



STRATEGIC PLAN 2006-2011

May 31, 2006

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Thanks also goes to Social Entrepreneurs, Inc., a company whose mission is to improve the lives of people by helping organizations realize their potential. SEI guided the needs assessment and strategic planning process, and drafted the 2006-2011 Strategic Plan. SEI can be contacted at 6121 Lakeside Drive, Suite 160, Reno, Nevada 89511 (775) 324-4567, or on the Internet at <http://www.socialent.com>.

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Executive Summary

Since the passage of Proposition 10 in 1998, California cigarette buyers have been paying an additional 50 cents per pack in sales tax. The revenues generated are distributed to County First 5 Commissions who are charged with funding programs and services for children ages 0-5 and their families.

First 5 Commissions must develop and annually review strategic plans that address the strategic results identified by the State Commission: 1) Improved family Functioning: Strong Families; 2) Improved Child Development: Children Learning and Ready for School; 3) Improved Child Health: Healthy Children. Additionally, each commission must address how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system, thereby creating another focus area: 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services.

First 5 Glenn County Children and Families Commission adopted its initial strategic plan in 2000. Each year since the Commission has reviewed and revised its strategic plan in conjunction with community members. In the fall and winter of 2005-2006 the Commission conducted a needs assessment. Information and data was analyzed and a Community Profile Report was drafted. This report along with input from community members and Commissioners, served as the basis for developing this strategic plan. This document presents the results of the 2006-2007 Strategic Planning process, which occurred between March and May, 2006. The decisions made during two half-day planning retreats attended by Commissioners, community members, staff and funded programs were documented into the draft 2006-2011 Strategic Plan, which was disseminated to the planning group and discussed with community members. The final version of the 2006-2011 Strategic Plan was adopted June 13, 2006.

Five goals and 14 objectives were adopted in the 2006-2011 Strategic Plan, as follows:

Improved Child Development

Goal: Access, quality and diversity of early care and education options will be increased through programs and services that recruit, train and support early care and education professionals.

Objectives:

- Increase the number of providers/facilities that are accredited
- Increase the number of degreed providers
- Obtain increases on the provider training matrix
- Obtain and maintain increases on environmental rating scale (e.g., curriculum, physical environment, professional development areas)

Goal: Children come to school ready and able to learn (cognitive, physical motor development, emotional and social preparation).

Objective:

- Children are screened, assessed at age-appropriate intervals, and referred as needed related to cognitive, social, emotional and physical development

Improved Family Functioning

Goal: Families have increased access to further education and services that enhance financial resources and family stability.

Objectives:

- Increase the completion rates for adult basic education, GED, high school diplomas, and Career Tech training
- Increase CASAS testing results by a minimum of one benchmark for ESL students continuously enrolled for one semester
- Increase the number of parents and other caregivers providing nurturing and positive supports to their children

Improved Child Health

Goal: All children prenatal to five are ensured of entering school with the best possible physical and mental health.

Objectives:

- Children receive age appropriate dental health screening and treatment
- Children screened and evaluated for physical health (e.g., sight, hearing, obesity, exposure to lead and mercury, etc.) at age appropriate intervals
- Children screened and evaluated for behavioral health issues; early intervention and support provided for children, their parents and teachers

Improved Systems of Care

Goal: The service delivery system is available, accessible, consumer driven and consumer focused.

Objectives:

- Funded service providers demonstrate adherence to the Principles on Equity
- Funded programs show evidence of increased collaboration and ongoing communication
- Funded programs demonstrate commitment to sustainability

A collection of strategies known to be effective in achieving results were identified and prioritized. Nearly all strategies included in the five-year plan work to improve and develop a consumer-oriented and easily accessible system for early childhood development within Glenn County. Funding will be used to support programs and activities that incorporate one or more of the strategies and are in alignment with the Commission's priorities and principles.

First 5 Glenn County will continue to offer mini-grants, and will issue RFPs for major programs, initiatives and projects as needed. Contracts, even for multi-year projects, will be entered into annually. This year, the Commission will initiate a new funding mechanism specifically aimed at increasing system effectiveness while addressing unmet needs with limited resources. The non-competitive funding approach, modeled after the Meet to Reach Mutual Agreement (MRMA) process is expected to build the capacity of the county's residents and services providers to address needs in effective and sustainable ways. The Commission retains the right to extend funding or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation.

The Commission will evaluate grantees' progress on a regular basis using the evaluation framework developed based on Results Based Accountability methodology. Together the Commission and grantees

will evaluate progress and share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the Commission will come closer to achieving its vision that *Children in Glenn County will thrive in supportive, nurturing and loving families and communities and be positively prepared to enter school to become productive well-adjusted members of society.*

Background

Proposition 10 – California’s Children and Families Act

In 1998, the California Children and Families Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products. These funds are expected to be used to create a comprehensive and integrated delivery system of information and services that promote early childhood development from prenatal to age 5. Over the past few years many changes have occurred in Prop 10, such as increased funding for smaller population counties; the creation and continued funding of a statewide School Readiness Initiative; and, implementation of Preschool For All planning efforts throughout the state. Legislation was also passed in California that increases the reporting and auditing requirements for local First 5 Commissions. Except for programs funded jointly at the state and local level, local First 5 Commissions are now responsible for evaluating and reporting results of funded programs. Many small rural counties like Glenn are just now embarking on the process of establishing and implementing evaluation plans, a time consuming yet important aspect of knowing the degree to which First 5 funds are making a difference in the lives of young children and their families.

First 5 Glenn County

The Glenn County Children and Families Commission (now known as First 5 Glenn County) was created in 1999 to identify the current and projected needs of young children and their families; develop and annually review a strategic plan that describes how the community needs will be addressed; determine how to expend local monies available from the state Children and Families Trust Fund; and, evaluate the effectiveness of programs and activities funded in accordance with the strategic plan.

First 5 Glenn County Children and Families Commission is committed to achieving three long-term strategic results:

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

The mission and vision serve as the foundation for decision-making related to carrying out the responsibilities of the Commission. They are the compass that guides the actions and decisions of the Commission.

Mission

The Glenn County Children and Families Commission is committed to providing and/or enhancing quality services for all Glenn County children (prenatal to age five) and their families through a comprehensive, integrated and accessible system of early childhood development services.

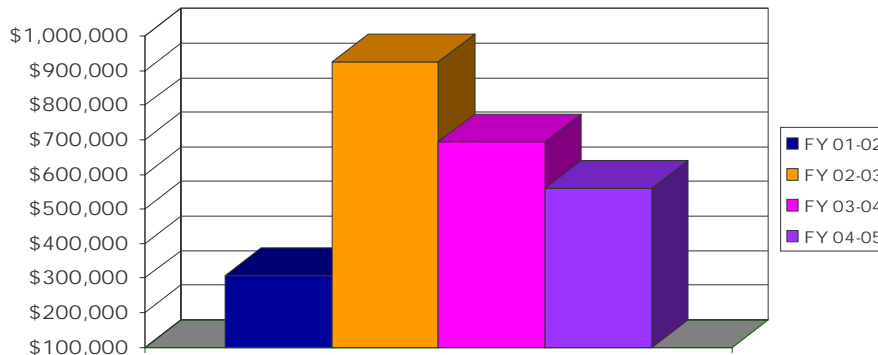
Vision

Children in Glenn County will thrive in supportive, nurturing and loving families and communities and be positively prepared to enter school to become productive well-adjusted members of society.

First 5 Glenn County Achievements

Over the past five years the Commission has committed approximately \$2,675,000 in Glenn County to achieve results in the areas of healthy children, improved child development, and improved family functioning, based on the first Community Needs Profile, developed in 2000. The chart and table below show the amounts of investments and the agencies and projects funded.

First 5 Glenn County Investments, 2001 - 2005



Group Funded

- City of Willows Recreation Department
- Glenn County Office of Education
- Glenn County Human Resources Agency
- Glenn County Probation Department
- Glenn County School Readiness Program
- Glenn County Women, Infants, and Children (WIC)
- Hamilton Union High School District
- North Valley Parent Education Network
- Willows Rural Fire Department

Projects

- *Toddler Park*
- *Glenn Adult Literacy Program*
- *Childcare Planning Council*
- *Home Visiting Program*
- *Renaissance Program*
- *Hamilton City School Readiness*
- *St. Elizabeth Community Hospital*
- *Hamilton High Preschool*
- *KIDS Program*
- *Children’s Fire Safety Project*

The types and ethnicity of clients served over the past two years, along with a break down of the ages of children served, are shown in the three charts.

A review of First 5 Glenn County accomplishments reveals ways in which the Commission has significantly impacted the child development service delivery system through its programs and initiatives, as summarized here.

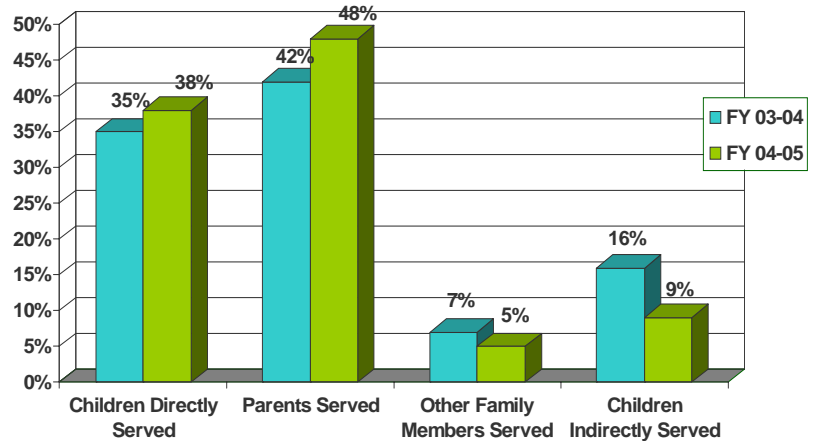
School Readiness Activities take place in Hamilton City. With local funding and state match funding, First 5 Glenn County has supported a wide range of approaches to school readiness, including: the kindergarten boot camp, the distribution of school readiness kits, and other services for children and their parents.

Success has already been seen as a result of school readiness activities, including increased competencies on the BRIGANCE assessment tool amongst 23 of the children participating in the summer kindergarten “boot camp.”

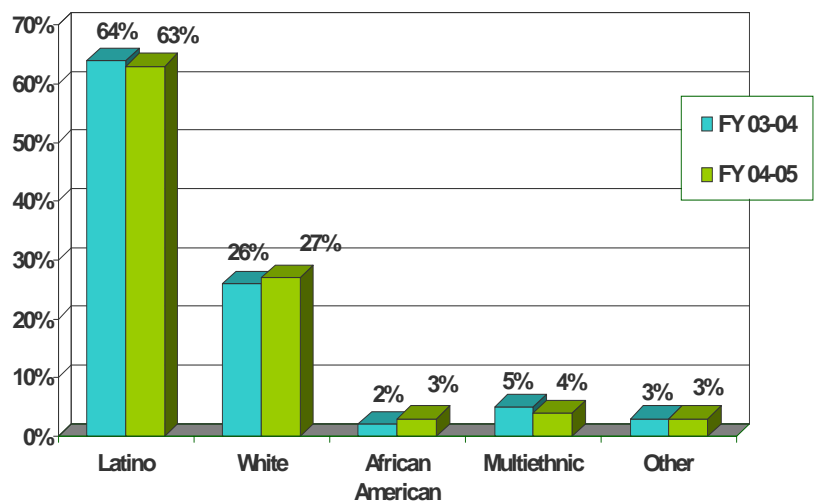
Highlights of School Readiness achievements are:

- ★ 60 Hamilton City children served in 4-week summer kindergarten “boot camp”
- ★ 450 kindergarten readiness kits distributed
- ★ On average, 35 parents participating in ESL classes
- ★ Increasing competencies in children participating in kindergarten readiness activities

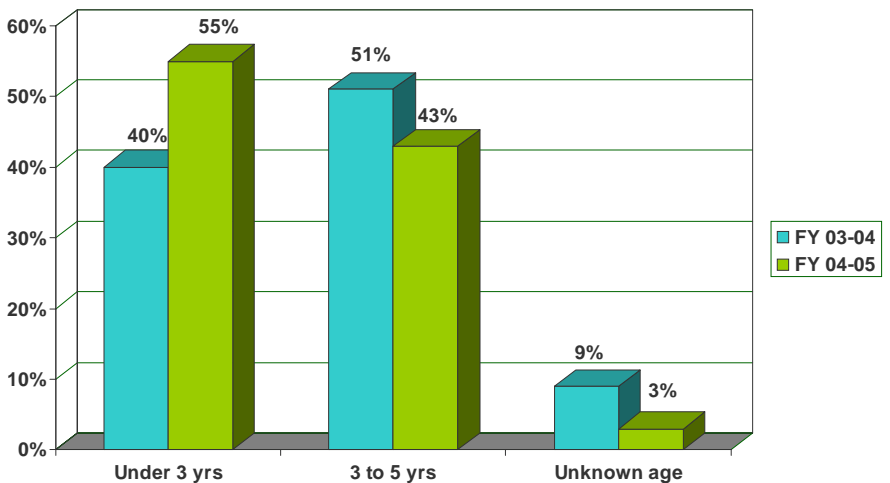
Type of Clients Served, FY 2003-2005



Ethnicity of Persons Served, FY 2003-2005



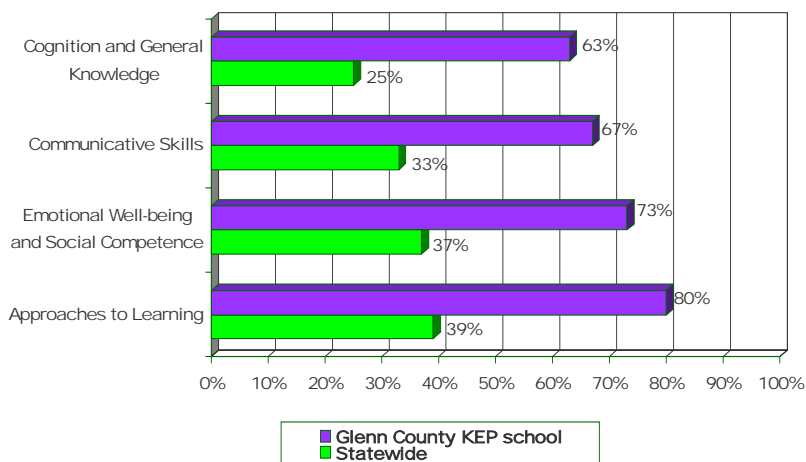
Ages of Children Served, FY 2003-2005



Kindergarten Entry Profile (KEP). The Kindergarten Entry Profile (KEP) study is a component of the state’s School Readiness Initiative evaluation that provides a snapshot of the developmental competencies exhibited by incoming kindergarteners. Schools with low API (Academic Performance Index) scores are being sampled throughout the state, and one Glenn County elementary school is included in the state sample.

Glenn County KEP Results

The main element of the KEP is the Modified Desired Results Developmental Profile (MDRDP), which is a 30-question instrument that looks at 4 specific developmental competency areas: approaches to learning, emotional well-being and social competence, communication, and cognition and general knowledge. To complement the MDRDP assessment, a parent telephone interview collects additional data to identify the specific programs and services that entering kindergartners may have received prior to the beginning of school that may have contributed to their “readiness”.



Family Support. In addition to school readiness activities, First 5 Glenn County also uses its resources to support local activities that address other needs. Family Support is provided through the KIDS Program, which focuses on children with behavioral issues. It provides counseling, parent education, and support for childcare providers and preschool teachers. Highlights of achievements are:

- ★ 100-200 children screened annually. Where indicated, additional assessments are conducted with individual children
- ★ Reduction in incidents of behavioral problems in childcare settings, as measured through use of research-based tools
- ★ Decrease in parental stress, as measured by scores on the Parental Stress Index
- ★ Increase in access to services for early care and education professionals

ECE/Child Care - CARES. The CARES program in Glenn County is another example of the impact of First 5 resources. CARES stands for *Comprehensive Approaches to Raising Educational Standards*. CARES supports and motivates early childhood professionals to continue their work towards obtaining AA or BA degrees. The number of providers that have utilized the CARES program has increased every year since 2001, and more professionals are working towards their AA and BA degrees. In addition, there has been a decrease in the rate of turnover among childcare providers in the county and more support for meeting the needs of younger children and non-English speakers. Highlights of achievements are:

- ★ Served 43-58 early childhood professionals annually since 2001
- ★ Number of professionals seeking units towards AA and BA increasing annually
- ★ Turnover rate decreasing (23% in 01-02, 16% in 04-05)
- ★ Increasing support for professionals working with infants and toddlers and serving children speaking a language other than English

Overview of the 2006-2011 Strategic Planning Process

First 5 Glenn County engaged in a two phase process to develop the 2006-2011 Strategic Plan. The first phase provided the Commission with a current assessment of the conditions and needs of children 0-5 and their families. This information was necessary for effectively planning for the future using objective information to develop and prioritize desired results and strategies. A three-step process was used to develop the Community Profile. First, pre-existing information and data from service providers, recent needs assessments and reports, recent planning efforts (e.g., Prop 63 and Local Child Care Planning Council), and publicly available data (e.g., census data) was identified and collected. Then, community input was gathered through an online survey and a series of nine focus groups. The purpose of the outreach was to identify what individuals considered to be the most pressing concerns related to child health, learning/school readiness, and strong families; and identify community recommendations for addressing the needs and barriers. The third and final step was to analyze the data gathered from in the first two steps and draft the 2006 Community Profile Report, which is available from First 5 Glenn County (an excerpt of the report is contained in *Glenn County Overview* section of this document).

Once a picture of the current conditions and trends facing Glenn County children ages 0-5, and their families was developed, the next phase of planning began. A survey of Commissioners and staff was issued to obtain feedback on perceptions of past performance (i.e., did the Commission meet its objectives), and to test validity of current mission and vision statements. As part of this step, First 5 Executive Director worked with CS&O to obtain data and progress reports tied to the Commission's performance indicators which were presented and discussed with the Commission. As a result of this step the Commission identified preliminary priorities for the 2006-2011 strategic plan. Two half-day planning forums were convened in order to review goals from the current strategic plan and determine whether the goals or strategic results were still valid based on current trends and needs contained in the Community Profile Report. The first planning forum resulted in selection of goals and objectives for the result areas, and discussion of potential strategies for achieving results.

Based on the results of the first forum, targeted research was conducted to identify best and promising strategies from Glenn County and other counties/states showing evidence-based models for achieving the specific goals and objectives established in the planning forum. The research findings were compiled into a menu of potential strategies.

During the second half-day planning forum the research findings of potential strategies were discussed and proposed programs, services and projects identified. Additionally, measurable outcomes and indicators were determined, along with discussing how the service delivery system could be further enhanced to become more integrated, accessible and consumer-oriented. Finally, the Commission determined the approaches for evaluation and fund allocation for the next five years. The draft plan was presented to the Commission and the community for comment and feedback, and was then formally adopted in a public hearing as required by state law on June 13, 2006.

Glenn County Overview

Community Profile, Key Findings and Issues

Overview of Glenn County Geography and Demographics

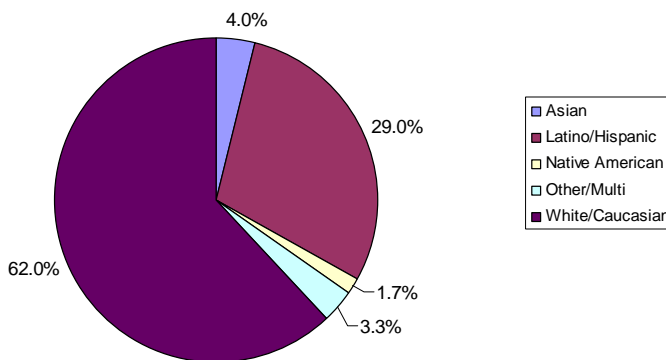
Glenn County, located approximately 90 miles north of the state’s capital, comprises just over 1,300 miles and borders Colusa, Butte Tehama, and Mendocino Counties. While growing in population, Glenn has experienced slower growth than the whole of California over the past decade. According to California Department of Finance Demographic Unit reports, more than 28,000 persons lived in Glenn County in 2004. The county’s steady population growth is due in part to a greater number of births than deaths (Glenn County 2006 Economic and Demographic Profile). This corresponds to increases for children ages 0 to 2 relative to children of other age groups in Glenn County over the years 2000-2005.



Two incorporated cities, Orland and Willows, have the highest population densities within Glenn County. Hamilton City is the next largest population center. Artois, Butte City, Elk Creek, and Glenn are other areas served by post offices. The county as a whole has a low population density with 21.4 residents per square mile in 2004. Of the total population, approximately 62% of persons are White. The Latino/Hispanic population is the next largest group, at approximately 29% of the populations. Asians make up 4 % of the population. Native Americans are the 4th largest group within Glenn County at 1.7% of the total population.

Demographics, including composition by race and ethnicity, vary between Orland and Willows and across the county. Within the county seat of Willows, growth of the Latino community has increased the need for Spanish speaking providers and care options (2003 California Child Care Portfolio). Orland, surrounded by small farms and developments, serves in part as a suburb of Chico (Butte County). Continued housing development in the Orland area is projected to increase the number of persons in this area, many of whom work in Butte County. The estimated 400+ children in nearly 400 approved homes to be built in the coming year places increased pressure on area schools, child care providers, and health providers.

Population by Race/Ethnicity



Two thirds of the county’s land is used for production of agriculture, ensuring the county’s rural nature and low population density. The rural nature of Glenn County also affects the service environment.

Other geographic considerations and issues that shape the needs for children 0 to 5 in Glenn County are the distances between population centers, lack of public transportation, and lack of sufficient medical services in the county.

Key Findings and Issues

The key findings on issues affecting children prenatal to age five are outlined below. Sources are provided in Trends and Notes, with complete references available in the Community Needs Assessment.

<u>Attribute</u>	<u>Profile</u>		<u>Trends and Notes</u>
Total population <ul style="list-style-type: none"> • 2005 • Projected 2006 • Projected 2008 • Projected 2010 • Projected 2015 	28,286 28,485 28,912 29,348 30,072		Population in Glenn County increased 5.9% between 2000 and 2005. Population is projected to increase at a steady rate (<1% per year) beyond 2010. Source: Department of Finance Demographic Research Unit, Sacramento CA 2004. Population by age and ethnicity years 2000-2050.
Population by location	Number	% annual change	
<ul style="list-style-type: none"> • Orland 2004 • Orland 2005 • Willows 2004 • Willows 2005 	6,525 6,675 6,400 6,438	1.2% 2.0% 0.6% 0.6%	Orland is the most populous and also fastest growing city within Glenn County. Source: Glenn County 2006 Economic and Demographic Profile
Population by age (2005)	Number	% of Total	
<ul style="list-style-type: none"> • 0-2 • 3-5 • 6-12 • 13-17 • 18-24 • 25-34 • 35-44 • 45-64 • 65+ 	1,263 1,148 3,112 2,344 3,417 3,272 3,551 6,183 3,774	5.22% 4.16% 11.08% 8.35% 12.17% 11.65% 12.64% 22.02% 13.44%	Glenn County has a higher percentage of children (0-19) than the statewide average. Source: Department of Finance Demographic Research Unit, Sacramento; Glenn County 2006 Economic and Demographic Profile.

<u>Attribute</u>	<u>Profile</u>		<u>Trends and Notes</u>
Population by race or ethnicity (2004) <ul style="list-style-type: none"> • White • Hispanic • Asian • Pacific Islander • Black • American Indian • Multi-race / Other 	Number	% of Total	Hispanic individuals make up nearly 30% of the total county population, and represent 43% of the child population for ages 0-5 (see chart below). The Hispanic population is expected to increase by 55% over the next 25 years. Source: Department of Finance Demographic Research Unit, Sacramento CA 2004. Population by age and ethnicity years 2000-2050; Glenn County 2006 Economic and Demographic Profile.
Economic Indicators <ul style="list-style-type: none"> Per capita income, 2002 Per capita income, 2003 Unemployment <ul style="list-style-type: none"> • 2002 • 2003 • 2004 • 2005 	\$20,008 \$20,641 9.6% 10.3% 9.3% 7.4%		Unemployment varies seasonally in Glenn County, with highest rates in January-March. Lowest unemployment corresponds with planting and harvesting seasons. Glenn County Economic and Demographic Profile Series.
Births to Glenn County <ul style="list-style-type: none"> • 2002 • 2003 • 2004 	408 431 398		In 2002, there were 2 live births in the county; other births were to mothers who travel out of county for birth and care. Source: 2006 Economic and Demographic profiles.
Infant mortality rate <ul style="list-style-type: none"> • 1997-2000 • 2002 	Number	Rate	Infant mortality describes the number of deaths within the first year of life. *Infant death rate unreliable (relative standard error greater or equal to 23%). County Health Status Profiles, 2005. California department of Health Services and California Conference of Local Health Officers.
Low birth weight (Infants less than 2500 grams at birth) <ul style="list-style-type: none"> • 2000 • 2001 • 2002 • 2003 	Number	Rate	The rate of low birth weight infants decreased between 2000 and 2003. The 2002 and 2003 rates were also below statewide averages and the Healthy People 2010 national objective of no more than 5%. Source: 2006 Glenn County Economic and Demographic Profile, and California Department of Health, County Health Status Profiles 2005.
Births among teenage mothers <ul style="list-style-type: none"> • 2001 • 2002 • 2003 	Number	Rate	Percent of births to mothers ages 15 to 19 had decreased between 1998 and 2002. The rate increased in 2003. The rate of births to teenage mothers in Glenn County is more than three times the statewide average (4.1%). Source: 2005 Economic and Demographic profile. Births among teenager mothers for these three years are higher than averages for the state of California.

Attribute	Profile		Trends and Notes
	Number	Rate	
No or late prenatal care <ul style="list-style-type: none"> • 2001-2003 (live births average) 	129.7	31.6%	Glenn County’s rate is more than twice the state average for this indicated (13.6%) and more than three times the Health People 2010 target of 10%. County Health Status Profiles, 2005. California department of Health Services and California Conference of Local Health Officers.
Breastfeeding initiation during early postpartum <ul style="list-style-type: none"> • 2001-2003 (with known feeding method) 	337.7	87.0%	Glenn County rate is better than state average (83.3%), and exceeds Health People 2010 objective of 75%. County Health Status Profiles, 2005. California department of Health Services and California Conference of Local Health Officers.
Percent of children under 18 below poverty level (2002)	1,663	21%	Glenn County rate is higher than the state average rate of 19%, and national average of 16.7%. County Health Status Profiles, 2005. California department of Health Services and California Conference of Local Health Officers.

Conditions and Trends

Following is a summary of data from the Community Needs Assessment about specific conditions in Glenn County which impact children ages 0-5 and their families. The information is organized into eight categories: health, education, economics, safety, child care and development, recreation, transportation and special needs of children.

Health

- Oral Health: In 2004, there were 8 licensed, practicing dentists within Glenn County. The ratio of persons in county to dentists is 3,511:1. There are currently no pediatric dentists in Glenn County. According to one source, children are referred out of county, to Paradise California. The number of referrals is currently not tracked.
- Physicians: In 2003, there were 8 physicians actively practicing in Glenn County. The ratio of persons in county to each physician in Glenn County is 3,425:1.
- Prenatal Care: In 2005, Glenn County ranked 52 in the state for counties ranked for late or no prenatal care. This is a decline from 2000, where Glenn County ranked 29 of 49 rated counties. An OB practitioner practices at Orland Family Health Center. Better Babies, a nonprofit organization based in Chico, visits Glenn County once per month. Two midwives visit Glenn County twice weekly.
- Pediatrics: According to California Children’s Services list of individual paneled providers (July 2004) there were four pediatric providers located in Glenn County. Two listed their specialty as pediatrics, and the other two were identified as a physical therapist and an occupational therapist. There is one part-time pediatrician that travels in from Butte County to serve the county. According to First 5 California’s GIS mapping system¹ there are no pediatricians or obstetricians located in Glenn County (February 2006).

¹ First 5 California GIS mapping system accessible online at <http://63.192.169.198/ccfcgis/index.asp>

- Specialty Care: Children needing pediatric specialists for vision, neurology, etc. are seen out of county.
- Medi-Cal rates: In 2004, 6,383 persons were eligible for Medi-Cal, or 22.9% of the county population. During this same time, 13.1% of those eligible (3,639 individuals) used Medi-Cal. Over a six year period (1998-2004) Medi-Cal expenditures continued to increase while the cost per user has continued to decrease.
- In 2001, 18.9 % of Glenn County children were without health insurance. In 2003, the percentage of children without health insurance decreased to 14.8%. (Children Now).
- High rates of births to of children to teenagers correspond to high numbers of children with teenage parents, living alone or with extended family. In 2003, nearly 14 % of all births in Glenn were to teenage parents, with an average rate over the past decade of 13.9 (1993-2003). Children born to unmarried teenage parents are 10 times more likely to be living in poverty between ages 8 and 12. Children born to unmarried teens have other risk factors, including poor school performance and greater risk of high school dropout.
- Mental Health: Glenn County currently has a SAMHSA Children’s Systems of Care Grant that provides mental health services to children. Prevalence estimates among those at 200% of FPL predict that 122 children between the ages of 0 to 5 are in need of mental health services. According to analysis for all children (ages 0-18,) approximately 76% are served in the current service system.
- Substance Abuse: Juvenile arrests for alcohol and drug offenses increased dramatically between 1998 and 2001. The average rate was 19.5 per 1,000 persons under 18 years old for the years 1999-2001, twice the rate for the whole of California. Adolescent admissions to alcohol and drug treatment also increased during these years. Dramatic increases were seen between 1997 and 2002, with average rates for these years 8.1 per 1,000 persons under 18. Glenn County ranks 52 and 53 for these attributes among counties in California.
- For adults, rates of arrest for drug violations increased between 1998 and 2001, while rates for alcohol arrests declined slightly during these years. Although admissions to adult alcohol and drug programs has fluctuated in recent years, the average number of admissions remains lower than statewide averages.
- Deaths due to alcohol and drugs have decreased over recent years. Glenn ranked 5th statewide (lower rate of deaths due to drugs and alcohol) in 1998-2000 (3 year average). In 2000, the rate of death in Glenn County due to alcohol and drug uses was 3.8 per 100,000 persons. For the same year, the rate in California was 18.0 deaths per 100,000. (Community Indicators of Alcohol and Drug Abuse Risk, Glenn County 2004)
- Childhood immunization rate was 93% in 2001, measured at entry into kindergarten and remains slightly below California’s rate of 96% (Institute for Health and Aging).
- In a report from October 2005, 1,160 persons were enrolled in the Healthy Families Program. Close to half of these individuals live in the Newville/Orland area; 26% are located in Fruto/Willows; and 16% live in the Hamilton City / Mills Orchard area.
- Air quality is an important factor affecting children’s health. In 2004, air pollutants in Glenn County were not at state and federal standards (2006 Economic and Demographic Profile).
- Provider Survey: When asked to identify the health problems or concerns, 40 providers noted 119 issues for families with children ages 0-2 and 130 issues for children ages 3-5. The issues or concerns were organized broadly around seven areas, the top three of which were specific health conditions, basic needs, and family functioning (or dysfunction).
- Focus Groups: When asked to identify the health problems or concerns, focus group participants placed a higher emphasis on access to medical and dental health services in the county, than on specific health and dental conditions. Concerns included barriers due to language (e.g., mono-lingual Spanish speaking families and mono-lingual English speaking providers), lack of awareness of resources available and hours of operation.

Education

- There were 1,026 children of migrant workers counted in 2004. Seventeen (17) percent were children ages 0 to 4. One third of these children are in Orland, 40% in Hamilton City, and 20% in Willows, according to information provided by the Local Child Care Planning Council.
- Total Head Start and Early Head Start funding for the county is being cut 1%, which will likely result in a 3% cut to programs as increase costs to other areas of operations are covered.
- Total school enrollment in Glenn County for the 2004-2005 school year was 5,997. The number of students was down slightly from previous years. In 2003-2004 total enrollment was 6,063 students; and 2002-2003 enrollment was 6,103.
- Of the nearly 6,000 students enrolled in schools during the year 2004-2005, 619 students, or 10.3%, were enrolled in special education. Nearly half (45%) of children enrolled in special education in 2004-2005 were enrolled for specific learning disabilities, or SLD. Nearly 20% of all children in all special education classes were enrolled for a speech or language disability. A disproportionately high number of Hispanic students make up this group of children receiving help for language disabilities.
- According to First 5 California analysis of California Department of Education API scores (2000) there is one School Readiness Initiative (SRI) qualifying site in the county: Hamilton City Elementary School.
- Student performance at school is similar to statewide averages for many attributes.
- Approximately 991 or 16.1% of students are English Language Learners.
- The four-year average rate for dropouts (grades 9- 12) was 6.9%., nearly ½ of the rate reported for California. Glenn ranks well among other counties for this attribute (8th among counties). In the 2003-2004 school year, 33 youth were reported as having dropped out of Glenn County high schools.
- For the years 2001-2002, average expulsion rate was 2.1 (per 1000 students). Statewide averages were 3.1 for this same time period.
- Educational level of parents: In 2000, there were 2,753 persons in Glenn County who had less than a 9th grade education; 3,212 had higher than 9th grade but no diploma; 5,089 were high school graduates; 4,564 had some college but no degree; 1,000 had an associates degree; 1,282 had a bachelors degree; and 462 had a professional degree.

Child Care and Development

- Referrals and requests for child care: According to reports from Glenn County Child Care Referral and Payment Program, child care requests correspond well to the beginning and ending of the school year. The highest numbers of requests are made for preschool age children (three year average). In 2003-2004, requests for school aged children were next highest, followed by toddler, and finally infant requests. In 2003-2004, 153 requests for child care were made in Orland, 80 for Willows, and 5 for Hamilton City.
- Profile of Care: Total number of child care spaces in 2003 was 890. Of these spaces, 34% were in child care centers; however, no spaces for infants were available. The majority (66%) of spaces were in family child care homes.
- Average annual cost of child care for one child in 2005 ranged from a low of approximately \$4,900 for preschool center care to a high of more than \$7,000 for infant care.
- For a single-parent family working full-time at minimum wage (\$6.75 hour or \$14,040 year), nearly half of pretax dollars would be required to pay for licensed infant care, and roughly 42% of income would be required to pay for preschool-age care in a family child care home, where the majority of spaces exist.
- Focus Groups: When asked to identify problems or concerns for child learning and/or children being ready for school, focus group participants described the need for more facilities, extended hours, and

more early education teachers/child care providers. They also noted the need for more parent education, socialization groups for very young children and books in Spanish for children 0-5 years old.

- Provider Survey: When asked to identify problems or concerns for child learning and/or children being ready for school, 32 providers noted 74 issues for families with children ages 0-2 and 115 issues for children ages 3-5. The issues or concerns were organized broadly around eight areas: early learning environments, appropriate child development, parents' skills and knowledge, neglect, unmet basic needs, insufficient resources (to provide needed services/supports), and transportation.

Economics

- Per capita income (2003) was \$20,641, representing a 3.2% increase over 2002.
- Median household income reported for 2003 was \$32,652, nearly \$15,800 lower than the state median.
- The average household size in 2000 (US Census) was 2.84. The average family size in Glenn County was 3.3 persons. Both of these averages are slightly above the national averages. Forty-one percent of all households had children under 18. Thirty-eight (38.1) percent of all households in Glenn County had children under 18 that were their own. This 3% difference may represent children in family foster care, children living with grandparents, and children living with other relatives or guardians. Seven percent (7.2) percent of households with children 18 and younger were headed by a single female.
- Government and agriculture industry sectors continue to produce the largest earnings in the county; agriculture employs the largest percent of workers. Government accounted for 33% of total earnings, nearly twice the amount for the state as a whole. Agriculture remains a core industry in Glenn County, making up 16% of the counties earnings, eight times more than the state's earnings from agriculture.
- Earnings from the service sector are 25% less in Glenn County than they are for the state.
- Unemployment rate has remained highest in January (17.2%) for years 1990-2003, reflecting fluctuations in the agriculture employment sector.
- Poverty level: The average poverty rate in the City of Orland 19.0; 24.6% in Willows, Average for Glenn County 18.1% (1999 data, as reported in the 2006 Economic and Demographic Profile Report)
- The annual minimum wage of a full-time worker in Glenn County is \$14,040. The annual fair market rent for a two-bedroom unit in 2005 was \$559 per month (\$6,708 per year), or 48% of annual pre-tax wages.
- In years 2002 to 2003 TANF / CalWORKS had an average number of 413 cases and 1,153 recipients. For the year TANF / CalWORKS 2003-2004, 422 cases and 1101 recipients.
- The average number of households that received food stamps in 2002-2003 was 5,823. In 2003-2004 this number had increased to 6,253.
- The number of children entered into Foster Care in Glenn County in 2004 was 51. The ages of children in foster care are highest for children ages 0-2, making up one third of all foster care entries in 2004. Children ages 3 to 5 were 19.6% of 2004's foster care entries.

Safety

- Child abuse in 2004-2005: Of a total of 785 child abuse referrals, 192 were substantiated by CPS, 318 were inconclusive, 70 were determined unfounded, and 205 resulted in assessment only. (Source: Needel et.al.)
- 9 allegations of sexual abuse were substantiated; 14 accounts of physical abuse, 26 accounts of severe neglect, 58 general neglect, 28 emotional abuse,
- According to Glenn County Human Resource Agency, 1,055 children were placed out of home in FY 03/04. In FY 04/05 this number was 1,039, representing a slight decrease.
- In 2003, 9 of the children in foster care were ages 5 and under. (Source: Needel et.al.)

- Domestic violence: Between 1999 and 2001, Glenn ranked 58th in the state for domestic violence calls for assistance (per 1000,000 of population and ages 18-69 years). The average rate for domestic violence in this county is twice the rate reported statewide. In 2003, 46 arrests for spousal abuse were made in Glenn County. Of these 35 were males; 11 were females.
- Property crime rates (per 1,000 persons) increased between 1999 and 2003. The property crime rate in 2003 was 16.6. The violent crime rate has remained relatively steady since 1999, with a slight decrease seen in both 2002 and 2003. The violent crime rate per 1,000 persons was 2.7 in 2003.). Crime rates, both property and violent crime, were down in 2002 compared to 2000 data. In 2000, 269 property crimes, and 80 violent crimes were reported. In 2002, these 249 and 74 violent crimes were reported (Glenn County Economic and Demographic Profile).
- Focus Groups: When asked to identify problems or concerns for families with children related to strong, functioning families who are prepared and able to raise healthy, happy, resilient, well adjusted children, focus group participants identified the need for a wide variety of community classes, including GED, ESL, time-management, math, and computer. Additionally, parenting classes focusing on prenatal and infant care, child development and discipline. Although classes are currently offered in some of these areas, barriers related to times courses were offered and lack of child care were noted. Additionally, focus group participants noted challenges for grandparents raising grandchildren, poor health habits (physical exercise, nutrition, etc.) and long working hours and low wages for parents.
- Provider Survey: When asked to identify problems or concerns for families with children related to strong, functioning families, 35 providers noted 100 issues for families with children ages 0-2; and 36 providers identified 115 issues for children ages 3-5. The issues or concerns were organized broadly around ten areas: family functioning; parenting skills/supports; communication; poverty; family structure; employment; child care; language; transportation; and “other.” It should be noted that the concerns expressed are also relevant to child health and children being ready for school and learning.

Recreation

- SPARK, an after school program sponsored by the Glenn County Office of Education for children kindergarten through 8th grade. A total of 11 schools in Glenn County offer this program. Four were added in March of 2005.
- Glenn County natural resources includes Mendocino National forest, the Sacramento River, and many lakes. Associated activities include horseback riding, fishing and boating.
- Glenn County also has a number of community organizations for children including scouts, 4-H, little league, Friday night live (for teens) and more.

Transportation

- Two (2%) percent of those that work in Butte County live in Glenn County. Three (3%) percent of those that work in Tehama County live in Glenn County.
- Of those persons that work in Glenn County, only 78% live in the county. The other workers in Glenn County live in nearby counties, including 11% who live in Butte County, 6% who live in Tehama County, and 2% who live in Colusa County. (Source: *Where the money is...In the Greater Chico Economy*. William H. Fruth. Presentation at the 2005 Tri County Economic Forecast Conference).
- Of persons that live in Glenn County, only 71% work in the County. Seventeen percent (17%) percent work in Butte County, 5% in Tehama, and 4% in Colusa. (Source: *Where the money is...In the Greater Chico Economy*. William H. Fruth. Presentation at the 2005 Tri County Economic Forecast Conference).
- Survey respondents noted transportation as a problem or concern related to all three areas of focus for First 5: child health; children ready to learn; and, strong, functioning families.

Special Needs of Children

- In Glenn County, (2004-2005) 61.8% of students get free or reduced lunch (average for California is 49.7%).
- In the school year 2004-2005, 619 children were enrolled in Special Education in Glenn County. Over the past three school years (2002-2005), the number of children ages 0-5 enrolled in Special Education has ranged from a low of 45 to a high of 51. During this same time, the number of children ages 6-9 enrolled in Special Education has grown by 43% (from 104 in school year 2002-2003, to 149 in school year 2004-2005).
- Nearly half (45%) of all disabilities for children younger than 5 are speech and language impairments, while autism and mental retardation represent 15% and 13% of the special education disabilities in this population.
- The biggest difference between the two age groups is the number of children with specific learning disabilities. For the most part, specific learning disabilities are noted most often for children seven years and older, although over the past three years 2 six-year olds were noted as having specific learning disabilities.
- Provider survey responses consistently noted the need for early screening, assessment and diagnosis for special needs in children 0-5, as shown in the section on child development and health.

Trends and Other Considerations

In addition to the current conditions of children and families in Glenn County, some additional trends were considered during the development of this strategic plan, including:

- Continued minimum funding for smaller population counties from the State Commission.
- Funding for School Readiness Initiative through FY 2009-10, pending results achieved in FY 2006-07.
- Ongoing Preschool For All planning efforts throughout the state.
- Proposition 82 (on the June 2006 ballot) in which California voters will determine whether or not to establish voluntary preschool education for all four-year olds.
- Legislation passed that increases the reporting and auditing requirements for local First 5 Commissions.
- The new Statewide Evaluation Framework for First 5 Commissions, and increased responsibilities at the local level for program evaluation.

Strategic Results, Goals and Objectives

Goals, Objectives and Indicators

This section presents First 5 Glenn County's five-year goals, short term objectives and related indicators, organized according to the four strategic result areas.

Result Area: Improved Family Functioning: Strong Families

Goal 1: Families have increased access to further education and services that enhance financial resources and family stability.

Objectives

- 1.1. Increase the completion rates for adult basic education, GED, high school diplomas, and Career Tech training
- 1.2. Increase CASAS testing results by a minimum of one benchmarks for ESL students continuously enrolled for one semester
- 1.3. Increase the number of parents and other caregivers providing nurturing and positive supports to their children

Indicators

- increased participation levels for classes/education opportunities
- increased total number of classes offered
- increased multi-lingual instruction options
- increased education and services provided at the local/neighborhood level
- decreased number of children living in poverty
- decreased number of out of home placements

Result Area: Improved Child Development: Children Learning and Ready for School

Goal 2: Access, quality and diversity of early care and education options will be increased through programs and services that recruit, train and support early care and education professionals.

Objectives

- 2.1. Increase the number of providers/facilities that are accredited
- 2.2. Increase the number of degreed providers
- 2.3. Obtain increases on the provider training matrix
- 2.4. Obtain and maintain increases on environmental rating scale (e.g., curriculum, physical environment, professional development areas)

Indicators

- increased training options for formal and informal care providers
- decreased child care staff turnover rates
- decreased provider switchover rates
- increased number of licensed care providers
- increased number of infant/toddler slots
- increased number of background checks on all adults living in licensed exempt homes
- increased number of child care settings meeting accreditation standards
- increased number of providers for special needs children
- increased availability of child care that meets language and cultural needs
- increased options for child care during non-traditional hours and sick care
- increased number of providers attaining an overall score of 4 or better on a recognized rating scale (e.g., ITERS, ECERS)
- increased number of providers using evidenced-based curriculum

Goal 3: Children come to school ready and able to learn (cognitive, physical motor development, emotional and social preparation).

Objectives

3.1. Children are screened, assessed at age-appropriate intervals, and referred as needed related to cognitive, social, emotional and physical development

Indicators

- increased number of child care providers receiving home-visiting services
- increased access and attendance in preschool
- increased access/participation of parents and children in activities
- increased focus on development of social, cognitive, emotional, and physical preparation
- increased number of eligible children participating in WIC
- increased adult literacy rates
- increased number of parents requesting and receiving information about early childhood development

Result Area: Improved Child Health: Healthy Children

Goal 4: All children prenatal to five are ensured of entering school with the best possible physical and mental health.

Objectives

- 4.1. Children receive age appropriate dental health screening and treatment
- 4.2. Children screened and evaluated for physical health (e.g., sight, hearing, obesity, exposure to lead and mercury, etc.) at age appropriate intervals
- 4.3. Children screened and evaluated for behavioral health issues; early intervention and support provided for children, their parents and teachers

Indicators

- increased number of children receiving follow up services
- increased public awareness and knowledge of the importance of children's dental health
- increased number of pediatric dental providers/services within the county
- increased number of children receiving both preventative and ongoing dental services
- increased number of children receiving multiple screenings and comprehensive assessments prior to enrollment in first grade
- increased number of practitioners and locations that conduct screenings/treatment as a result of early screenings
- number of flyers, media announcements, educational materials, and outreach education
- increased number of children covered by insurance
- increased referrals to medical providers
- increased follow-through on referrals
- increased public awareness, knowledge and understanding about what constitutes child behavioral and mental health
- increased numbers of parents/caregivers participating in education activities specific to behavioral and mental health

Result Area: Improved System Functioning

Goal 5: The service delivery system is available, accessible, consumer driven and consumer focused.

Objectives

- 5.1. Funded service providers demonstrate adherence to the Principles on Equity
- 5.2. Funded programs show evidence of increased collaboration and ongoing communication
- 5.3. Funded programs demonstrate commitment to evaluation and sustainability

Indicators

- increased number of programs/services with family and/or client developed case-plans
- increased number of recommendations from advisory groups, focus groups, parent/foster parent groups, and other client groups related to needs and services that are implemented
- increased number of newsletters, press releases, media coverage promoting existing and new services
- increased variety of methods and mediums used to promote services increased use of public transportation to access services
- increased partnerships between public and private agencies, both within Glenn County and between Glenn County and other counties
- conformance with evaluation criteria as outlined in contracts
- amount of additional funds leveraged as a result of First 5 Glenn County funding

Implementation Strategies

First 5 Glenn County’s overall approach to service delivery has been through collaborated systems that integrate early childhood development activities into a coherent whole. That approach continues as an underlying premise in the 2006-2011 Strategic Plan. As an example, school readiness activities and services have been shown to be effective in Hamilton City. These types of services and activities will be pursued by First 5 Glenn County and encouraged in partners and other organizations over the next five years.

The First 5 Glenn County strategic planning participants discussed current strategies and reviewed a menu of potential strategies developed to address gaps identified during the community assessment process (the complete menu of strategies considered is contained in the appendix. In addition, the group reviewed how two other First 5 Commissions incorporated non-competitive grants through a “Meet to Reach Mutual Agreement” (MRMA) process as both a strategy for achieving results and a fund allocation approach. The planning group also took into consideration lessons learned to date from local and other First 5 Commissions, as well as changes at the state and local levels that may impact some strategies. Finally, the group prioritized strategies based on the likelihood that they could positively affect more than one goal and/or objective, while improving the service delivery system.

At the conclusion of the discussion, the following key strategies were identified for the 2006-2011 Strategic Plan. The result areas impacted by the strategies are noted with a “✕” symbol. The strategies shown in **bold text** will be implemented in FY 2006-07; the specific actions steps and timelines are contained in the Commission’s 2006-2007 Implementation Plan.

Strategy	Improved Health	Improved Learning	Strong Families	Improved Systems
1. Partner with other agencies, schools, community members and organizations to design a Preschool For All model for Glenn County		✕	✕	✕
2. Establish a research-based family partnership / home visiting project that would be started at the prenatal stage, and be focused on developing trusting relationships, providing prevention and early interventions, and build families’ assets.	✕	✕	✕	✕
3. Offer research-based parent support groups, in formal and informal settings, designed to build and strengthen families, with emphasis on communication, child development, parenting skills and interventions, and connecting to community resources.	✕	✕	✕	
4. Provide literacy classes to strengthen language and vocabulary skills.	✕	✕	✕	✕

Strategy	Improved Health	Improved Learning	Strong Families	Improved Systems
<p>5. Conduct a "Meet to Reach Mutual Agreement" process to establish community priorities and design a collaborative and integrated service delivery model.</p>	✕	✕	✕	✕
<p>6. Continue implementation of School Readiness activities in Hamilton City and promote adoption of these practices in other areas of the county by Glenn County organizations and agencies.</p>	✕	✕	✕	✕
<p>7. Coordinate distribution of New Parent Kits in Spanish and English with local resources.</p>	✕	✕	✕	✕
<p>8. Work with local resources to assist in the development and coordination of training opportunities for child care providers designed to increase knowledge of child development, school readiness, and positive family interactions.</p>	✕	✕		✕

Evaluation of Results

A new program-level evaluation framework will be developed and implemented during FY 2006-07, in alignment with the new Statewide Evaluation framework. The evaluation framework will use established methodologies such as Results Based Accountability.

The First 5 Glenn County evaluation framework will:

- Provide clear definitions on when and how to report on services to children with disabilities
- Define service terms so that data is reported consistently by multiple programs under fewer service areas
- Be used to develop contracts and scopes of work that are tied to outcomes and specify what, when and how funded programs will provide data and information to the Commission.

First 5 Glenn County will use evaluation to assure accountability through examining what conditions are being impacted through funded programs and services, and the degree to which the funded services are producing results (e.g., how many are being served and what changes are being made in conditions of well-being?). A secondary purpose for evaluation is learning what worked and why; and what was not effective and why. By capturing this information, the Commission will be able to share lessons learned with grantees, the community, and other counties. Ultimately, evaluation will assist First 5 Glenn County in knowing it is making the best investments possible to improve the lives of children prenatal to five.

Evaluation Approach, Responsibilities and Timelines

This section details who will be responsible for evaluation (e.g., expectations for data collection and reporting by grantees and commission staff, level of support / coaching available through Commission staff, etc.) and the timelines for data collection and reporting results to the local community.

The ongoing evaluation of progress toward achieving the result areas and goals will be the joint responsibility of funded programs and organizations and First 5 Glenn County staff.

- As part of the process of requesting funds, each organization or collaboration requesting Proposition 10 funding will be asked to submit an evaluation plan based on the program-level evaluation plan(s) developed in FY 2006-07. The organization's evaluation plan must show how they will assess the efficiency and effectiveness of its program(s) and project(s). The Commission will provide specific guidance as to what information is sought in the evaluation plan, including a standardized format to help organizations comply with this requirement.
- During the resource allocation process, the Commission will work with the organizations and collaborations selected for funding to refine their evaluation plan as needed. The final evaluation plan will then be built into the contract with each funded agency as performance criteria.
- Funded programs will be expected to use data collection tools and templates developed by First 5 Glenn County or the State Evaluation Team through the evaluation design process to capture participant level data on services and outcomes on a regular basis. Data will be synthesized and reported on according to the key indicators or performance measures selected by the grantees and documented in the Scope of Work, that align with the Commission's strategic goals, objectives and indicators (see the "Goals, Objectives and Indicators" section of this plan). A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other avenues.

- Each quarter, organizations receiving funds from the Commission will be required to collect quantitative and qualitative data and submit a report on the progress and results to date of each service or activity for which the organization receives Proposition 10 funds. The procedures and formats for submitting these performance reports will be determined as part of the evaluation design process. Service providers will be allowed to build the cost of complying with the Commission's program evaluation requirements into the budget for their programs and projects.
- The Commission will consolidate the evaluation results of funded programs and present the results to the community through public meetings and presentations after October 15th each year.
- The Commission and its staff will reserve the right to visit service providers, inspect records, and take other appropriate measures to ensure that the performance criteria in each contract are being met. If the performance criteria are not being met and the Commission does not expect the organization to be able to make sufficient improvements, the Commission will have the option to terminate the contract and direct future funding to other services and organizations that demonstrate better results. These are necessary measures to provide true accountability for the use of the public funds with which the Commission is entrusted.
- Due to the limited resources available to the county, the Commission may invest in formal independent program evaluations such as the types of evaluations performed by CSU Chico and other universities and consulting firms.

Funding Approach

Funding Options and Mechanisms

First 5 Glenn County will utilize three mechanisms for distributing Proposition 10 funds.

Mini-grants. Mini-grants are typically made available during the first quarter of the fiscal year, with funds awarded generally in January. However, timeframes may vary based on emerging county needs and available funding levels. The maximum amount that can be requested is determined annually by the Commission, as is the total annual budget for mini-grants. Mini-grants are currently awarded to support community-driven projects or events. The intent of mini-grants is to encourage community members to think creatively about how to improve the lives of children ages 0 to 5 and their families in their communities.

First 5 Glenn County will accept mini-grant applications from community groups, individuals, residents, civic organizations, and social organizations.

Major-grants. Major grants are made available periodically through an RFP process, as described in more detail under the *Allocation Process* section. Parameters of funding requests and areas eligible for funding (i.e., types of services, programs and activities) will be described in the RFP.

Non-Competitive, Participatory Process. The Commission will utilize this funding option for the first time in FY 2006-2007. The process, also referred to as “Meet to Reach Mutual Agreement” (MRMA) will be initiated by the Commission using the approach described in the *Allocation Process* section. By implementing this funding mechanism the Commission seeks to simultaneously develop the capacity of community residents and service providers while promoting collaborative service design and system improvements.

Allocation Approach

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of resources from the Children and Families Trust Fund. In order to meet this overall goal, the following guidelines have been established related to the allocation and investment of Trust Fund monies. These guidelines are periodically as part of the strategic plan review process and revised as appropriate.

1. Funds will only be allocated to activities and services that are in direct furtherance of the elements of this strategic plan or that are necessary for the operation of the Commission, consistent with the purposes expressed in the California Children and Families Act.
2. The Commission will give additional consideration to projects, programs and services that contain a systems improvement component in their approach.
3. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.
4. The Commission will actively seek to coordinate with other funding sources so that Proposition 10 resources are used wherever practical to (a) attract funding from other sources so that the total

monies available for early childhood development are increased, (b) fill gaps where no other sources of funding can be identified to provide high-priority programs and services called for in this plan, and/or (c) build self-sustaining services, defined as services that can establish a sustainable funding stream without relying on Proposition 10 monies.

5. All recipients of funding must show a commitment to accountability and be willing to work with the Commission to implement its evaluation framework. Evaluation will be consistent with the Results Based Accountability (RBA) model and used to objectively demonstrate the cost effectiveness and overall efficacy of programs, activities and services. Furthermore, successful applicants must demonstrate an ongoing ability to be accountable and work with the Commission in evaluating effectiveness and efficacy of their services.
6. The Commission will fund programs and organizations that are best able to achieve the strategic objectives in a high quality manner, and will not be limited to selecting the lowest cost providers of services.
7. The Commission will seek to minimize administrative costs for both its own operations and for funded programs so that the most resources possible can be focused on achieving the goals and objectives described in this plan.
8. Preferences will be given to interventions and proposals for services located or delivered in Glenn County.

Allocation Process

In order to get the most out of Proposition 10 resources, the Commission will look for the best opportunities for linking and leveraging multiple sources of funding, and will exhaust all other resources first before relying on Proposition 10 monies to help finance a strategy. Some strategies may not require any funds from the Commission, or the necessary resources can be obtained from other sources such as grants and the State Children and Families Commission without having to expend local funds.

The basic processes that are expected be used to allocate funds are outlined below. The Commission reserves the right to change the process as necessary to meet the changing needs and situations in the county and to best carry out the strategies in this plan.

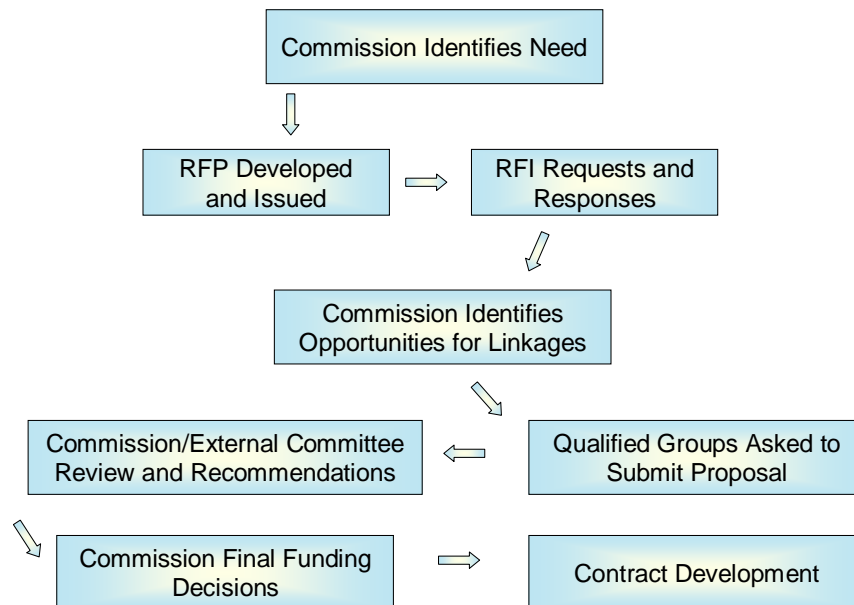
Mini-Grants

Applicants must fill out the mini-grant application, available on the First 5 Glenn County website <http://www.glenncountyfirst5.com/Grants/Mini-Grants.html>. Basic information is requested, including a description of the proposed project, linkage with the goals and objectives in the First 5 Glenn County Strategic Plan, and qualifications of the applicant. In order to make mini-grants more accessible to the community, applications can be typed or handwritten, and submitted in English, Spanish or Hmong (arrangements for other languages will also be made).

Major-Grants

The Commission intends to emphasize collaborative relationships with service providers in making funding decisions and may use a formal RFP process to distribute funds to service providers and other grant recipients. The diagram below depicts the process for major grants, which is described in the narrative that follows.

Major-Grant Funding Process



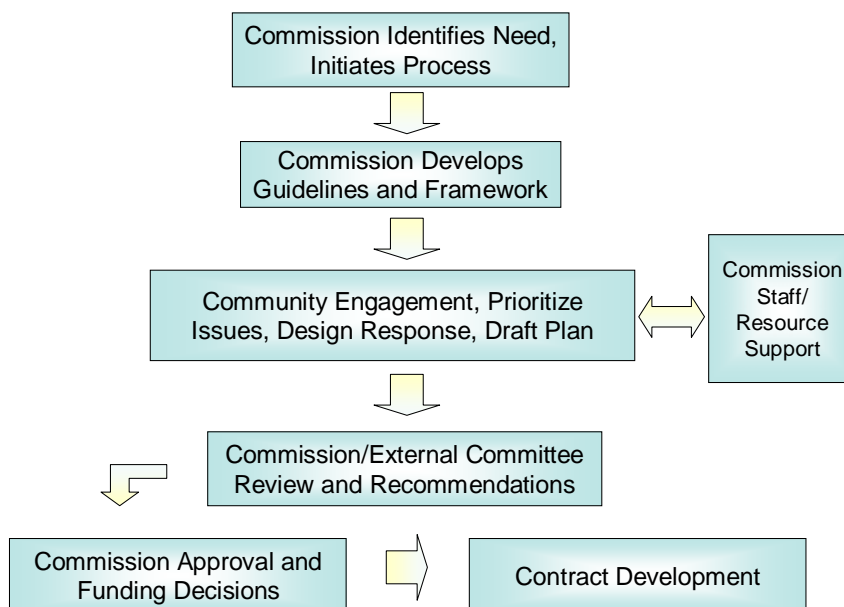
1. The Commission and/or its representatives will publish a Request for Information and communicate with the various potential partners listed in the Strategies section of the plan in order to more clearly identify their interest in participating, existing funding and other resources, and potential opportunities to leverage funds.
2. Concurrently, a short and simple Request for Information will be issued that enables any interested organization to submit their interest in being considered for funding. The response form will ask for basic information such as a description of the proposed project, linkage with the goals and objectives in this plan, and qualifications of the organization.
3. Based on the responses from the first two steps, the Commission will look for opportunities to link agencies together to request a single collaborative proposal, and to facilitate planning activities to bring services and service providers into the County.
4. Qualified organizations and collaborative groups will then be asked to submit a specific proposal to be considered for funding. Faith based organizations are encouraged to apply for funds and will be asked to verify the segregation of service activities from faith based activities.
5. Proposals will be accepted for Implementation Grants. The Commission will make a strong effort to make this an easy, straightforward process while obtaining the information needed to make good funding decisions. More in-depth project descriptions, budgets, and means of evaluating program / project success will be obtained at this point.
6. The Commission will carefully review all proposals that are submitted, gather additional information about each proposal as necessary, and make decisions as to which proposals will be funded (and the dollar amount of each). Contracts will then be prepared with all organizations that are funded.

Non-Competitive, Participatory Process (“Meet to Reach Mutual Agreement”)

This is a participatory process, in which the service priority can be set by Commission or community, based on identified needs. Once the needs are prioritized, the community members and partner organizations work together to collaboratively design programs and/or services to meet the identified needs. This process can take up to a year to plan, design and begin implementing. However, the design process increases ownership and builds capacity, in addition to resulting in a finished “project” that will be utilized and supported by the local community.

The process and Commission’s responsibilities for this allocation process are shown in the diagram below and described in the narrative that follows.

Non-Competitive, Participatory Funding Process



1. The Commission will determine when to initiate the process and in what community, based on emerging trends, data and needs.
2. They will develop guidelines for process (map of how the process should work, who to involve, when), and provide a framework for planning participants – which may include identifying appropriate agencies or groups to operate services; developing guidelines for the process (map of how the process should work, who to involve, when).
3. Community engagement and participation in order to prioritize needs and develop the best response (program, service, activity) to meet the prioritized needs, and to draft a plan.
4. The Commission will provide support, training and if needed facilitation support to ensure process progresses. The Commission staff will help community members to conduct outreach to stakeholders in order to invite them into the process (e.g., dentists, health professionals, etc.). Staff support will also be provided for planning sessions, i.e. working groups, stakeholder meetings, community dialogues, and review committee meetings.

5. The plan will be reviewed by the Commission or an external group of experts identified by the Commission. This group may make recommendations and suggestions back to the community planning group(s) and recommend the final plan to the Commission.
6. The Commission will make final approval of the plan and determine funding levels for components/vendors. Appropriate contracts will be developed by the Commission and linked to evaluation.

Other Guidelines

Other major guidelines to be used in the allocation process are outlined in the table which follows:

Funding cycle	The Commission may accept proposals for funding consideration once a year, to the extent that funds are available to allocate (i.e. not already committed to multi-year projects).
Types of projects to be considered for funding	The Commission wants to be flexible and creative, and therefore will be open to funding many types of activities including (1) direct services (e.g. child care, health care, parent education and other such services directly targeted to children and families); (2) systems improvement or capacity building efforts such as technical assistance, development of new collaborations, recruitment and retention of child care providers, and other such capacity building initiatives; and (3) capital improvements (buildings, vehicles, equipment, land/site improvements, etc.). No preset percentages will be used that could limit flexibility. The Commission is invested in solutions that best meet the identified needs in Glenn County. Therefore, the Commission will not dictate the percentage of funding that must go to direct services versus systems improvement efforts. However, funding must be used to impact the goals and objectives of this plan.
Time period for funding	Applicants will be allowed to request funding for up to a three year period. All major projects, including those accepted for multi-year funding will be evaluated every three months and must continue to meet performance and other criteria in order to continue receiving funds. The evaluation process will be structured to be supportive, not punitive, but must provide true accountability over the use of funds.
Eligible organizations	No restrictions will be placed on the types of organizations eligible for funding. Nonprofit, for-profit, faith based and governmental entities can receive funds as long as basic criteria are met such as evidence of financial stability, ability to evaluate programs, proof of adequate insurance, and having a business license for for-profit organizations or proof of nonprofit tax-exempt status. Faith based organizations must assert that a segregation of faith and service activities exists in order to be eligible for funds.
Emphasis on collaboration	The Commission will give preference to proposals submitted by multi-agency collaborations that represent a true continuum of services over proposals submitted by individual agencies that represent fragmented services. As noted earlier, the Commission will also reserve the right

to work toward linking agencies together and requiring a collaborative proposal that consolidates the services and capabilities of all of the agencies in order to be open to funding.

Preset fund allocation percentages

The Commission will focus on investing in the specific strategies defined in this plan in the manner that it believes will best optimize the use of Proposition 10 funding.

Eligibility Criteria

Eligibility criteria to be met by potential service vendors will be articulated in the RFP or Non-Competitive Funding Process, for both new and existing organizations, and will include but not limited to:

- The ability to do fiscal management and provide timely fiscal invoicing reports and an audit (for large organizations with multiple funding)
- Agree with Commission principles, including the Principles on Equity
- Demonstrated ability to provide required evaluation reports on time and in the format required by the Commission
- Demonstrated efforts toward sustainability and declining dependence upon Commission funding
- Responsiveness to local needs with services provided in Glenn County
- Exhibits the organizational capabilities to successfully provide services
- Willingness to comply with the assurances required by the Commission (includes Equal Opportunity Employer, meet drug and tobacco free workplace requirement, etc.)
- No negative variables (consumers' complaints, loan defaults, poor performance on previous contracts with First 5 Glenn County, etc.)

Funding Priorities

The Commission has identified priorities for investing Glenn County's First 5 funds.

Preference will be given to proposals that address underserved populations or unmet needs as identified in this plan.

The Commission will favor applications which promote access and collaboration and whose design supports broader policies and strategic initiatives.

The Commission may elect to coordinate with other community funding processes in the development of the RFP and the distribution of funds.

In addition, the RFP process or Non-Competitive Funding Process will result in a Contract outlining what the Commission (i.e. money to be funded, any training or other participation requirements will provide) and what the "grantee" will provide (i.e. reports both fiscal and program).

The Commission will monitor contractor performance and compliance with stipulated goals, objective and activities. All contractors will be held strictly accountable for the expenditure of funds and evaluation of program outcomes. Reporting will include:

- Explanations for each major component of the budget.
- Quarterly evaluation results, including quantitative and qualitative data. The published RFP will include the timeline for the distribution of funds.
- An annual report that describes how resources have been allocated and used.

Funding Restrictions

First 5 Glenn County does not provide funding for:

- Religious activities that include worship, instructions or proselytizing
- Capital improvements to an individual's home
- Direct assistance to individuals
- Existing obligations or retroactive funding for costs already incurred
- Fundraising
- Political campaigns

Budget 2006-2007

The balance in the county's Children and Families Trust Fund as of July 1, 2006, is projected to be approximately \$571,772. This amount represents periodic allocations received from the State Trust Fund, State School Readiness funding match, State CARES funding match, State administration and travel augmentations, plus accumulated interest since July 1, 2005, net of all expenses incurred to date. The Trust Fund balance is being split into three resource pools – a Project Pool, an Operating Pool, and a Sustaining Reserve.

➤ **Project Pool** (\$384,436) – This pool represents the amount of funding currently available for mini grants (\$10,000) and major programs, services and projects that implement one or more of the strategies in this plan (\$40,000), and includes funding committed for the School Readiness and CARES programs (\$261,500). The remaining funds in the project pool (\$72,936) will be carried over into FY 2007-08 and used to fund the project(s) and or service(s) designed through the Meet to Reach Mutual Agreement process. There is no assurance that a similar amount of funding will be available in future years.

➤ **Operating Pool** (\$187,336) – The strict requirements imposed by the state laws enacted by Proposition 10, together with the need to maintain public accountability over funds, requires the Commission to: manage a fund allocation process, issue grants and contracts, monitor those contracts, perform an annual revision of the strategic plan, gather performance data from contractors and for the county as a whole, perform public and media relations functions, provide fiscal management over the Trust Fund, perform an annual audit and create an annual report, and meet other requirements. These requirements mean that a full-time staff person, an office, and other administrative and operating costs must be incurred. A total of \$184,721 is being budgeted to meet these operating costs of the Commission; this budget is actually low for addressing the full range of operating needs but is the most that the Commission is willing to allocate. Outside assistance is being actively sought to help cover the operating costs of the Commission which, if received, would allow more funding to be shifted to the Project Pool. The Commission will maintain six months of operating funds in a pool at all times to ensure that all costs associated with Prop 10 will be covered at all times.

➤ **Sustaining Reserve** – The amount of Proposition 10 money received by the county each year will fluctuate based on birth rate ratios, and is expected to decline by 3% a year because of reductions in smoking. In order to achieve long-term sustainability of programs receiving Proposition 10 funds, \$50,000 will be set aside as a hedge against future revenue reductions and to smooth out funding when revenues are fluctuating due to year-to-year variations in the county's birth rate relative to that of the state as a whole. This reserve amount will be held in the local Trust Fund and not expended except by special action of the Commission. Each year, the Commission will assess the size of the Sustaining Reserve and determine whether to increase or decrease the amount held in reserve.

The \$50,000 sustaining reserve allotment for 2006-2007 was set aside out of the 2005-2006 Budget, and is therefore not reflected in the 2006-2007 Budget. No funds from the sustaining reserve account will be used to conduct the business of the Commission in fiscal year 2006-2007.

It must be emphasized that this budget only reflects the direct use of funding from the Children and Families Trust Fund. As stated in the Allocation Guidelines and other sections of the strategic plan, many service providers and professionals throughout the county will be coordinating their efforts and allocating funding to programs and services that implement many of the other strategies described in this plan.

Over the next four years, Glenn County expects to receive \$286,000 – \$365,000 per year as a direct allocation from the State Children and Families Trust Fund, based on the county's birth rate relative to the

birth rates of the other 57 counties in the state. The annual allocation is subject to fluctuations and will decline steadily as statewide reductions in the rate of smoking are achieved. The five-year Prop. 10 revenue projections provided to First 5 Glenn County by the State Commission are as follows:

Fiscal Year	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Est. Revenue	\$365,830	\$324,797	\$314,122	\$304,940	\$295,231	\$285,977

The 2006-2007 Budgets for the Commission, the School Readiness Project and the CARES Project are shown on the next two pages.

First 5 Glenn County 2006-2007 Budget

Revenue

Prop. 10 Tax Revenue	\$	324,797.00
State Augmentation	\$	108,375.00
Interest & SMIF	\$	18,100.00
State School Readiness	\$	100,000.00
State CARES Match	\$	20,500.00
Total Revenue	\$	571,772.00

Expenditures

Personnel	\$	83,850.00
Benefits	\$	24,187.00
Materials/Supplies	\$	34,794.00
Contractual Services	\$	44,505.00
Committed County Commission Funds (School Readiness & CARES)	\$	141,000.00
Committed State Match Funds (School Readiness & CARES)	\$	120,500.00
Mini Grants	\$	10,000.00
Project Pool	\$	112,936.00
Total Expenditures	\$	571,772.00

2006-2007 School Readiness Budget

<u>Revenue</u>	
County Commission	\$ 100,000.00
State Match	\$ 100,000.00
Total Revenue	\$ 200,000.00

<u>Expenditures</u>	
Personnel	\$ 85,531.00
Benefits	\$ 23,909.00
Materials/Supplies	\$ 47,968.00
Contractual	\$ 42,592.00
Total Expenditures	\$ 200,000.00

2006-2007 CARES Budget

<u>Revenue</u>	
County Commission	\$ 41,000.00
State Match	\$ 20,500.00
Total Revenue	\$ 61,500.00

<u>Expenditures</u>	
Outreach	\$ 1,230.00
Direct Funds/Incentives to Participants	\$ 44,457.00
Training/Support Services	\$ 1,845.00
Program Coordination/Management	\$ 12,153.00
Evaluation	\$ 1,815.00
Total Expenditures	\$ 61,500.00

Long-Term Financial Plan

As noted in the previous section, tobacco taxes collected through Prop 10 will continue to decline at a fairly steady rate; resulting in less money available in future years to sustain investments in programs and services. To help address the challenges of sustained financing for projects and services supported by First 5 Glenn County, the Commission has developed a long-range financial plan. This plan serves as a management tool for attracting and allocating financial resources within a specified time period in order to achieve long-term goals; it covers a five year period from July 1, 2006 through June 30, 2011.

While this plan provides a framework for managing financial resources it does not obligate the Commission to specific funding decisions. Instead, the purpose of the plan is to help provide the Commission with the capacity to invest in projects and services each year while also fulfilling the legal mandates of Prop 10.

The following assumptions were used by the Commission to develop the five-year financial forecast.

Revenue Assumptions

Statutory/minimum allocation- The Commission decided that 5.13% will be used to determine the decreased amount of revenue to the County. This 5.13% is an average taken between 2006 and 2010, which is determined by First 5 CA statewide forecasting model.

State administration and travel augmentations - These augmentation are received from the State Commission annually and are only guaranteed through June 30, 2008. The Glenn County Commission decided to be conservative in forecasting and assumed that the augmentation will not continue beyond 2008.

CARES matching funds - Since the State Commission has not committed matching funds of this program beyond 2008-2009, the First 5 Glenn County Commission decided to forecast no additional revenue for 2009-2010 and 2010-2011.

School readiness matching funds - Since State Commission has not committed matching funds of this program beyond 2009-2010, the Commission decided to forecast no additional revenue for 2010-2011.

Public/private partnerships - The Commission expects to hire a grant writer beginning in the 2007-2008 fiscal year to develop additional revenue streams to support programs and services; an estimated additional \$250,000 will be generated over a three-year period (FY 2008-2011).

Investment/interest income - The Commission calculates its interest earnings using the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06), percentages over the five years are as follows: 2006-2007 @ 5.2%, 2007-2008 @ 5.3%, 2008-2009 @ 5.5%, 2009-2010 @ 5.7%, and 2010-2011 @ 5.8%. To be conservative, the Commission calculated interest earnings only on carry forward funds and sustaining reserve balance.

Sustaining reserve - The Commission decided that funds would be used from this reserve when in fact the program began to run in the deficit. According to this forecast, the Commission will need to utilize the Sustaining Reserve funds beginning in 2008-2009.

Other income - This line item currently shows projected carry forward dollars from the 2005-06 fiscal year, as well as 2007-08 and 2008-2009.

Expenditure Assumptions

Grants and programs

School readiness programs (State & Local) - The current School Readiness program has been funded through 2006-2010. The State Commission has not committed to a third cycle of funding. The First 5 Glenn County Commission decided that the program will continue in 2010-2011 using local dollars for sustaining this program only in Hamilton City.

CARES - With no commitment being made from the State Commission for funding this initiative beyond FY 2007-2008, the First 5 Glenn County Commission decided to continue this program at the current match rate of \$40,000 a year for 2009-2010 and 2010-2011.

Major grants and other programs (MRMA) - The Commission decided to commit \$40,000 towards a single year grant for FY 2006-2007, while planning efforts are underway for the Meet to Reach Mutual Agreement (MRMA) non traditional grant making. Once the program design process has been completed, the Commission will allocate \$150,000 per year, FY 2007-2008 through FY 2010-2011 for the MRMA program.

Mini grants - The Commission will continue awarding \$10,000 annually for mini grants.

Operating costs

Salaries and benefits - The Commission decided that they would continue staffing this program with a 1.0 FTE Executive Director and a 0.5 FTE administrative assistant. The Commission has adopted all of Glenn County Office of Education's Board-approved policies, which includes salary schedules and cost of living allowances. The percentages used to determine the financial forecasts are from the 2006 School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

Facilities expenses - Figures here were determined using the CPI from the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

Evaluation and professional services - Due to the new evaluation requirements set by the State Commission, the Commission decided to build in the budget professional services to assist with evaluating the new programs. Figures here were determined using the CPI from the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

Travel - Figures here were determined using the CPI from the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

Other direct operating costs - Figures here were determined using the CPI from the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

County indirect cost charges - Figures here were determined using the 2006 SSC School District and County Office Financial Projection Dartboard Governor's Budget 2006 Version (updated 1/11/06).

Other

Sustaining reserve - The Commission decided to commit \$50,000 annual to this fund to support future Commission endeavors.

Projected fund balance - This line item reflects the annual fund balance taking into consideration that all above assumptions are accurate.

Fiscal Year 2006 - 2011 Financial Projection

	Five-Year Total	Year 1 2006-07	Year 2 2007-08	Year 3 2008-09	Year 4 2009-10	Year 5 2010-11
Revenues:						
Statutory/minimum allocation	1,525,067.00	324,797.00	314,122.00	304,940.00	295,231.00	285,977.00
State admin and travel augmentations	216,750.00	108,375.00	108,375.00	-	-	-
Child care retention matching funds	51,250.00	20,500.00	20,500.00	10,250.00	-	-
School readiness matching funds	400,000.00	100,000.00	100,000.00	100,000.00	100,000.00	-
Non-Prop 10 grants and contributions	-	-	-	-	-	-
Public/private partnerships (foundation dollars)	250,000.00	-	-	50,000.00	100,000.00	100,000.00
Investment/interest income	110,789.00	21,164.00	17,225.00	20,625.00	24,225.00	27,550.00
Sustaining Reserve				166,751.00	180,572.00	127,677.00
Other income (Carryforward projection)	319,875.00	132,357.00	161,966.00	25,552.00	-	-
Total revenues	2,873,731.00	707,193.00	722,188.00	678,118.00	700,028.00	541,204.00
Grants and programs:						
Current encumbrances and commitments	-	-	-	-	-	-
School readiness programs (State & Local)	900,000.00	200,000.00	200,000.00	200,000.00	200,000.00	100,000.00
CARES (State & Local)	233,750.00	61,500.00	61,500.00	30,750.00	40,000.00	40,000.00
Major grants other programs (MRMA)	640,000.00	40,000.00	150,000.00	150,000.00	150,000.00	150,000.00
Mini grants	50,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00
Total grants and programs	1,823,750.00	311,500.00	421,500.00	390,750.00	400,000.00	300,000.00
Operating costs:						
Salaries and benefits (includes grant writer 07/08)	754,960.00	108,037.00	145,963.00	155,658.00	165,606.00	179,696.00
Facilities expenses	82,781.00	15,685.00	16,093.00	16,528.00	16,991.00	17,484.00
Evaluation and professional services	140,215.00	26,500.00	27,295.00	28,005.00	28,790.00	29,625.00
Travel	63,334.00	12,000.00	12,312.00	12,645.00	13,000.00	13,377.00
Other direct operating costs	13,197.00	2,500.00	2,565.00	2,635.00	2,709.00	2,788.00
County indirect cost charges	109,219.00	19,005.00	20,908.00	21,897.00	22,932.00	24,477.00
Total operating costs	1,163,706.00	183,727	225,136.00	237,368.00	250,028.00	267,447.00
Net increase (decrease) in annual budget	411,275.00	161,966.00	25,552.00	-	-	(76,243.00)
Sustainability:						
Sustaining reserve beginning balance 7/1/06	275,000.00					
Sustaining reserve	250,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00
Projected fund balance		325,000.00	375,000.00	258,249.00	127,677.00	50,000.00

Appendix A: Menu of Potential Strategies for Glenn County First 5

(Presented for discussion and decision-making during April 8, 2006 Retreat)

The table below presents potential strategies addressing the county’s stated goals for children aged birth to five. Research was completed of current practices, alternative methods, evidence-based models and best practice where available to deliver eleven feasible strategies, not presented in any particular order. Following the table is a list of the most helpful resources found for these strategies, which can provide further information on both evidence and methodology.

Strategies	Rationale	Pros/Opportunities	Issues/Considerations	Areas Addressed
<p>A. Preschool for All There is a growing movement in California, supported by state initiatives, to provide high quality, voluntary, partial-day preschool services for all children. The primary target audience is four year olds, but can be expanded to include three year olds too.</p> <p>(First 5 Preschool for All website; also see Labor and Population website for graph of cost - benefit ratio)</p>	<p>A large portion of children in California enter kindergarten without some of the basics necessary for their success (e.g. recognizing the letters of the alphabet, playing cooperatively). Studies are indicating that preschool programs dramatically increase a child’s readiness for school and subsequent performance, help to close the achievement gap for disadvantaged children, and reduce behavioral problems. The results are so substantial that it is estimated that every dollar spent on this early education will save \$7 in future expenses.</p>	<p>Multiple funding sources are increasingly available, especially through the School Readiness Initiative, Head Start funds, Title 1, and First Five.</p> <p>In contrast to Head Start, this program reaches those children in the middle who do not qualify for current aid but would still benefit from educational preparation.</p> <p>Preschool provides a premium opportunity to screen children for learning, social, behavioral, and physical issues and can provide linkage to needed services.</p> <p>Program can free up resources of time and money for parents, and can encourage parents to attend parenting, ESL, or basic educational classes.</p>	<p>The cost of providing preschool for one child is approximately \$4560-\$4820 per year and may necessitate short term “creative funding” until longer term stable revenue sources are available.</p> <p>For quality programs, at least one head teacher with a bachelor’s degree is needed for each class.</p>	<p>This strategy can address all goals and multiple focus areas.</p>
<p>B. Promote accreditation of child care facilities and licensure of providers. This program provides incentives and subsidies for child care and early education providers to promote their education and obtainment of professional standards.</p> <p>Model programs: Cares Program in Monterey County and Project Reward in San Luis Obispo County.</p>	<p>Federal standards for program accreditation promotes quality child care and education.</p> <p>State standards for licensure of providers help to ensure a minimum standards of health and safety.</p> <p>(Child Care Resource, 2004)</p>	<p>Formal training can promote standards of early education and enhance the readiness of children to enter school.</p> <p>Trained professionals are more able to screen children and link families to services.</p> <p>Obtaining professional standards can have a snowball effect; competition between providers and desire for community confidence can inspire pursuit of further education.</p>	<p>Much care of young children in the county is done by family members or informal providers who never come into contact with the system.</p> <p>Providing incentives can be expensive and can promote reliance on government money for professional development rather than a spirit of responsibility to professionalism and quality.</p>	<p>Goal 2,3. Improved Child Development Goal 4. Improved Child Health</p>

Strategies	Rationale	Pros/Opportunities	Issues/Considerations	Areas Addressed
<p>C. Assessment, Orientation and Linkage to Kindergarten and School Readiness</p> <p>In the absence of preschool, this strategy builds linkages and understanding between early child care providers (including parents and informal care settings) and kindergarten.</p> <p>This can be facilitated through orientation meetings between child care providers/parents and teachers to discuss how each can support the children's success in school. It also provides opportunity for child assessment.</p> <p>Training can be provided as part of accreditation for professional early care programs to update them on current school readiness standards.</p> <p>Simple handouts can be prepared in English and Spanish and distributed community-wide identifying goals for children to meet before transitioning to school and ideas for how to achieve these goals.</p> <p>(School Readiness website)</p>	<p>The program provides children and families with an opportunity to meet teachers and learn about kindergarten prior to the first week of school.</p> <p>By providing assessments and orientation to kindergarten, parents are in a position to determine the best time for their child to enter kindergarten.</p> <p>Information learned during an assessment is used to understand how to support one another (parents, caregivers and kindergarten teachers) in preparing and transitioning children to kindergarten. The process helps parents take ownership and responsibility for their child's education and future success, and builds their confidence in parenting.</p>	<p>Benefits of this type of program are:</p> <p>Provides common understanding of what constitutes school readiness (standards, learning tools, and other materials and information)</p> <p>Parents understand how to connect with schools.</p> <p>Parent understand how to support their child's success in school.</p> <p>Identifying children in need of other supports/services and connecting them to those supports <i>prior</i> to entering kindergarten.</p> <p>Additional learning or special needs may also be identified through assessment and families linked to needed services.</p> <p>Parents have information needed (via the assessment) to determine child's readiness to enter school.</p>	<p>The formal education system does not always recognize or value the role of parents, caregivers and early care and education professionals role in school readiness</p>	<p>Goal 2 Children Learning and Ready for School</p>
<p>D. Provide child care and/or child care subsidies to allow parents/caregivers to attend educational and training events.</p> <p>This strategy provides financial supports (subsidies) or on-site child care so that parents and caregivers can attend educational events, workshops and training.</p>	<p>Many times parents and caregivers are unable to attend training or workshops because they can't afford care for their children. Providing actual child care at the event location or cash subsidies helps remove a barrier to education.</p>	<p>Gives parents and caregivers the opportunity to participate in education that ultimately benefits children through better parenting, increasing school readiness, connecting families with resources, and increasing community interaction.</p> <p>Parents can attend ESL, GED, and/or career tech training courses in order to enhance the family environment and financial resources.</p>	<p>Ability to pay for care may not be the only barrier faced by parents/ caregivers; location and hours of care may also need to be addressed.</p> <p>Providing childcare during educational events is more convenient for the parent, but increases the need for administration and oversight by the county.</p>	<p>Depending on education and training topics, strategy can impact all goal areas.</p>

Strategies	Rationale	Pros/Opportunities	Issues/Considerations	Areas Addressed
<p>E. Professional and Community Workshops, Training & Education Events</p> <p>Provide training and educational events that support county goals, building community awareness and activity to improve the health, well-being and school readiness of children. Where possible, video feeds could be used to extend the reach of the presenter and allow people to attend who might not otherwise be able to without distance learning. Trainings and educational events may be local or brought in via teleconferencing.</p>	<p>Bringing educational opportunities to the community allows providers and community members to increase their skills and knowledge in a particular area.</p> <p>This approach allows groups of people with similar interests (i.e., quality child care, ensuring children are ready for school) to learn “best practices” and dialogue with others about applying those practices locally.</p> <p>This method can also be used to educate community members in parenting skills, family and relationship building, personal finance management, and setting personal, career and education goals.</p>	<p>Can be a cost effective means of educating community members as a whole, or groups within the community, promoting all county goals.</p> <p>If offered regionally, can increasing attendance and opportunities for sponsor partners, though transportation may be an issue.</p> <p>Raises awareness of issues and of sponsoring organizations.</p> <p>Can provide continuing education credits for professionals.</p> <p>Opportunity to measure knowledge gains and attitude changes of participants as a result of educational and training events.</p> <p>Collaboration with local colleges can provide further educational and accreditation opportunities.</p>	<p>When budgets are tight, community education may not be seen as a priority for investment, yet there are few negative aspects of presenting educational events.</p> <p><u>Considerations to ensure success:</u></p> <p>Time and resources need to be allocated to promote event, conduct event evaluation and report results, including knowledge gains and changes in community behavior and attitudes.</p> <p>It can be costly either to bring presenters into the county or to send participants out of county to attend.</p> <p>Topics need to be timely and relevant to consumers; presenters must be excellent and provide practical application options in addition to theory.</p>	<p>This strategy addresses multiple focus areas within the different goals.</p>
<p>F. Early Behavior Health Screening and Intervention</p> <p>Screening for behavioral health issues may be incorporated into home visitation, Head Start, child care, and preschool programs. Creating and funding an interventional position can provide education for parents and providers and give on-site assistance as needed.</p>	<p>Studies show that early diagnosis and intervention of behavioral and mental health issues can have a drastic impact on later developmental challenges when done during the first five years of life.</p> <p>From a community welfare perspective, prevention decreases demand for resources and increases the quality of life. Financially, prevention is more cost-effective than spending later monies on care and hospitalization of older children. (Simpson, et al, 2001)</p> <p>The Head Start program of San Luis Obispo added an Early Childhood Behavioral Specialist (ECBS) position to their program to respond to referrals and give support. After three years, the program has seen positive results. (See Early Childhood Behavioral Specialist: Head Start Bulletin website)</p>	<p>An available specialist can provide on-site help as needed at various locations, giving more time-appropriate assistance to care and education providers.</p> <p>A specialist could fill multiple functions of providing training and education for parents and providers, on-site support for providers, as well as direct intervention with referred children.</p>	<p>Creating a new position puts a demand on financial and professional resources.</p> <p><u>Critical components for effectiveness:</u></p> <p>Behavioral specialist must have extensive early childhood development knowledge and experience. SLO Head Start used teachers and provided the extra needed training in behavioral health intervention. Acknowledge importance of parent and caregivers as integral to the mental and behavioral health of child- must include them in program. Promoting well-being of child and not only focusing on identified problems.</p> <p>Dedicated outreach to at-risk children.</p> <p>Acknowledgement that some children are seriously troubled. (Simpson, et al, 2001)</p>	<p>Objective 4.3 Screening and early intervention for behavior health issues, support for children and providers</p>

Strategies	Rationale	Pros/Opportunities	Issues/Considerations	Areas Addressed
<p>G. Family Resource Centers FRCs provide families with local (neighborhood or community) services to meet the needs of children and families. FRCs provide social and educational resources and supports, and staff are generally considered “experts” in connecting the children and families in the community to the best resources or supports to meet their needs.</p> <p>(Waddell, et. al, 2001)</p>	<p>Family Resource Centers (FRCs) have been shown to be successful models of service delivery. They are flexible and can be designed around the unique needs of the community so that only those services and supports needed are available.</p> <p>They can serve as a gateway for families with young children to the rest of the community, connecting families with whatever resources they need, whether parenting education, ESL, financial assistance, food programs, medical services, counseling, or volunteer professional services.</p>	<p>If properly used and promoted, FRCs can act as a community hub, blending a variety of education, direct service and support options for parents and families with children 0-5.</p> <p>They usually have multiple funding streams and fewer restrictions/limitations on who they can serve.</p> <p><u>Critical components of FRCs:</u> Allows for efficient “one-stop shopping” – comprehensive intake evaluation, case management, easy access to multiple services, and decreased need for transportation to multiple sites. May offer services on-site such as classes, medical screening, counseling, and food assistance.</p> <p>Family empowerment- encourages and trains families to take responsibility for their own progress.</p> <p>Provides a collaborative forum by giving community agencies and members a place to integrate and communicate. It also provides a natural place for outcomes assessment of services.</p>	<p>It is critical that FRCs have close ties with community services and resources in order to effectively and appropriately refer clients.</p> <p>Extensive staff training is essential to stay connected and build relationships within the county in order provide competent and comprehensive service.</p> <p>Tendency is to become program focused (based on funding) rather than results focused (based on community needs).</p> <p>Location can be key (e.g. having an FRC linked to a school can provide for collaboration and easy access).</p> <p>Because they are not part of the child welfare system, FRCs can sometimes be left out of important decisions.</p>	<p>This strategy can address all goals and multiple focus areas by linking families to resources.</p>

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<p>H. Home Visitation Home visitation is an intensive program designed to identify at-risk families and provide in-home observation and screening by a paraprofessional, referral to appropriate community resources, and parental education and modeling.</p> <p>Possibility to link with Healthy Families America.</p>	<p>Evidence indicates that intensive home visitation can decrease child abuse and neglect, increase health care status and service utilization (esp. for those enrolled during prenatal period), increase recognition and referral of developmental delays, and strengthen parent-child interaction (Daro and Harding, 1999). It can also decrease subsequent births and increase the timing between births, decrease dependence on government assistance, and increase intellectual functioning of the children (Olds, et.al., 2004).</p>	<p>This approach develops trust between the home visitor and the client, allowing for greater impact of educational and modeling opportunities.</p> <p>Early visitation allows for a preventative rather than reactionary approach, the benefits of which are exponential.</p> <p>With training of home visitors, children can be screened early for physical, behavioral, and learning issues.</p> <p>A vertical rather than horizontal approach is preferable in which prevention and education efforts can be personalized and delivered based on emerging needs.</p>	<p>It is difficult to obtain compliance with at-risk families (high attrition rates).</p> <p>Good connection between the parent and the home visitor is vital for program success.</p> <p>Basic services and resources must already be available in the community to enable referral.</p> <p>Proven results are debated- traditional programs have not been shown to decrease child abuse. Study calls for more extensive staff training and more resource coordination (Home Visiting, 2004).</p>	<p>Goal 1. Improved Family Functioning</p> <p>Goal 2,3. Improved Child Development</p> <p>Goal 4. Improved Child Health</p> <p>Addresses all goals by increasing early screening, linkage to resources, and personalized education.</p>
<p>I. Mid-level care practitioners This includes the use of physician assistants, nurse practitioners, nurse midwives, and dental hygienists to expand health care capacity while restricting rising costs.</p> <p>(Committee on Dental Auxiliaries, 2004)</p>	<p>Rural areas especially have difficulty maintaining enough dentists and physicians in practice to service the community, and the higher poverty levels inhibit access to quality care. Emergency services tend to be overused to supplement basic care resulting in a poor use of community resources. Recruitment and use of mid-level health practitioners can bridge this gap by providing basic initial care in a cost-effective manner.</p>	<p>Nurse practitioners can practice independently of a physician in various capacities (midwife, adult, pediatric, geriatric, community). They are able to diagnose and treat patients, and excel at providing health care education. Nurse-run clinics can provide cost-effective basic care that eases overuse of emergency services and crowded physician offices.</p> <p>Dental hygienists in alternative practice (RDHAP) can be implemented to broaden dental care capacity. These practitioners can provide some basic services, education, and screenings.</p>	<p>Physician assistants must work in collaboration with a physician.</p> <p>RDHAP's must work in collaboration with a dentist and may only practice with a prescription from a dentist or physician. However, physicians can be educated to ensure they are screening children's mouths as part of their exams.</p>	<p>Goal 4: Healthy Children</p>
<p>J. Mobile Dental Van Putting dental facilities within a mobile unit to allow for a wider coverage of basic services. (Rural Smiles, Ch 6)</p>	<p>A dental van can bring needed services into a convenient community location while costing less than a traditional clinic.</p>	<p>A mobile unit can be moved to a convenient location and can bring services more directly to each community, addressing transportation concerns.</p> <p>A mobile dental clinic can be implemented</p>	<p>The initial costs of a mobile dental unit can be high, averaging \$336,000 for the van and equipment.</p> <p>If the van utilizes a pediatric dentist, then services are limited to only that</p>	<p>Objective 4.1 Age appropriate dental health screening and treatment</p>

Strategies	Rationale	Pros/Opportunities	Issues/Considerations	Areas Addressed
		<p>in collaboration with another county, sharing costs, dentist recruitment, and responsibility.</p> <p>Some communities bring in community volunteers, such as dentists and hygienists to help staff the vans.</p>	<p>population.</p> <p>Lack of confidence in service delivery continuity. Mobile dental services are dependent on continued financial support, or will be lost when funding is gone.</p>	
<p>K. Teledentistry</p> <p>The use of electronic advances and internet capabilities can connect local providers with consultants or specialists in other areas, eliminating the need for long travel times and transportation to distant clinics.</p> <p>(Rural Smiles, Ch 6 and Committee on Dental Auxiliaries, 2004)</p>	<p>Dental care in Glenn County is limited, and provides no specialized pediatric services. Linking local practitioners with outside resources provides numerous opportunities for cost-effective and convenient care.</p>	<p>Dental hygienists in alternative practice (RDHAP) could consult with dentists to obtain the needed screenings and prescriptions before providing cleanings and other allowed care.</p> <p>Physicians or local dentists could use telemedicine to consult with specialists in other areas to increase quality of care and decrease transportation issues.</p>	<p>Initial equipment and software purchases can be costly.</p> <p>Specialists and consultants out of the area must be willing to participate in a cost-effective program and to coordinate care.</p> <p>As a new area of medicine and dentistry, legal issues such as liability and accreditation have not been well-established.</p>	<p>Objective 4.1 Age appropriate dental health screening and treatment</p>
<p>L. Classroom-Based Education and Prevention Services for Child Oral Health</p> <p>Most early oral health prevention outreach and assessment programs include education on oral hygiene, screenings, sealants/varnishes and referrals to dentists. Dentists, hygienists, or even health care students can provide education, with the screenings and sealants/varnishes being provided by the appropriately trained person.</p> <p>A local example is <i>Smile Keepers Dental Disease Prevention Program</i>, operated out of the Tuolumne Superintendent of Schools Office. <i>Smile Keepers</i> is a school-based program which includes teacher training for program implementation; participating students receive preventive dental instruction, have the</p>	<p>Dental caries (tooth decay) is the single most common chronic childhood disease; five times more common than asthma and seven times more common than hay fever.</p> <p>Twenty-five percent of children suffer 80 percent of tooth decay.</p> <p>Poor children suffer twice as much tooth decay as their more affluent neighbors.</p> <p>Untended oral infections and disease can have a serious impact. Children with untreated oral disease may decrease their ability to eat and sleep, to learn in school, and to behave appropriately.</p> <p>Mobile/classroom based prevention and education services have been implemented for some time. A review of 10 studies that compared programs where sealants were applied versus those where no sealants were applied</p>	<p>Takes services/education to the target population, eliminating transportation barriers.</p> <p>One of the most encouraging opportunities relating to children's oral health is the opportunity for disease prevention. Prevention can largely be addressed through community water fluoridation, good personal care, and regular preventive dental visits. And, maximizing auxiliary personnel can increase access to preventive services for low-income children. (National Governors' Association, 2002)</p> <p>Screenings/assessments can identify other health needs of children, and provide an opportunity to link parents with needed resources.</p> <p>Physicians can be educated to ensure they are screening children's mouths as part of their exams.</p>	<p>Need dedicated staff coordination and ongoing support to manage relationships among providers, parents, and community.</p> <p>Lack of understanding or negative perceptions about dental sealants, varnish or fluoride treatments could be a barrier to some families participating.</p>	<p>Goal 2. Improved Child Development (provides opportunities for screening and helps ensure child is ready to learn)</p> <p>Goal 3. Improved Child Health</p>

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<p>opportunity to brush and floss daily in the classroom and use a 2% sodium fluoride mouth rinse once a week. Each student receives a dental screening with referral if necessary. Smile Keepers serves children ages 18 months - 22 years. (Smile Keepers, 2006)</p>	<p>showed a 60% median decrease in occlusal caries (i.e., those on the horizontal surfaces of molars and pre-molars) when sealants were applied in school-based or school-linked programs; approach was found to be effective among children of varying socioeconomic status and risk of decay. (School-Based or School Linked, 2002)</p>			

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