child health.

The focus of Proposition 10 is early childhood development due to current research indicating that the emotional, physical and intellectual environment that a child is exposed to in the early years of their life has a profound impact on how his or her brain develops. The experiences that an infant and toddler has with parents and caregivers will influence how a child functions when he or she reaches school and later in life. Although Proposition 10 is similar to Proposition 99 which funds anti-smoking and health programs and Proposition 98 which is state tax money that is utilized for public education, Proposition 10 provides the first significant investment of monies strictly focused on the critical years of a child’s development.

This Strategic Plan proposes to enhance the capacities of Imperial County communities to improve the environments – normative, family, social service, health care and child care in which children are conceived and young children grow; to develop a system of comprehensive, integrated, high quality early childhood services within every community; and to improve accountability and performance measurements ensuring all public funds directed toward young children are achieving the desired outcomes.

“Where there is no vision, the people perish.” *John F. Kennedy*

A. VISION

All Imperial County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

B. MISSION

Current research in brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influences how a child will function in school and later in life.

The California Children and Families Act of 1998 is designed to provide, on a community-by-community basis, all children prenatal through five years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality child care, parent education and effective intervention programs for families at-risk, children, their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

C. GOALS

- **Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economically independent families.**
- **Improve the development and school readiness of young children from birth through age five.**
- **Develop multi-disciplinary interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.**
- **Create a consumer-oriented delivery system that is cost effective, non-duplicative and maximizes long-term outcomes.**

“An increase of anything often causes a reaction in the opposite direction.” *Plato*

II. THE PLANNING PROCESS

A. BACKGROUND DESCRIPTION

An ordinance was passed in December of 1998 by the Imperial County Board of Supervisors establishing a nine-member Commission to prioritize Proposition 10 initiatives on the local County level. A Director was hired to guide the planning process and develop a comprehensive and integrated Strategic Plan to support children (ages zero through five) and their families.

The Imperial County Commission and its staff maintain the philosophy that the emotional, physical and intellectual well-being of a child depends on the strategic factors that provide positive environmental stimuli and significant influential experiences during the early years of life. A broad range of factors profoundly effect the healthy development of all children: their access to preventive and primary health care services, the ability to integrate necessary supplemental efforts involving culturally appropriate and sensitive service delivery methodologies and the encouragement to build upon planning processes that have been proven to be the most effective with hard-to-reach populations are all attainable through productive outreach strategies.

In order to avoid duplicative efforts and to maximize county coordination, the Director conducted a comprehensive compilation of recently completed planning assessments of Imperial County, focusing on challenges and opportunities for young children and their families. The compilation of materials included socio-demographic profile information of Imperial County specifying traditionally undercounted populations including ethnic/cultural minorities and immigrants. These demographics included strengths and shortfalls in communities that affect planning, implementation and attainment of results. The local Commission endorses the basic understanding that the demographics and considerations of the diverse regions of the entire County are essential to successful County planning efforts.

The Director combined the utilization of needs-based assessment and asset-based assessment in the development of the Strategic Plan. Traditionally, planning assessments have focused on identifying community needs. Data was readily collected on services currently provided and the unmet needs affiliated with those services. This research was further substantiated by assessments and trends compared to the State of California and national trends to propose the local Strategic Plan.

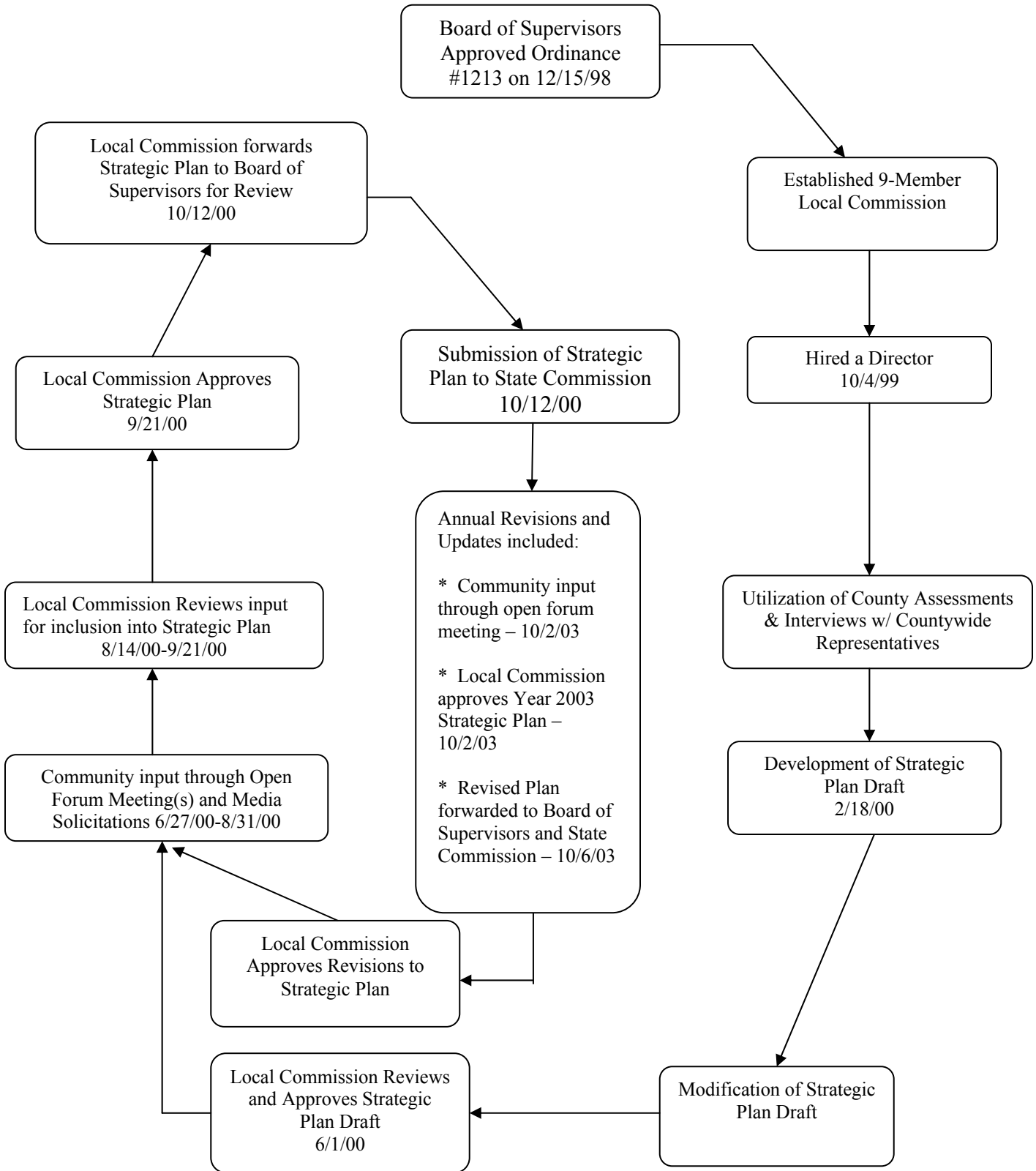
Planning began with the inclusion of interviews with County-wide representatives from community businesses, community-based and government entities, civic organizations, etc., to identify the local community's capacities and assets. All information and relevant data was comprised in the Strategic Plan development.

This Strategic Plan is being made available through community outreach efforts incorporating citizens and associations for input purposes. The knowledge and capacities of residents within communities represent other important assets that contribute toward achieving community goals. Asset-based planning encourages developing targeted outreach efforts to invite and support involvement from parents and other members of the community that may not otherwise participate in a more traditional planning process.

Since the Commission's adoption of the Strategic Plan in September 21, 2000, the Commission has awarded over \$9 million in funds over three funding cycles to local agencies utilizing a Request For Proposal methodology. Additional staff has been hired to assist the Director in meeting the demands of the contract compliance of Proposition 10 funded programs.

“History is a child building a sand-castle by the sea, and that child is the whole majesty of man's power in the world.” *Heraclitus*

B. PLANNING PROCESS OUTLINE



“People are lucky and unlucky not according to what they get absolutely, but according to the ratio between what they get and what they have been led to expect.” *Samuel Butler*

III. IMPERIAL COUNTY PROFILE

A. POPULATION DEMOGRAPHICS

Families residing in Imperial County encounter many challenges. This large, desert region encompassing over 4,597 square miles and covering 2,672.03 million acres is included in the 7.4% of the State’s rural counties and is the only one designated as a rural southern county. Imperial County is bordered on Mexico to the south, Riverside County to the north, San Diego County on the west, and the State of Arizona on the east. The terrain varies from 235 feet below sea level at the Salton Sea to 4,548 feet at Blue Angel Peak.

The climate is hot and dry, ranging from lows in the mid 30’s in January to highs of 110 degrees plus during the hot summer months (extended over June through August), with little moisture and an average rainfall of 2.92 inches per year.

Total resident population equated to 145,744 (U.S. Bureau of Census, State and County QuickFacts) in 2001 and is one of the fastest growing areas in California with a population increase of 30.2 percent between 1990 to 2000. Interim County projections estimated that the population would escalate in Imperial County to 152,300 by 2000, 185,200 by 2010 and 222,600 by 2020 (CA Department of Finance, 1997).

The ethnic diversity of Imperial County differs significantly from California. In 2000, 72.2% of the population was of Hispanic background, 20.2% were White, 4.0% were Black, 1.9% were American Indian, 2.0% were Asian, and 0.1% identified themselves as Native Hawaiian or other Pacific Islander (U.S. Census Bureau, State and County Quick Facts for Imperial County, California).

B. SOCIO-ECONOMIC PROFILE

The labor market is dominated by the agrarian-based economy. An extensive irrigation system has been developed supplying an adequate water supply generated by the Colorado River through the All-American Canal to Imperial County.

The California Employment Development Department (EDD) estimated in 1995 that Imperial County dominated the following labor force distribution by the following industries: 30% - agriculture, 27% - government, 18% - retail/wholesale trade and 10% - service industry. Although agriculture provides the primary source for employment purposes, its seasonal nature and incremented mechanization have created an intermittent and cyclical employment pattern. Consequently, the monthly unemployment rate in Imperial County has been the highest in the State in the last four years, fluctuating between 24% and 31% and averaging over 26.7% for 1997 compared to the statewide average of less than 10% (UC Davis, Imperial County Data Report, 1998).

Imperial County's population is extraordinarily poor. According to The California Child Care Portfolio, 2001, 58% of children ages 0-5 live in poverty (the national average poverty threshold for a family of four is \$12,674.00). The number of children ages 0 through 5 residing in low-income households equates to 9,168 (a low-income household is defined as an annual earning of less than \$30,000). Between 1980 and 1990, the number of children living in extreme poverty increased 109%. In 1997, 33.4% of all the children ages (0-17) and 49.5% of children ages (0-4) lived below the poverty level. With 58 representing the worst case scenario, Imperial County ranks 53rd out of 58 counties for children (0-17) living in poverty; the County ranks 58th out of 58 counties for number of children (0-4) living in impoverished conditions (Children Now – California County Data Book, 2001).

The County's median per capita income is one of the *lowest* in the nation. 30.3% of the residents maintain poverty level incomes. This scenario represents 54.2% or 58,186 of the total population. Of the total population, 38,182 are eligible for Medi-Cal, compared to 15.6% of all Californians (Center for Health Statistics, Department of Health Services, 1999).

In July of 2000, 11,862 individuals received Aid to Families with Dependent Children (AFDC)/CalWORKs recipients with 13,248 recipients utilizing Medi-Cal Dental Services equating to 34.6% of the total Medi-Cal user population (Medi-Cal County Data Book, 1999). The median annual household income in Imperial County equates to \$23,537 versus \$38,979 representative of the median annual household income for California; Imperial County is 40% below the statewide figure (The California Child Care Portfolio, 1999).

Imperial County residents face significant language and geographic barriers. English presents a language barrier for many residents. The 1990 Census Data identified that 17.3% or 5,680 of Hispanic households were linguistically isolated, speaking English "not well or not at all". 48.6% of the students enrolled within the Imperial County educational system were designated as "English Learning Students" in 1999 (Children Now – California County Data Book, 2001).

The 1990 Census Data also documented that nearly 8.3% or 2,730 of County *households* do not have telephone services and 11.3% or 3,708 neither own nor have access to motorized transportation. Underserved by public transit, Imperial County transportation needs are escalated by the 23.6% of the total population residing in the rural, desolate areas within the County.

“...look for what needs to be done. After all, that's how the universe designs itself.”
R. Buckminster Fuller

IV. IDENTIFIED SERVICE NEEDS

The Strategic Plan defines proposed critical needs of children and families in Imperial County. This needs assessment provided the necessary basis for developing consumer oriented delivery strategies that maximize and supplement existing services and do not supplant them. All delivery strategies must exemplify cost efficiency and maximize outcomes-based accountability indicators. Delivery strategies will focus on prevention methodologies that interface with the children's continuum of care.

The Strategic Plan encourages methodologies that eliminate the income eligibility criteria and provides family services and parenting services equitably to Imperial County children. This Strategic Plan allows for a standard of equalization or a balancing of the scale to treat, assess, educate and support children, 0 through 5 years of age, the same.

Between birth and entry into formal schooling, all children encounter challenges for which they and their families may require some form of assistance. These challenges can range from minor health or behavioral problems to more severe developmental difficulties caused by displacement in out-of-home care and adoptive scenarios. To successfully address these health and developmental concerns and maximize their children's potential including those at-risk, families and caregivers need health education and related developmental services that are comprehensive, preventative, of high quality and easily accessible.

Everything has two handles, one by which it may be borne, the other by which it may not.
Epictetus

A. INSURING THE UNINSURED

Adequate systems do not exist for most families in Imperial County. The provision of accessible, sustained educational and developmental services for most children does not begin until the age of five, whenever they enter elementary school. Although basic health services are increasingly available as a result of Medi-Cal eligibility expansions and the State Healthy Families Program, these services often do not provide adequate and appropriate developmental assessments and interventions.

The existing system also results in episodic coverage, with people not enrolling until they have significant health problems. When a consumer waits until a health problem becomes acute, treatment is often less effective and care is more expensive. The episodic nature of the coverage accompanied by the general complexity of the health care system, results in high administrative costs.

Imperial County has been utilizing a creative outreach approach, the utilization of Promotoras, to enroll eligible children into the aforementioned programs. Within Imperial County, the Promotoras are a group of Hispanic women attempting to better their lives and other community members by promoting education, prevention and resource skills and the utilization of the same. Immigration issues and stigmatism affiliated with program(s) enrollment create barriers to a large influx of program participants. As of December 31, 1999, it is specified that only 12% or 1,441 of those eligible to receive Healthy Families services have been successfully enrolled since the program's inception in July of 1998. This outreach methodology has proven effective in achieving approximately 184 Medi-Cal application submittals on an annual basis.

Recent federal changes provide the State with a new option to expand health coverage for low-income families, and a number of proposals to expand family coverage currently are pending in the Legislature. These measures propose to include several comprehensive proposals to expand eligibility criteria for children and parents in the existing Medi-Cal and Healthy Families Programs.

Variances in the numerous eligibility categories, related complex regulations, differences in enrollment processes per program and staff turnover at the State level create a cluster of barriers regarding efficient and timely enrollment. Strategies for increasing coverage for the uninsured include:

- Comprehensive case management to increase participation in existing programs;
- Outreach and educational efforts for consumers and health care providers;
- Home visiting programs;
- Expanded utilization of sliding fees in conjunction with health centers/clinics incorporating dental and specialty care resources.

B. CASE MANAGEMENT

Imperial County's Child Health and Disability Prevention (CHDP) Program provided services to 12,836 children for the period July 1998 through June 1999. This figure equates to 34.5% of the total CHDP target population. Vital screenings regarding vision, hearing, blood and tuberculin are limited due to the total number of children receiving such assessments. Imperial County ranked 57th out of 58 counties regarding the reported incidence of tuberculosis (per the County Health Status Profiles, 1998). Reasons concerning the number of CHDP participants are currently being reviewed. Initial indicators to be specified involve the lack of referrals by primary care practitioners to the CHDP Program. Many of the local practitioners attribute this scenario to the amount of time needed to complete the applicable CHDP paperwork requirements. The CHDP assessments exemplify one of the more comprehensive health evaluations being utilized by health providers within Imperial County.

Research suggests that the family environment is a critical context for children's development. Family traditions and cultural beliefs practiced in the home often determine the involvement and participation in family supportive services. This scenario greatly affects prenatal and postnatal practices as well as child determinants through the various phases of psychosocial, environmental and physical development.

To support Imperial County families in their effort to create a safe and nurturing environment for their children, this Strategic Plan proposes the need to provide any family with information, education and support to children, born and unborn. The foundation of family support services will be a medically based family support team specialized in a multidisciplinary curriculum to assess and assist through in-home family visitations.

This methodology would include systematic in-home visits based upon critical child development issues e.g., inception of services within the first trimester of pregnancy to encourage and provide follow-up ensuring appropriate prenatal care; interim prenatal services to include necessary nutrition, health risk assessments, breastfeeding information; an in-home visit within 48 hours of the birth of every Imperial County baby and incremental visits and follow-ups thereafter to ensure timely immunizations, continuous health care, referrals to quality child care and applicable education, etc., to summarize a few examples.

Family visitation – in the home represents an imperative prevention service strategy that would include applicable referrals and classes to promote comprehensive and proficient case management services.

Evaluations of home visiting models suggest that home visiting can be an effective means of service delivery and prevention activities for families. The success of home visiting depends on the training of home visit personnel, the quality of services offered, the intensity and frequency of services, the assessments and follow-ups provided and the quality of the relationship between the family and the home visitor(s). Home visiting has also become a component of other prevention and early intervention programs found in California. School and/or community based family resource centers, short duration health care programs, Head Start and literacy programs provide home visiting services to meet the demands of the underserved population. High-quality, intensive home visiting projects that focus on family support, adult-child interaction and child stimulation, are relatively recent innovations in California’s social service delivery system. Imperial County will encourage the development of a home visitation project utilizing validated and reliable practices in establishing a proficient model. Home visiting needs to enhance efforts that improve the quality of services provided. It should be one part of a comprehensive service strategy to support healthy child development. These practices must include:

- Supportive comprehensive case management services;
- Adaptive prevention and intervention services to individual family needs;
- Utilization of multidisciplinary standards, curriculums and assessments as well as the incorporation of professionally trained community-based family advocates to avoid duplication of service efforts;
- Limited home visitor’s caseloads;
- Integration of culturally sensitive and appropriate service delivery methodologies;
- Encouragement and empowerment relating to family self-sufficiency and respect;

“I find the great thing in this world is not so much where we stand, as in what direction we are moving.” *Oliver Wendell Holmes, Sr.*

C. HEALTH PROMOTION AND PREVENTION

Healthy People 2000 is the national prevention initiative that identifies opportunities to improve the health of all Americans. For two decades, the U.S. Department of Health and Human Services (DHHS) has utilized health promotion and disease prevention objectives to improve the health of the American people. Healthy People 2000 built upon the lessons learned from the first Surgeon General’s report and is the product of unprecedented collaboration among government, voluntary and professional organizations, businesses and individuals.

Organized under the broad approaches of health promotion, health protection and prevention services, the national objectives are organized into priority areas. This framework provides the direction and benchmarks by which to promote change in personal behaviors and for local communities to support health promotion policies.

Information on current health status, risks to health and the utilization of health services provides the baseline for the proposed Healthy People 2010 objectives. These are measurable objectives and provide direction for action. They have baselines that utilize valid and reliable data derived from currently established, nationally representative data systems. This baseline data provides the point for which a 2010 target can be established. The most recent Imperial County data as presented will serve as the child and family indicators upon which to benchmark what has been accomplished on these measures to date. Those national objectives not achieved in Imperial County based on 1997 statistics include:

- Reduce the fetal death rate (20 or less weeks of gestation) to no more than 5 per 1,000 live births plus fetal deaths. 2010 Baseline: 7 fetal deaths per 1,000 live births in 1995. (*Imperial – 7.1*).
- Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy. 2010 Baseline 81.3 percent of live births in 1995. (*Imperial – 71.0%*).
- Reduce the cesarean delivery rate to no more than 15 per 100 deliveries. 2010 Baseline: 20.8 per 100 deliveries in 1995. (*Imperial – 32.2%*) *Primary (first time) cesarean delivery 2010 Target: 12%; 2010 Baseline in 1995: 14.7%. Repeat cesarean deliveries 2010 Target: 65%; 2010 Baseline in 1995: 72.5%.*

Those national objectives not achieved in Imperial County per the opinion of the March of Dimes Health Professional Advisory Committee per the 1999 Perinatal Needs Assessment:

- Increase to 90 percent the proportion of children under age two who complete the basic immunization series. (*66% Retrospective Immunization Rates for Two Year Olds for Southern California as per the California Kindergarten Retrospective Survey, 2000, Immunization Branch, California Department of Health Services*).
- Increase the proportion of mothers whom breastfeed their babies to at least 75 percent in the early postpartum period and to at least 50 percent until babies are 5 – 6 months old. (*Imperial Exclusively Breastfeeding Rate – 22%; Total Breastfeeding Rate – 75% per Center for Health Statistics, Department of Health Services, 1999. The Breastfeeding Only Rate ranks Imperial County 58th out of 58 counties; the Breastfeeding/Formula Rate ranks Imperial County 49th. Note that the Exclusively Breastfeeding Rate is representative of In-Hospital Breastfeeding Choices as indicated on the Newborn Screening Form*).
- Reduce the incidence of fetal alcohol syndrome to no more than 0.12 per 1,000 live births - developmental measurement.
- Reduce dental caries (cavities) in primary and permanent teeth so that the proportion of children who have had one or more cavities (filled or unfilled) is no more than 15%

among children aged 2-4. 2010 Baseline: in the 1988-94 time period, 18% of children aged 2-4.

- Reduce untreated cavities in the primary and permanent teeth so that the proportion of children with decayed teeth not filled is no more than 12% among children aged 2-4. 2010 Baseline: from 1988-1994, 16% of children aged 2-4.

“The first wealth is health.” *Ralph Waldo Emerson*

A current program has existed since 1979 within the Imperial County Department of Health entitled the Outreach and Early Intervention Program (OEIP). The project is a high-risk infant follow-up program funded by the Maternal-Child Health Branch of the State Department of Health Services. In 1990, the program entered its third phase to encourage more individualized service plans and promote greater collaboration efforts among organizations involved in the provision of services to families experiencing high-risk child needs. From July 1, 1999 through January 22, 2000, a total of 31 new referrals have been made to the program via private practitioners and any hospital that identifies a high-risk infant qualifying them for OEIP programmatic standards. Over the past several years, an average of 55 high risk referrals have been made to the program indicative of approximately 2%+ of the average of live births by County of residency.

Although the program has incorporated in-home developmental assessments and a collaborative service network for high-risk infants and their families, data is not extrapolated for programmatic prevention purposes. The Department of Health Services is compiling information for program year 98/99 with the reporting capabilities providing re-evaluative processes to ensure program participation for all high-risk infants. Lessons learned and programmatic compilations are limited due to the lack of prevention strategies applied to the future years of programming and educational services provided to pregnant women and those women considering pregnancy.

The use of tobacco, alcohol and other drugs during pregnancy causes a wide array of developmental health and social problems, which depends on the type of substance utilized and the level and timing of exposure. The OEIP program attributes 11 or 15 percent of their total current cases (75) per year as related to perinatal substance exposure.

According to the California Department of Health Services California 2000 Progress Report, smoking prevalence in California has declined from 22.1% in 1987 to 17.9% in 1994. According to the Imperial County Health Survey Report, 1998, 15% or 182 of the respondents reported using some type of tobacco product (including cigarettes, cigars and smoking a pipe or chewing tobacco). Sixty percent of the smokers, 108 respondents, reported trying to quit. Of those 108, 84.2% reported trying to quit on their own. Data is not available to assess the number of smokers who have quit smoking and have remained smoke-free. The Imperial County Health Survey report did note that the beliefs about the relative safety of chewing tobacco, cigarettes and cigars were also significantly related to income with lower income respondents tending to report chewing tobacco and cigars as safer than cigarettes. Similar relationships were also found between these tobacco-related beliefs and education with less education associated with the beliefs that chewing tobacco and cigars are safer than cigarettes.

A recent evaluation of the local Women, Infants and Children (WIC) Program within Imperial County specified that only 1.7% of the postpartum women in the program were exclusively breastfeeding until babies were one year of age. This percentage is representative of the lowest rate in the State of California. The breastfeeding/formula rate for the WIC Program was 25% of participating postpartum women. Within 1999, the Imperial County Breastfeeding Coalition was formed to encourage the increase in the breastfeeding rates in the County. The Coalition has initiated breastfeeding advocacy and educational activities throughout the County to address this need.

The need for family and parenting services is universally needed for Imperial County. Even in situations where there are high concentrations of need and high concentrations of available services, critical gaps and barriers exist including little/no outreach efforts, lack of collaborative and cooperative efforts in serving the same family, programmatic underutilization, more emphasis on intervention than prevention projects, etc.

It would be the intention of this Strategic Plan to enhance efforts that encourage Imperial County families that needs family supportive and parenting services – to receive them. Further assessment would be needed to determine the present capacity of these organizations to adequately service both families with basic parenting education and support needs, and those families with more complex needs. These agencies could demonstrate the ability to provide:

- High quality, intensive home visiting projects that focus on family support;
- Family resource centers;
- Quality child care and education;
- Case management services;
- Collaborative/cooperative networking capabilities;
- Comprehensive health care including dental resources;
- Parenting enhancement services incorporating male involvement/parenting methodologies and family literacy programs;
- Prevention emphasis projects;
- Mobilization efforts to service the entire Imperial County region utilizing culturally appropriate and sensitive service delivery methodologies;
- Encourage the establishment of a viable data base immunization system for children under the age of two in Imperial County.

It is very important to denote that many organizations are funded or maintain a mission to provide needed services to the economically disadvantaged. Although many disparities

encompass those individuals living in poverty, there are many families that do not qualify for any supplemental services and do not generate the revenues to provide all the necessities affording a child or children to be healthy and be school ready. Many families are not afforded the luxury of family health care coverage through their employers and simply do not qualify for Medi-Cal nor the Healthy Families Program. Thus, these middle class families experience related burdens with very limited resources available to them.

“All that is human must retrograde if it does not advance.” *Edward Gibbon*

D. COMPREHENSIVE HEALTH CARE

Currently, walk-ins at both Pioneers Memorial Healthcare District and El Centro Regional Medical Center that are indicative of no prenatal care receive perinatal substance/HIV testing. Non-resident women with previous prenatal care that are seen at the local hospitals for emergent care and/or delivery must transfer their health information from their provider. The local hospitals screen the records and will perform perinatal substance/HIV testing as needed once the obstetrician assesses the applicable health records.

Perinatal substance testing is not routinely performed on women exhibiting a history of alcohol and/or tobacco use. Applicable testing and practices vary between facilities and providers. Imperial County would benefit in developing standards for screening women admitted to the hospital during pregnancy and/or delivery. Standards for screening women for substance abuse, tobacco and addiction during pregnancy prevent adverse outcomes by offering interventive treatment services to the mother and preventative services for the unborn child. **One** preventable high-risk infant born in Imperial County is **one too** many.

Suggested unified standards would motivate efforts to continue analysis and reporting of delivery practices at individual hospitals. Studies have demonstrated differences in risk-adjusted c-section rates by geography, payor source and provider type creating concerns that the decision to perform a c-section was not always determined on clinical factors alone. Findings such as these, highlight potential quality of care issues that are addressed in Healthy People 2010. The shared results and presented standards could stimulate discussion of best practices in delivery management among hospitals, with a view to encourage hospitals to review and adapt their own practices as necessary.

These local standards could be expanded to include primary care practitioners and specialty care providers in dealing with compelling quality and continuity of care issues. Local standards with Countywide participation could develop uniform tracking measures to provide follow-ups on abnormal Pap Smears, specialist referrals, immunizations, hospitalizations, etc. Comprehensive risk management could be developed to include nutrition, health education and psychosocial services. It appears that some provider visits are episodic in nature, rather than reflective of comprehensive continuous care issues.

The United States/Mexico border region is an independent multi-cultural region where employment, family, educational and health care relationships transcend geographical and political borders. This is indicative of Imperial County due to the three ports of entry between Imperial County and Mexicali: Calexico/Mexicali, Imperial Valley/Nueva Garita and Andrade/Algodones. The California-Baja California Border region comprises an

epidemiological unit within which millions of people transmigrate each year and natural resources are shared. The public health of one sister city greatly affects the other. Understanding issues in the context of the border region is one of the first and most critical methodologies in developing strategies that successfully respond to the needs and challenges at hand. Health concerns at any age within the border region encompasses a broad array of causes and effects and envelopes issues from prevention to provisions of services to barriers of care.

With Imperial County being in close proximity to the Mexican/American border and the influx of migratory and seasonal farmworker families, it is imperative that health care continue to encourage the philosophy of comprehensiveness and continuity of care that has been demonstrated through the Imperial County/Mexicali Bi-national Health Council of the United States-Mexico Border Health Association. Developments of bi-national HIV and TB committees have been developed and incorporate input from providers, policy makers and community members to encourage collaboration and continuity of care issues.

All health facilities could share information and Principal Standards of Practice. These standards could incorporate the inclusion of supplemental services/exams on all children i.e. CHDP. This scenario would establish health care maintenance services for eligible children, provide additional revenues to the provider's practice and emphasize outreach efforts that are greatly needed based on programmatic underutilization. Patient histories, problem/medication lists could be utilized uniformly whenever more than one facility cares for the same patient(s). Quality health care management involves effective case management. Comprehensive patient histories and continuity of care issues are paramount in promoting effective prevention and intervention methodologies.

This mechanism could also be the means by which Imperial County mitigates the under-supply of health manpower for its resident population. In 1998, a total of 142 physicians were identified in practice in Imperial County. Of this number, 33 were identified as Primary Care Physicians for a total of 32.4 FTE physicians. Primary Care Physicians include Family Physicians, General Practice Physicians, General Medicine Internists and Pediatricians.

A new focus on accountability has the potential to hold health plans, physicians and hospitals responsible for the quality of services and the continuums of care they provide. New models for delivering health care that focuses on meeting the needs of consumers should be developed. Imperial County has not felt the effects of the managed care industry to date. Managed care ideally can increase the continuity of care, but may produce pressures to reduce the time allocated to preventative issues because of capitated reimbursement pay structures and increased provider workload. Inadequate research has been completed to investigate the effect of preventative services on infant or child health and the cost/benefit of such care. Realistically, the national crisis in health care cannot be solved by managed care alone even when it will be operable countrywide.

The health care crisis evolves from the convoluted system that now exists to buy, sell and insure health care services. Favorable tax incentives underwrite the purchase of the health insurance costs by employers. Consumers do not directly pay the most of the health care services they receive, and despite the demands to pay less for health care insurance, when individuals become ill, they demand the most sophisticated care regardless of cost.

Lack of adequate health insurance is not the only issue for Imperial County residents. Children do not receive the recommended periodic visits, even with adequate health insurance. The best case scenario occurs whenever the family has established a long-term relationship to the child's primary health care provider. This is difficult due to the nomadic nature of so many Imperial County families, the applicable changes to the child's health insurance status and/or the utilization of health centers/clinics where a different provider gives the primary care to one patient. The increasing diversity of patient populations requires health care to be competent so these variances are taken into account.

Immediate changes are necessary in the provision of health care in Imperial County. This is an opportunity where being rural can be utilized to the County's advantage in promoting positive changes in its health care service delivery:

- Formalized health care standards planning and implementation;
- Appropriate uniform testing and practices between facilities and providers;
- Standard prenatal screening of all pregnant women;
- Shared results and lessons learned to the health care community;
- Utilization of uniform tracking measures;
- Inclusion of comprehensive risk management services;
- Implementation of continuity of care issues;
- Utilization of Principal Standards of Practice;
- Effective case management inclusion into quality health care management;
- An adequate supply of health manpower;
- Coordination/collaboration of supplemental health care services e.g., dental care, development disabilities, food and nutrition services, etc;
- Quality assurance committees to include vital input from all practicing physicians;
- Credential qualified practitioners who desire hospital privileges.

“The preservation of health is a duty. Few seem conscious that there is such a thing as physical morality.” *Herbert Spencer*

E. NUTRITION AND PHYSICAL ACTIVITY

Proper nutrition is essential for sustenance, growth and development, health, and well-being. At the same time, nutritional (or dietary) factors contribute substantially to the burden of preventable illness and premature death. The Dietary guidelines for Americans recommend that to be healthy and remain so, one should eat a variety of foods; maintain or improve one's weight by balancing food intake with physical activity; choose a diet that is plentiful in grain products, vegetables and fruits, moderate in salt, sodium and sugars and low in fat, saturated fat and cholesterol. In general, excesses and imbalances of food components in the diet have replaced once prevalent nutrient deficiencies. The prevalence of overweight has increased at an alarming rate.

Because of the increasing trend in overweight children monitored through the Pediatric Nutrition Surveillance System (PedNSS), it is clear that prevention of pediatric overweight and obesity should be the priority among health and nutrition programs. Childhood overweight is defined as excess body weight per unit of height, and obesity is defined as excess body fat according to the national population standards. According to the PedNSS Data, 1996, Imperial County has a prevalence of overweight Body Mass Index (BMI greater than 95%) equating to 12.3% or 10,559 children. This ranks Imperial County 28th out of 58 counties in having the most prevalence of children being overweight.

Additionally, overweight children should be identified and provided appropriate nutrition intervention and behavior modification activities that include such principals as improved self-esteem, improved fitness and exercise patterns, improved parent-child feeding relationships, etc., to moderate the rate of weight gain while assuring adequate calories for normal growth. Physical activity needs to be an integral component of the intervention program. Hispanic and Indian children have the highest overall rates of overweight; these two ethnic groups account for 86% or 2,044 of all 1997 births in Imperial County (as per the Family Health Outcomes Project, 1998). Parents and caregivers need to be educated concerning the physiologic, environmental and psychological/social development of infants and children. All child care curriculums need to be inclusive of age appropriate nutrition and physical activity programs.

According to the Women, Infants & Children (WIC) Participants by County and Race/Ethnicity for the month of April 1999, Hispanics account for 93.4% or 5,929 of the grand total enrolled representative of 185% of the Federal Poverty Level Guidelines (FPL), 1999. Between 1990 and 1995, Hispanics accounted for 83% of the population increase (UC Davis, Imperial County Data Report, 1998).

The local Women, Infants and Children (WIC), a nutrition and education program, maintains a caseload of 6,531 according to their own programmatic reports for December 2001. The project maintains a triage matrix concerning levels of nutritional intervention for the infants and children at-risk. The program maintains 2.0 Full Time Equivalency (FTE) Registered Dietitians to account for the nutritional needs and risk conditions experienced by the entire WIC caseload.

Historically, Imperial County has had difficulty in maintaining Registered Dietitians. In many cases, work experience within their respective field of expertise has lead them to administrative positions with little to no patient contact. This has resulted in accessibility

and availability barriers. As of January 2002, there are five Registered Dietitians employed throughout Imperial County maintaining patient/client contact that provides population focused activities. This compilation includes Registered Dietitians employed at the Department of Health, WIC and the two local hospitals.

Prevalences of growth retardation and iron deficiency anemia have been found to be high among children from families with incomes below the poverty level. These conditions are the result of inadequate dietary intake and can cause low height for age (stunting) and cognitive impairment. Establishing healthful behaviors for both diet and physical activity needs to start with children and be maintained throughout adulthood. The family, schools, worksites and institutional food services can play a key role in this process.

Whereas strides have been made in the past decade regarding the availability of nutritional information, reduced fat foods and other healthful food choices in supermarkets, significant challenges remain for eating away from home. The importance of addressing these challenges is suggested by recent data indicating that a significant amount of a family's food budget is spent in restaurants and carryouts. Recent analysis found that foods eaten away from home are generally higher in fat, saturated fat, cholesterol and sodium, and lower in fiber and calcium than foods prepared and eaten at home. It was also suggested that people either eat larger amounts when they eat out, eat higher calorie foods, or both.

Imperial County needs to demonstrate the ability to provide:

- Comprehensive case management;
- Competent Registered Dietitians in meeting the nutritional risks of County residents;
- Develop methodologies to retain Registered Dietitians within the County;
- Provide Registered Dietitians to be centrally located for consumer accessibility;
- Provide outreach efforts to encourage better CHDP participation through pediatricians and primary care practitioners;
- Ensure all child care curriculums include adequate and age-appropriate nutrition and physical activity components;
- High quality, intensive home visiting programs that focus on family support;
- Availability of sensitive and culturally appropriate staff and educational materials.

“At each stage of development the child needs different resources from the family. During the first year, a variety of experience and the availability of the parents for attachment are primary. During the second and third years, stimulation of language development is critical. During the years prior to school entrance, information that persuades children they are loved becomes critical, and during the school years it is important for children to believe that they can succeed at the tasks they want to master.” *Jerome Kgan*

F. CHILD DEVELOPMENT

CalWORKs, California's Welfare Reform, is only beginning to have an impact on Imperial County's child care system, initiating an even greater demand for child care services. According to The California Child Care Portfolio, 1999, there are 17,601 children in Imperial County needing child care, 6,830 or 39% of which are representative of the 0 through 5 age range. Thus, Imperial County ranks 57th among California's 58 counties in its present supply and demand for licensed child care slots.

The number of children ages 0-5 in low-income households equates to 9,168 (a low-income household is defined as an annual earning of less than \$30,000); with 5,218 children ages 0-5 living in poverty (The 1999 National Average Poverty Threshold indicative of a family of four totals \$12,674). The total number of children ages 0-13 living in poverty equates to 11,897 or 31% of the total resident population for the County. Imperial County has the 4th highest rate of child poverty among the 58 California counties. The availability of 644 subsidized child care slots in 1998 causes many low-income residents to remain on waiting lists indefinitely.

The educational levels in Imperial County range far below the State average; student achievement scores and graduation rates are among the lowest in California. A total of 56% of Imperial County's population has not completed high school, ranking the County 58th out of 58 counties. Eighth grade writing skills rank 58th with fourth grade reading scores ranking 55th out of 58 counties. The Office of Education attributes these low levels of educational achievement to the lack of English proficiency prevalent throughout the County.

Child care including infant care is unaffordable for many families. The cost per year for full-time, licensed care in a center for an infant up to 24 months of age totals \$4,526 (the cost of a one-bedroom apartment in Imperial County). The annual minimum wage of a full-time worker equates to \$11,960 with care for an infant representative of 38% of the full-time worker's annualized salary. The fluctuating economy, the unavailability of subsidized care and lack of transportation has weakened an already stressed infrastructure.

Although Imperial County has one of the lowest child care costs of any county in California according to Children Now – California Data Book, 2001, child care is a labor-intensive, costly service to provide. The industry attracts little capital investment because start-up and operational costs are high and profits are low. The statewide average for a child care worker's salary is \$16,140 or \$7.76/hourly wage as specified in The California Child Care Portfolio, 1999. Professional quality care is difficult to maintain in a marketplace where child care teachers and providers receive low wages and tend to receive no benefits nor paid leave (as cited in the Helburn et al, Cost, Quality and Child Care Outcomes Study: Technical Report, 1995). Continuity of care issues for primary caregivers significantly impacts the social/emotional development of young children. Quality of care can be directly correlated to consistent care provided by highly skilled staff that earn adequate compensation, comprehensive health benefits and are ensured professional development support.

Full-time child care and before-and/or after school care are a daily concern for Imperial County working parents; the majority of schedules requested by working parents as per the Imperial County Resource and Referral Network, 1999. Child care and after-school activities help to shape the way children think, learn and behave for the rest of their lives;

greater attention needs to be given to the adequate availability of these quality experiences. There is a real cause for concern as parents face great difficulty finding care that they can adequately afford.

While research demonstrates that quality child care can help children's development in a range of areas including language, social skills, relationships with teachers and self perception, it also demonstrates that children in poor quality care are delayed in language and reading skills and display more aggression toward other children and adults (Helburn et al., Cost, Quality and Child Outcomes Study: Executive Summary, Denver University of Colorado, 1995).

It is important to protect the health and safety of Imperial County children who are in child care. To meet this critical need, Imperial County – like all Californian Counties, must ensure that child care providers meet health and safety protections and that these protections are adequately enforced. Such efforts that protect Imperial County children from harm include ensuring that providers have and maintain CPR and first aid trainings, that they maintain healthy and safe environments and that there are not too many children per teacher/provider.

While the Children and Families Act is intended to “emphasize local decision-making to provide for greater local flexibility in designing systems and to eliminate duplicative administrative systems” (Health and Safety Code Section 13100), Imperial County often needs to rely on systems provided to both Imperial and San Diego Counties that are physically located in San Diego (a 2 ½ hour travel distance). Currently, the main Community Care Licensing office and staff are based in San Diego with a part-time satellite operation in Imperial County. Every effort should be made to localize such services to accommodate the parents, providers and other interested community members on a full-time basis in relation to Title XXII concerns and/or regulations.

Child care providers need to continue to address their concerns in an organized manner on a local, state and national level. Providers are great advocates in enacting changes within the child care and developmental systems upon which they operate. Localized ideals and methodologies can form a coherent, organized means for enacting change that can be sustained over time and will produce widely valued outcomes for young children and their families.

Staff education and training are critical in improving children's experiences in child care. Many parents want their children to receive high quality care provided by nationally accredited child care programs, according to the National Association for the Education of Young Children, 1997. Imperial County has two accredited programs in operation: the Naval Air Force (NAF) and Imperial Valley College (IVC). Additional accreditations through the National Association could be encouraged to expand quality care service provisions in the County.

Child Development Services of the Imperial County Office of Education, 1999, which serves as the County's resource and referral (R&R) agency, has been actively recruiting new family child care home providers. These exempt providers are connected with experienced mentors and are taken on tours of existing family care homes to encourage provider participation. The R&R has been increasing the number of workshops available in Spanish,

thus encouraging language appropriate materials for providers who voluntarily participate in applicable health and safety seminars. Exempt providers often not required to participate in educational trainings will pursue and complete related educational course work and will attend trainings/workshops on a regular basis. Additional trainings and educational opportunities are needed and wanted by the exempt providers. Training amenities need to be made available at times, places and be language appropriate to encourage maximum participation.

Each child as part of their cognitive development process needs encouragement regarding reasoning, perception and language acquisition. Parents and child care providers need to continue to encourage and enhance the full development of language acquisition. Proven methods to facilitate learning encourages the acquisition and retention of a second language. Parents and child care providers need to continue to demonstrate a nurturing environment that results in positive stimulation and support of the child's home language. This scenario is critical to early association with the child's self-identity.

All aspects of development affect one another and children cannot learn nor display their intelligence as well if they have not developed emotionally and socially. The task for parents and child care providers who want their children to succeed in school is not to force development. Rather, it is to try to ensure that the moment-to-moment events of daily life give babies and toddlers the sense of security, encouragement and confidence that are the foundations of emotional health. It is this that will ultimately allow them to learn at home, in school and throughout life. Parents and child care providers need the skills that best encourage and prepare their children for language acquisition and bilingual promotion. Culturally appropriate language development is crucial in determining a child as being school ready. Language acquisition including emergent literacy and numeracy skills at kindergarten entry are good predictors of school readiness abilities throughout a child's educational career. Special focus should be given to developing these skills through parents and early childhood educators. To comprehend what they read, children must continually draw on relevant background knowledge. This means that having a solid conceptual and informational base is a vital part of becoming a skilled reader. Thus, a key curriculum goal in early childhood programs must be promoting children's acquisition of knowledge, concepts and vocabulary.

Based on the analysis of the Census Bureau's 1997 October Population Survey on school enrollment, there are approximately 650,000 children, ages 3-5 who are neither in pre-school nor kindergarten in California (53% are Latino). Of the half a million children in kindergarten, only 24% of the Latino population attended pre-school. In addition to ethnicity, family income is a strong predictor for reasons affiliated with a child attending pre-school. Two-thirds of the children, ages 3-5, not in pre-school originate from families with annual incomes below \$30,000 (the equivalent of about 250% of the Federal Poverty Level guidelines).

Imperial County ranks 55th out of 58 in the percent of fourth graders reading at or above the national average according to Children Now – California Data Book, 2001; partners must include families; formal and informal early care and educational providers; district and school staff; and parenting/family support services to assume joint responsibility for child learning developmental outcomes.

Imperial County needs to expand early education and literacy programs that have lasting effects. Each County within California cannot raise their reading proficiency level until the opportunity to learn the basic building blocks of language becomes equally available. Reading scores will not climb in early grades as long as access to preschooling remains so unequal to California's diverse families.

Imperial County possesses but needs additional high quality programs to ensure the physical, social, emotional and intellectual growth of its' children. The greatest priorities for improving the quality of child care is to recruit, train and retain qualified staff and ensure adherence to standards of care for child care providers:

- Provide technical assistance and training to ensure that information on health and safety standards and State licensing regulations are available to all child care settings;
- Encourage and emphasize funding to support providers to become accredited;
- Encourage family child care providers to join provider associations and support the development of local provider associations;
- Ensure all child care providers are trained in child health and safety standards in languages that are culturally and sensitively appropriate;
- Encourage training opportunities for exempt child care providers;
- Introduce and encourage the utilization of appropriate language acquisition and literacy components and collaboration with community resources for all child care providers;
- Encourage the adoption of an approved Tobacco Use Prevention Education (TUPE) curricula for pre-school/early childhood development programs to ensure early exposure in establishing a tobacco-free environment.
- Encourage enrollment in quality family child care preschool programs, center based preschool programs and Kindergarten programs;
- Enhance the provision of adequate wages and benefits to child care providers to encourage retention and continuity of child care;
- Support provider staffing issues through the recruitment, utilization and funding of qualified child care substitutes;
- Expand concepts of family literacy programs to provide in home literacy support through in home-based child care;
- Encourage multi-faceted literacy programs;
- Encourage stipends and scholarships for providers who continue to participate in learning opportunities;

- Support funding incentives to develop local child care mentoring programs for new administrators and new providers;
- Ensure that every Imperial County child care provider is able to promote social-emotional child development through age appropriate, safe, culturally sensitive education, nutrition and physical activities;
- Encourage more child care providers to meet the varying child care demands of Imperial County including extended-hour services, children at-risk and children with special needs e.g., adopted children;
- Augment licensing and other funding to expand and localize child care supplemental services in Imperial County to facilitate adherence/compliance to health and safety standards;
- Provide safety measures/equipment for indoor and outdoor facilities for safety compliance purposes.

“Children are made readers on the laps of their parents.” *Emilie Buchwald*

G. PARENT EDUCATION

Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parents and the primary caregiver with the child that shapes the child’s view of himself/herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers that provide a positive foundation for the child, enables the child’s ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

Skills that allow a child to problem solve and think creatively are developed in early childhood education settings and nurtured through the parents and child care provider reinforcement. These developmental results are interrelated and need to be correlated with the parents and child care provider to maximize optimum and valued outcomes.

Shifting the emphasis from crisis intervention to anticipatory guidance and support of families with young children at the first moments when parents need assistance, promotes family and child stability. In families where parents possess the ability to nurture children; children are more likely to grow up healthy, ready for school, prepared to contribute to society and to lead productive and fulfilling lives.

Nearly half of California parents are unaware of the important first three years (Children and Youth Survey, The Field Institute, October-November 1997). Fifty-seven percent of the fathers are unaware of the importance of the first three years, while 27 percent of mothers are unaware. These findings reveal a serious need for education among California parents

about brain development in the early years of a child's life and the foundation it lays for future child development.

Parents face a variety of challenges they must overcome in order to assist their young children make the journey from birth to school entry. Economic difficulties, change in family structure, including a growing number of single parents, declining involvement of extended family members, an increase in blended families with children from multiple marriages, the growing number of women in the workforce and the need of families for two incomes all have introduced new kinds of stresses into family life. Child rearing and parenting are particularly difficult for families in poverty; 33% of Imperial County children (0 through 5) live in families with incomes below the poverty level.

Parent education provides the initiative to access early interventive and supportive developmental services. Knowledge is the means by which to empower families in making them aware of their options:

- Promote additional parenting programs emphasizing parenting for families with children 0 through 5. This includes education for teen parents, single parents, migrant parents, parents with special needs, adoptive parents, newborns, etc;
- Promote family literacy opportunities and activities in multiple settings;
- Collaborate with or encourage the establishment of home parenting programs that focus on family support;
- Support parenting education that emphasizes the following core competencies: child development, effective discipline, building self-esteem, physical/emotional health, child and parent advocacy, conflict resolution, tobacco use prevention education and cessation treatment services, breastfeeding, etc.;
- Provide educational workshops for parents seeking child care;
- Enhance parent educational programs through Family Resource Centers as well as linkages to other community resources as needed;
- Encourage stress reduction/behavior modification workshops;
- Encourage the importance of bilingual education and values of the home language including culture preservation;
- Expand home-based programs to educate new parents on child development and family life skills.
- Coordination of in-home family literacy programs that incorporate family support components.

“Equity, in a social context, is equality characterized by what *is* and *should* identify humanness between one another. Equality between two numbers quickly, and with little controversy, identifies a sameness that can obstinately be measured, whereas equality between two persons examines the social implications behind the equity that is fundamental for the individual, regardless of perceived differences, to persevere, evolve and ultimately move on. This human equity gives all of us the equal right to develop our distinct talents.” *J.C. Montes de Oca*

V. PRINCIPLES ON EQUITY

On February 6, 2003, the Commission adopted the Principles on Equity as developed by the State Commission’s Advisory Committee on Diversity. The Commission will ensure in fulfilling its mission to adopt policies and practices that equitably provide Imperial County children (prenatal to 5) from diverse backgrounds and abilities with accessible, family-friendly, culturally competent, quality early childhood services and programs.

Diversity Definition (for First 5 Commission): Children (prenatal to 5) regardless of immigration status, who:

- Are from different ethnic, linguistic, cultural, socio-economic, religious, geographical and/or other historically or currently under-served communities; or
- Have disabilities and other special needs.

The Principles on Equity developed by the State Commission will serve as a guide throughout the work of the local Commission. There are four major components to the principles: a) Inclusive Governance and Participation; b) Access to Services; c) Legislative and Regulatory Mandates; and, d) Results-based Accountability.

A. INCLUSIVE GOVERNANCE AND PARTICIPATION

The Commission recognizes that children develop within the context of their families and communities. Therefore, the Commission will strive to obtain meaningful participation and input from the families and other caregivers of children from diverse populations throughout program development and implementation phases.

B. ACCESS TO SERVICES

As a critical means for achieving equity, children from diverse populations must have access to high quality and culturally competent early care and education/development opportunities.

C. LEGISLATIVE AND REGULATORY MANDATES

The Commission will ensure that Proposition 10 funded programs will adhere to all legislative, regulatory and accreditation mandates pertinent to the provision of services to children from diverse backgrounds and with diverse abilities. That funded programs will offer services to all children and their families regardless of immigration status.

D. RESULTS-BASED ACCOUNTABILITY

To ensure that Proposition 10 funded programs will have meaningful outcomes that benefit children from diverse backgrounds and diverse abilities.

“There is a great man who makes every man feel small. But the real great man is the man who makes every man feel great.” *Charles Dickens*

VI. OUTCOMES-BASED ACCOUNTABILITY FRAMEWORK

The previous section of the Strategic Plan Draft documented the proposed needs and structures to support children from birth through age five and their families. The following sections will describe specific programmatic strategies that decide on the course of action and allocation of resources for attainment purposes. This particular framework includes the following information:

- Specific program goals;
- Child and family objectives targeted for intervention and prevention as specified per each goal;
- Measurable child and family strategies;
- Short-term indicators proposed to achieve those outcomes;
- Outcome indicators pertaining to the quality of the strategy.

In the pursuit of family and children’s service reform, the accountability framework provides three major disciplines. Firstly, it provides a condition of well-being for children and families through the development of programmatic goals and outcomes. Secondly, it offers a precise measure by which data is available to quantify the proposed achievement. Thirdly, it provides the measure of effectiveness or means for evaluating the program service delivery.

Outcomes-based accountability puts in place a system for continuous assessment, adjustment and evaluation. Effective indicators are strategic, measurable, culturally appropriate, reliable and timely. It is the local Commission’s intent to provide successful outcomes-based planning to assist Imperial County in monitoring program development and system changes by stimulating interim planning adjustments.

The Strategic Plan and the collaborative efforts in receiving input from the public serves as the up-to-date measure or indicator in quantifying the necessary programmatic changes upon which to implement the inception of the accountability framework.

The collective outcomes summarized from the accountability framework strategies ensure that all Imperial County families will have access to family support, quality child care, parent education, a primary health care practitioner, home visits from multidisciplinary teams for health

prevention and intervention purposes and the same opportunities to encourage healthy outcomes and school readiness for all children 0 through 5. These proposed strategies encompass traditionally underrepresented groups, including ethnic/cultural minorities, immigrants and limited English-speaking communities.

“Not every end is a goal. The end of a melody is not its goal; but nonetheless, had the melody not reached its end it would not have reached its goal either. A parable.”

Friedrich Nietzsche

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>GOAL 1: Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economic independent families.</p>	<ul style="list-style-type: none"> ◆ Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy. ◆ Increase the proportion of mothers whom breastfeed their babies to at least 75% in the early postpartum period and to at least 50% until babies are 5-6 months old. ◆ Increase the proportion of mothers who gained at least the minimum recommended weight gain during their pregnancy by 85%. 	<ol style="list-style-type: none"> 1. Establish home visitation programs for families with expectant mothers and children up through the age of 5. 2. Develop/utilize standard evaluative and assessment criteria for children, prenatal through 5 and their families. 3. Increase the number of medical staff trained to perform nutritional assessments. 	<ol style="list-style-type: none"> 1. Number and capacity of home visitation programs in Imperial County. Composition of multi-disciplinary teams incorporated into the home visitation methodology. Percent increase in culturally diverse personnel included within the multi-disciplinary teams. Number of families including at-risk and special needs receiving home visitation services per year. 2. Number of multi-disciplinary evaluations and assessments developed and implemented within the home visitation model. Number of evaluations and assessments adapted for cultural sensitivity purposes. 3. Number of Registered Dieticians performing consumer-related services. Increased availability of nutritional workshops for medical staff. 	<ul style="list-style-type: none"> ➤ The increase in number and percentage of pregnant women who receive prenatal care within the first trimester of pregnancy. ➤ The number of family members enrolled in parenting classes. ➤ The number of parents satisfied with the parenting classes being provided. ➤ Increase in the availability of parenting materials in English/Spanish. ➤ The increased number of mothers who breastfeed their babies and the amount of time they do so. ➤ The increased percentage of children linked with home visitation services who demonstrate improvement on the Baseline Developmental Milestone Assessment Test or equivalent. ➤ The increased number of nutritional assessments completed by Registered Dieticians or supplemental health professionals formally trained to perform them. 	<ul style="list-style-type: none"> ◆ 71.0% ◆ 18% ◆ Developmental measure 	<p>Year 1 - 76% Year 2 - 81% Year 3 - 86%</p> <p>Year 1 - 28% Year 2 - 38% Year 3 - 48%</p>

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 1: Promote parenting and caregiver education services, prenatal and postnatal, to enhance optimal child development and to encourage healthy, stable and economic independent families.</p>		<p>4. Develop an integrated service delivery system allowing providers the ability to access data on clients that received services.</p> <p>5. Develop Family Resource Centers in neighborhoods indicative of high-risk families.</p>	<p>Number of nutritional assessments included within the multidisciplinary assessments.</p> <p>4. Number of existing data that was identifiable and made available to a greater number of service providers.</p> <p>Number of families with children 0 through 5 in a client tracking system.</p> <p>Methodology variances created to facilitate data collection, recall and client tracking.</p> <p>Number of health providers able to access the integrated database system.</p> <p>Amount, type and quality of services being utilized within the comprehensive database system to benefit children 0-5.</p> <p>Documented technical assistance and training provided to expand and make the system operable.</p> <p>5. Number of Family Resource Centers in the County.</p>	<p>➤ The amount of health-related information available through the comprehensive database system representative of children, 0 through 5.</p> <p>➤ The percentage increase pertaining to Family Resource Centers and related service linkages.</p>		

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>GOAL 2: Improve the development and school readiness of young children from birth through age five.</p>	<p>◆ Increase the proportion of children who are cared for in a culturally appropriate, safe, healthy and nurturing environment.</p>	<p>1. Expand training and educational opportunities for all child care providers.</p> <p>2. Encourage health and safety seminars for all child care providers.</p>	<p>1. The amount of trainings provided to child care providers.</p> <p>The number of child care providers attending applicable trainings.</p> <p>The number of providers enrolled in educational classes.</p> <p>2. The number and percent of child care providers meeting safety and quality standards as defined by the State.</p> <p>The amount of language appropriate CPR/safety/health classes being provided for child care providers.</p> <p>The number of child care providers that have a current CPR certificate.</p> <p>The current provision of safety measures/equipment provided for indoor and outdoor facilities for safety compliance purposes.</p>	<p>➤ The increased percentage of trainings being offered.</p> <p>➤ The percentage increase in the number of participating providers attending applicable trainings.</p> <p>➤ The increased number of providers pursuing additional educational credits.</p> <p>➤ The percentage increase of children enrolled with child care providers that partake in training and educational opportunities.</p> <p>➤ The increase in enrollment for children within child care settings that participate in safety trainings and quality educational standards as defined by the State.</p> <p>➤ The increased number of CPR/safety/health classes being offered in languages appropriate for the child care providers.</p> <p>➤ The increased percentage of child care providers who have up-to-date CPR certifications.</p> <p>➤ The proportional increase in safety measures/equipment being utilized in indoor and outdoor facilities for compliance to safety issues.</p> <p>➤ The increased number of children enrolled in facilities that have adapted indoor and outdoor facilities to meet safety standard compliances.</p>	<p>◆ Developmental measure</p>	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.</p>	<p>◆ Increase preschool/kindergarten enrollments.</p>	<p>3. Establish and expand age and language appropriate nutritional and physical activity programs in child care settings.</p> <p>4. Encourage enrollment in family child care, center based preschool programs and kindergarten programs.</p>	<p>3. Amount of trainings provided to child care providers concerning prevention and early intervention regarding age and language appropriate nutritional and physical activity programs.</p> <p>Number of child care providers receiving age/language appropriate nutritional education for early intervention and appropriate referral purposes.</p> <p>4. The amount of culturally appropriate information available concerning preschool and kindergarten enrollments.</p>	<ul style="list-style-type: none"> ➤ The increased amount of funding provided to augment licensing and existing funding to expand and localize child care supplemental services in Imperial County that facilitate adherence/compliance to health and safety standards. ➤ The percentage decrease in obesity for children 0-5. ➤ The percentage increase of children enrolled with child care providers emphasizing age/language appropriate nutritional and physical activity components as part of their child care curriculums. ➤ The percentage of parents who participate in the age/language appropriate nutrition and physical activity components provided at their child care provider. ➤ Increased percentage of children enrolled in preschool and kindergarten programs. ➤ The percentage increase of County children that are school ready. ➤ The increased number of language appropriate, preschool/kindergarten educational materials available. ➤ The number of organizations participating in the preschool/kindergarten material distribution network. 	<p>◆ Enrolled in Kindergarten 2,470 in 1999/2000</p>	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.</p>	<p>◆ Increase the amount of high quality child care programs being provided.</p>	<p>5. Encourage child care providers to participate in advancement opportunities.</p> <p>6. Enhance the provision of adequate wages and benefits to child care providers.</p> <p>7. Encourage more child care providers to meet the varying child care demands including children at-risk and children with special needs e.g., adopted children.</p>	<p>5. The number of stipends and scholarships currently available.</p> <p>Evaluate the mentoring practices currently in operation.</p> <p>The number of trainings available to quality substitutes for child care purposes.</p> <p>6. The number of people and amount of time within the child care profession.</p> <p>7. Number of at-risk and special needs children enrolled with child care providers.</p> <p>The amount of at-risk and special needs children on waiting lists not enrolled with a child care provider.</p>	<p>➤ Percentage increase in the numbers of stipends and scholarships available and being utilized.</p> <p>➤ Increase the availability for new administrators and new providers to utilize mentoring programs.</p> <p>➤ The percentage increase in provider support through the utilization of qualified child care substitutes.</p> <p>➤ Percentage decrease in the annual turnover rate of child care providers.</p> <p>➤ Percentage increase of families that continue with the current provider over a certain time-span demonstrating continuity of care.</p> <p>➤ The proportional increase of child care providers entering the profession.</p> <p>➤ The percentage increase in the number of at-risk and special needs children enrolled with a child care provider.</p> <p>➤ The percentage decrease in the amount of at-risk and special needs children on waiting lists for a provider.</p>	<p>◆ Developmental measure</p>	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 2: Improve the development and school readiness of young children from birth through age five.</p>	<ul style="list-style-type: none"> ◆ Provide comprehensive, culturally appropriate parent education activities for families with children, 0 through 5. 	<p>8. Promote additional parenting programs emphasizing specific target groups, e.g., teen parents, single parents, migrant parents, etc.</p>	<p>8. The number of parenting programs currently in existence and the educational efforts being provided.</p> <p>The number of educational/ language appropriate workshops educating parents seeking child care.</p> <p>The number of language appropriate parental workshops/educational materials being offered.</p> <p>The amount of language appropriate home parenting programs offered as a viable education alternative.</p>	<ul style="list-style-type: none"> ➤ The number of new innovative child care systems initiated to meet the demands of at-risk and special needs children. ➤ The percentage increase in the number of parenting programs being provided. ➤ The percentage increase in educational workshops offered regarding child care provider options. ➤ The increase in language appropriate workshops/educational materials available to Imperial County parents. ➤ The increase in utilization of parent educational programs through Family Resource Centers and linkages to other community resources. ➤ The percentage increase in home parenting programs. ➤ The increased participation of parents through the utilization of home parenting and Family Resource Centers for parent educational purposes. 	<ul style="list-style-type: none"> ◆ Developmental measure 	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.</p>	<ul style="list-style-type: none"> ◆ Reduce the fetal death rate (20 or less weeks of gestation) to no more than 5 per 1,000 live births. ◆ Increase to 90% the proportion of children under age 2 who complete the basic immunization series. ◆ Reduce the incidence of fetal alcohol syndrome to no more than .12 per 1,000 live births. 	<ol style="list-style-type: none"> 1. Establish uniform testings and practices between health facilities and providers. 2. Standardize prenatal screenings of all pregnant women. 3. Provide outreach education to health care providers regarding the coordination/ collaboration of supplemental health care services e.g., CHDP, immunizations, developmental disability programs, etc. 4. Develop uniform tracking measures to ensure continuity of care issues. 	<ol style="list-style-type: none"> 1. & 2. Number of uniform testing and practices currently being utilized by health professionals. Number & types of health providers that are participatory. Number of effective Quality Assurance Committees in operation within the County. 3. Number of health professionals receiving education in early identification of special conditions, appropriate referrals and providing prevention and early intervention activities. Amount of current referrals being made by health professionals to health care services e.g., CHDP, OEIP, immunizations, etc. 4. The number of computerized tracking mechanisms utilized by County health professionals. Define what health issues are currently being tracked by County health professionals, i.e. HIV, immunizations, etc. The number of recall systems being utilized by health providers to provide follow-ups and continuity of care. 	<ul style="list-style-type: none"> ➤ The increased number of high-risk and special need families receiving supportive services. ➤ The reduction of the fetal death rate to no more than 5 per 1,000 live births. ➤ The number of children being monitored through the age of two within a database immunization system. ➤ The proportion increase of children under the age of two who have completed their immunizations. ➤ The reduction in births regarding incidence of fetal alcohol syndrome to .12 per 1,000 live births. ➤ The percentage increase in prenatal screenings performed on pregnant women. ➤ The percentage increase of referrals and assessments performed by CHDP. ➤ The increased number of families & children networked within a health tracking/recall system. 	<ul style="list-style-type: none"> ◆ 7.1% ◆ 66% Retrospective Immunization Rates for Two Year Olds for Southern CA as per the CA Kindergarten Retrospective Survey, 2000, CA Department of Health Services. ◆ Developmental measure 	<p>Year 1 – 6.4% Year 2 – 5.7% Year 3 – 5.0%</p> <p>Year 1 - 66% Year 2 - 69% Year 3 - 79%</p>

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.</p>	<ul style="list-style-type: none"> ◆ Increase abstinence from tobacco and alcohol use by pregnant women to at least 95%. ◆ Increase smoking cessation during pregnancy to 30%. ◆ Increase abstinence from cocaine and marijuana by pregnant women by at least 20%. ◆ Reduce the proportion of children who are regularly exposed to tobacco smoke to 10%. 	<p>5. Provide tobacco use prevention education/cessation programs to pregnant smokers and their families.</p> <p>Provide drug related prevention and intervention activities/programs to pregnant women and their families.</p> <p>6. Provide tobacco use prevention education/cessation programs to parents of children 0 through 5.</p>	<p>5. Number of pregnant smokers enrolled in cessation programs.</p> <p>Number of pregnant drug users enrolled in drug treatment programs.</p> <p>6. Number of parents of children 0 through 5 being provided tobacco use prevention education.</p>	<ul style="list-style-type: none"> ➤ The increased number of referrals to drug & alcohol treatment programs. ➤ The reduction in high-risk referrals to OEIP with drug and/or alcohol related diagnoses. ➤ The increased number of pregnant women not smoking during pregnancy. ➤ The decreased number of parents with children ages 0 through 5 enrolled in a cessation program or reporting abstinence. 	<ul style="list-style-type: none"> ◆ Developmental measure ◆ Nat'l. Baseline equates to 12% smoking cessation during the first trimester of pregnancy in 1991 (age adjusted to Year 2000 standard population) ◆ Developmental measure ◆ Nat'l. Baseline 27% of children aged 6 years and under lived in a household where someone smoked inside the 	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 3: To develop multi-disciplinary preventions, interventions and treatment services to enhance the medical, emotional, physical and mental well-being of young children.</p>	<p>◆ Reduce the incidence of dental caries to no more than 15% & reduce untreated cavities to no more than 12% in children 2 through 4 years of age.</p>	<p>7. Expand child-related dental programs.</p>	<p>7. Number of children receiving age appropriate dental services.</p> <p>Number of children insured through dental insurance coverages.</p> <p>Amount of Dentists accepting all forms of dental insurance coverage, e.g., Healthy Families, Medi-Cal, etc.</p> <p>Total number of dental assessments completed by the local CHDP program and the amount indicating risks.</p> <p>The number documented regarding the CHDP risk reduction methodologies on all applicable dental appraisals completed.</p>	<ul style="list-style-type: none"> ➤ The increased percentage of children, 0 through 5, with a dental provider. ➤ The increased proportion of children who have seen the dentist more than one time. ➤ The increase number in dental assessments and referrals completed by the CHDP program. 	<p>house at least 4 days per week in 1994.</p> <p>◆ Developmental measure</p>	

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>GOAL 4: Create a consumer-oriented delivery system that is cost-effective, non duplicative and maximizes long-term outcomes.</p>	<ul style="list-style-type: none"> ◆ Establish formalized community health standards for Imperial County. ◆ Increase health insurance participation for County residents. 	<ol style="list-style-type: none"> 1. Develop/expand comprehensive risk management and effective health care case management services. 2. Ensure consumer maintains primary provider continuity of care. 	<ol style="list-style-type: none"> 1. Number of collaborations and/or memorandums of understanding between hospitals, health providers and related health organizations that promote shared resources. The number of standards developed by health professionals including shared outcomes, indicators and performance standards. The number of consumer follow-ups performed via a comprehensive case management provision of service. 2. The number of children (0 through 5) with a primary health care provider. The number of referrals made by the primary care providers to health related organizations including those that were completed. 	<ul style="list-style-type: none"> ➤ Increase in the number of collaborative and/or memorandums of understandings relating to process development of health standards among participating providers. ➤ Increase in collaborative memorandums of understandings outlining outcomes, indicators and performance measures. ➤ The increase in the number of collaborative/ memorandums of understandings outlining the methodologies of referrals, shared resources and insurance information. ➤ The increase in consumer referrals and appropriate follow-ups creating a comprehensive case management provision of service. ➤ Proportion increase of children, 0 through 5, networked to a primary health care provider. 	<ul style="list-style-type: none"> ◆ Developmental measure ◆ HFP enrollment as of 12/31/99, 12% or 1,441 	<p>20% or 2,357 by 1/31/01</p>

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 4: Create a consumer-oriented delivery system that is cost-effective, non duplicative and maximizes long-term outcomes.</p>		<p>3. Enable an adequate supply of health manpower.</p> <p>4. Provide/expand outreach efforts to educate families concerning health insurance options.</p>	<p>The number of children at-risk and with special needs linked to a primary health care provider.</p> <p>The number of children with up-to-date physicals, immunizations and dental care.</p> <p>3. The number of health providers that are shared with County hospitals, clinics and health providers.</p> <p>The number of specialty providers retained by County health organizations to provide necessary health care needs.</p> <p>The number of out-of County health providers that provide health care within the County.</p> <p>The number of current J-1 Visas provided for health care providers.</p> <p>The number of physicians working outside the two local hospitals with credentialing privileges.</p> <p>4. The number of insured families with children, 0-5, specifying the type of insurance.</p> <p>Document the quality and quantity of current outreach efforts to Imperial County consumers regarding health insurance options.</p>	<ul style="list-style-type: none"> ➤ The increase in the number of staff hours dedicated to this liaison delivery system. ➤ The decrease in duplicative efforts concerning intake of information, applicable assessments, case management documentations, etc. ➤ The increase in the number of primary and specialty health care providers that are providing health services within the proposed delivery system. ➤ The proportional increase in the number of practitioners that receive credentialing privileges at the local hospitals. ➤ The number of referrals and provider's staff time dedicated to accessing and qualifying consumers to health insurance options. 		

Goal	Child & Family Objectives	Strategies	Short-term Indicators	Outcome Indicators	Current Indicators	Success Measures
<p>(Continued) GOAL 4: Create a consumer-oriented delivery system that is cost-effective, non duplicative and maximizes long-term outcomes.</p>		<p>5. Expand the number of providers that accept various health insurances including Medi-Cal and Healthy Families.</p> <p>6. Network with service providers to access and expedite the completion of applicable insurance forms.</p>	<p>5. The number of County health providers specifying what types of insurance coverages offered to their patients.</p> <p>Document the number of supplemental health payments that are available to the patients e.g., sliding fee scales, payment plans, self-insured payment options, etc.</p> <p>6. The number of service providers assisting with the completion of necessary insurance application forms.</p> <p>The amount of trainings provided to service organizations and health providers to access and expedite insurance coverages.</p> <p>The number of collaborations/ memorandums of understandings to provide insurance networking services.</p>	<ul style="list-style-type: none"> ➤ The increase in the number of families and children that are insured and remain insured. ➤ The increase in the number of children with up-to-date physicals, immunizations and dental care. ➤ Increased utilization of sliding fee scales, payment programs, etc. ➤ The proportion increase in trainings and collaborative/ memorandums of understandings in the provision of insurance networking services. 		

VII. INFRASTRUCTURE SUPPORT STRATEGIES

A. MEDIA AND MARKETING

One of the most effective means to provide programmatic visibility is through a comprehensive media and communications strategy. The main focus for Proposition 10 purposes will include the need to educate Imperial County parents about program availability issues and to promote the utilization/creation of Imperial County Families First Commission services. These media efforts and marketing strategies will need to be as innovative as the Strategic Plan. Constant evaluations and lessons learned will need to be incorporated to compliment the full implementation of the Strategic Plan.

As the needs and distribution of resources change for planning and execution purposes, so will the media strategies. Imperial County Families First Commission and staff will work closely with the State Commission and other County Commissions to monopolize on media opportunities and minimize costs. This scenario confirms Proposition 10's intent for maximizing outcomes for every child, ages 0 through 5.

Due to the rural nature of Imperial County and the limited availability of funding, media strategies will be coordinated through the formation of a Media and Marketing Advisory Committee comprised of media, marketing and public relation professionals representative of the cultural diversity of the County. Implementation of media efforts would be assigned to existing Families First Commission staff.

The Media and Marketing Advisory Committee would be charged with the task of developing an on-going, continuous outreach plan. Local ethnic media would be incorporated into all aspects of the proposed outreach efforts. Every attempt would be made to utilize the most proven strategies and incorporate newer media technologies to keep the program up-to-date. Inclusion of Internet capabilities and the local Commission maintaining a Website to include parenting, health and child development issues as well as website linkages to other Commissions will be developed.

Through the course of lessons learned, the local media and community outreach strategies will be designed to:

- Increase public awareness in the need for positive parenting practices and investments in early childhood development;
- Encourage community involvement in the participation process;
- Educate the public concerning the services available for children and families;
- Generate awareness of locally funded Prop. 10 programs and outcomes achieved;
- Increase the receptivity and utilization of programs benefiting families and children.

B. FISCAL ACCOUNTABILITY AND INVESTMENT PLAN

The funds entrusted to the Imperial County Children and Families First Commission specify the necessity to implement strategies that enhance the lives of children, ages 0 through 5, and their families. The intent of the Act is to provide resources to the local County Commissions for the support and improvement of early childhood development (Health and Safety Code Section 130140(1)(C)).

In abiding by the Act, the Imperial County Commission fully endorses the criteria that revenue shall be appropriated and expended only for the purposes expressed in the Act and shall be used only to supplement existing levels of service and not to fund existing levels of service. No monies in the California Children and Families Trust Fund shall be used to supplant State or local General Fund money for any purpose (Revenue and Tax Code Section 3031.4).

The Imperial County Commission has elected to utilize the County of Imperial's Auditor/Controller's component for fiscal accountability and auditing purposes. The local Commission and staff maintain their own accounting system that serves as a system of checks and balances since operated concurrently with the County fiscal accounting system.

In any case, the funds provided to the Imperial County Commission will never be sufficient to meet all the needs identified within the Strategic Plan. Consequently, the Imperial County Commission has considered the following issues involving their financial deliberations:

- Consider utilizing the funds to mobilize the community specifying key issues in early childhood development and have enlisted the input from local businesses, educational institutions, community-based organizations and local government;
- Consider the opportunities for leveraging or matching Imperial County Commission revenue with other private, local, state or federal programs;
- Consider both research findings that demonstrate maximum impact, as well as comprehensive strategies that can improve conditions for all children, families and communities;
- Consider long-range financial planning, based on the expectation that the Imperial County Commission allocations will become a dwindling revenue source. The local Commission agrees to examine the institutional relationships, additional funding sources and innovative fiscal strategies that comprise the Commission's best options for sustaining its' mission;
- Consider opportunities to apply for gifts, grants, donations and/or contributions of money, property, facilities and/or services.

In order to develop investment opportunities to ensure the long-term availability of funds to support service delivery, investment strategies will be coordinated through the formation of a Financial Investment Advisory Committee. The Financial Investment Advisory Committee will be comprised of accounting, investment and bank professionals representative of the cultural diversity of the County. These representatives would define investment criteria, identify processes for the development of investment strategies and develop a comprehensive and successful investment strategy to compensate for the depletion of available revenue due to projected decreases in tobacco consumption and the increased costs of program delivery methodologies.

Investable County Commission funds will be invested to the maximum extent feasible. Strategies will maintain as its primary criteria that investments will capitalize upon maximum returns while minimizing risks to the principal and assumes that cash is available to meet programmatic anticipated needs. It is proposed that all Imperial County Commission funds will be invested in only those financial opportunities that do not contribute to undesirable activities that possess the potential to harm children and families. Specifically, no investments will be made in tobacco, alcohol and weapons related industries and in entities that maintain undesirable statistics related to environmental protection, racial discrimination nor child labor.

Favorable policies that earmark investments in entities that benefit children and families will be given priority. The Financial Investment Advisory Committee will need to coordinate the following tasks:

- Develop an action plan and timeframe for all investment activities;
- Collaborate with the County Auditor/Controller and County Treasurer to establish investment parameters;
- Gather up-to-date information on a variety of potential investment opportunities e.g., endowments, bond funds, mutual funds, certificate of deposits, money market funds, government bonds, etc;
- Consider collaborations of investments with other County Commissions for larger investment capital purposes;
- Develop an investment policy draft to be presented and approved by the local Commission;
- The Commission Director and the County Auditor/Controller will initiate the plan and provide quarterly investment reports to the local Commission.

C. TECHNICAL ASSISTANCE

The implementation of the Imperial County Strategic Plan is dependent upon resourceful and innovative service providers encouraged to develop a shared vision, common language, goals, objectives and outcomes-based strategies to create and recreate prevention systems for children ages 0 through 5 and their families. The local Commission is committed to the provision of technical assistance to all interested applicants within a voluntary workshop setting.

A Request For Proposal (RFP) process as necessary will be utilized to identify an organization as capable in meeting the required standards. Consultants will be utilized to supplement ongoing and specialized training needs to requests selected for funding.

D. MANAGEMENT INFORMATION SYSTEM

The Imperial County Children and Families First Commission recognizes the need to integrate data collection to validate desired programmatic outcomes. This scenario will pose challenges to case management and client tracking issues. To address these challenges, it is critical to develop an integrated information system. This inclusive system should enable identification, tracking and case management as well as monitorization of pregnant women and families with children 0 through 5 years of age who are participating in early intervention and a comprehensive health care system.

The Imperial County Commission proposes to hire an MIS Consultant to develop an information system to identify and track children and families being served by Proposition 10 funding in Imperial County. The Consultant would facilitate the coordination of service delivery methodologies through the efficient management of client information while protecting consumer confidentiality. Data would be relevant to the proposed Accountability Framework and the overall Evaluation Plan.

The proposed system would network the standards of care developed by the health providers in Imperial County. The Consultant would work with the proposed Home Visitation project to incorporate an in-depth analysis and preliminary design of an effective data entry tool to simplify and standardize data collection and to facilitate tracking and evaluation. Assessment results would be included in the project design. Linkages would be incorporated to include such programs as CHDP, OEIP, etc. A common application process could be integrated for data linkages (Common Application Transaction System, CATS, for State-funded health services and adaptations for private health funded services).

Realization is that such a management information system will take excessive amounts of time to identify system needs, distinguish implementation barriers, adopt common outcomes and indicators and define required data elements. Collaboration, input, education and acceptance from the Imperial County health care provider network will also be time consuming in achieving the proposed outcomes-based indicators. It is necessary to understand that this proportion of the Strategic Plan will need to be considered long-range planning and assessment.

E. BUDGET ALLOCATION

It should be understood that it would take several years to bring Imperial County Proposition 10 strategies into fruition. The limitations of existing infrastructure, the necessity for careful implementation of delivery systems and the continuous need for ongoing revision and assessment of progress to date pertaining to overall children's care requires careful methodologies including incremental planning phases. With this in mind, the budget allocation includes figures for implementation strategies for the first year of programmatic operations (January 1, 2002 – June 30, 2003).

This budget allocation establishes the parameters, priorities and implementations as specified in the Strategic Plan. These figures are estimations to date due to the fact that the number and amount of proposals that will be received and awarded for funding purposes is unknown.

The Imperial County Commission and staff endorses the following funding priorities:

- Funding for administration will be kept to a minimum;
- Funding for programs will be distributed across program components and priorities as specified in the outcomes-based accountability framework section of the Strategic Plan;
- Funding will be allocated for community partnerships and collaboratives;
- Funding considerations will be allocated for community partnership grants and proposals specifying matching monies;
- Successful applicants must ensure that these funds will perform capacity building endeavors, not supplant existing levels of service and demonstrate the greatest impact/outcomes with proposed requests for funding.

The Imperial County Commissioners have made the necessary commitment to coordinate the funding allocation process inclusive of all Commission members. The Commission Director will develop the Request For Proposal (RFP) process with necessary submission to the Commission for final approval and implementation purposes. Funding requests will need to detail the needs and outcomes addressed in the Strategic Plan. The Imperial County staff will widely distribute and advertise the RFP process to potential service delivery entities. The local Commission and staff will screen the proposals with the Imperial County Commission making the final recommendations for funding. Funds will be allocated, monitored and evaluated based on the contract compliance procedures.

**BUDGET PROJECTION
2002-2003**

REVENUE:

I. Appropriations	\$2,510,000.00
II. Investments	410,000.00
TOTAL REVENUE	\$2,920,000.00

EXPENSES:

I. Monies appropriated for subcontracts approved through the Request For Proposal (RFPP) process	\$2,065,000.00
II. Infrastructure Support:	
A. Administration	233,428.00
B. Media & Marketing	20,000.00
C. Technical Assistance	10,000.00
D. Tracking/Information System	71,572.00
E. Evaluation	110,000.00
SUBTOTAL	\$445,000.00
TOTAL EXPENSES	\$2,510,000.00
BALANCE/INVESTMENTS	\$410,000.00

Note: Revenue and expenses do not reflect the County's School Readiness Program.

F. EVALUATION

Evaluation is the impetus to the Imperial County Strategic Plan. Identified criteria as it relates to programmatic implementation and impact will demonstrate the efficiency and cost-effectiveness of the service delivery methodology. Evaluative data will serve as the critical indicator(s) for continuous assessment and improvement to ensure the health and well-being of children and families in Imperial County. To facilitate and maintain objectivity within the evaluation process, the Imperial County Families First Commission will contract with an Independent Evaluation Consultant.

The independent evaluator will design and execute a cost-effective evaluation of every funded project. The evaluation design will perform the following:

- Correspond to the goals, objectives, strategies, short-term and outcome indicators as specified in the Outcomes-Based Accountability Framework;
- Effectively measure programmatic impact;
- Provide evidence about the efficiency and performance of each service delivery strategy;
- Utilize outcome-based measures that are valid and reliable;
- Specifically measure the quality and quantity of services provided;
- Appraise program costs with benefits;
- Collaborate with the State and other applicable County Commissions to coordinate evaluation procedures and indicators as necessary;
- Provide an annual evaluation report to the Imperial County Children and Families First Commission and staff;
- Consideration will be given to an independent evaluator who has local Imperial County expertise and knowledge.

This evaluation process will identify funded projects as effective and successful or noncompliant to obtaining the proposed outcome-based indicators. This methodology will serve as the indicator for continued funding and would be utilized as an example for future funding requests.

RESOURCES LIST

1. The California Children and Families Act of 1998 (pg. 1);
2. U.S. Bureau of Census, 2001 (pg. 5);
3. California Department of Finance, 1997 (pg. 5);
4. Center for Health Statistics, Department of Health Services, 2001 (pg. 5);
5. The California Employment Development Department, 1995 (pg. 5);
6. UC Davis, Imperial County Data Report, 1998 (pg. 5);
7. The California Child Care Portfolio, 1999 (pg. 6);
8. Children Now – California County Data Book, 2001 (pg. 6);
9. Women, Infants & Children (WIC) Participants by County and Race/Ethnicity for the month of April, 1999 (pg. 6);
10. 185% of the Federal Poverty Level Guidelines (FPL), 1999 (pg. 6);
11. UC Davis, Imperial County Data Report, 1998 (pg. 6);
12. 200% of the Federal Poverty Level Guidelines (pg. 6);
13. Center for Health Statistics, Department of Health Services, 2000 (pg. 6);
14. Medi-Cal County Data Book, 1999 (pg. 6);
15. The California Child Care Portfolio, 1999 (pg. 6);
16. The 1990 Census Data (pg. 7);
17. Children Now – California County Data Book, 2001 (pg. 7);
18. The 1990 Census Data (pg. 7);
19. The Office of Education (pg. 7);
20. Imperial County Healthy Families Enrollments, 1999 (pg. 8);
21. Imperial County Child Health and Disability Prevention Program 1997/98 (pg. 8);
22. Imperial County Health Status Profiles, 1998 (pg. 8);
23. Healthy People 2000 (pg. 10);
24. The U.S. Department of Health and Human Services (DHHS) (pg. 10);
25. Healthy People 2010 (pg. 10);
26. March of Dimes Perinatal Needs Assessment, 1999 (pg. 11);
27. Retrospective Immunization Rates for Two Year Olds for Southern California, California Kindergarten Retrospective Survey, 1999, Immunization Branch, California Department of Health Services (pg. 11);
28. Center for Health Statistics, Department of Health Services, 2000 (pg. 11);
29. Imperial County Department of Health, Outreach and Early Intervention Program (OEIP), 99/00 (pg. 11);
30. The Department of Health Services, 98/99 (pg. 11);
31. Outreach and Early Intervention Program Statistics, 1999/00 (pg. 12);
32. California Department of Health Services, California 2000 Progress Report (pg. 12);
33. Imperial County Health Survey Report, 1998 (pg. 12);
34. Imperial County Health Survey Report, 1998 (pg. 12);
35. Women, Infants and Children Program (WIC), 1998/99 (pg. 12);
36. The Imperial County Breastfeeding Coalition, 1999 (pg. 12);
37. Pioneers Memorial Healthcare District, 1999/00 (pg. 13);
38. El Centro Regional Medical Center, 1999/00 (pg. 13);
39. Healthy People 2010 (pg. 14);
40. The Imperial County Child Health and Disability Prevention Program (pg. 14);
41. The Dietary Guidelines for Americans (pg. 16);
42. Pediatric Nutrition Surveillance System (PedNSS) Data, 1996 (pg. 16);
43. Pediatric Nutrition Surveillance System (PedNSS) Data, 1996 (pg. 16);

Resources List (continued)

44. The Family Health Outcomes Project (FHOP), 1998 (pg. 16);
45. Women, Infants and Children Program (WIC), 1999/00 (pg. 17);
46. The Imperial County Child Health and Disability Prevention Program (CHDP), 1997/98 (pg. 17);
47. The California Child Care Portfolio, 1999 (pg. 18);
48. The National Average Poverty Threshold, 1999 (pg. 18);
49. Children Now – California Data Book, 1999 (pg. 18);
50. The California Child Care Portfolio, 1999 (pg. 18);
51. Helburn et al, Cost, Quality and Child Care Outcomes Study: Technical Report, 1995 (pg. 18);
52. Imperial County Resource and Referral Network, 1999 (pg. 19);
53. Helburn et al, Cost, Quality and Child Outcomes Study: Executive Summary, Denver University of Colorado, 1995 (pg. 19);
54. Health and Safety Code Section 13100 (pg. 19);
55. The National Association for Education of Young Children, 1997 (pg. 19);
56. California Department of Social Services, Community Care Licensing Division (pg. 19);
57. Child Development Services of the Imperial County Office of Education, 1999 (pg. 20);
58. Census Bureau's 1997 October Population Survey on School Enrollment (pg. 20);
59. 250% of the Federal Poverty Level Guidelines (pg. 20);
60. Children and Youth Survey, The Field Institute, October-November 1997 (pg. 22);
61. Retrospective Immunization Rates For Two Year Olds for Southern California, California Kindergarten Retrospective Survey, 1999, Immunization Branch, California Department of Health Services (pg. 31);
62. National Baseline as per Healthy People 2010 (pg. 32);
63. National Baseline as per Healthy People 2010 (pg. 32);
64. Healthy Families Program Enrollment effective 12/31/99 (pg. 34);
65. Health and Safety Code Section 130140 (1)(C) (pg. 38);
66. Revenue and Tax Code Section 3031.4 (pg. 38);
67. Common Application Transaction System (CATS) for State-funded health services (pg. 40).