

STRATEGIC *plan*

First 5 Marin Children & Families Commission

2012-2017

Adopted June 2012

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BACKGROUND

Proposition 10

In 1998, the voters of California passed Proposition 10, a statewide ballot initiative to add a surtax to tobacco products. The revenues collected are to be used to fund programs that promote early childhood development, from prenatal to age five. As stated in Section 5, Division 108 of the State Health and Safety Code:

“It is the intent of the Children and Families First Act of 1998 to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision-making, to provide for greater local flexibility in designing systems, and to eliminate duplicative administrative systems. The programs authorized by this act shall be administered by the California Children and Families First Commission and by county children and families first commissions.”

At the state level, a group of seven volunteer commissioners appointed by the Governor, Assembly Speaker, and Senate President Pro Tem, administer Proposition 10. The State Commission is accountable to the California State Legislature and is required to develop a strategic plan, conduct statewide media and public education campaigns and report to the legislature annually on Proposition 10 activities and accomplishments throughout the state. From time to time, the State Commission provides funding or matching funds to county commissions to support initiatives such as those directed at improving school readiness.

Each of the 58 counties throughout the state enacted an ordinance to establish its own Commission and a trust fund to receive moneys and make disbursements. Each County Commission, appointed by the County Board of Supervisors, must develop a strategic plan consistent with State Guidelines and requirements. The State Guidelines are intended to assist County Commissions in developing outcome-based accountability for their funding activities. The funding activities address three primary strategic results (outcomes for improvement) derived directly from the Act:

- **Improved Family Functioning: Strong Families**
- **Improved Child Development: Children Learning and Ready for School**
- **Improved Child Health: Healthy Children**

The intent of Proposition 10 is to improve, enhance and integrate services for young children. To ensure that this is the case in each county, the principle allocation standard set forth in the Act states that funds “*shall be appropriated and expended only for the purposes expressed in the Act and shall be used only to supplement existing levels of services and not to fund existing levels of service. No moneys in the California Children and Families Trust Fund shall be used to supplant state or local General Fund money for any purpose.*”

Marin County Overview

Demographics

Marin County is linked to San Francisco by the Golden Gate Bridge and to the East Bay by the Richmond-San Rafael Bridge and is bordered on the north and northeast by Sonoma County and on the west by the Pacific Ocean. Although Marin is usually thought of as a suburban residential and recreational area, ranching and dairying are major features of the rural areas of West Marin.

The racial/ethnic profile of Marin County's population is 72.8% white, 15.5% Latino/Hispanic, 5.7% Asian/Pacific Islander, 2.8% Black/African American, 4% other groups. 23.1% of the population is foreign born and 19.5% speak a language other than English at home. During the 1990's, Marin's elementary and middle school populations grew considerably. Yet the county still has a lower proportion of children and youth than the statewide average, 20.7% compared to 25% for the state. About 5.5% (13,882) of the population is under 5 years of age compared to 6.8% statewide. Marin's population is aging with nearly, 17% are over the age of 65. (U.S. 2010 Census) The areas of Marin County with the highest proportion of children and youth are Novato, Marin City, San Rafael, and West Marin. In West Marin, the agricultural sector relies on migrant labor and there is often a seasonal fluctuation in the numbers of children aged 0-5 and of school age.

Marin's poverty rate of 7% is well below the regional, state and national levels. Marin residents have the highest average per capita incomes in the state "with a substantial portion derived from sources other than wages; household income is also high." The median household income is \$89,268 compared to the state average of \$60,883. Income disparity in Marin is great and linked to geography, race and ethnicity and educational levels. Much of Marin's resident labor force is made up of highly educated individuals who commute to high-paying jobs in other counties. Many of the employment opportunities in the county are in the retail trade, food service and accommodation, and personal services sectors. These employment sectors are traditionally low paying. Most of the workers holding jobs in these sectors either commute from outside the county, where they can find affordable housing to match their wages, or live in overcrowded conditions locally. According to the Marin County Economic Development Commission, "due to the inadequacy of local employment and compensation in relation to the cost of living," moderate wage earners are unlikely to locate in Marin. Such moderate wage earners include teachers and public safety personnel, as well as doctors and medical support workers. The median value of a home in Marin (April 2012) is \$772,500. Due to high costs of living the self-sufficiency standard for a family of two adults and one preschool and one school aged child is \$86,629. (Insight Center for Community Economic Development)

Early Care and Education

According to the Marin Child Care Commission's 2011 Report, affordable, accessible quality childcare, particularly for infants and toddlers, is a critical concern for the county and its residents. 66% of children 0-12 have parents in the labor force; of those 45% are 5 and under. Fewer than 45% of pre-kindergarten children and 21% of school-aged children can be with at least one of their parents during the day. This is because either both parents are in the work force or the only caretaker in the home is employed. Marin has approximately 9,821 licensed spaces for either full or part-time infant/toddler, preschool or school age care. Of the projected demand for childcare for 25,250

children, 39% can be accommodated through licensed care. The most significant gap is availability of subsidized child care for the nearly 4,000 children who qualify (family earning less than \$42,216 annually) — only 56% can be accommodated through available funding sources – sources that are in jeopardy. According to the Marin Child Care Commission Master Plan 2008-2013, a single earner family earning \$15 and hour would have to pay nearly 70% of their income for child care for two children.

Marin County children are educated in 19 school districts whose enrollments range from 12 students to 7,000 students. Fifteen of the school districts are elementary districts (grades K - 8); 2 are unified districts (grades K - 12); and 2 are high school districts (grades 9 - 12). The Marin Community College has two campuses; Kentfield and Novato. There are several private schools, including Dominican University in San Rafael.

Most children in Marin County are prepared to enter school. Their general emotional, social, and cognitive skills, as measured by school success, seem very good. This overall picture is misleading, however, when comparing countywide achievements levels (state testing scores) with those of subpopulations within the county, particularly low-income, limited-English and non-English speaking children. Only 1 in 4 Latino children attend preschool. In 2010, only 39% of Latino students scored proficient or higher on English language CST compared to 79% of White and Asian students. Nearly 20% of Latino and African American students drop of school. Low-performing schools in the County generally correlate with neighborhoods or communities where the population has a significant proportion of new immigrant or minority families living at or below the poverty level. The percentage of Marin students receiving free or reduced-cost meals remains far below the California percentage, but has risen recently and is concentrated geographically. In the San Rafael City Elementary District and Sausalito Marin City School District, 56% and 70% respectively of students are eligible for free or reduced-cost meals, respectively during the school year. (Kidsdata.org)

Health and Well-Being

The percentage of children insured in Marin County has steadily risen over the past several years rising from 96% in 2007 to nearly 100% in 2009. This is due in large measure to the Children's Health Initiative efforts that provide outreach and insurance programs available to all children at or below 300% of poverty in Marin County. An estimated 11% of adults over the age of 18 are uninsured in Marin. (CHIS, 2009) However, for those with an income under the federal poverty level, only 76.8 % of adults have health coverage. Only 81.7% of Marin African Americans have health insurance coverage while 85.6% of Marin Latinos, 89% of whites, 92.5 % of Asians have coverage. 93% of children have a regular health care provider. According to the California Department of Public Health, 31% of children do not have dental insurance, however 91% had seen a dentist within the past 12 months; 7% had never seen a dentist. (CHIS, 2009) In 2010, only 82.7% of kindergartners in Marin had required immunizations significantly lower than the state average of 90.7%. (CHDP, 2010)

A relatively high proportion of Marin County's infants, young children, and their mothers have good health care compared with peer counties nationally. (Health Resources Services Administration, 2000) When examining indicators of healthy outcomes for newborns, for example,

the percentage of mothers receiving early prenatal care is 97.7%. However, 12.3% of African American mothers receive no prenatal care or care in the third trimester only. Low birth weight occurred in 6.1% of births (8.4% of births are preterm and infant mortality is 3.1%. (CHDP, 2010) Asthma rates among children are 13.7%, significantly higher among Latino children (19.7%) and African American children (18.6%) than White children (10.7%).

Obesity rates are high for both adults and children. Nearly 25% of students in 5th, 7th and 9th grades are considered overweight or obese. The Marin Pediatric Nutrition Surveillance System indicates among children 0-5 years of age that rate is 30.6%.

History of First 5 Marin

In December of 1998, the Marin County Board of Supervisors established by ordinance a nine-member Marin Children and Families Commission. The purpose of the Commission is to develop and implement a Strategic Plan to guide and direct use of Proposition 10 resources to improve outcomes for children 0-5 and their families living in Marin County. The Commission resources are to support initiatives and programs that build strong families, assure children are learning and ready for school, and promote the health of children. In 1999, the Commission began developing its first Strategic Plan. In creating the initial Strategic Plan, the Commission sought and incorporated broad community and expert input to identify both desired outcomes for young children and indicators of success in achieving those outcomes.

The Strategic Plan was finalized and adopted by the Marin Children and Families Commission on June 21, 2000. Revisions of the 2000 Strategic Plan have been based on continuing evaluation of the Commission's activities, the impact of Commission funding, current community context or emerging high level community needs, and the Commission's ability to impact problems. Based on the Plan, the Commission has provided funding to a variety of programs and services designed to address community priorities and support achievement of defined goals.

The Commission utilized two primary vehicles to disburse funds:

1. Community-initiated proposals that addressed specific outcomes, indicators and results identified by the Commission. These proposals were solicited through a Request for Proposal (RFP). The Commission developed forms, guidelines, and criteria, distributing them to all interested applicants.
2. Commission-initiated efforts soliciting bids/qualifications for projects that the Commission developed for implementation including those with funding opportunities through the California First 5 Children and Families Commission.

Examples of programs funded or initiated by the Commission from 2004-2012 are listed below.

Programs to Improve Children's Health

Early Childhood Mental Health Project: Universal screening for developmental problems and mental health consultation and clinical services to children and families who participate in subsidized childcare centers and family day care homes.

Oral Health Services: Mobile screening, education and preventive dental services.

Children's Health Initiative: Participation in county-wide effort to insure all children providing resources to insure children who do not qualify for other programs and live at or below 300% of poverty and enrollment outreach and assistance.

Health Advocates/Promotores: Support and leadership development for community health advocates who provide outreach, social support and health education to their neighbors in isolated or underserved communities.

Programs to Increase Children's Ability to Learn

Canal Neighborhood School Readiness Initiative: Programs and services that engage families, educators and community providers to increase the potential for children's success in school and foster robust school/community partnerships.

Summer Bridge and Kinder Academy Programs: Pre-kindergarten summer programs for children who did not have or had limited preschool experience.

Early Literacy/Health Literacy: Literacy activities, and health information, to geographically isolated and lower income populations through a mobile unit.

Marin CARES: Incentives to advance training and retain childcare professionals.

Children with Special Needs: Screening and identification of children with indications of developmental issues and training for childcare providers in working with children with special needs.

Programs to Strengthen Families

Family Mental Health Support: Assessment and referral by clinical social workers linking families with identified needs with support and therapeutic treatment services.

Perinatal Screening: A bilingual perinatal social worker implementing prenatal, intrapartum and postpartum maternal-infant screening tools for families giving birth at Marin General Hospital.

Child and Family Safety Net: A program to develop team decision-making and comprehensive mental health and behavioral health services for families in the dependency court system due to child abuse or neglect.

Programs to Advance Policies and Improve Systems to Support Children 0-5 and their Families

MarinKids: A Marin campaign for children 0-21 dedicated to advancing local and state policies and resources that increase opportunities for all children. Long-range goals include eliminating the education achievement gap, providing access to comprehensive quality healthcare and eliminating childhood obesity.

Public Policy Advocacy: Extensive media and community outreach conducted through print and electronic means that highlights issues impacting children 0-5 in Marin County.

Strategic Plans 2004-2012

In January 2004, the First 5 Marin Children and Families Commission began an intensive strategic planning process. The purpose of the process was twofold: 1) to assess and examine lessons learned over the past five years of operations; and 2) to determine the best use of the Commission resources going forward in order to achieve results on the highest priorities for all children in Marin County 0-5 years of age. The Commission, with participants from the public, began to examine and align outcomes into a framework that would consolidate effort under strategic initiatives that could address multiple outcomes. Three strategic priority results emerged under which initiatives were developed: Marin Protects and Promotes the Health and Well-Being of All Children; Marin Children are Ready for Schools and Schools are Ready for Children; and, Marin Values and Invests in All Children. The Commission also drafted a vision, operating principles and program selection criteria on which to ground decision-making. This work was based on community engagement efforts in 2000 and through subsequent and on-going community involvement and feedback. The resulting long-term strategic action plan committed resources to specific strategies for sustained effort over time

In 2009, the Commission conducted a revision of the 2004-2009 Strategic Plan, which further aligned resources within key strategic initiatives and recognized the value of increasing the Commission's impact through policy and systems change. Under the 2009-2014 plan, strategic initiatives continued with the aim of promoting community adoption of the work. Efforts under Marin Values and Invests in All Children received significant emphasis including efforts at convening grassroots and community leaders to address social inequity and advance school readiness and children's health, social marketing, and policy development and advocacy.

2012-2017 STRATEGIC PLAN

As a result of both a legislative threat to divert local Commission funds as well as a more rapidly declining revenue base than anticipated, in December 2011, the Commission initiated a revision of the 2009-2014 Strategic Plan. The Commission had long recognized, that decreasing resources over time would limit their ability to drive change through on-the-ground programs/initiatives. As a result, in 2009 they had begun a significant effort to build infrastructures to support systems and policy change advocacy. With the Commission's abiding commitment to achieving school readiness and health outcomes for children 0-5 and their families, the Commission's 2012-2017 Strategic Plan meets head on the mounting need for policy leadership that improves opportunities for all young children in Marin. The plan is grounded in lessons learned over the course of the past eight years.

Lessons Learned – Keys to Success

Clarity of purpose, consistent application of principles and maintaining direction set through strategic planning and ongoing assessment have been fundamental to the success of the Commission's endeavors. Some key lessons include:

- Consistent application of a theory of change and set of guiding principles has been important to the success of our Commission, our endeavors and our relationships throughout the community.
- Open two-way communication that reveals our goals and intentions while listening to potential partners develops a framework for partnership that takes both needs into account and builds stronger programs that utilizes the expertise of all parties involved.
- Collaborate at multiple levels and expect it from others. This sets the stage for how work will happen in the future.
- Set high expectations: Ask for specific outcomes, data and a collaborative working environment. This is a model for funding that respects and values the work of partners while raising the bar.
- Data matters: Having local data provides evidence of the efficacy of our work and tools for communication.
- Hang in there. Nothing happens overnight; change takes time and is incremental.
- Expect the unexpected. Be nimble, flexible, responsive and prepared for opportunities and shifts in the environment.
- Without policy and systems change little really changes. We foresee a future with a greater understanding of the value of policy engagement.

Our Mission

The mission of First 5 Marin Children and Families Commission is to advance opportunities for all children in Marin to thrive in supportive and nurturing families, enter school healthy and ready to learn, and become productive members of society.

Our Vision (Revised 2012)

Together with families, communities and other partners, the First 5 Marin Children and Families Commission will create a Marin where the health and welfare of all of our children influences core decisions at every level of our political and public institutions, and in every community.

There will be understanding across and among communities about the varied opportunities and needs of children. As a community, Marin will act upon the knowledge that what we do to increase the potential of less advantaged children improves the potential for all children. Families will have the knowledge and tools to advocate for their children.

As a result of our efforts, all children will have access to affordable health care, opportunities that promote success in school, and they will live in families and communities that provide for their optimal health, safety and wellbeing.

The Way We Work

Roles

The First 5 Marin Children and Families Commission operates in several roles to carry out its mission and realize its vision for children 0-5 and their families:

COMMISSION ROLES	
STRATEGIC ADVOCATE	Using data, research and experience to inform the public and policymakers and influence policy and systems change.
CONVENER	Bringing community and strategic partners together to understand issues and develop policies and strategies to drive change.
PARTNER	Building and supporting partnerships that implement collaborative, broad-based solutions to critical needs and address inequity of opportunity.
CAPACITY BUILDER	Providing access to resources and information for communities and organizations to advocate for, develop or implement policies and best practices.
CATALYST	Sparking grassroots and countywide efforts that support First 5 Marin goals.

Guiding Values

The Commission is guided in its work by a set of values.

- We believe that families have the primary responsibility for their children’s physical, intellectual, mental, social and moral development.
- We believe that the entire community shares responsibility with families to ensure that every child thrives.
- We believe that what we do to increase the potential of less-advantaged children improves the potential for all children.
- We respect and value the diversity of families, races and cultures in Marin.
- We believe that our resources must be directed toward catalyzing sustainable improvements in the health, wellbeing and development of all children in Marin.
- We believe our highest and best use is working to prevent problems before they begin.

Our Primary Focus

The Commission will strategically focus its leadership and resources to build and support institutional and grassroots policy and advocacy infrastructures that will:

- Create a sustainable community culture (social revolution) that puts children at the center of Marin’s agenda.
- Build public will to support and sustain health and school readiness outcomes.
- Promote shared responsibility for achieving outcomes across systems, institutions and individuals.
- Increase resource leveraging, coordination and integration among systems, organizations and institutions.

Priority Results and Outcomes

Through this focus, the Commission's is committed to achieving the following Priority Results and Outcomes for all children in Marin:

IMPACT	MARIN VALUES AND INVESTS IN ALL CHILDREN			
RESULTS	Public policies support all children	Children have optimal health and wellbeing	Children are ready for school	Families and Caregivers Have Access to Information and Support
OUTCOMES	<p>Public policies promote the optimal social/emotional development and school readiness of all children.</p> <p>Public policies support the development of quality early education and child-ready school environments that promote success in life.</p> <p>Public policies promote the optimal health, safety and wellbeing of all children</p> <p>Public policies and partnerships increase equity of opportunity for all children.</p>	<p>Children have access to affordable comprehensive health insurance.</p> <p>Children have access to preventive oral health, mental health and specialty medical services.</p>	<p>Children have access to quality early education opportunities</p> <p>Children with social/emotional issues and special needs are identified early and receive support.</p> <p>Schools are prepared for children and linked with the community.</p>	<p>Families and caregivers have access to information and support to protect and promote the health, safety and wellbeing of their children.</p> <p>Families and caregivers have access to information, quality early education opportunities, and support to protect and promote the social/emotional development and school readiness of their children.</p>

Strategies

The Commission will invest in the following strategies to achieve the desired results and outcomes:

STRATEGIES
<ul style="list-style-type: none"> ➤ PUBLIC EDUCATION ➤ GRASSROOTS CAPACITY BUILDING ➤ PARTNERSHIPS FOR CHANGE ➤ PUBLIC POLICY ADVOCACY

Activities

➤ PUBLIC EDUCATION

The Commission will act as strategic advocate and partner targeting resources toward the following activities:

- Implement broad scale and grassroots social marketing to influence change in community attitudes, knowledge and action to address needs of all children and reduce inequities.
- Utilize earned media strategies that specifically provide information about public policy issues and target multiple audiences.
- Collect and disseminating data and issue analysis to voters, general public and families.
- Conduct or support events and forums to raise awareness and provide education to voters, families and the general public.

➤ GRASSROOTS CAPACITY BUILDING

The Commission will act as a catalyst, capacity builder (resources and technical support) and convener to:

- Support grassroots leadership development focused on improving conditions for children 0-5 and their families
- Encourage local change organizations and parents groups to advocate and act locally for the health and school readiness of all children 0-5 and their families.
- Promote adoption and implementation of best and promising practices in local settings, schools and programs, e.g. early learning groups

➤ PARTNERSHIPS FOR CHANGE

The Commission acting as a convener, partner and capacity builder will support the following activities:

- Convene and partner with institutional and community leaders from a broad spectrum of the community to promulgate public policies, and mobilize the community toward achieving specific outcomes related to children's health, early education and well-being.
- Address policy or critical resource gaps.
- Promote broad adoption of best or promising practices.
- Advance collective action and shared accountability toward achieving outcomes.
- Provide transitional support for selected communities and organizations engaged in First 5 Marin School Readiness and Health Initiatives from 2007-2012.

Initiative Examples:

- 1.) MarinKids www.marinkids.org: A campaign for Marin's children 0-21 that informs, educates, advocates for solutions and brings Marin together in a call to action to improve

conditions for all children, MarinKids is guided by a community leadership committee. First 5 Marin acts a partner and funder. The goals of MarinKids are to: (1) Put children at the top of the agenda in Marin; (2) Eliminate the educational achievement gap; (3) Provide access to comprehensive, quality health care; and, (4) Eliminate childhood obesity.

2.) School Readiness and Family Support Program Transitions

- Summer Bridge five-week summer pre-kindergarten programs and other opportunities for preschool experiences for all children in areas where equity of opportunity is significant.
- Early Childhood Mental Health services in child care settings to improve retention of children with developmental, behavioral or other special needs.

3.) Children’s Health Initiative: Countywide initiative partner supporting comprehensive coverage for children 0-5 at or below 300% of the federal poverty level not eligible for other insurance and *One Stop Enrollment* in the community, in the schools and at County Social Services.

PUBLIC POLICY ADVOCACY

The Commission acting as a strategic advocate, catalyst for change and a collaborative partner will:

- Develop and support a policy agenda directed toward achieving children’s health, early education and wellbeing outcomes.
- Conduct local and state legislative and policy advocacy including regional advocacy partnerships.

Initiative Examples:

- 1.) Social and Traditional Media Outreach: The Commission implements an intensive public education and advocacy effort through its Communication and Policy staff. Using email education, publications and print media editorials, op-eds and letters to the editor, the Commission promotes best practices and drives policy discussions.

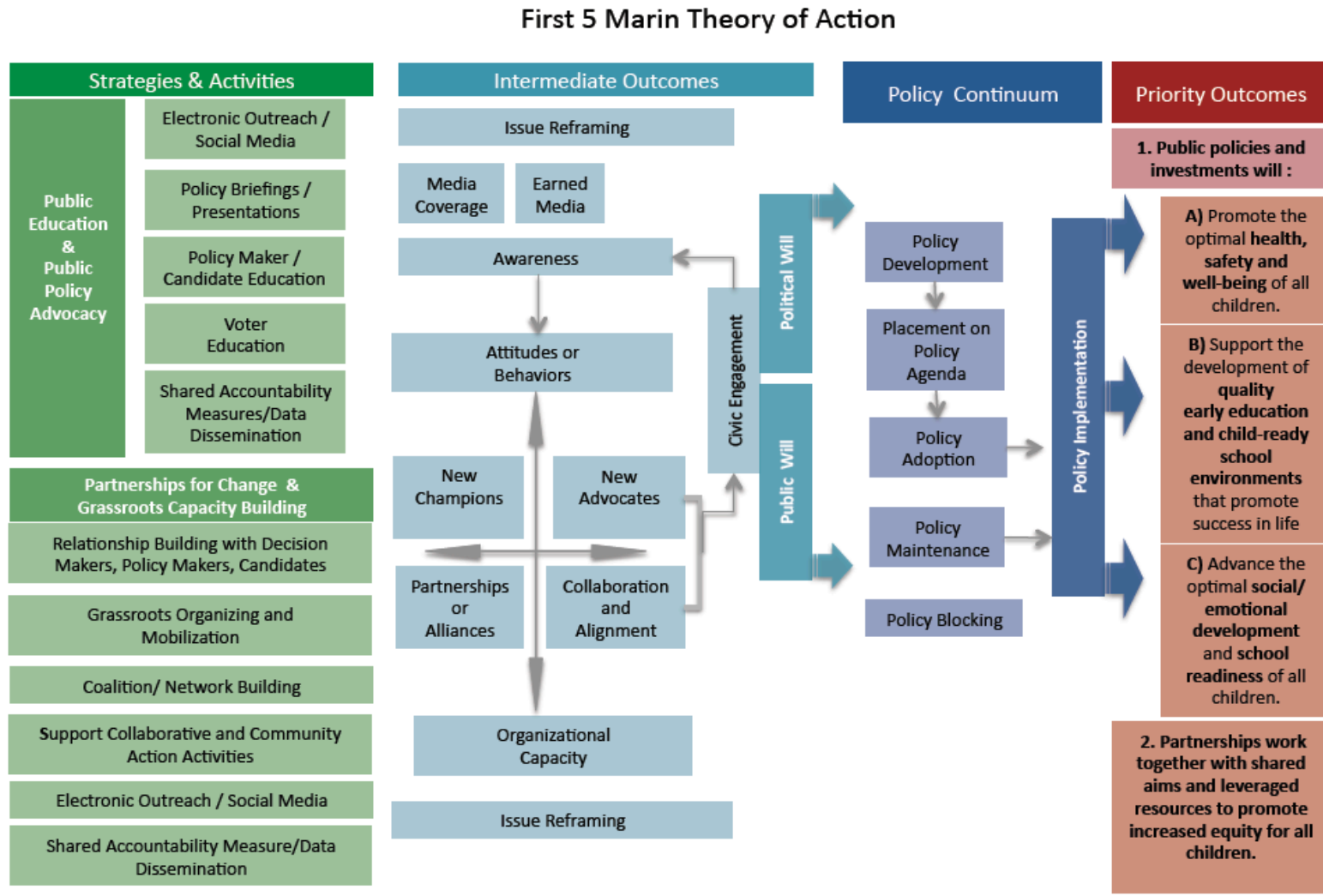
Theory of Action

A Theory of Action (Figure 1) illustrates the relationship of strategies and activities to desired outcomes and serves as a guide to the implementation and evaluation of the plan.

Implementation Framework

An implementation Framework (Figure 2) illustrates the guiding values, priority results, strategies, implementation approach and activities describes above. In addition, it provides examples of initiatives.

Figure 1



June, 2012

Figure 2



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Implementation Framework

IMPACT
Marin Values and Invests in All Children

GUIDING PRINCIPLES

We believe that families have the primary responsibility for their children’s physical, intellectual, mental, social and moral development.

We believe that the entire community shares responsibility with families to ensure that every child thrives.

We believe that what we do to increase the potential of less-advantaged children improves the potential for all children.

We respect and value the diversity of families, races and cultures in Marin.

We believe that our resources must be directed toward catalyzing sustainable improvements in the health, wellbeing and development of all children in Marin.

We believe our highest and best use is working to prevent problems before they begin.

PRIORITY RESULTS

- Public Policies Support All Children
- All Children Have Optimal Health & Wellbeing
- All Children and Families are Ready For School
- Families and Caregivers Have Access to Information and Support

STRATEGIES	PUBLIC EDUCATION	GRASSROOTS CAPACITY BUILDING	PARTNERSHIPS FOR CHANGE	PUBLIC POLICY ADVOCACY
IMPLEMENTATION APPROACH	Strategic Advocate Partner	Catalyst Capacity Builder Convener	Convener Partner Capacity Builder	Strategic Advocate Catalyst Collaborative Partner
ACTIVITIES	Sponsor Forums Promote Community Discussions Conduct Electronic Outreach Educate Voters on Issues Collect, Analyze and Disseminate County Data	Support: Leadership Development Local Community Action Efforts Parent Action/Involvement Grassroots Change Organizations Promising Practices	Convene Institutional and Community Leaders Engage in Collective Action Address Policy or Critical Resource Gaps Promote Best and Promising Practices Advance Collective Action & Accountability Provide Resources for Change	Educate Policymakers and Voters Conduct Electronic Outreach/ Media Advocacy Promote Policy/Legislative Initiatives Develop Policy Briefs Communicate Data to Measure Change
INITIATIVES/OPPORTUNITIES (examples)				
	MarinKids Communications Publications Events Media Outreach	Promotores/Advocates Programs Best Practice Training Transition Support Local Community Advocacy Projects	MarinKids Children’s Health Insurance School Readiness Transition Pickleweed Child Care Center Early Childhood Mental Health New Partnerships	MarinKids Regional First 5 Media Local Forums Data Collection/Analysis Communications/Media Outreach

FINANCIAL PLAN

Principles/Rationale for Guiding Investments

The Commission developed key principles for investment of Commission resources moving forward:

- Invest where we can leverage other financial and technical resources.
- Use financial and human resources with a view toward influencing systems change, policies or practices and engaging leaders, systems and institutions.
- Sustain key partnerships working toward long-term policy and systems change. Recognize where the Commission is a key partner in ongoing policy change efforts and/or where our funding provides us the opportunity to influence policy or critical funding decisions.
- Support community capacity building to implement best or promising practices. Spark change through convening, education and capacity building in areas where the Commission already has fertilized the ground and grown roots.
- Support training, assistance, and educational forums to promote adoption of quality programs or practices in communities and countywide.
- Assure access for the most vulnerable. As possible, fill critical safety net resource gaps where no other resources are likely (e.g., subsidized child care and healthcare insurance). Raise awareness of gaps and build partnerships to make visible the needs of the ‘invisible communities’.
- Mobilize public will and grassroots advocacy. Provide infrastructure and capacity building for advocacy efforts. Invest in multipliers – those acting at the local level.
- Support and promote shared countywide accountability. Alignment of funders, agencies and policymakers throughout county is more important than ever to use resources wisely, drive outcomes and leverage resources well. Strategic decision-making across agencies and decision-making bodies can promote a consistent vision for Marin’s children and their families.

Investment Approach

The Commission has adopted a long-term financial plan that supports sustained but diminishing investment in the selected strategies. The **2012-2017 Investment Approach** includes a combination of strategies for utilizing financial and human resources. The investments will:

(1) Seed, maintain or deepen broader policy change efforts to improve the health, wellbeing and school readiness of young children and supports families.

(2) Further promote/support transition of initiatives to community ownership where there is strong evidence that such support would provide the impetus/momentum for sustainability or adoption of programs by others or promote policy change to support First 5 Marin aims.

The plan is built on the following overall assumptions:

The Commission will serve as a catalyst for change. Investments will serve to support infusion of best practices, facilitate systems coordination and promote sustainable change through community

adoption and/or policy development. The Commission recognizes that such efforts require a commitment of human and financial resources on the part of the Commission that is sufficient to promote such change.

The Commission has begun to significantly reduce investments in programs and initiatives in 2012 as due to lower fund balance and state allocations. The investment plan will support the Commission's continued role in Marin as a catalyst for change through FY17-18.

Investment patterns and levels may change to reflect shifts in the community context, sources of funding or other opportunities. While the Commission intends to support efforts at the levels and periods of time indicated on the plan, it is recognized that there are unknowns that may require changes or adjustments to reflect changes in environmental context.

The Commission will utilize contracting to disburse funds. Contracts will be developed in two primary ways:

1. Community proposed projects that address specific outcomes, indicators and results identified by the Commission. Projects will be proposed through an initial letter of interest. Contracts will be developed through an iterative process.
2. Commission-initiated contracts that support transition of prior initiative programs to the community or implement collective strategies with partners.

Figure 3 on the following page details the **long-range financial plan**. The plan is updated annually to reflect current conditions and projected revenues and expenses.



FIGURE 3 Financial: Long-Range Financial Plan 2012-17

	FY12-13	FY13-14	FY14-15	FY15-16	FY16-17
ANTICIPATED REVENUES AND CASH ON HAND					
Tax Revenue, Int. (assumes 8% reduction each year)	1,614,260	1,485,119	1,366,310	1,257,005	1,156,444
State Match	52,500	52,000	52,000		
Other Revenue (e.g. MAA)					
Investment Funds Less 6 Mo Reserve (\$750,000) Remaining at end of FY	3,544,866	3,092,255	2,433,565	1,819,925	1,209,990
Investment Interest Income (assumes 2%)	70,897	61,845	48,671	36,399	24,200
TOTAL	5,282,523	4,691,220	3,900,546	3,113,329	2,390,634
ANTICIPATED EXPENSES					
PUBLIC POLICY/ADVOCACY					
MarinKids	50,000	50,000	50,000	50,000	50,000
Other Projects	87,500	125,000	125,000	125,000	125,000
PARTNERSHIPS FOR CHANGE					
CHI	180,000	150,000	55,000	55,000	55,000
ECMH	50,000	30,000	15,000		
Pickleweed Child Care Center Classroom	85,040	75,000	75,000		
MarinKids	25,000	25,000	25,000	25,000	25,000
FLAGship	75,000	50,000	25,000		
SRI Transition (e.g. Summer Bridge Classrooms/Playgroups)	121,430	100,000	75,000	50,000	
State Match Child Signature Project	52,500	52,000	52,000		
Other Projects	112,500	175,000	175,000	175,000	175,000
CAPACITY BUILDING					
Training/Tech Assistance	150,000	150,000	150,000	150,000	150,000
Evaluation and Data Collection	75,000	75,000	75,000	75,000	75,000
Other Projects	87,500	150,000	150,000	150,000	150,000
PUBLIC EDUCATION					
MarinKids	50,000	50,000	50,000	50,000	50,000
Annual Event	13,000	10,000	10,000	10,000	10,000
Other Activities (e.g. convening, forums, media outreach, etc)	200,000	200,000	200,000	200,000	200,000
PERSONNEL, EVALUATION, AND INDIRECT COSTS					
Salaries and Benefits (assumes no salary increase until FY13-14, then 2%)	320,625	327,038	333,578	340,250	347,055
Rent	97,370	100,291	71,000	73,130	75,324
Evaluation/Data	150,000	150,000	150,000	150,000	150,000
Indirect Expenses	157,803	163,326	169,043	174,959	181,083
Contingency Fund	50,000	50,000	50,000	50,000	50,000
TOTAL	2,190,268	2,257,655	2,080,621	1,903,339	1,868,461
Remaining Funds	3,092,255	2,433,565	1,819,925	1,209,990	522,173

EVALUATION PLAN

The Marin Children and Families Commission communicates its commitment to the health and wellbeing of children 0-5 and their families through its Strategic Plan. The Commission holds itself accountable for progress in its implementation through the ongoing monitoring of its efforts. The Evaluation Framework translates the Strategic Plan into a measurable set of items that monitor the effectiveness of implementation. It is based on outcomes and core indicators reflective of the Commission's goals and priority result areas. It considers community assets, gaps and available resources including human and financial.

Principles

A set of principles helps define the direction, underlying values and nature of evaluation efforts. They establish a basis for common understanding of what will drive the evaluation design and process, specific activities to be undertaken and the relationships that are needed to insure success.

1. The evaluation objective is three-fold, 1) to monitor progress towards desired results, 2) to collect information in a systematic manner across and within initiatives/projects, and 3) to inform the Commission, stakeholders, partners, and funded projects about lessons learned.
2. Evaluation activities provide information for the Commission with regard to decision-making in the areas of resource allocation, strategic planning, project design/redesign and public policy.
3. While funded programs are linked to the ultimate goals and results the Commission is trying to achieve, they should only be held accountable for what is realistic given the time and resources available to them.
4. Evaluation should illuminate the impact of the Commission's efforts on the Marin community.
5. Technical assistance and training are integral components of evaluation and should be designed to help build capacity of agencies, organizations and other community-based groups within Marin County.
6. Design of the evaluation and the availability and dissemination of information must reflect the various needs of key stakeholders and audiences (Commission, staff, projects and community members).
7. To be successful, evaluation requires on-going partnership, learning and respect between the evaluators and key stakeholders.

With these principles in mind, the Commission designed an evaluation framework encompassing multiple levels of monitoring and expectation categorized as Initiative, Commission and Community.

- Strategy level evaluation focuses on assessment of Commission initiatives and funded projects. Objectives for strategy level evaluation are to document and monitor project implementation; to provide timely feedback to improve project efforts, address barriers and enhance results; and to identify successful strategies and interventions in achieving results.
- Commission outcome/result-based evaluation is focused upon assessing to what extent a specific desired priority outcome/result of the Commission is being achieved. This includes cross-project evaluation of those activities and strategies that are designed to address the same result. Such efforts are likely to range from analyses of individual projects (meta-analysis) or specially designed efforts to look at clusters of efforts or populations. The objectives of this level of evaluation are: to assess the degree to which Commission investments (through funded projects and other activities) contribute to the achievement of specific results; to determine what strategies were most successful; and to illuminate lessons learned to contribute to future best practices.
- Community impact evaluation is focused on the broadest level of evaluation addressing the question of what difference Proposition 10 effort has made in lives of expectant parents, young children and their families, the systems serving these families and the larger community. First 5 Marin's vision is to have all children thrive in a nurturing and stable environment. The objectives of the community impact evaluation are: to assess how well the Commission is carrying out its various roles: to determine the overall impact of the Commission's efforts in impacting the lives of expectant parents, children 0-5 and their families, the systems serving these populations and the community; to identify areas where efforts should be expanded and where there are gaps and to identify other actions needed to increase impact.

The Evaluation Framework (Figures 4-6)

The evaluation framework serves as overview and ongoing guide to the course and intention of First 5 Marin's evaluation efforts in 2012-13 and beyond. The framework presents a system of accountability and monitoring within and across Initiatives and the Commission itself. It represents a multi-tiered approach including both quantitative and qualitative data to monitor and assess progress towards achieving individual project and desired community-wide outcomes.

Upon setting its strategic course, the Commission developed high level inquiry questions to focus evaluation activities within the context of its framework for investment. jdcPartnerships integrated these questions with others identified by First 5 Marin staff. The integrated questions were then aligned with F5M's other frameworks (strategic logic model, community based systems change) to further establish connections between areas of inquiry and anticipated activities and outcomes. Key measures were also identified for associated activities and outcomes on the strategic logic model. With these measures in mind, each question is associated with existing (orange), developing (yellow), and/or potential (gray) data sources. Each data source includes anticipated timeframes for/frequency of data collection. This data will guide on-going strategic planning and, ultimately, inform the distribution of Proposition 10 dollars in a manner that is likely to have the greatest impact on the quality of life for children 0-5 and their families. The Commission will evaluate data collected from a variety of community and public sources, and in some instances may initiate their own evaluation in selected outcome areas.

Figure 4

GUIDING EVALUATION QUESTIONS	PRIORITY RESULT AREA							Evidence	Policy Connection	LIVING COMMUNITY SOURCE								BUSINESS DATA SOURCE					DEVELOPING DATA SOURCE					POTENTIAL DATA SOURCE		
	Health and Wellbeing	Equity for All	Families	Youth	Economic	Community	Education			Health	Policy	Local	Demographic	Advocates	ASSISTANCE DATA & SERVICES				POTENTIAL DATA SOURCE				DEVELOPING DATA SOURCE			POTENTIAL DATA SOURCE				
															Practitioner	Family	Community	System	Health	Policy	Local	Demographic	Advocates	Practitioner	Family	Community	System	Health	Policy	Local
<p>Public Education: Advocate, Educator, Partner</p> <p>1. To what extent and in what ways has FPH (and/or partners) influenced decisions in school districts?</p> <p>2. To what extent and in what ways has FPH (and/or partners) influenced decisions in early care/special needs community?</p> <p>3. To what extent and in what ways has FPH (and/or partners) influenced decisions in funding community?</p> <p>4. What are the gaps in understanding that need to be addressed among the above stakeholders?</p> <p>5. To what extent and in what ways FPH/Partner have conversations supported building new champions?</p> <p>Resource Capacity Building: Counselor, Coach, Educator, Counselor</p> <p>1. To what extent and in what ways are communities increasingly self-reliant?</p> <p>2. To what extent are there new champions for Promotors or other community based advocates? What role/influence do these champions hold in the community?</p> <p>3. To what extent and in what ways are capacity building efforts with Promotors in Marin County aligned with best practices?</p> <p>4. In what ways are Marin Promotors informing best practices?</p> <p>5. To what degree are all levels of the community involved in efforts to promote progress toward long-term outcomes?</p> <p>6. To what extent are key strategies working for all levels?</p> <p>Resource/bridge - Transition Issues: What is occurring related to fidelity to model, impact on participants, partnership development? Replicability? To what degree are Resource/bridge parents involved in schools/child's education long term?</p> <p>Partnerships for Change Counselor, Partner, Coach, Educator</p> <p>1. What has been learned about how to convene partners to inform collaborative action in the county moving forward?</p> <p>2. With whom should FPH partner to build greater cache and momentum towards identified outcomes? (+ Have we identified the "right" partners? To what degree are they involved?)</p> <p>3. To what extent and in what ways have FPH conversations influenced progress with respect to intended outcomes?</p> <p>4. To what extent and in what ways have FPH conversations supported financial partnerships?</p> <p>5. What are the communication/knowledge gaps with respect to the goals of FPH in cultivating New Champions/New Advocates?</p> <p>6. To what extent are conversations for the purpose of developing collaborative efforts to change systems contributing to significant progress towards understanding, increasing of...</p> <p>7. a) expanding quality health care to all children in Marin County</p> <p>7. b) importance of social emotional development for success in school?</p>																														

Figure 5

First 5 Marin Evaluation Framework - Outcomes and Measures

Intermediate Outcomes	What this looks like	Example Measures**	Data Collection Suggestions 11/12	Proposed Data Collection 12/13
Issue Reframing	Quantity and/or quality of coverage generated in print, broadcast, or electronic media (including earned Media) reflects salience of FSM goals	<ul style="list-style-type: none"> Percentage of audience members saying issue is important to them 	MC3-led Cmnty Survey - pre-check with AR about additional d/c plans	Staff Report Social Media Analysis Commission Survey Community Partner Interviews
	Children's issues are reframed to reflect the evidence for early investment in children and families.			
Awareness	Marin community members recognize the importance of children's issues and early childhood development	<ul style="list-style-type: none"> Percentage of audience members with knowledge of an issue Website activity for portions of website with advocacy-related information 	MC3-led Cmnty Survey - pre-check with AR about additional d/c plans	Staff Report Social Media Analysis Commission Survey Community Partner Interviews
Attitudes	Attitudes reflect understanding and belief in the value of optimum early childhood development to the overall health and well-being of Marin.	Percentage of audience members with favorable attitudes toward the issue or interest	MC3-led Cmnty Survey - pre-check with AR about additional d/c plans	Staff Report Social Media Analysis Commission Survey Community Partner Interviews
New Champions	High-profile individuals adopt Children's Issues in alignment with FSM goals and publicly advocate for change.	<ul style="list-style-type: none"> New champions or stakeholders recruited New constituencies represented among champions Champion actions to support issue (e.g., speaking out, signing on) 	Annual survey and report Commission interview ED and staff reflection	Staff Report Social Media Analysis Commission Survey Community Partner Interviews Funded partners reports
New Advocates	Previously unengaged individuals take action in support of issues or policies related FSM goals.	<ul style="list-style-type: none"> New advocates recruited New constituencies represented among advocates New advocate actions to support issue 	Annual survey and report Commission interview ED and staff reflection	Staff Report Social Media Analysis Commission Survey Community Partner Interviews Funded partners reports
Organizational Capacity Building	Partners leverage capacity building to support efforts to lead, adapt, manages, and/or technically implement an advocacy strategy.	<ul style="list-style-type: none"> Increased knowledge about advocacy, mobilizing, or organizing tactics Improved media skills and contacts Increased ability to get and use data 	FG and specific cap building FG with funded partners	org assessment
Partnerships or Alliances	Mutually beneficial relationships with other (including new and non-traditional) organizations or individuals who support or participate in an advocacy strategy are developed and maintained.	<ul style="list-style-type: none"> New or stronger organizational relationships developed New relationships with unlikely partners 	Annual survey and report Commission interview ED and staff reflection	Staff Report Commission Report Social Media analysis org assessment
Collaboration and Alignment	FSM work is coordinated with individuals and groups, acting together with shared outcomes, strategies, and measures.	<ul style="list-style-type: none"> New organizations signing on as collaborators Policy agenda alignment among collaborators Collaborative actions taken among organizations (e.g., joint meetings, aligning of messages) Number of citations of grantee products or ideas in policy deliberations/policies 	Annual survey and report Commission interview ED and staff reflection	Staff Report Social Media Analysis Commission Survey Community Partner Interviews Funded partners reports MHO

Figure 6

First 5 Marin Evaluation Framework - Outcomes and Measures

POLICY CONTINUUM		Data Collection beginning 12-13
	Example Measures	
Policy Development	New proposals or guiding principles developed	Staff Report Commission Survey Community Partner Interviews Funded partners reports
Placement on Policy Agenda	Policies formally introduced (bills, bonds, ballot measures, regulations, administrative policies)	Staff Report Commission Survey Community Partner Interviews Funded partners reports
Policy Adoption	Policies formally established (bills, increased revenues, ballot measures, regulations, administrative policies)	Staff Report Commission Survey Community Partner Interviews Funded partners reports
Policy Maintenance	Funding levels sustained for policies or programs	Staff Report Commission Survey Community Partner Interviews Funded partners reports
	Eligibility levels maintained for policies or program	Staff Report

