



**2006-2010**

**REGION V  
CHILDREN'S SERVICES  
COORDINATING  
COMMITTEE  
COMMUNITY PLAN**



# ***VMOSA***

***VISION & VALUES***



***MISSION***



***OBJECTIVES/GOALS***



***STRATEGIES***



***ACTION PLANS***



## ***VISION & VALUES:***

*Describes what we want the Region V CSCC to look like in ideal terms in the future. The strategic vision and values provide direction and inspiration for organizational goal setting.*

### ***VISION***

**To create a caring community that believes in the worth of children as our greatest resource, and to enhance the quality of children's lives through support and development of a nurturing family.**

### ***VALUES***

- Children have inherent worth and dignity as individuals.
- Families are the most effective structure for caring for children.
- The most effective way to nurture children is through family-based services that are provided in the child's natural environment such as home, school or child care.
- Communities have an obligation to assist families in nurturing and supporting children.
- Prevention and early intervention are the most compassionate and cost-effective methods of helping children and families.
- Families with distinctive cultural backgrounds should be recognized in accord with the unique values of their culture.

### ***MISSION:***

*The Region V CSCC Mission is a broad description of what we do, with/for whom we do it, our distinctive competence, and WHY we do it.*

**Plan and collaborate with parents, policy makers, service providers, and the community to provide advocacy and support for children, youth, and families.**



## **OBJECTIVES/GOALS 2006-2010:**

*Broad statements of what the organization hopes to achieve in the next 3-5 years. Objectives/goals focus on outcomes or results and are qualitative in nature. Objectives/goals will focus on achieving that RVCSCC mission.*

**1) THAT ALL CHILDREN AND YOUTH ARE CARED FOR AND NURTURED.**

*Every child/youth has a need and a right to have positive relationships with caring, competent parents, families, neighbors, and communities who know and support the individual needs of the child/youth, including- parenting, mentoring, guiding, supporting, and nurturing.*

**2) THAT ALL CHILDREN AND YOUTH ARE SAFE PHYSICALLY AND EMOTIONALLY.**

*Every child/youth has a need and a right to safe environments both at home and in the community, including- structured activities, adequate financial support, and appropriate supervision.*

**3) THAT ALL CHILDREN AND YOUTH HAVE A HEALTHY START AND A HEALTHY FUTURE.**

*Every child/youth has a need and a right to quality prenatal, primary, specialized health care and comprehensive health education, including- mental health services, substance abuse services, and a healthy environment.*

**4) THAT ALL CHILDREN AND YOUTH HAVE EFFECTIVE EDUCATION.**

*Every child/youth has the need and a right to effective education from birth to adulthood to reach their fullest potential, including- quality early childhood services, comprehensive education that address social, emotional, physical, and cognitive skills that will result in marketable skills at adulthood.*

**5) THAT ALL CHILDREN AND YOUTH SHALL CONTRIBUTE TO COMMUNITY THROUGH SERVICE AND POSITIVE BEHAVIORS.**

*Every child/youth has a need and a right to become a participating member of the community, to develop and demonstrate respect, responsibility, personal worth, pride and dignity through volunteerism and service.*

## **INPUTS & ACTIVITIES**

**Inputs** are what we do to make each goal's implementation possible. These are the plans or resources we may develop or steps we take to prepare for or support the goal's implementation.

**Activities** are what happen during the implementation of each goal.

Goal One	Inputs	Activities	Short Term Outcomes	Long Term Outcomes
<p><b>THAT ALL CHILDREN AND YOUTH ARE CARED FOR AND NURTURED.</b></p> <p><i>Every child/youth has a need and a right to have positive relationships with caring, competent parents, families, neighbors, and communities who know and support the individual needs of the child/youth, including-parenting, mentoring, guiding, supporting, and nurturing.</i></p>	Collaborate with Parenting Resource to ensure its continued existence.	Examine results of NDSU Extension Parenting Education Needs assessment.  Support United Way of Cass Clay Success by 6 grant application for Parenting Resource Center.		
	Catalog available mentoring programs in Region V.	Research availability of programming in all six counties.		
	Work in collaboration with the Women's Fund to bring in Rosalind Wiseman.	Provide funding resources and develop and distribute marketing resources for the event.		
	CSCC develop a talking point sheet on critical issues concerning children and families and legislation.	Develop a fact sheet that can be faxed and/or e-mail. People can use individually to contact legislators. Have legislative position statements started by mid June Look at posting them on web-site. Need to develop a focus and format.		
	Collaborate with Dakota Medical Foundation to implement a children's mental health needs survey to major providers and referral providers.	Develop, implement, and analyze both surveys.		
	Look at core infrastructure changes due to funding cuts and the impact of the cuts on the safety and well being of children.	More collaborative grant work, more collaborative lobbying for issues, and more public relations/awareness of what real needs are here in Region V.		

- Licenses child care providers, including capacity
- Standard compliance certification/registered child care providers, including capacity
- Approved relative child care providers, including capacity
- Children living in poverty, for ages 0 to 17, ages 0 to 4, and ages 6 to 17
- Children in foster care, including family home placements, residential child care facility or group home placements, and other placements

Goal Two	Inputs	Activities	Short Term Outcomes	Long Term Outcomes
<b>THAT ALL CHILDREN AND YOUTH ARE SAFE PHYSICALLY AND EMOTIONALLY.</b>  <i>Every child/youth has a need and a right to safe environments both at home and in the community, including-structured activities, adequate financial support, and appropriate supervision.</i>	Identify what the issues are for refugee children.	Development of CSCC Refugee Task Force. Look at producing more videos to help refugee families (i.e. discipline techniques, parent education etc.)		
	Collaborate with Dakota Medical Foundation to implement a children's mental health needs survey to major providers and secondary providers.	Develop, implement, and analyze both surveys.		
	Support and collaborate with the Red River Child Advocacy Center.	<ol style="list-style-type: none"> <li>1) Recognize and support</li> <li>2) Help facilitate and roll out into rural areas.</li> </ol>		

**GOAL 2 MEASURABLE DATA OVER TIME:**

- Child abuse and neglect reports
- Suspected victims of child abuse and neglect, as well as victims in cases where services were required
- Children impacted by domestic violence
- Juvenile offenses, including alcohol offenses, unruly behavior, offenses against persons, offenses against property, and other offenses
- Children referred to juvenile court
- Children ages 16 to 19 not enrolled in high school, not high school graduates, and not in the labor force
- Look at Red River Child Advocacy data over time.

Goal 3	Inputs	Activities	Short Term Outcomes	Long Term Outcomes
<b>THAT ALL CHILDREN AND YOUTH HAVE A HEALTHY START AND A HEALTHY FUTURE</b>  <i>Every child/youth has a need and a right to quality prenatal, primary, specialized health care and comprehensive health education, including- mental health services, substance abuse services, and a healthy environment.</i>	Monitor school nursing programs throughout the region.	Track public health agencies funding for school nursing.		
	Monitor obesity issues related to lifestyle. What can the community do to help support a healthy lifestyle?	1) Support PE in schools and good nutrition options for school lunch and snacks.  2) Health care providers encourage a healthy lifestyle during school physicals.  3) Community approach to encouraging active lifestyle, i.e. schools close enough for walking.		
	Collaborate and support the Regional Substance Abuse Prevention Grant	The Region V CSCC will work in conjunction with the Regional Substance Abuse Prevention Coordinator to effectively help implement ATOD free activities and regional coalition building.		
	Collaborate with Dakota Medical Foundation to implement a children's mental health needs survey to major providers and secondary providers.	Develop, implement, and analyze both surveys.		

**GOAL 3 MEASURABLE DATA OVER TIME:**

- Births to mothers receiving inadequate amounts of prenatal care
- Low-weight births
- Deaths of infants less than 1 year of age
- Deaths of children ages 1 to 19
- Out-of-wedlock births to teens
- Women, Infants, and Children (WIC) program participants
- YRBS Regional Data
- Children living in single-parent families
- Mothers in the labor force, as well as mothers with children ages 0 to 5 and children ages 6 to 17 only



Goal 4	Inputs	Activities	Short Term Outcomes	Long Term Outcomes
<p><b>THAT ALL CHILDREN AND YOUTH HAVE EFFECTIVE EDUCATION.</b></p> <p><i>Every child/youth has the need and a right to effective education from birth to adulthood to reach their fullest potential, including-quality early childhood services, comprehensive education that address social, emotional, physical, and cognitive skills that will result in marketable skills at adulthood.</i></p>	Examine the implications of No Child Left Behind policies on schools throughout the region	Invite school administrators throughout the region to discuss how NCLB is effecting their district. This may provide an understating what of what the CSCC can do.		
	Collaborate with Parenting Resource to ensure its continued existence.	Examine results of NDSU Extension Parenting Education Needs assessment.  Support United Way of Cass Clay Success by 6 grant application for Parenting Resource Center.		
	Monitor Head Start resources and expansions	Support and collaborate with Head Start.		

**GOAL 4 MEASURABLE DATA OVER TIME:**

- Average expenditures per student in public schools
- Average daily membership of public schools
- Children ages 3 and 4 enrolled in head start, including center based, home based, and combination based
- Special education enrollment in public schools, for ages 3 to 5, ages 6 to 11, ages 12 to 17, and ages 18 to 21, as well as emotionally disturbed, speech or language impaired, specific learning disability, and mentally handicapped
- Average ACT composite scores
- High school dropouts, grades 9-12



Goal 5	Inputs	Activities	Short Term Outcomes	Long Term Outcomes
<p><b>THAT ALL CHILDREN AND YOUTH SHALL CONTRIBUTE TO COMMUNITY THROUGH SERVICE AND POSITIVE BEHAVIORS.</b></p> <p><i>Every child/youth has a need and a right to become a participating member of the community, to develop and demonstrate respect, responsibility, personal worth, pride and dignity through volunteerism and service.</i></p>	Look at the effects of truancy issues	1) Need to support the Fargo Public Schools Drop-out Prevention Group 2) Identify truancy issues earlier		
	In rural areas need to develop or organize volunteer activities.	Pursue whether or not FirstLINK can collect volunteer data from outlying areas.		

**GOAL 5 MEASURABLE DATA OVER TIME:**