



# **RIVERSIDE COUNTY CHILDREN & FAMILIES COMMISSION**

## **Revised Strategic Plan**

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**2018-2021**

**December 8, 2017**

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# I. Overview

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In November 1998, California voters passed Proposition 10, the “Children and Families Act of 1998” initiative. Subsequently, the County of Riverside Board of Supervisors created the Riverside County Children & Families Commission, also known as First 5 Riverside. The act levies a tax on cigarettes and other tobacco products to provide funding for early childhood development programs. The revenue generated from this tax is distributed by the state to the counties to ensure that our youngest Californians, from prenatal through age 5, get the best start in life.

Revenues generated from the tobacco tax must be used to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Since inception, First 5 Riverside has invested more than \$411 million in local programs.

The First 5 Riverside Commission supports and advocates for the strong start all children deserve and is committed to engaging in partnerships that maximize investments to ensure children and families have every opportunity to succeed.

## Mid-Course Review

The Commission is required to conduct an annual review of the adopted strategic plan and to adjust the plan to respond to opportunities, challenges, or changes in the environment. The mid-course revision is timely, given the evolution of the entire First 5 system, which is occurring in the context of a slow but steady decline in the tobacco taxes that are the main revenue source for First 5 Commissions.

From inception, many First 5 Commissions initiated their work by funding direct services for children and families since it was an obvious need, evidenced by services that were limited and not supporting children and families adequately, or where gaps existed in the provision of programs that resulted in interrupted services, especially for vulnerable children. Grants to fund services created the possibility to address these issues quickly and efficiently. Although the focus has been on supporting families through direct services, First 5 Commissions have grasped both the need for and the value of investing in systems change, which is defined by the First 5 Association as: *“working with organizations, communities, and public agencies in new ways to change how services and supports are organized and delivered.”*<sup>1</sup> This approach makes sense especially because First 5 Commissions, as stewards of public resources, have an imperative to get the most from the public’s investment, and that means investing those funds strategically in a way that creates real and lasting change for children and families. Furthermore, given that funding entities can be politically influential, First 5’s are in a unique position to engage relevant and significant stakeholders, such as elected officials and senior leaders of public agencies that serve high numbers of children and families.

Now that First 5 Commissions have learned from experience about what works, developed a role as a leader and convener, and experimented with ways to engage formal and informal systems of care, they are in a better position than ever to lead the way towards meaningful and lasting systems change on behalf of children and families. This learning and success has engendered another evolution in the First 5 system: an increase in the level of coordination between and alignment of approaches being taken by individual First 5 Commissions. This alignment has reflected an effort to incorporate and codify the learning and success on one hand, and to set the stage for more effective system-wide and statewide advocacy on the other.

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<sup>1</sup> “Systems Building and Policy Engagement.” Presentation by the First 5 Association of California to a First 5 Riverside Commission meeting on February 23, 2017.

It is in this context that First 5 Riverside has chosen to revise its 2016-2021 Strategic Plan. To account for and leverage this changing context, First 5 Riverside has updated both the content of the strategies (an increase in level and sophistication of systems change investments) and the structure and language of its planning framework (to reflect a more intentional change model and align with the rest of the First 5 system wherever possible). The strategies contained in this document reflect the updated content, and the following sections explain and present First 5 Riverside's updated strategic framework.

## II. The Context for Our Work

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### Riverside County Profile

Riverside County is the fourth most populous county in California, with approximately 2,398,108 persons residing in the County.<sup>2</sup> Riverside County is continuing to grow rapidly with the percent of population increasing from 2010 to 2017 at 9.52%.<sup>3</sup> According to the 2010 U.S. Census, Riverside County covers 7,206 square miles. There are 28 cities in Riverside County, large areas of unincorporated land, and several Native American tribal entities. The population by race is as follows: 58.48% White, 6.42% Black/African America, 1.09% American Indian/Alaskan Native, 6.58% Asian, 0.33% Native Hawaiian/Pacific Islander, 21.89% Other Race and 5.21% Multiracial. <sup>4</sup> The population by ethnicity is 48.65% Hispanic/Latino and 51.35% Non-Hispanic/Latino.<sup>5</sup>

The median household income of Riverside County is \$56,592<sup>6</sup> compared to \$61,489 for the State of California. In Riverside County, 39.2% of individuals are living in households with income below 200% of the Federal Poverty Level (FPL) compared to 36.4% in California.<sup>7</sup>

In 2016, Riverside County was home to more than 182,000 children under age 6.<sup>8</sup> Birth rates are on the rise in Riverside County, averaging more than 30,000 annually.<sup>9</sup> Nearly half of the children (49.6%) ages 0-18 live at or below 200% of the FPL in Riverside County.<sup>10</sup> Enrollment in Medi-Cal for children 0 through 5 years has been significantly high in Riverside County at just over 65% enrolled compared to the State rate of 57%.<sup>11</sup> In 2015, only one-third of 3<sup>rd</sup> graders in Riverside County met English language arts/literacy (ELA/literacy) Common Core State Standards, and most third-graders (65%) in Riverside County did not meet the mathematics Common Core State Standards.<sup>12</sup>

### The Importance of Early Childhood

First 5 Riverside's commitment to serving our youngest children stems from research in brain development showing that the experiences of children in their earliest years significantly affect the way they grow and develop. The first years are the most rapid period of brain growth, with nearly 90% of brain development occurring by age 5. This remarkable growth happens in response to, and in the context of, a child's experiences. During the early years, critical connections form between nerve cells, creating pathways that determine an individual's emotional, social, and intellectual makeup. Investments in the early years, when children's brains are developing and taking permanent shape, are the best investments First 5 Riverside can make.

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<sup>2</sup> SHAPE Riverside County, Demographic information provided by Claritas, updated January 2017.

<sup>3</sup> SHAPE Riverside County, Demographic information provided by Claritas, updated January 2017.

<sup>4</sup> SHAPE Riverside County, Demographic information provided by Claritas, updated January 2017.

<sup>5</sup> SHAPE Riverside County, Demographic information provided by Claritas, updated January 2017.

<sup>6</sup> U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

<sup>7</sup> U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

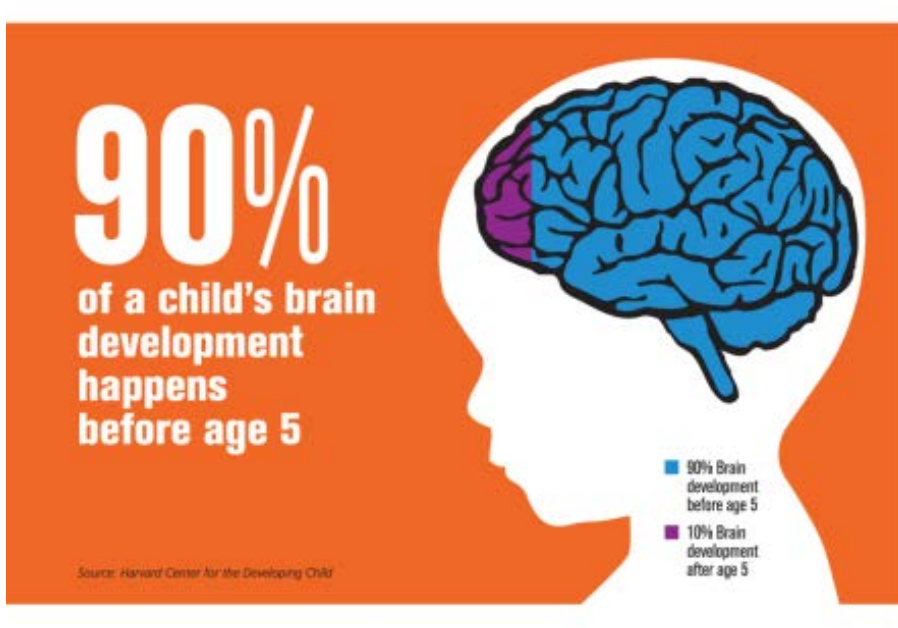
<sup>8</sup> Kidsdata.org

<sup>9</sup> CA Dept. of Finance

<sup>10</sup> U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

<sup>11</sup> Research and Analytic Studies Division. January 2016. Proportion of California Population Certified Eligible for Medi-Cal by County and Age Group – September 2015. Medi-Cal Statistical Brief. CA Department of Health Care Services.

<sup>12</sup> Riverside County 2015 Community Indicators Report produced by The Community Foundation.



## Early Learning Matters

Riverside County families have a continued need for quality early learning settings. As of December 2017, only 22 centers<sup>13</sup> and 8 family child care homes<sup>14</sup> in the county have earned a national accreditation designation demonstrating high standards of quality have been met. This includes highly skilled teachers, low adult-to-child ratios, age-appropriate curricula, safe physical settings, language-rich environments, responsive interactions and child participation.<sup>15</sup> As of the end of Fiscal Year 2016/2017, over 325 early learning providers have been participating in Quality Start Riverside County to increase quality in their child care environments. Of these, 55 are tier rated at 2 or above in quality standards as identified by the Quality Rating Improvement System (QRIS).<sup>16</sup>

The availability of licensed child care has decreased significantly (11,667 less center-based spaces from 2012 to 2014 for children ages 0-5 and 5,479 less family child care home spaces from 2012 to 2014).<sup>17</sup> When care is available, it is costly. For example, for one infant and one preschooler, a family earning the county median family income (\$56,592) could pay 27 percent of their income for these children (14% for a preschooler in a center and 13% for an infant/toddler in a family child care home).

Subsidized care is provided by other entities such as the Riverside County Office of Education and the Riverside County Department of Public Social Services, but eligibility guidelines limit access due to capacity and funding. The existing service system also does not fully reinforce the availability of quality care, nor allow transitional pathways for families who suddenly become income ineligible due to changing circumstances. This impacts continuity of care for children.

<sup>13</sup> NAEYC

<sup>14</sup> NAFCC

<sup>15</sup> A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcome in Learning, Behavior, and Health for Vulnerable Children. Center on the Developing Child, Harvard University. National Forum on Early Childhood Program Evaluation; National Scientific Council on the Developing Child

<sup>16</sup> iPinwheel Data Management System: Quality Start Riverside County

<sup>17</sup> The 2015 Child Care Portfolio produced by the California Child Care Resource & Referral Network

In addition, there is a growing prevalence of children with a wide range of special needs. Children with high needs are 50% more likely to be placed in special education classes, 25% more likely to drop out of school, 70% more likely to be arrested for a violent crime and 40% more likely to become a teen parent.<sup>18</sup> Children with high needs who participate in high-quality early learning environments benefit greatly, often exceeding national averages on measures of school readiness. In Riverside County, families have a continued need for services in early learning settings which support inclusion practices.

## Growing Need for Health Equity

In relation to overall health factors, Riverside County ranks 39<sup>th</sup> out of 58 California counties; it ranks 42<sup>nd</sup> for quality of life, 47<sup>th</sup> for clinical care, and 56<sup>th</sup> for the physical environment.<sup>19</sup> The combination of nearly all health indicators strongly correlated with race and/or class with a saturation of users to the health care system make health equity a growing area of concern for the County as a whole.

In Riverside County, one primary care pediatrician is available for every 2,800 children through age 5; this is six times lower than the statewide rate.<sup>20</sup> The County also has lower than State average rates of children visiting the dentist, with only two-thirds of children 2 to 3 years of age having ever visited a dentist.<sup>21</sup> In addition, childhood obesity rates have more than tripled in the last four decades,<sup>22</sup> only 77% of mothers receive prenatal care<sup>23</sup> and asthma prevalence continues to be higher in Riverside County (21% compared to 15% statewide in 2013-2014).<sup>24</sup> There is also a significant increase in behavioral health needs particularly among children age 17 and younger; a challenge exacerbated by low rates of developmental screening (nationally, fewer than one in three children receive developmental screening).

Some health investments historically supported by First 5 Riverside will now be addressed through the Affordable Care Act (ACA); however, gaps in services remain such as education (preventative strategies) and navigation of the health system and other services not offered under ACA coverage plans.

## Increase in Family Stress

Approximately one-third (32%) of households in Riverside County have a child under age 6.<sup>25</sup> The physical and emotional well-being of children is largely dependent on the strength, health, and resilience of their family.

There are an increasing number of families facing critical challenges in Riverside County. The number of homeless children ages 0 through 5 in Riverside County rose from 2,891 in 2013 to 3,391 in 2014.<sup>26</sup> In addition, an increasing number of families are living in poverty, with 25% of children age 5 and under living in poverty in the County.<sup>27</sup> In 2014, Riverside County had the second highest rate of children with substantiated cases of child abuse and neglect compared to neighboring counties and the State. For children from birth to age 5, the rate of substantiated reports is 16.8 per 1,000 children compared with

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<sup>18</sup> Ounce of Prevention

<sup>19</sup> 2017 County Health Rankings

<sup>20</sup> CA HealthCare Foundation June 2009

<sup>21</sup> Riverside County Indicators Report 2014

<sup>22</sup> Family Health Outcomes Project: Community Health Status Report 2010

<sup>23</sup> CA Department of Public Health Status Profiles 2017

<sup>24</sup> Kidsdata.org

<sup>25</sup> US Census Bureau Community Facts

<sup>26</sup> Kidsdata.org

<sup>27</sup> Riverside County Community Indicators Report 2015

California's rate of 12.6 per 1,000 children<sup>28</sup>Other challenges include a significant percentage of children in foster care, and grandparents who are responsible for raising their grandchildren while dealing with their own aging needs and health issues. These all contribute to a high number of families with limited access to the resources necessary to help children grow up healthy and ready to succeed.

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<sup>28</sup> University of California, Berkley, Center for Social Services Research, Child Welfare Research Center cited in Riverside County Community Indicators Report 2015



# III. Strategic Essentials and Investment Guidelines

The 2016-2021 strategic plan process was guided by three strategic essentials, developed by Commissioners to ensure the success and sustainability of the Commission’s efforts to advance its vision, mission, and long-term objectives. The Strategic Essentials include:

- **Support strategic positioning and partnerships:** Maximize return on the Commission’s future investments through leveraging resources
- **Support the development of organizations and providers:** Provide technical assistance and support to programs to build capacity and increase independence from First 5 funding
- **Integrate direct services:** Provide funding for services that integrate other First 5 programs and link to existing programs and services

## Investment Guidelines

To help define and support First 5 Riverside’s shifting focus, the Commission developed five investment guidelines to express First 5 Riverside’s point of view about how and where it can have the most impact and advance the strategic essentials.

### Five Investment Guidelines to Implement the Strategic Essentials

#### Upstream (Prevention) ⇌ Downstream (Intervention)

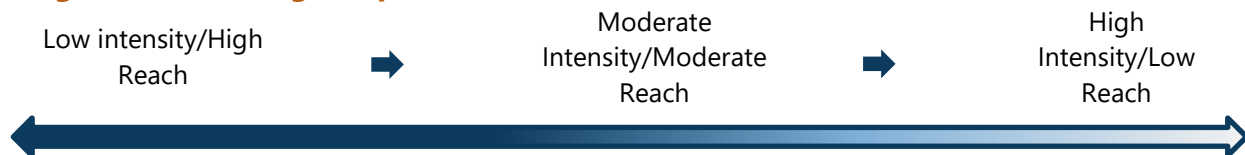


Upstream strategies focus on improving fundamental social and economic structures, environments, and conditions that support the ability of individuals and groups to reach their full health potential and to withstand challenges. Downstream strategies focus on providing equitable access to care and services to ensure that any presenting problems or challenges are addressed effectively.<sup>29</sup>

**First 5 Riverside position:** First 5 Riverside investments will fall on the upstream/prevention side of the continuum, prioritizing support for promotion, primary prevention, and early intervention strategies.

<sup>29</sup> National Collaborating Centre for Determinants of Health

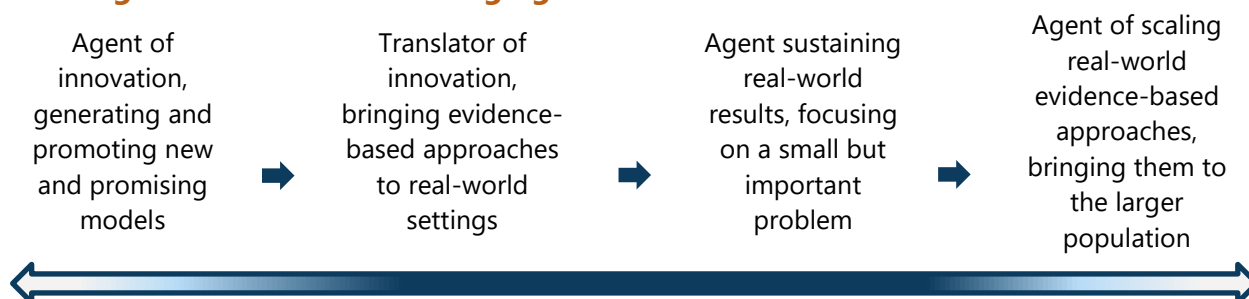
## Going Broad ⇌ Going Deep



Going broad means engaging in strategies that have less impact on a greater number of people, while going deep means engaging in strategies that have greater impact but reach fewer people.

**First 5 Riverside position:** First 5 Riverside investments will fall on the left to middle section of this continuum, with most investments ranging from low intensity with high reach to moderate intensity and reach.

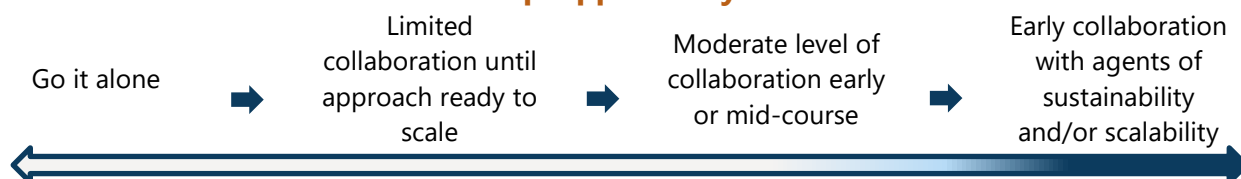
## Growing Local Models ⇌ Leveraging Evidence-Based Models



Growing local models means being an agent of innovation, generating and promoting new and promising models. In the middle of this continuum means being a translator of innovation, bringing evidence-based approaches to real-world settings, and being an agent sustaining real-world results, focusing on a small but important problem. Leveraging evidence-based models means being an agent of scaling real-world evidence-based approaches by bringing them to the larger population.

**First 5 Riverside position:** First 5 Riverside investments will generally fall in the middle of this continuum, and thus First 5 Riverside will largely serve as a translator of innovation and agent of sustaining real-world results.

## Go It Alone ⇌ Start with Partnership Opportunity



Going it alone means engaging in limited collaboration until an approach is ready to replicate or scale, while starting with partnership opportunities means engaging in collaboration early in the process with agents of sustainability and/or scalability.

**First 5 Riverside position:** First 5 Riverside investments will primarily follow a model of collaborating early with other partners and/or agents of sustainability and/or scalability.

## Direct Services ⇌ Systems and Policy Change



On one side of this continuum is a focus on funding direct services; the middle of this continuum includes enhancing service delivery; and the other side of this continuum focuses on working towards systems improvement and being a champion for policy change.

**First 5 Riverside position:** First 5 Riverside investments will primarily be directed towards systems and policy change.

These guidelines establish the Commission's preferences for how future investments will be allocated, and are to be considered both in evaluating individual proposals and assessing the overall portfolio of First 5 Riverside investments.

## IV. Our Strategic Framework

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First 5 Riverside's vision, mission, and values remain constant and continue to anchor and guide the Commission's work:

### Vision

All children in Riverside County are healthy and thrive in supportive, nurturing, and loving environments and enter school ready to learn and embrace lifelong learning.

### Mission

First 5 Riverside invests in partnerships that promote, support and enhance the health and early development of children, prenatal through age 5, their families and communities.

### Values

- Child & Family
- Outcomes-Driven
- Collaboration
- Sustainability

### Protective Factors

In addition to mission, vision, and values, First 5 Riverside utilizes the Strengthening Families™ Protective Factors Framework<sup>30</sup> as a foundational philosophy for its approach to improving the lives of young children. Extensive evidence supports the common-sense notion that, when these Protective Factors are present and robust in a family, the likelihood of a child achieving optimal health and development is greatly increased. The Protective Factors include the following:

- 1. Parent Resilience:** No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude and seeking help when it is needed.
- 2. Knowledge of Parenting and Child Development:** Having accurate information about raising young children and appropriate expectations for their behavior help parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavior problems or special needs require extra support in building this Protective Factor.
- 3. Social and Emotional Competence of Children:** A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, so early identification and working with them helps keep their development on track and keeps them safe.

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<sup>30</sup> Created by the Center for the Study of Social Policy, the Strengthening Families™ Protective Factors Framework is a strength-based initiative for preventing child abuse and neglect in families with children birth to age 5.

<https://www.cssp.org/reform/strengthening-families/basic-one-pagers/Strengthening-Families-Protective-Factors.pdf>

Also, children who have experienced or witnessed violence need a safe environment that offers opportunities to develop normally.

4. **Social Connections:** Friends, family members, neighbors, and other members of a community provide emotional support and concrete assistance to parents. Social connections help parents build networks of support that serve multiple purposes: they can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation is a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.
5. **Concrete Support in Times of Need:** Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

## New Impact Model

First 5 Riverside crafted a new Impact Model as a part of this strategic plan revision process to reflect a refined understanding of its ideal role in supporting improvements to systems that serve children 0 through age 5 and their families.

First 5 Riverside's Impact Model is organized around three developmental areas for children:

1. Resilient Families;
2. Comprehensive Health and Development; and
3. Quality Early Learning.

These three developmental areas, which were recently adopted by the First 5 Association, correspond to the three program areas around which First 5 Riverside currently organizes its investments, and which have been until now named "Strengthening Families, Child Health, and Early Learning." First 5 Riverside is using the opportunity afforded by this strategic plan revision process to re-name its program areas according to this new nomenclature. Because of the one-to-one correlation between the new and old names, there are no implications of this change for how First 5 Riverside organizes its investments; these three program areas will continue to be used to define a coherent set of program activities designed to produce a distinct set of child and/or family outcomes that correspond to each developmental area.

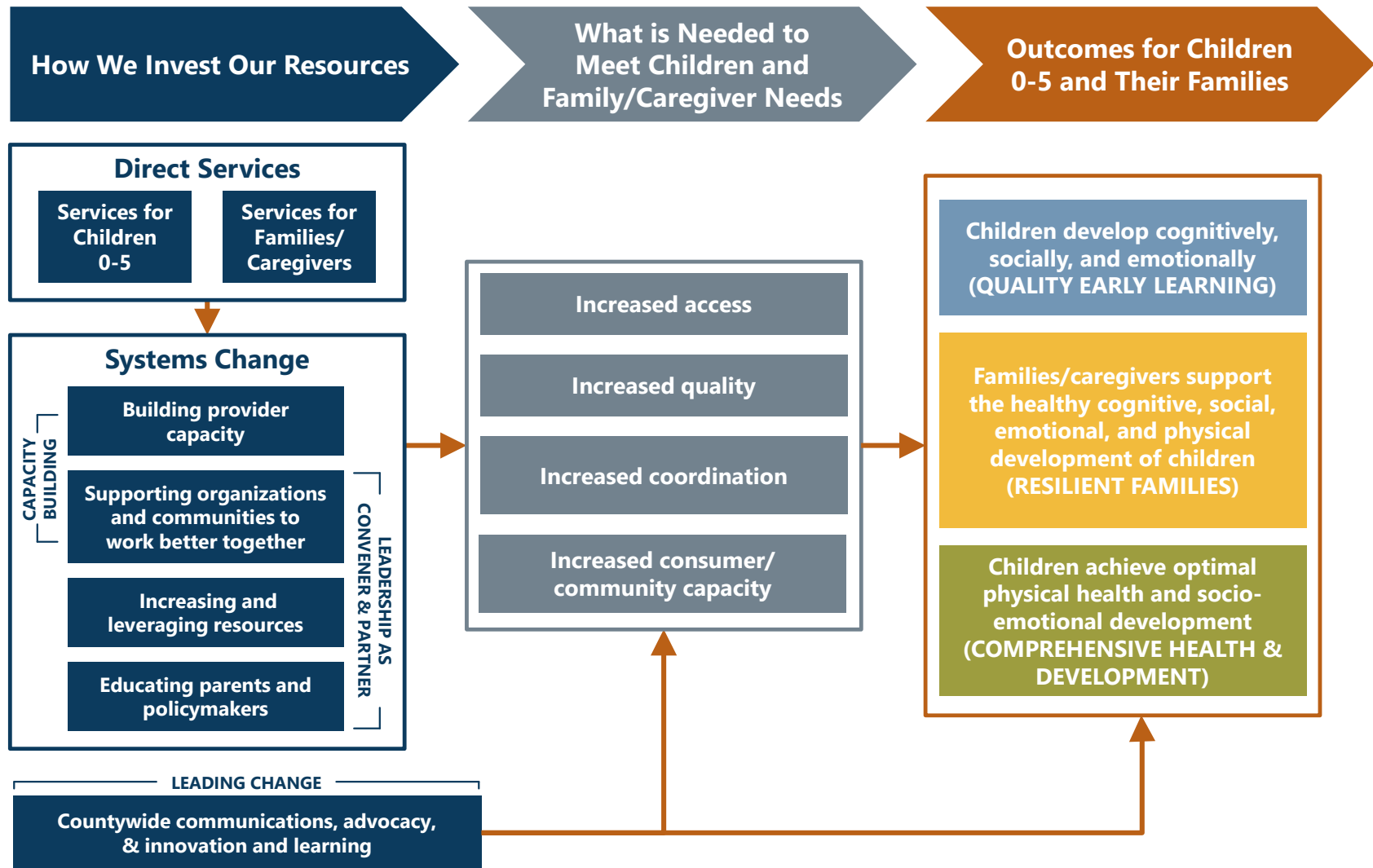
The new Impact Model introduces two new ways of thinking about First 5 Riverside's role and the impact it is seeking to create. First, it establishes an outcomes framework for the system changes First 5 Riverside is working towards, which is divided into four different kinds of systems change outcomes and expressed in terms of what will be different for children and their families in relation to the services and supports they need to thrive:

1. Increased access (to services and supports)
2. Increased quality (of services and supports)
3. Increased coordination (of services and supports)
4. Increased consumer and community capacity (to utilize services and supports, as well as to successfully face challenges)

These outcome areas are important because they define how First 5 Riverside will measure the success of its investments: in terms of their effectiveness in advancing these systems change outcomes on behalf of young children and their families. These outcome areas are used to organize the measurable results listed in the program strategies that specify what each of the program strategies is designed to achieve.

Second, the new Impact Model introduces an organizing principle for the different types of investments First 5 Riverside makes to strengthen the system of services and supports for young children and their families. This organizing principle divides investments into two meta-categories: *direct services* and *systems change*. Within those meta-categories, direct services can take the form of services for children or services for families and caregivers, while systems change investments take the form of efforts to build provider capacity, to support organizations and communities to work better together, to increase and leverage resources, and to educate parents and policymakers. Within each program area, those systems change investments tend to target a set of stakeholders specific to that program area, while First 5 Riverside will also continue to lead and advocate for change at a county-wide, cross-systems level.

# First 5 Riverside Impact Model



This new Impact Model increases the clarity and consistency of First 5 Riverside’s investment strategies, and helps to build connection and alignment between streams of work across program areas that have characteristics in common (for example provider capacity building efforts in the Quality Early Learning program area could be leveraged in services of similar capacity building efforts in Comprehensive Health and Development).

In the following section, goals, strategies, activities, and results are organized according to this Impact Model.



## V. Program Goals

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### Goal 1:

#### Quality Early Learning

##### Goal Statement

Children, birth through age 5, benefit from high-quality early education, early intervention, family engagement, and support that prepares all children to reach their optimal potential in school and life.

##### Strategy Narrative

First 5 Riverside increases access to quality child care through two major collaborative initiatives: Quality Start Riverside County (QSRC) and the Riverside Hybrid Alternative Payment (RHAP) program.

Quality Start Riverside County is the region's Quality Rating and Improvement system (QRIS) and provides four critical supports: establishing and promulgating quality standards for early care and education, rating early childhood education (ECE) providers using these standards, providing professional development opportunities for providers to help them increase the quality of their care, and providing parents and caregivers with tools and resources to select quality programs. The major components of quality according to Quality Start Riverside County are: Child Development and School Readiness (how programs use child observation tools, create appropriate learning activities, and utilize health and developmental screenings), Teachers and Teaching (the teacher or family child care home provider's education and qualifications, and how effectively the teacher interacts with children and engages parents), and Program and Environment (the adult-child ratios and group size, how safe and effective the classroom environment is for learning, and qualifications of the program director).

RHAP leverages Quality Start Riverside County by requiring participating providers to be a part of QSRC, and provides funding for more than 700 full-time scholarships per month, for families who do not qualify for other child care subsidies, to access these quality services through scholarships. RHAP also leverages the capacity of the Riverside County Office of Education (RCOE) to administer scholarships, collect data, and provide quality incentives to participating providers.

These two initiatives build upon investments by First 5 Riverside over the past several years that have proven successful both in increasing access and quality and in promoting the long-term capacity of key players – including the Riverside County Office of Education and the Consortium for Early Learning Services – to strengthen the early care and education system.

##### Activities

###### A. Direct Services

###### *Services for children*

- Provide 700+ scholarships/month for child care to low income families through the RHAP program, while enabling the families to have choice in provider; reserve some of these scholarships for special populations.
- Support early literacy efforts such as *Raising a Reader* and *Reach Out and Read*.

### *Services for families/caregivers*

- Provide education and tools to parents/caregivers on how to choose a quality early learning program.
- Provide parents/caregivers with evidence-based early language and literacy tools, through the use of technology and traditional resources, to maximize existing family routines to engage in more home and center-based learning.

## **B. Systems Change**

### *Building provider capacity*

- Strengthen the professional development system for early care and education providers by making available a cohort of experts that provide reflective coaching, training and assessments, with a focus on increasing the quality of curriculum, teacher-child engagement, and enhanced teaching practices.
- Partner with the Consortium for Early Learning Services to administer a stipend program to make professional development supports available to providers not located at state-funded ECE sites.
- Serve the County's linguistic needs through the provision of bilingual materials and trainings.
- Encourage provider participation in QRIS through requirements (to participate in IMPACT or QRIS Block Grant) in order to be eligible for RHAP scholarships and/or incentives.
- Promote and support parent engagement activities with service providers through the Strengthening Families™ Protective Factors Framework.
- Support the dissemination and implementation of the Early Development Instrument that measures physical well-being and motor development, social and emotional development, cognitive skills, language and developing literacy and the ability to concentrate and follow directions.
- Train and support Quality Start Riverside County (QSRC) providers' utilization of iPinwheel, an online data management system that helps providers track and learn from data related to program quality.
- Partner with the Consortium for Early Learning Services to administer Jump Start quality packages for eligible participating sites.
- Partner with RUHS-Public Health to administer NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) and provide on-site training through developing policies and practices that promote optimal nutrition and support QSRC sites to improve health and physical activity and reduce obesity.

### *Supporting organizations and communities to work better together*

- Convene a consortium comprising of ECE and health related stakeholders that share the same mission and vision for children in Riverside County to improve the quality of early learning, and to implement the QRIS framework in Riverside County.

### *Increasing and leveraging resources*

- Leverage the capacity of RCOE to administer ECE scholarships, provide parents with education and information on the importance of quality, document the number of children with special needs, and provide participating providers tiered incentives.
- Build upon current systems at the Consortium for Early Learning Services to coordinate and manage early learning trainings for teachers and administrators participating in QSRC (also aligned with RCOE CA State Preschool Program and Infant Toddler Block Grant), supporting seamless provision of training opportunities to all ECE providers throughout Riverside County.
- Leverage AB212 resources and capacity to expand the range of ECE providers eligible for professional development stipends.

### *Educating parents and policymakers*

- Educate families about the importance of quality in early learning.
- Encourage and support families to use published quality ratings in choosing child care.
- Use data from readiness assessment to inform and drive policy decisions and investments across the early education sector in Riverside County.

## Results

### *Increased access*

- Increased access to high-quality early care and education for infants, toddlers and preschoolers, with a focus on families who fall between low-income level ranks who are not supported by other subsidized programs.

### *Increased quality*

- Increased level of quality in early learning centers and family child care homes as demonstrated by site-specific tier rating or implementation of evidence-based practices in alternative sites.
- Increased capacity of ECE providers to:
  - provide high quality care and learning environments;
  - utilize assessments to understand need, tailor learning experiences, and prepare children for seamless transition into kindergarten;
  - deliver appropriate nutrition and physical activities in early learning settings; and
  - engage parents as the child's first and best teacher.
- Increased number of early learning programs that become NAP SACC certified and maintain certification.
- Increased positive engagement and quality interactions between child and parent/caregiver or child and teacher
- Increased knowledge and understanding of children's development of motor, social, emotional, literacy, and numeracy skills.

### *Increased efficiency*

- Existing professional development and subsidy programs are leveraged to expand reach.
- Early education stakeholders embed workforce development strategies to increase alignment across qualifications, competencies, preparation and training.

### *Increased consumer/community capacity*

- Increased parent's awareness regarding the importance of choosing quality licensed learning environments and how to choose quality care.
- Increased community understanding of the important role that high quality early learning plays in young children's school-readiness and long-term success.
- Create a shared vision for systems reform and a joint approach to solving early childhood development barriers and challenges, aligning countywide data and measurement of indicators.

## Quality Early Learning Program Spotlight: Quality Start Riverside County

### What is Quality Start Riverside County?

Quality Start Riverside County helps child care and preschool programs provide the highest quality early learning experiences possible. The program: (1) establishes standards for quality, (2) rates programs using these standards, (3) provides parents and caregivers with tools and resources to find and select a quality early learning program for their child, and (4) gives early educators resources and professional development opportunities to continuously improve and elevate the quality of the care they provide.



### How does Quality Start strengthen the system of care for children and families?

Quality Start envisions that every child in Riverside County has **access** to **high quality** early learning environments that build the foundation for success in school and lifelong learning. Quality Start brings together early educators, families, and community partners to implement a **coordinated** and **sustainable** approach to supporting the quality of early learning in Riverside County. The program seeks to build **community awareness** about the benefits of Quality Start and engage partners and policymakers in supporting its success.



## Goal 2:

### Comprehensive Health and Development

#### Goal Statement

Children, prenatal through age 5, and their families access the full spectrum of health and behavioral health services needed to support their healthy physical and socio-emotional development and overall health.

#### Strategy Narrative

First 5 Riverside improves capacity of health and behavioral systems to meet the needs of children and families through a systemic and coordinated network, enabling increased effectiveness and navigation of services. Strengthening the system of care for children and families allows for better connection and access to the services they need, and creates enhanced opportunities for high quality and seamless services.

First 5 Riverside has identified multiple approaches for advancing improvements across these health-related systems to help the greatest number of children and families. First 5 Riverside's investments in this goal area will focus on improving how health-related systems connect, coordinate, and assist families in receiving early intervention services needed for their child's healthy development. Specifically, First 5 Riverside will work to improve how systems work together to provide timely screening, effective care coordination, and appropriate referrals so that more young children at risk of developmental delays have access to the care they need to thrive. In addition, some investments will focus on directly serving children and families, including drowning prevention efforts delivered through funded partners that provide water safety and swim lessons for young children and prevention strategies for parents.

First 5 Riverside will also invest in building provider capacity within the Comprehensive Health and Development program area. First 5 Riverside will continue to fund the University of California – Riverside School of Medicine to provide medical students with scholarships to complete their pediatric residency and upon graduation, commit to practicing as pediatricians in Riverside County. This investment aims to increase access for children to specialized pediatric primary care.

Help Me Grow (HMG) is a system integration effort conducted in partnership with First 5 San Bernardino and Loma Linda University Medical Center Children's Hospital (LLUCH); it is a mechanism to promote cross-sector collaboration to build an efficient early childhood network that promotes healthy development of children. Children and families benefit from a centralized access point that assists families in connecting with specialized professionals in community-based settings, following early detection through screenings for cognitive, physical or behavioral issues. Currently in the planning phase, further investment will be required to fully develop and operationalize this system of care.

Care coordination is a pivotal component of supporting families to understand and navigate health systems. First 5 Riverside will invest in the establishment of an interdisciplinary, pediatric primary care program, such as HealthySteps, to ensure that specialists are available to connect families during well-child visits to other providers as needed. This early identification and intervention approach ensures children and families do not fall through the gaps of services and builds a system that is seamless for families. Expanding an integrated health system with care coordination connects children to screening for early identification. First 5 Riverside will consider further supporting this effort through the establishment of a standardized screening and assessment tool to be utilized by providers across the County.

First 5 Riverside will continue to partner with the California Department of Health Care Services to implement the Local Dental Pilot Project – Inland Empire (LDPP-IE), which supports the integration and coordination of innovative preventive, oral health interventions for children in community settings, from

screening through treatment. This program has two key components: (1) Through a Virtual Dental Home (VDH) model, provider capacity is expanded through the utilization of tele-dentistry, including training of providers and billing of services through Medi-Cal, ensuring sustainability; and (2) an Early Childhood Oral Health Assessment (ECOHA) is administered by non-oral health providers in early care and education settings, schools, and home visitation programs through mobile technology. Care coordination is an integral component of both strategies, to connect children and families to a local dental home.

Underlying these comprehensive health and development initiatives is the continued emphasis on systems integration and coordination through expansion and capacity building of providers and existing services. The presence of a responsive health care system is key to universal access for children and families.

## Activities

### A. Direct Services

#### *Services for children*

- Provide swimming instruction and water safety classes for children.
- Partner with the California Department of Healthcare Services to provide preventative dental services to children in the Inland Empire through:
  - Virtual Dental Home (tele-health technology) in non-dental settings for youth, ages 0 through 5.
  - Early Childhood Oral Health Assessment (ECOHA) in community settings and at home, targeting children 0 through 5.
- Provide culturally relevant developmental screenings, comprehensive assessments, and early intervention services through an integrated system of care.
- Provide team-based well-child visits in a primary care setting that ensures infants and toddlers receive nurturing parenting and healthy development. This HealthySteps model will be embedded through 10 Federally Qualified Health Centers (FQHCs) across the County serving various communities and will provide and support:
  - Child development, social-emotional and behavioral screening;
  - Screening for family risk/protective factors and social determinants of health;
  - Connections to community resources;
  - Care coordination and systems navigation;
  - Access to HealthySteps Specialist support between well-child visits;
  - Positive parenting guidance and information; and
  - Early learning resources.

#### *Services for families/caregivers*

- Provide care coordination for families/caregivers for children assessed for caries risk through the Early Childhood Oral Health Assessment (ECOHA) or Virtual Dental Home (VDH) to establish a dental home.
- Connect families to Help Me Grow for care coordination and systems navigation to community resources for early identification and early intervention.
- Provide parents with expertise and personalized support regarding child development needs through the HealthySteps specialist.

### B. Systems Change

#### *Building provider capacity*

- Provider training on using Ages and Stages Questionnaire (ASQ-3; ASQ:SE-2).
- Provider training, technology, and tele-dentistry equipment around the delivery of dental services and care.
- Establish a platform to ensure that evidence-based validated screenings are used in accordance with AAP guidelines.

- Support providers' ability to ensure continuity of care across the spectrum of developmental and behavioral services and supports.
- Establish a prevention-focused, pediatric residency clinical practice and research program to encourage local students to train and practice as primary care pediatricians in the County.

### ***Supporting organizations and communities to work better together***

- Provide information, referrals and linkages to health services for high risk children and families through a coordinated and responsive system.
- Create cross-county regional systems that provide a platform to leverage resources, skills and partnerships to deliver comprehensive health programs, and provide innovative strategies in problem solving. Examples of existing platforms include partnerships with First 5 San Bernardino for Help Me Grow and LDPP-IE.
- Facilitate the exchange of information and best practices and seek new opportunities to maximize positive impact for children through engagement with relevant organizations and communities.
- Create a system that encourages ownership of child outcomes using data to inform decision making at the population and community level, leveraging resources across the system.

### ***Increasing and leveraging resources***

- Create an integrated system involving community health centers, early care and education centers, schools, and home visitors to improve coordination and better assist families in receiving early identification and intervention services.
- Ensure the build out and sustainability of a Help Me Grow system that has the capacity to develop a robust inventory of resources and services for children and families.

### ***Educating parents and policymakers***

- Provide information, referrals and linkages to health services for high risk children and families through a coordinated and responsive system.
- Increased community's knowledge about healthy child development through public education campaigns and cross-disciplinary workforce development.

## **Results**

### ***Increased access***

- Reduced number of drownings in the County.
- Increased access to swim lessons for children.
- Increased number of children receiving developmental screenings per the AAP guidelines.
- Increased number of Medi-Cal enrolled children who have had an ECOHA and preventative dental visit.
- Increased health provider knowledge about developmental screenings.
- Increased application of validated screening tools in accordance with AAP guidelines.
- Established and increased continuity of care across the spectrum of developmental, health, and behavioral health services.
- Increased number of pediatricians.
- Increased preventive services utilization for children, especially for high-risk and at-risk children.

### ***Increased quality***

- Increased understanding of social emotional learning and its value across providers, parents and the community.
- Increased implementation of wellness checks.



### Increased efficiency

- Early identification and intervention:
  - Increased experience for parents and caregivers in a seamless system of care.
  - Increased number of referrals.
  - Increased number of referrals that lead to service uptake.
- Decreased inappropriate utilization of the emergency room.

### Increased consumer/community capacity

- Increased levels of children's' water safety skills.
- Strengthened connections for families to pediatric practice.
- Engaged and empowered parents in the process of identifying child healthcare needs and participating fully in decision-making and care planning.
- Increased awareness by parents/caregivers around water safety.

## Comprehensive Health & Development Program Spotlight: HealthySteps

### What is HealthySteps?

HealthySteps is an evidence-based pediatric primary care model that integrates a child development professional, a HealthySteps Specialist (HSS), into a child's primary care team, ensuring that families have access to expertise and personalized support. The HSS joins families in well-child visits starting at the first newborn visit, provides tailored guidance and referrals, on-demand support between visits, and care coordination.



### How does HealthySteps strengthen the system of care for children and families?

HealthySteps transforms the pediatric primary care experience through a broadened primary care team via the HSS, integrating health services and parental support in the pediatric setting. The HSS increases families' **access** to health services by helping them to navigate the system and providing expert advice on child development and parenting information. Families experience a more seamless, **coordinated** system with an HSS facilitating the referral process between the primary care provider and community resources. HealthySteps changes the structure of pediatric developmental care through an **integrated system of care** with specialists addressing concerns at the forefront.





## Goal 3:

### Resilient Families

#### Goal Statement

Families and communities are engaged, supported, and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring, and providing for their children's success and well-being.

#### Strategy Narrative

First 5 Riverside strives to support the community in understanding the importance of, and ways of building, resilient families. The Protective Factors™ are the foundation of First 5 Riverside's approach to strengthening families; the factors are: 1) parental resilience, 2) knowledge of parenting and child development, 3) social and emotional competence of children, 4) social connections, and 5) concrete support in times of need. Research shows that these factors are essential to create healthy environments for the optimal development of all children. By helping to create safe physical and emotional environments at home, in school and in neighborhoods, First 5 Riverside can support building vibrant and resilient communities throughout Riverside County.

First 5 Riverside's core investment within the Resilient Families program area is in home visitation. To make effective home visitation available to more families who need it, First 5 Riverside will work to expand funding and implementation of both Nurse-Family Partnership (NFP) and SafeCare, two evidence-based models that have shown to make a positive difference for children and families on a range of outcomes related to the Protective Factors. Expansion of these models and others will include leveraging additional funds and building more upstream and prevention components into these home visitation services.

A second investment priority for First 5 Riverside within the Resilient Families program area is supporting providers that serve children and families to incorporate the Protective Factors into their program design and delivery so that programs have an enhanced capacity to support family resiliency. Specifically, First 5 Riverside will support providers to use the Protective Factors to:

- help parents understand, develop, and use culturally effective parenting and child development strategies that create nurturing, responsive, stable relationships and learning environments for their children;
- provide information, referral, and service linkage to ensure families access appropriate services and supports; and
- ensure that families have access to case management services that take the whole family into account and create opportunities for parents and/or caregivers to support their child's development at the earliest stages.

First 5 Riverside's investments in family resiliency draw heavily on evidence-based models, most of which require National affiliation and entail annual monitoring of outcomes and measurements to ensure and maintain the fidelity of the model. In addition to Nurse Family Partnership and SafeCare, two other prominent family strengthening models that First 5 Riverside will support include Parents As Teachers (PAT) and Parent Cafés.

Investments will primarily address direct services for children who are living in communities of highest need and or/are at risk of abuse or neglect. Risk factors may include childhood-related trauma, poverty, parental substance abuse, and repeated changes in caregivers and schools, which result in poor emotional response in children, affecting their early learning development and opportunities to grow in stable environments. Supported programs will serve overlapping populations with some programs targeting first-time parents,

children with incarcerated parents, and pregnant women. Other approaches focus specifically on teenage parents, low-income families, or geographically-isolated families.

The parent/caregiver and service provider relationship is foundational to increasing the Protective Factors, given the critical role parents/caregivers play in their child's development. Therefore, First 5 Riverside, in partnership with others, will seek to impact systems of services and supports to better engage parents/caregiver in fostering their child's early learning and healthy development. This will be undertaken through the expansion of existing programs that creates a continuum of services for children and families and improves child outcomes through strengthening families.

## **Activities**

### **A. Direct Services**

#### ***Services for children***

- Support children's developmental needs by building parent capacity.
- Children participate in programs that address their cognitive, social and emotional needs to improve relationships with parents/caregivers and promote positive environments.

#### ***Services for families/caregivers***

- Provide families/caregivers with access to evidence-based models through partnerships with home visitation providers who have expertise in the provision of home visiting programs to:
  - Connect families to community supports and resources to meet basic needs.
  - Address personal and environmental health, parenting, life course development, relationships with family and friends and community connections.
  - Provide parenting tools to interact in a positive manner with their children and respond appropriately to challenging child behaviors.
  - Increase families'/caregivers' knowledge of child development.
  - Build positive parenting skills and resilient families.

### **B. Systems Change**

#### ***Building provider capacity***

- Engage and mobilize early education and health providers to engage parents/caregivers in supporting their child's development through the promotion of evidence-based programs that increase protective factors in home/health settings.

#### ***Supporting organizations and communities to work better together***

- Develop partnerships with relevant stakeholders to strengthen the coordination and responsiveness of existing home visiting programs by convening and creating opportunities for shared learnings and problem-solving solutions.

#### ***Increasing and leveraging resources***

- Improve the coordination of home visiting programs by promoting an integrated and responsive service system that represents the diverse needs of families.
- Align investments alongside programs that use the Protective Factors Framework.
- Identify data collection tools and performance measures that inform best practice and continuous improvement in building resilient families.
- Improve workforce development through leveraged skills and resources with organizational partners.

### ***Educating parents and policymakers***

- Work in partnership with families and communities to build protective factors.
- Build sustainable infrastructure through advocacy efforts with legislators and policymakers, increasing their understanding of the needs of children at risk of abuse and neglect and ensuring mutual responsibility for better outcomes for children and families.

## **Results**

### ***Increased access***

- Increased social supports for families.
- Increased connection for families to additional concrete support.

### ***Increased quality***

- Increased provider knowledge about child development and parenting and ability to integrate this knowledge into programming.
- Increased environments that provide safe and nurturing experiences for children.

### ***Increased efficiency***

- Strengthened and better coordinated social safety net which supports family resiliency and promotes self-sufficiency.

### ***Increased consumer/community capacity***

- Improved family resiliency, including family functioning, problem solving, and communication.
- Strengthened bond between parent and child.
- Increased parent-provider engagement.
- Increased community capacity to support and promote the safety, healthy development, and well-being of children, prenatal through age 5, and their families.

## Resilient Families Program Spotlight: Home Visiting

### What is home visiting?

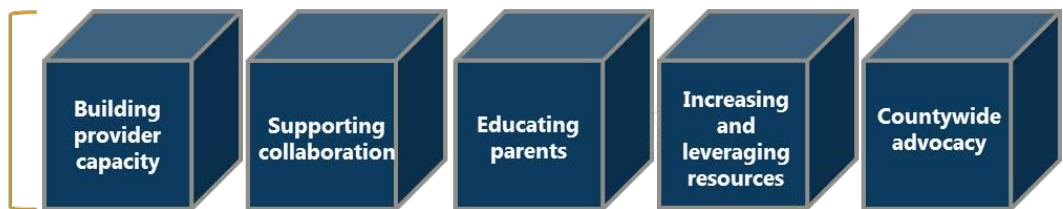
Evidence-based home visitation models provide families of children, 0 through age 5, with in-home support from a trained professional to strengthen protective factors and ensure that young children are safe, healthy, and ready to learn. The **Parents As Teachers** program trains individuals to become certified parent educators who work with families using a comprehensive curriculum. The **Nurse-Family Partnership** program provides first-time, low-income mothers with home visits by a registered nurse who works intensively with the mother from pregnancy through their child's second birthday. The **SafeCare** parent training program connects at-risk families with a specialist that works individually with parents to build their parenting skills and knowledge of early childhood.



### How does home visiting strengthen the system of care for children and families?

Research demonstrates that home visiting programs that provide parent education and support to at-risk families can help to reduce rates of child abuse and neglect, and improve children's health, development, and school readiness outcomes. All three home visiting models are increasing families' **access** to services and resources that support family resiliency, **building provider capacity** to support families in caring for their children, and **educating parents** to have the skills and tools to help their children achieve their fullest potential.

Strengthening  
the system by:



## VI. Cross-Program Goal

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### Goal 4:

#### Countywide Impact

##### Goal Statement

Work with early childhood stakeholders, including State and County agencies, local educational agencies, the child care planning council, institutions of higher education, and elected officials to strengthen countywide efforts to create a comprehensive, integrated early childhood system to improve outcomes for children, prenatal through age 5, and their families.

##### Strategy Narrative

First 5 Statute<sup>31</sup> calls for County Commissions to focus on integrated and comprehensive systems of care for children 0 through 5 years of age. The Commission plays a significant role in working with partners that mirror First 5 Riverside's commitment towards enhancing early childhood systems and to leverage resources as a mechanism to advance the well-being of Riverside County's youngest children and to strengthen families.

In light of its diminishing Proposition 10 revenue, First 5 Riverside has established investment guidelines in support of systems change efforts that incorporate direct services and further the creation of an integrated, coordinated early childhood system.

We place the needs of children, prenatal through 5, at the center of our work and we do so in culturally and linguistically effective ways. Through systems change strategies, we will improve the formal structure through which services to young children are provided in Riverside County through public policy, public education, resource mobilization, data systems integration, health access, information, resources, and referral.

##### Activities

###### A. Communications

- Utilize technology such as the First 5 Riverside website, e-newsletter, and social media platforms to share information and resources such as trainings, best practices, latest research, and funding opportunities.
- Identify, update, design, and disseminate community resource materials to increase public awareness on the importance of early childhood investments.
- Participate on workgroups to facilitate communication, share learnings, and reduce silos among stakeholders on current priorities, goals, and projects to increase services for children and families and maximize resources.

###### B. Research and Data

- Support and guide efforts by Riverside County to conduct a needs assessment for children 0 through age 5 that accurately reflects the diversity of our communities.
- Improve data collection and coordination with First 5 Commissions to enhance research and evaluation capacity.
- Integrate data systems where possible to enhance efficiencies.

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<sup>31</sup> Health and Safety Code Section 130100-130155

- Maximize the use of technological tools such as Geographical Information Systems (GIS) to enhance visual interpretation of data in a mapping format (such as story mapping) that leads to better informed decision-making for investments.

### **C. Advocacy**

- Promote and support First 5 California (F5CA) and the First 5 Association of California (F5A) policy platforms, and to the extent possible, align and collaborate on shared policy goals.
- Advocate and support state legislative efforts for Medi-Cal expansion of home visitation to achieve sustainability impact.
- Explore and promote innovative funding models that have the potential to increase the cost-effectiveness and sustainability of services and systems.

## **Results**

### ***Communications***

- Policymakers and legislators have an increased understanding of the importance of early brain development and the impact on families, especially those living in poverty.
- Community members have a greater understanding of early childhood challenges through education campaigns such as Talk.Read.Sing.<sup>®</sup>, Kit for New Parents, and Quality Start Riverside County.

### ***Research and Data***

- Riverside County specific early childhood needs assessment utilized as a tool to make data-informed decisions.
- Positive results that are measurable, using monitoring and evaluation as a tool for continuous improvement.
- Evidence-based models, practices, and positive outcomes are at the core of investments undertaken by the Commission.

### ***Advocacy***

- Shared policy goals and legislative platform recommendations developed annually. New, diverse, and innovative funding sources secured for prenatal through age 5 programs in the County.

## VII. Procurement and Accountability

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First 5 Riverside is committed to funding strategies and programs that make positive impacts within the community. All strategies in this plan include results and measurable indicators that will be used to assess progress and performance. The results and indicators for each goal are all connected to the new First 5 Riverside Impact Model, and will be used as the basis for contracts with external entities to carry out its work, and to guide the monitoring processes in place to ensure contract compliance and learn whether, and for what reasons, results are or are not being achieved. Annual plans will be developed for all the goal areas that are based on the strategies presented in this document, and results will be assessed and reported to the Commission on an annual basis.

Evaluation identifies the success of past investments and defines future priorities. Evidence-based models are the premise of First 5 Riverside's efforts in moving the needle towards positive results for children and families in the county. As collaborative functioning characterizes how we engage with partners across the county, evaluation of our efforts to build capacity will be paramount to our implementation of programs and investments. This work will involve reviewing the framework of our service systems and consider the effectiveness of the service pathways.

Systems change is complex and requires strong stakeholder engagement, commitment, and accountability. Given First 5 Riverside's focus on systems change, the evaluation of these efforts across the service system will be critical to the ongoing prioritization for Commission investments. This provides the opportunity to identify different strategies that lead to better outcomes for children and their families. This also aligns with the Riverside County mission to identify collaboration opportunities and innovative partnerships to maximize public funds to impact a greater number of citizens.

# Appendix A: Planning Process

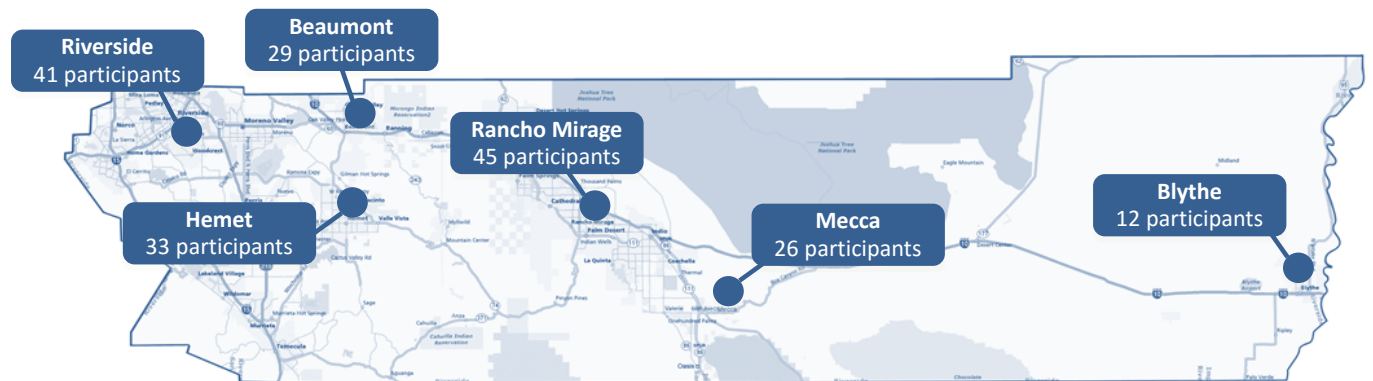
## The Strategic Plan Revision Process

First 5 Riverside engaged Learning for Action (LFA) to guide the revision of its 2016-2021 Strategic Plan. The process included the following components:

- **Commission Workshop:** To plan and prepare for the July 31<sup>st</sup> Commission Workshop, LFA conducted interviews with Commissioners to solicit input from Commissioners on how First 5 Riverside’s current strategic plan should evolve to align with the Long Term Financial Plan projections. The goal of the workshop with Commissioners was to arrive at investment guidelines to support First 5 Riverside with its approach to grantmaking. LFA provided Commissioners with: themes from the interviews, financial scenarios based on First 5 Riverside’s staff presentation on financials, an overview of First 5 Riverside’s Impact Model, and a facilitated discussion to generate Commissioner input of investment guidelines. Commissioners engaged in a dot voting activity during the July 31, 2017 Commission Workshop to articulate their positions on the continuation of the five investment guidelines.
- **Community Engagement:** With the investment guidelines in place, First 5 Riverside engaged stakeholders from the communities it serves in generating input for the 2016-2021 strategic plan revision. First 5 Riverside was committed to ensuring that the process to update the strategic plan was as transparent and inclusive as possible. Multiple opportunities were used to maximize participation and input of a broad array of stakeholders in order to capitalize on their knowledge and perspective including engaging community stakeholders and the Advisory Committee.

In September 2017, First 5 Riverside in partnership with LFA, held six community engagement sessions across Riverside County to engage community members in conversations to generate feedback for First 5 Riverside’s strategic plan update. Sessions were held during the day and evenings, and all sessions offered facilitation and materials to enable the participation of those who preferred to speak in Spanish. A wide array of community members – including parents, providers, elected officials, public agency staff, and community-based organization staff – participated in small group discussions to articulate their vision for children and families in Riverside County and provide their input about the ways that First 5 Riverside and its partners can help meet the needs of their communities. These conversations were organized by the three program goal areas established by First 5 Riverside’s current strategic plan: Early Learning, Child Health, and Family Strengthening.

The sessions were held in the following locations:



Findings from the community engagement sessions were presented to Commissioners at the October 25, 2017 Commission meeting.



- **Advisory Committee Engagement:** LFA provided members of First 5 Riverside’s Advisory Committee with an update on the community engagement sessions and previewed the emerging early learning strategy at the November 8, 2017 meeting.
- **Strategy Development:** LFA worked with First 5 Riverside staff to refine the Early Learning strategy and develop the Child Health, Family Strengthening, and Systems and Network strategies. To align with changes at the state level, First 5 Riverside revised the goal areas to:
  - Quality Early Learning
  - Comprehensive Health & Development
  - Resilient Families
  - Countywide Impact
- **Strategic Plan Approval:** The plan will be presented to Commissioners during their regularly scheduled meeting on December 13, 2017. First 5 Riverside staff and LFA will make any refinements to the plan based on Commissioner feedback.

# Appendix B: Glossary

## Programs, Terms & Acronyms to Know

**Affordable Care Act (ACA):** Refers to the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152). Together, these expand Medicaid coverage to millions of low-income Americans and make improvements to Medicaid and the Children's Health Insurance Program (CHIP).

**Alternative Payment (AP) Program:** State programs that provide assistance with child care payments through a subsidized (alternative) payment.

**California Department of Health Care Services:** State department dedicated to providing Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

**Department of Public Social Services (DPSS):** A county department that provides temporary financial assistance and employment services for families and individuals, programs and services to protect children and adults from abuse and/or neglect, and access to health care coverage to low income individuals and families.

**Early Childhood Oral Health Assessment (ECOHA):** A new screening tool for non-dental providers for children 0 through 5 to assess the current condition of their teeth and overall oral health.

**Early Development Instrument (EDI):**

The **Early Development** Instrument is a validated, population-based measure of **early child development** in five key domains (physical health, emotional maturity, social competence, language and cognitive skills, and communications skills and general knowledge). The EDI is a 103-item questionnaire completed by kindergarten teachers in the second half of the school year which has shown to predict later school success.

**Evidence-Based:** Refers to the use of research and scientific studies as a base for determining best practices.

**Federally Qualified Health Center (FQHC):** Entities as defined by the Social Security Act at section 1905(l)(2) which, is receiving a grant under section 330 of the Public Health Service Act. Programs meeting the FQHC requirements commonly include the following): Community Health Centers, Migrant Health Centers, Healthcare for the Homeless Programs, Public Housing Primary Care Programs, Federally Qualified Health Center Look-Alikes, and Tribal Health Centers.

**First 5 Association of California (F5A):** A nonprofit membership organization for the 58 First 5 County Commissions. The Association connects Commissions to other public and nonprofit partners, including county departments, foundations and child advocacy organizations to ensure collaboration and a common statewide agenda to ensure the best future for children.

**First 5 California (F5CA):** A statewide Commission created by voters under Proposition 10 to recognize that children's health and education are a top priority, especially in the early years of development. for overall guiding programs including public education.

**Geographic Information System (GIS):** A system designed to capture, store, manipulate, analyze, manage and present all types of spatial or geographical data.

**HealthySteps:** A national initiative that focuses on the importance of the first three years of life. Healthy Steps emphasizes a close relationship between healthcare professionals and parents in addressing the physical, emotional and intellectual growth and development of children from birth to age three.

**Help Me Grow:** Help Me Grow is a system model that works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families, so that all children can grow, develop, and thrive to their full potential.

**Improve and Maximize Programs so All Children Thrive (IMPACT):** First 5 California initiative aimed at increasing the number of high-quality early learning settings, including supporting and engaging families in the early learning process-funding supports Quality Start Riverside County.

**Local Dental Pilot Project – Inland Empire (LDPP-IE):** Part of the State of California’s Medi-Cal 2020 Section 1115 waiver, the LDPP-IE represents a critical mechanism to improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform within Riverside and San Bernardino Counties.

**Nurse Family Partnership (NFP):** A maternal and early childhood health home visitation program that fosters long-term success for first-time moms, their babies and society.

**The National Association for the Education of Young Children (NAEYC):** A professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy and research.

**Parents as Teachers (PAT):** A parent education home visitation program designed to give children the best start in life, based on the philosophy that parents are their first and most influential teachers.

**Quality Rating & Improvement System (QRIS):** A QRIS is a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Similar to rating systems for restaurants and hotels, QRIS award quality ratings to early and school-age care and education programs that meet a set of defined program standards. By participating in their State’s QRIS, early and school-age care providers embark on a path of continuous quality improvement. Even providers that have met the standards of the lowest QRIS levels have achieved a level of quality that is beyond the minimum requirements to operate.

**Raising a Reader:** A model designed to engage caregivers in a routine of book sharing with children from birth through age 8 to foster healthy brain development, healthy relationships, a love of reading and the literacy skills critical for school success.

**Reach Out and Read (ROR):** An evidence-based model recommended by the American Academy of Pediatrics which incorporates early literacy into pediatric practice to equip parents with tools and knowledge to ensure children are prepared to learn when they start school.

**Riverside County Office of Education (RCOE):** The agency that provides specific educational, financial, legislative and leadership services and support to all K-12 school districts in Riverside County.

**SafeCare:** An evidence-based curriculum for parents who are at-risk or have been reported for child maltreatment.

**Strengthening Families™ Protective Factors Framework:** Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors:

**Virtual Dental Home (VDH):** Using tele-health technology, the VDH creates a community-based oral health delivery system in which children 0-20 years of age receive preventive and simple therapeutic services in community settings.