

Strategic Plan

2013 – 2016

Revised 2014

First 5 Colusa Children & Families Commission



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**FIRST 5 COLUSA
CHILDREN & FAMILIES COMMISSION
STRATEGIC PLAN: 2013 –2016**

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EXECUTIVE SUMMARY

In 1998, the California Children and Families Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products in order to provide the funds to create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5. This movement has since become known as “First 5” to emphasize the importance of the first five years of each child’s life.

Colusa County receives approximately \$425,000 a year from tobacco tax allocations and supplemental funding from First 5 California. In order to guide the investment of these resources, the County must adopt a strategic plan that shows how Proposition 10 funding will be used to promote a comprehensive and integrated system of early childhood development services.

First 5 Colusa, also known as the Colusa Children and Families Commission (referred to as simply “the Commission” throughout) was created in 1999 to evaluate the current and projected needs of young children and their families, develop a strategic plan that describes how the community needs will be addressed, determine how to expend local First 5 resources, and evaluate the effectiveness of programs and activities funded in accordance with the strategic plan.

MISSION STATEMENT

First 5 Colusa Children and Families Commission is committed to enhancing the lives of all children, prenatal to age five, and their families through a countywide, comprehensive, integrated system of early childhood development.

VISION STATEMENT

We envision an era when all children in Colusa County spend their early childhood years in positive surroundings that help them to reach their full potential. Children are born healthy and enjoy happy lives in supportive, nurturing, and loving environments. They are healthy, resilient, well-adjusted, and ready to learn when they reach kindergarten. Their journey through childhood is enhanced by parents and caregivers that are informed, capable, and confident in their ability to guide children toward becoming productive members of society.

This document presents the Commission’s strategic plan covering *three* years, from January 2013 through December 2016. The plan may be extended for additional years.

County commissions must develop strategic plans that address the four strategic results identified by the State Commission:

- 1. Improved Child Development: Children Learning and Ready for School**
- 2. Improved Child Health: Healthy Children**
- 3. Improved Family Functioning: Strong Families**
- 4. Improved Systems for Families**

In order to fulfill its vision and mission despite relatively limited resources, the Commission has adopted a focused approach to using First 5 funds. After listening to parents in town meetings throughout the County and analyzing the most current data on the health and well-being of children age 0 to 5, four long-term goals were adopted as the top priorities for First 5 Colusa:

GOAL 1: INCREASE SCHOOL READINESS FOR CHILDREN

STRATEGIC RESULT AREA: IMPROVED CHILD DEVELOPMENT

GOAL 2: ENHANCE HEALTH OPPORTUNITIES FOR FAMILIES WITH CHILDREN 0-5 RESULTING IN IMPROVED CHILD HEALTH OUTCOMES

STRATEGIC RESULT AREA: IMPROVED CHILD HEALTH

GOAL 3: CHILDREN WILL BE RAISED IN SAFE, HEALTHY ENVIRONMENTS THAT PROMOTE GROWTH AND DEVELOPMENT

STRATEGIC RESULT AREA: IMPROVED FAMILY FUNCTIONING

GOAL 4: COLLABORATE WITH OTHER COUNTY AGENCIES TO ENSURE THAT THE SERVICE DELIVERY SYSTEM FOR THE 0-5 POPULATION IS COMPREHENSIVE, ACCESSIBLE, AND OF HIGH QUALITY

STRATEGIC RESULT AREA: IMPROVED SYSTEMS FOR FAMILIES

ACCOUNTABILITY

Accountability over First 5 resources will be ensured in multiple ways. First, the Commission annually gathers data to evaluate the effectiveness of its activities and trends in child health and well-being. In general, evaluation efforts will capture data and information to answer more specific evaluation questions in three areas:

- (1) What did the Commission do (who and how many were served, by who, for what purpose)?
- (2) How well did the Commission and its funded programs do (cost of services, client or participant satisfaction levels, timeliness of services)?
- (3) What differences did programs make (improvements in child health, school readiness, family functioning, and systems integration)?

Accountability is also promoted by the methods that are used to allocate First 5 funding to community services. Funds will only be allocated to activities that directly address the goals and objectives described in this strategic plan and, in compliance with State law, will only be used to supplement existing levels of service and/or create new services and not to merely maintain existing levels of service. Due to the predicted financial decline, the Commission has opted to focus on direct service of programs administered through the Commission and its Family Action Centers.

The stability of First 5 funding over the next five years is being managed through the Commission's ongoing diligence and financial planning. Through the wise investment of First 5 funds and dedicated partnership between the Commission, service providers, parents and other community groups, it will be possible to create an environment where all children in Colusa County are healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

BACKGROUND

Proposition 10 – The Children and Families Act of 1998

In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative, which then became effective on January 1, 1999. The act levies a tax on cigarettes and other tobacco products in order to provide funding for early childhood development programs.

Proposition 10 is premised on the latest scientific information about brain development. Young children learn and grow because of the key role their parents or caregivers play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important between the ages of birth to five than was once believed. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax are used for the following purposes:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development;
- Provide funds to existing community based centers or establish new centers that focus on parenting education, child health and wellness, early child care and education, and family support services; and
- Educate Californians via a Statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Tobacco tax revenues are accumulated in a trust fund to meet the needs of children ages prenatal to 5 throughout the State. Almost \$600 million per year is being placed in this trust fund; 80% of these funds are then allocated to the 58 counties of the State according to the live birth rate of each County. The remaining 20% of the money is directed to Statewide programs, research, and media campaigns.

The Colusa County Children and Families Commission was created in 1999 by the Colusa County Board of Supervisors, according to provisions of the Children and Families Act of 1998, to carry out the work of Proposition 10 in the County.

In 2009, the County Board of Supervisors voted to approve changes in the Ordinance to officially change the name of the Commission to First 5 Colusa Children & Families Commission.

Implementation of Proposition 10 (First 5) in Colusa County

Excellent progress has been made with implementing Proposition 10 in Colusa County. Following is a timeline of First 5 activities within the County:

1999 Once the Commission was formed, it embarked on a year-long process to develop the initial strategic plan to guide the use of First 5 resources. The results were written into a formal plan, which was reviewed in several public meetings before being officially adopted by the Commission.

2000 An Executive Director was hired to lead the activities needed to carry out the provisions of the Strategic Plan.

2001 Processes were created to allocate funds to programs, execute contracts with funded programs, evaluate the results of funding decisions, and prepare mandated reports to the State-level California Children and Families Commission.

2001 - 2012 Each year, grants have been made to local organizations to enhance services for young children and their families. Some notable examples of First 5 grants and projects include:

- The Help Us Get Started (HUGS) program used nurses to visit the homes of pregnant women and new parents, with a focus on teens and first time mothers, to provide information and support on many aspects of parenting.
- Over 50 awards have been made to Family Child Care Providers to assist them with various aspects of improving child care services by adding safety features and play equipment, providing training and other types of support.
- Established and maintained Family Action Centers, utilized as school readiness sites in Arbuckle and Williams, which provide a wide-range of family support activities such as language classes, literacy, home visits, GED, health insurance program enrollments, and toy lending libraries.

- Partnered with Behavioral Health Services to offer mental health seminars on trauma in the early years of childhood and on attachment
- Partnered with Colusa County Transit to provide out of County transportation for medical service access.
- Distributed Kit for New Parents with information on raising healthy and happy children.
- Expanded the mini-grant program to include physicians, community based organizations and County agencies.
- Offered mobile dental services to provide full restorative dental services.
- Provided Kindergarten transition services at all local elementary schools through the Kinder Backpack Program and Kinder Camp.
- Administered the CARES/CARES Plus program, building a skilled, stable workforce to provide high quality child care and development services.
- Expanded literacy activities, including mobile family literacy program, home libraries, and parent-child reading activities.
- Expanded service delivery was achieved with the growth of the Arbuckle Family Action Center. A new building was purchased which allows the center to provide services to more than twice as many children and families.
- Partnered with Public Health to implement a Home Visiting program for parents with children ages 0-3.
- Early Steps to School Success program was implemented with a partnership with Save the Children to offer research based home visitation to parents with children ages 0-2 utilizing the Ages & Stages developmental screen tool and to offer Raising a Reader program to additional children ages 3-5.

More detailed information about the Commission's progress from previous strategic plans is available at the Commission office.

STRATEGIC PLAN DEVELOPMENT

The strategic plan itself is a requirement of State law under California Health and Safety Code Section 130140. More importantly, it is a blueprint for the continued implementation of First 5 in Colusa County through the coordinated efforts of service providers, funding sources, and other community resources.

Conditions are very different today than when the first plan was adopted in 2000. In 2006, the County experienced a rapid growth in population, outpacing the Census projections for 2010. However; the growth drastically fell short of the 2010 projection and the County experienced a decline in population by 1.594%, resulting in a decrease in the population count from 2006 by 347 people¹. Substance abuse, economic conditions, and lack of access to needed supports and services continue to impact family functioning, children's readiness for school, and children's health and well-being.

In fiscal year 2010/11, the Commission experienced a 20% decline in revenue. It remains clear that First 5 funds are not sufficient to measurably impact all of the goals and objectives listed in the strategic plan without partnering effectively with local, regional and State initiatives in order to leverage resources and expertise. Valuable experience has been gained from activities conducted in the previous years, and many strong collaborations have been forged.

As a result of these factors, the Commission decided in February 2010 that it was time to reconsider key aspects of the strategic plan in order to better focus First 5 resources on the most important priorities. The desire is to have a large impact on a few top priority issues rather than having a lesser impact on many areas.

Community Conditions and Parent Input

In many ways, conditions for children and families in Colusa County have improved in the past five years. More health care coverage was made available with the 2010 passing of the Affordable Health Care Act². The percentage of pregnant mothers receiving adequate prenatal care has continued to increase each year, while the percentage of low birth weight babies remains significantly lower than the State average. Yet, many challenges remain - unemployment rates have stayed between 20% and 26%³, the

¹ United States Census Bureau
<http://quickfacts.census.gov/qfd/states/06/06011.html>

² US Department of Health and Human Services
<http://www.healthcare.gov/law/full/index.html>

³ State of California Employment Development Department
<http://www.labormarketinfo.edd.ca.gov/cgi/dataanalysis/labForceReport.asp?menuchoice=LABFORCE>

number of births to teen mothers has steadily increased, and transportation options for parents remain limited.

To hear directly from parents about what is working well and where additional support is needed the most, five town meetings were held around the County in February 2012. Three themes emerged where there was agreement across most or all communities regarding where the Commission should focus its energies in the future:

1. **Family Action Centers.** The Family Action Centers (FACs) have been very successful as a way to bring together many types of support for children and parents in a safe, caring environment. Other communities have seen this success and would like expanded access to Family Action Centers through satellite services or by growing the existing centers to accommodate more children and families.
2. **Parent education and support.** Parents continue to express their desire for parenting classes and other types of education and support to help with health, development, nurturing, discipline and various other issues. The FACs have been a good vehicle for providing much needed educational services such as English as a second language classes (ESL), nutrition classes, and parental support.
3. **Early learning opportunities.** Most communities indicated a need for more Kindergarten readiness activities and programs. The Kids Academy was mentioned as an important resource that needs to be expanded to accommodate more children. In addition, parents expressed a desire for more preschool programs in the Arbuckle area that are not income based programs. Parents also indicated a high need for expanded services to satellite communities

This input from community members, partnering agencies, as well as the Commission's experience and analysis of various health and safety data, served as the basis for developing First 5 priorities for the next three to five years. More detailed information about Colusa County, input from the 2012 town meetings, as well as key indicators of child health and well-being, can be found in [Appendix 1](#) to this plan.

GOALS, OBJECTIVES, STRATEGIES AND INDICATORS

For First 5 to have a lasting effect on the lives of children in Colusa County, a concentrated effort must be made over multiple years. It is necessary to focus resources in a consistent way, and give that direction enough time to have a real impact. The emphasis of this plan is to show how First 5, working together with many partners throughout the County, can make the greatest difference in realizing the vision of all children thriving in supportive, nurturing, and safe environments and entering school healthy and ready to learn.

According to the planning guidelines developed by First 5 California, a **goal** is "a long run (e.g. 5-10 years) Statement of desired change, based upon the vision Statement."

An **objective** is "a precise description of desired change that is short-range and measurable, and that supports the achievement of the goal." Because of the need to focus in a few areas where measurable results can be achieved, four goals have been set with a list of objectives linked to those goals. For each objective, the Commission has identified one or more strategies and indicators that will be used to measure progress.

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. For Colusa County, the strategies adopted in this plan are rooted in two fundamental beliefs. First, there are clear interrelationships between the goals – for example, quality early care and education directly affects children’s readiness to succeed in school – that create opportunities to use integrated strategies that address multiple issues rather than approaching each issue in isolation. Second, strategies must involve the communities as active partners and strengthen communities in the process.

State law enacted by Proposition 10 also specifies, “no County strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the County will be integrated into a consumer-oriented and easily accessible system.” The goals and objectives described below, and the ways in which the strategies are implemented, will promote a consumer-oriented and easily accessible system of early childhood services in a number of important ways.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Goal 1: Increase School Readiness for children.		
Objectives	Targeted Strategies	Indicators
<p>1.1 Increase access to <u>quality</u> school readiness programs and/or activities regardless of income or eligibility criteria.</p>	<ul style="list-style-type: none"> ▪ Growing Start programs offered at the Family Action Centers. ▪ Kinder Camp Transition Programs offered at all elementary schools. ▪ Kinder Transition Backpacks available to all transitioning Kindergarteners. 	<ul style="list-style-type: none"> ✓ Number of children enrolled and served in Growing Start programs. ✓ Number of children enrolled and served in Kinder Camp Transition programs. ✓ Number of children receiving Kinder Transition Backpacks.
<p>1.2 Children participating in funded school readiness programs will demonstrate developmental progress as a result of program participation.</p>	<ul style="list-style-type: none"> ▪ Comprehensive screenings and assessments will be conducted on all children enrolled in Growing Start programs. Results will be evaluated to determine the extent to which children are achieving the desired results so that quality improvement activities and curriculum modifications can be made to effectively benefit individual program participants. ▪ Pre and post Surveys will be administered by Parents and Kindergarten Teachers on all Kindergarten Transition participants. 	<ul style="list-style-type: none"> ✓ Number and percent of children demonstrating developmental progress according to the Gold Assessment Indicators and the ASQ-3 Results. ✓ Number and percent of children whose Parents and Teachers indicate improved school readiness skills as assessed on defined measures.

RESULT AREA: IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Goal 2: All children 0-5 will have access to primary prevention services that result in improved child health outcomes.

<u>Objectives</u>	<u>Targeted Strategies</u>	<u>Indicators</u>
<p>2.1 Parents will demonstrate an increased knowledge of existing primary prevention services.</p>	<ul style="list-style-type: none"> ▪ Education and outreach will be provided at the Family Action Centers, at public events, and through the dissemination of informational fliers. ▪ Application assistance and/or referrals for primary prevention services will be available at the Family Action Centers. 	<ul style="list-style-type: none"> ✓ Number and percent demonstrating increased knowledge base on pre and post surveys of existing services. ✓ Number and percent of individuals who received application assistance in funded programs as indicated on First 5 Colusa quarterly reports.
<p>2.2 Increase the number of children 0-5 who receive preventative health screenings in Colusa County. Preventative health screenings include; well-child visits, oral health, developmental screenings, and up-to-date immunizations.</p>	<ul style="list-style-type: none"> ▪ Require that all children enrolled in Growing Start programs be up-to-date on their well-child visits and immunizations. ▪ Comprehensive developmental screenings and assessments will be conducted on all children enrolled in Growing Start programs. 	<ul style="list-style-type: none"> ✓ Number and percent of Growing Start children who received preventative screenings. ✓ Number and percent of Growing Start children who received Gold Assessment and the ASQ-3 screenings and assessments.

RESULT AREA: IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

<i>Goal 3: Children will be raised in safe, healthy environments that promote growth and development.</i>		
<u>Objectives</u>	<u>Targeted Strategies</u>	<u>Indicators</u>
3.1 Parents of children 0-5 will have opportunities to participate in activities that promote the health and well-being of their children and families.	<ul style="list-style-type: none"> ▪ Offer training opportunities on physical activity, nutrition education, healthy lifestyles, child safety, and oral health at the Family Action Centers and satellite locations. 	<ul style="list-style-type: none"> ✓ Number of participants that attend training and activities sponsored through Commission funded Programs.
3.2 Parents participating in Commission funded programs will demonstrate increased knowledge about the health and well-being of their children and families.	<ul style="list-style-type: none"> ▪ Parental participation in Kids Academy programming where staff model appropriate health and developmental practices. ▪ Offer training opportunities and activities that promote the health and well-being of children and families. 	<ul style="list-style-type: none"> ✓ Number and percent of participants demonstrating an increased knowledge based on pre and post surveys.
3.3 Reduce the risk of exposure to secondhand smoke for children and families 0-5 years in Colusa County.	<ul style="list-style-type: none"> ▪ Collaborate with local agencies to implement tobacco education and cessation programs in Colusa County. ▪ Advocate and support smoke-free park ordinances throughout the County. 	<ul style="list-style-type: none"> ✓ Bi-annual reports from the Colusa County Tobacco Prevention Coalition indicating the use of cessation programs. ✓ Number of smoke-free park ordinances passed in the County.

RESULT AREA: IMPROVED SYSTEM FUNCTIONING

<i>Goal 4: Collaborate with other County agencies to ensure that the service delivery system for the 0-5 population is comprehensive, accessible, and of high quality.</i>		
<u>Objectives</u>	<u>Targeted Strategies</u>	<u>Indicators</u>
4.1 Continue to provide assistance to coordinate a County-wide plan/effort for early intervention and prevention.	<ul style="list-style-type: none"> ▪ Actively participate in the Prevention Coalition, Health Services Advisory Board, and the Tobacco Prevention Coalition to address outcomes for the 0-5 population. 	<ul style="list-style-type: none"> ✓ Number of partners actively participating in planning events. ✓ Increased (non-First 5) revenues to support collaborative planning effort.
4.2 Increase the professional growth opportunities available for individuals in the Early Care and Education (ECE) field.	<ul style="list-style-type: none"> ▪ Collaborate with local agencies to provide support for professional growth and training opportunities for ECE professionals in Colusa County. ▪ Continue to offer and administer the CARES Plus program. 	<ul style="list-style-type: none"> ✓ Number of participants that attend Commission funded and/or sponsored trainings. ✓ Number of participants that successfully complete the CARES Plus program.

These goals, objectives, and strategies were selected as the best opportunities to use First 5 resources to improve the health, development and well-being of children age 0 to 5. The Commission recognizes that these are not the only issues facing young children, but the amount of funding available through First 5 is not sufficient to pursue additional goals.

INTEGRATED STRATEGIES FOR ACHIEVING RESULTS

There are two types of strategies that First 5 will use to achieve the objectives described in this plan. *Integrated strategies* address multiple goals and objectives. *Targeted strategies* are focused on a single goal or objective and are intended to supplement the effects of the integrated strategies.

The table that follows lists the integrated strategies that have been adopted and show which Result Areas are addressed by each strategy:

Strategies	<i>Result Area: Improved Child Development</i>	<i>Result 2: Improved Child Health</i>	<i>Result 3: Improved Family Functioning</i>	<i>Result 4: Improved System Functioning</i>
1. Family Action Centers (FACs): Maintain and expand as necessary, existing sites and establish satellite services to deliver identified needed services.	❖	❖	❖	❖
2. Outreach/Education: Offer multiple outreach and education mechanisms for educating parents, collaborating agencies, and the general public on growth, development, health and well-being of children 0-5.	❖	❖	❖	❖
3. Literacy: Provide literacy and outreach programs and activities.	❖		❖	
4. Strategic Partnership: Continue to grow and expand partnerships with public and private agencies, Early Care and Education providers and other groups to achieve goals and objectives.	❖	❖	❖	❖
5. School Readiness: Continue implementation of County-wide School Readiness programs through First 5 Colusa staff, Family Action Centers, and local school districts. .	❖	❖	❖	❖

EVALUATION RESULTS

In the context of this strategic plan, **evaluation** refers to the process and methods by which the Commission and community stakeholders can assess the degree of progress made toward achieving the goals and objectives described in this plan as well as assess the effectiveness of funding allocation decisions. In a rural County with limited resources, it is critical for evaluation efforts to utilize existing sources of data wherever possible because neither the money nor manpower exists to conduct extensive new data collection efforts, especially for data that must be captured annually to assess progress over time.

A new program-level evaluation framework was developed for school readiness programs and activities during the first half of FY 2006-07, in alignment with the new Statewide Evaluation framework. This new framework has slowly been expanded to other funded programs and services in a way that builds their capacity to capture and report on results without jeopardizing service delivery.

The First 5 Colusa evaluation framework:

- Provides clear definitions on when and how to report on services
- Defines service terms so that data is reported consistently by multiple programs under fewer service areas
- Will be used in future years to develop contracts and scopes of work tied to outcomes and specify what, when and how funded programs will provide data and information to the Commission.

This framework will allow the Commission to evaluate the extent to which it is achieving the ultimate vision that children will spend their early childhood years in positive surroundings and be healthy, resilient, well-adjusted, and ready to learn when they reach kindergarten. The approach is to utilize existing data sources and program data to address four central questions within three overarching areas: 1) What did the Commission do?; 2) How well did the Commission and its funded programs do?; and, 3) What differences did programs make in child health, school readiness, family functioning, and systems integration?

The primary questions the Commission seeks to answer within the above areas are:

- 1. Have we improved conditions for children during their early childhood years?**
- 2. Are children experiencing improved health?**
- 3. Are children experiencing continued success in school?**
- 4. Is the service delivery system more accessible and consumer oriented?**

The evaluation approach described here combines “systems-level” data and individual program data in order to gain an understanding of the health, safety and school readiness of children overall, as well as improvements to the service delivery system.

As noted above, not all programs or funded activities have the capacity to measure all aspects of program effectiveness (quantity, quality and changes in conditions). The table below shows evaluation reporting activities and timelines that will be implemented by all funded programs over time.

TABLE 1: EVALUATION ACTIVITIES RESPONSIBILITIES AND TIMELINES

ACTIVITY	WHO	WHEN
Progress reports and data will be submitted to First 5 on each result area according to the scope of work.	Grantee	Quarterly
Reports will be submitted to First 5 detailing the results quadrant areas as able; a summary report will be prepared for the Commission by staff.	Grantees, First 5 Staff	Quarterly
Additional data will be submitted to First 5 on results for use in annual Strategic Planning.	Grantees, First 5 Staff	As requested or by June 30 th
Tools and the Evaluation Protocols will be reviewed annually and updated as necessary.	Grantees, First 5 Staff	June-July each year
Data obtained through the devised reporting systems will be evaluated and utilized as part of the annual reporting process for First 5 California.	First 5 Staff	July- September each year

All funded programs will be expected to use data collection tools and templates developed by First 5 Colusa or the State Evaluation Team to capture participant level data on services and outcomes on a regular basis. First 5 staff will provide training and orientation on use of tools to help build overall evaluation capacity.

First 5 staff will be responsible for synthesizing and reporting on the key indicators or performance measures documented in individual scopes of work; again, recognizing capacity limitations. These reports will be provided to the Commission on a quarterly basis. Additionally, grantees will make annual oral reports to the Commission.

The Commission will present consolidated evaluation results of funded programs and activities to the community in a public hearing, generally held in September, prior to submitting First 5 Colusa’s Annual Report to the State Children and Families Commission. The Commission will present interim results to its partners and the community through various community forums, newsletters or other media, such as tri-fold brochures.

RESOURCE ALLOCATION

The allocation plan contained in this section describes the overall approach that will be used to allocate First 5 funding to specific programs, projects and services in Colusa County.

Allocation Guidelines

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of First 5 resources. In order to meet this overall goal, the following guidelines have been established related to the allocation of First 5 funding:

1. Funds will only be allocated to activities 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 encourages and will give priority to projects, programs and services that can address multiple goals and objectives.
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 First 5 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 First 5 monies.
5. All recipients of funding must show a commitment to accountability and be willing to work with the Commission to implement evaluation models to objectively demonstrate the cost-effectiveness and overall 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 seeks 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.

Allocation Processes and Strategies

The strategies described in this plan can only be successful if many community partners, parents, health and social service providers, early care and education providers, schools and others – get involved. First 5 can offer funding and other types of support to enable these community partners to carry out the strategies. Accordingly, the Commission will use three different approaches to issuing grants to qualified organizations and individuals when funding allows:

1. **Mini-Grants.** Grants may be made available to child care homes and centers, community groups and organizations involving children age 0 to 5 to fund improvements to settings accessible by young children, based on the goals identified in the strategic plan.
2. **Commission-initiated projects.** The Commission may also work directly with selected organizations and/or conduct projects with its own staff to achieve the objectives described in this plan.
3. **Community grants.** Based on availability of funding, the Commission may decide to make larger grants available to organizations to conduct services and projects aimed at achieving the objectives described in this plan. The Commission will designate which objectives or strategies it is soliciting applications for, and qualified organizations may submit applications requesting funding for specific services and projects that are targeted to those objectives and strategies. The Commission will then choose the applications it believes will produce the greatest positive results for children and will issue grants for those projects.

Over time, as tobacco use decreases, tobacco tax revenues and Proposition 10 funding will also decline. To ensure a consistent level of funding for services and projects over a long enough time period to have a lasting effect on children, the Commission has developed and implemented a 10-year financial forecast. A portion of each year's income is being set aside in a Sustainability Reserve Fund for use in future years so that as incoming Proposition 10 dollars decline, the Commission will be able to draw down the monies from the Sustainability Reserve to allow continued and sufficient funding of its priorities for as long as possible.

CONCLUSION

Early childhood development lays the foundation for adult life, serving as the basis for children to become well-adjusted, productive citizens. There is a compelling need in Colusa County to create and implement a comprehensive, collaborative, and integrated system of information and services to promote, support, and optimize early childhood development from the prenatal stage to five years of age. This strategic plan represents a long-range effort to establish such a system so that one day all children in Colusa County will be healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.



*"Children are likely to live up to what
you believe of them."*

*~ Lady Bird Johnson
Former U.S. First Lady*

APPENDIX 1: COMMUNITY PROFILE AND INPUT

This appendix contains more detailed information about Colusa County as well as a summary of how several key indicators of child health and well-being have changed over the years.

Overview of Colusa County

Colusa County was incorporated in 1851. The name Colusa is derived from the name of a Native American society or tribe living on the west side of the Sacramento River in what is now Colusa County. The County is located in the heart of the Sacramento Valley, approximately 40 miles north of Sacramento and 90 miles northeast of San Francisco. Interstate 5, a main north/south thoroughfare, runs through the center of Colusa County and borders the City of Williams and the unincorporated communities of Arbuckle to the south and Maxwell and Delevan to the north. The sparsely populated foothills to the west include the communities of Sites, Lodoga and Stonyford. Princeton, Grimes, and the City of Colusa (the only other incorporated city) are located along the Sacramento River. College City to the south is located between the communities of Grimes and Arbuckle.

The County spans 1,156 square miles. Much of the land is devoted to agriculture, comprising the main industry and economic base of the County. Five of the most important crops produced in the County are rice, processing tomatoes, sugar beets, prunes, and nuts (walnuts and almonds). Crops within the County are becoming more diversified over the last few years, and several processing plants are located in the County.



Population Profile

Per the U.S. Census, estimates for the year 2010 show that Colusa County had 1,841 children under the age of 5⁴ who can directly benefit from the activities described in this plan. The chart below summarizes other key demographic attributes of Colusa County:

ATTRIBUTE	PROFILE		TRENDS AND NOTES
Total Population	Population of 21,766 in 2006	Population of 21,419 in 2010 ⁵	There was a decrease in population from 2006 to 2010 by 1.54%, consisting of a 347 less people in the County. There was a 0.6% change in the population from April 1, 2010 to July 1, 2011. It was projected that in 2011 the Colusa County population would have grown to 21,549.
Based on Ethnicity:	<u>2006</u>	<u>2010</u>	By far, the fastest growth is occurring with persons of Hispanic or Latino descent; in the past 6 years the Hispanic or Latino population has grown by 12%.
• White non-Latino	45.9%	39%	
• Hispanic/Latino	49.1%	56.1%	
• Native American	2.4%	2.7%	
• Asian/Pacific Isl.	2.4%	2.1%	
• Black	1.0%	1.1%	
	(U.S. Census 2006)	(U.S. Census 2010)	
Birth Rate	345 in 2012 398 in 2006 354 in 2005 332 in 2004 332 in 2003 318 in 2002 357 in 2001 324 in 2000		The birth rate per 1,000 people in 2012 was 16.9 ⁶ .

⁴ Department of Finance

http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/documents/2010SF1_Profile_CA_ColusaCo.pdf

⁵ United States Census Bureau

<http://quickfacts.census.gov/qfd/states/06/06011.html>

⁶ Pure Records

<http://pubrecords.com/resources/Court-Records/California/Colusa/>

Town Meeting Results – Input from Parents

In late winter and early spring of 2012, town meetings were held to find out what parents thought about activities previously sponsored by First 5 and to gain parent perspective about where the Commission should focus in the future. Meetings were held in Colusa, Williams, Arbuckle, Maxwell and Grimes with Spanish translation services available. A total of 48 community residents participated in these meetings. Summarized below are the results of the town meetings.

TABLE 1: SUMMARIZES WHAT EACH COMMUNITY IDENTIFIED AS THE MOST UTILIZED AND VALUED SERVICES AND PROGRAMS OFFERED THROUGH COMMISSION FUNDING

	FAC's ⁷	ESS/RAR ⁸	Kids Academy	Kinder Camp	Kinder Backpack Program	Outreach Efforts	Social Services ⁹	Summer Programs
Arbuckle	❖	❖	❖	❖		❖		❖
Colusa		❖			❖	❖		
Grimes			❖	❖	❖			
Maxwell		❖	❖	❖			❖	
Williams	❖	❖	❖			❖	❖	
Total	2	4	4	3	2	3	2	1

⁷ Family Action Center

⁸ Early Steps to Success/Raising a Reader

⁹ Includes application assistance, referrals, food commodities, and vouchers

TABLE 2: SUMMARIZES WHAT EACH COMMUNITY IDENTIFIED AS SERVICES AND/OR PROGRAMS NEEDED IN THE COMMUNITY

	ESS/RAR ¹⁰	FAC's ¹¹	Literacy Services	School Readiness Programs ¹²	Outreach	Mini-Grants	Trainings for Parents	Trainings for ECE	Social Services ¹³
Arbuckle				❖	❖	❖	❖		
Colusa		❖		❖					
Grimes				❖			❖	❖	❖
Maxwell				❖			❖		
Williams	❖		❖				❖		
Total	1	1	1	4	1	1	4	1	1

¹⁰ Early Steps to Success/Raising a Reader

¹¹ Family Action Centers

¹² Includes Kids Academy Programs

¹³ Includes application assistance, referrals, food commodities, and vouchers

Trends in Key Indicators of Child Health and Well Being

The table below summarizes key indicators of health and well-being for pregnant women, babies, young children, and parents. The table compares the data used in the previous First 5 strategic plans to the most recent information now available.

INDICATOR	PREVIOUS PROFILE	CURRENT LEVELS
Percentage of pregnant women receiving prenatal care by the end first trimester	70.3% average 2001-2003, lower than the State average of 86.4%	74% of women received Prenatal Care in 2010 and is increasing at a rate of 9% ¹⁴
Percentage of live born infants whose mothers received adequate prenatal care	72.8 % over three year period from 2002 - 2004. Although this represents an increase of almost 2%, percentage is lower than California (78.3%) and Healthy People national objective of 90%	77.2% of mothers received Adequate/Adequate Plus Care during 2008-2010. This percent is relatively close to the State average of 79.4%.
Low birth weight (less than 2500 grams at birth)	3.5% average 2001-2003, significantly lower than State average of 6.4%	An average of 6% low birth weights were reported from 2008-2010 which is lower than the 6.8% State average and the 8.2% National average. Although lower than the State and National average, the rate in Colusa County has increased.
Infant mortality (number of infant deaths occurring at less than 1 year old)	1 per year, 2001-2003	From 2007-2009 the average mortality rate was 1. Birth cohort infant death rate was 2.7. This is significantly lower than that of the State which is 5.2, and the Nation which is 6.7
Proportion of mothers who intend to exclusively breastfeed their infants at hospital discharge	80.4% of mothers initiated early postpartum breastfeeding on the average during years 2002-2004	85.7% of mothers were part of the breastfeeding initiation in 2010. The percentage of newborns who are breastfed exclusively while in the hospital was 25%, which is a decrease in trend by 11% ¹⁵

¹⁴ Children Now

http://www.childrennow.org/subsites/assets/pdf/policy/scorecard10/scorecard10_complete.pdf

¹⁵ California Department of Public Health

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx#c>

Kindergarten students with immunizations	93% of children were fully immunized entering kindergarten in 2000-01	96% of kindergarteners had all immunizations in 2010 ¹⁶
Tobacco use and second-hand smoke exposure	17.9% of adults reported smoking in 2005	18.7 % of adults reported smoking, which is an increase from 2005 ¹⁷ 11% of US children aged 6 years and under are exposed to ETS in their homes on a regular basis ¹⁸
Substance abuse	2006 - No data available	From 2008-2010 drug-induced deaths were averaged to be 0.7%. The County age-adjusted death rate was 2.5, where the National was 12.6 and the State was 10.5 ¹⁹
Child abuse	131 referrals to Child Protective Services for first five months of (fiscal year) 2007 ²⁰ ; projected averaged count for 12 months = 314	Child abuse and neglect reports have decreased from 2006 where it was reported at 46.4%. In 2011 it dropped to 32.4% ²¹ .
Births to mothers under age 19	Between 2002 and 2004, Colusa County averaged 39 live births to teen mothers per year, an increase over previous years. ²²	From 2008-2010 there was an average of 41 births to mothers ages 15-19, an increase from 2004 ²³
Children visiting a dentist on regular bases.	2006 - no new data	84% of children saw a dentist regularly in 2010, a 15% trend increase from previous years. ²⁴

¹⁶ Kids Data

<http://www.kidsdata.org/data/topic/table/immunizations-kindergarteners.aspx>

¹⁷ County and Statewide Archive of Tobacco Statistics

<http://www.cstats.info/>

¹⁸ United States Environmental Protection Agency

<http://www.epa.gov/smokefre/healtheffects.html>

¹⁹ California Department of Public Health

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx#c>

²⁰ Colusa Child Welfare Services, case management system cross tab reports for FY 2005, 2006, 2007

²¹ Kids Data

http://www.kidsdata.org/data/topic/table/child_abuse-reports.aspx

²² County Health Status Profiles 2004, California Department of Health accessed via the web

<http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatusprofiles/2004/profiles.pdf>

²³ California Department of Public Health

<http://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx#c>

²⁴ Children Now

http://www.childrennow.org/subsites/assets/pdf/policy/scorecard10/scorecard10_complete.pdf



Children are the living
messages we send to a
time we will not see.

~Neil Postman