**Strategic Plan**

**FY 2015-2020**

**updated**

**First 5 Trinity County Children & Families Commission**



P.O. Box 1362, Weaverville, CA 96093

**Commissioners**

**Liz Hamilton, Chairperson**

Trinity County Health and Human Services Department

Appointed Member

**Caedy Minoletti, Vice Chair**

Human Response Network

Designated Member

**Sarah Supahan**

Trinity County Office of Education

Designated Member

**Noel O’Neill**

Trinity County Behavioral Health

Appointed Member

**Keith Groves**

Trinity County Board of Supervisors

Appointed Member

**Marcie Cudziol**

Trinity County Public Health Nursing Director

Appointed Member

**Vacant**

Trinity County Administrative Officer

Richard Kuhns

**Aaron Rogers**

Mountain Valley Medical Services

Designated Member

**Vacant**

Member at Large

Designated Member

Table of Contents

[EXECUTIVE SUMMARY 3](#_Toc480217109)

[STRATEGIC PRINCIPLES 4](#_Toc480217110)

[COMPREHENSIVE STRATEGIC HIERARCHY 7](#_Toc480217111)

[SERVICE DELIVERY STRATEGIES 8](#_Toc480217113)

[EMPOWERED CHILDREN AND FAMILIES 8](#_Toc480217114)

[SYSTEMS OF CARE/NETWORK SYSTEMS 8](#_Toc480217115)

[EARLY CARE AND DEVELOPMENT 8](#_Toc480217116)

[SERVICE INTEGRATION AND ACCESSIBILITY 9](#_Toc480217117)

[FIRST 5 TRINITY COUNTY STATEMENT OF STRATEGIC DIRECTION 9](#_Toc480217118)

[STRATEGIC PLAN DEVELOPMENT FISCAL YEARS 2015-2020 17](#_Toc480217119)

[ACCOUNTABILITY 17](#_Toc480217120)

[EVALUATION RESULTS 18](#_Toc480217121)

[RESOURCE ALLOCATION 20](#_Toc480217122)

[CONCLUSION 22](#_Toc480217123)

[Exhibit 1: COMMUNITY PROFILE 22](#_Toc480217124)

# EXECUTIVE SUMMARY

In 1998, the California Children and Families Act (also known as Proposition 10) was enacted, increasing taxes on tobacco products 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.

Trinity County receives approximately $325,000 a year from tobacco tax allocations and supplemental funding from First 5 California. To guide the investment of these resources, the County must adopt a strategic plan that demonstrated how Proposition 10 funding will be used to promote a global, comprehensive and integrated system of early childhood development services.

First 5 Trinity, also known as the Trinity Children and Families Commission (hereinafter referred to as “the Commission”) was created in 1998 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.

As we look to the future of First 5 Trinity County, we are faced with both the challenge of declining tobacco revenue and the opportunity of increasing awareness and support around early childhood.

Currently, First 5 funding supports direct service programming and a contracted executive director as staff. While we will continue to apply for funding opportunities from external sources to help sustain our local service providers, the fiscal realities of Prop 10 may necessitate strategic decisions that provide optimal impact despite declining resources.

In recent decades, there has been significant advances in understanding the critical role of the early childhood system of care as a preventive/early intervention strategy for supporting health outcomes, prevention of child abuse and neglect and school readiness. Thus, early childhood best practiced addressing those issues have been established. With this, we must shift our focus to supporting families around workforce, financial resources, housing stability and ensure that their basic needs are being met; this will have a lasting impact on children and families.

Moving forward the Commission and its partners will work together to assure that the services are impactful and meet local priorities as described herein. Most importantly, we will ensure that families have what they need to help their children succeed and live in healthy Trinity County communities. The evolution of our work may require new ways of thinking, new resources and stronger support for, and recognition of, the existing strengths locally.

The First 5 Trinity County Strategic Plan is a guiding document that describes the overall direction that targets the comprehensive needs of Trinity County children ages zero through five and their families. The community is our client. The Commission has a responsibility to the community to ensure that investments are made that help families and children realize their potential and enjoy healthy and productive lives. The Commission’s ability to make strategic decisions is of critical importance. In addition, the Commission and staff have the responsibility of making specific funding recommendations that contribute to the achievement of the strategic goals and objectives while upholding our Strategic Principles.

The Strategic Plan provides the foundation for how the Commission will achieve its desired objectives. In addition to the vision and mission statements, the strategic principles provide the criteria by which decisions are made and how effective our funding allocations are maximized in measurable performance. The Commission has organized a Strategic Hierarchy to communicate its priorities and define the change it hopes to achieve. The Strategic Hierarchy is organized as follows:

* Strategic Principles: What are the fundamental guiding principles that focus the work of First 5 Trinity County?
* Priorities: What are the most important areas for the Commission to address?
* Goals: What do we want to achieve for all children ages zero to five and their families?
* Results: What changes are needed to achieve this goal?
* Strategies: What strategies describe the approaches that will be implemented to achieve the desired results?
* Indicators: How will we measure success?

The update of the Strategic Plan allows the Commission the opportunity to use the Strategic Hierarchy structure during the review process. It also allows for community input, review of emerging trends and examines progress made. The update process was a four-step process. The first step was the Commission’s approval of the work plan; the second step was the Commission’s strategy meeting; the third step included community input; and the fourth was a presentation to the Board of Supervisors.

# STRATEGIC PRINCIPLES

1. **Child and Family Focus:** We place the needs of prenatal children through age 5 at the center of what we do and the work that we engage in; we do so in culturally effective ways.

2. **Outcomes-driven:** We create positive results that are measurable and we use monitoring and evaluation as a tool for continuous improvement.

3. **Collaboration:** We facilitate and participate in partnerships across disciplines, all county commissions, stakeholder groups and traditional silos.

4. **Financial Stewardship:** Look for opportunities to leverage funds and increase impact; invest in specific areas to create lasting systemic change; make narrow and deep investments to achieve the greatest impact.

MISSION STATEMENT

First 5 Trinity County convenes, supports and partners with others to strengthen families, communities and systems of services and supports so that all Trinity County children are prepared for kindergarten and success in school and life

VISION STATEMENT

Trinity County’s children are born and raised in a safe, healthy and nurturing environment so that they grow up healthy, prepared to learn and eager to accept opportunities to reach their full potential.

This document presents the Commission’s strategic plan covering *five* years, from July 2015 through June 2020. The plan may be updated or extended for additional years.

Building upon First 5 Trinity County’s vision, mission and values, three Priority Areas provide the primary focus areas for First 5’s work. The three externally-focused Priority Areas are: *Empowered Children and Families, Systems of Care/Network Systems, and Early Care and Development* are critically linked, meaning that the intended outcomes for children will not be achieved without a strong system of care and services, network of providers, stakeholders and partners; and promote the inclusion of programs and activities that support and are responsive to, and reflective of, the needs of our community and show evidence of effectiveness.

PRIORITY AREA 1: EMPOWERED children and families

Strategic Result Areas: Improved Child Development

Improved child health

Improved family functioning

Priority area 2: systems of care/network systems

Strategic result area: improved systems for families

Priority area 3: early care and development

Strategic Result Areas: Improved health

Improved Child Development

# COMPREHENSIVE STRATEGIC HIERARCHY

The following graphic shows all Priority Areas, Goals and Results, abbreviated.

# 

**Early Care and Development**

**Empowered Children and Families**

Increase children’s, families’ and schools’ readiness for kindergarten

Increase in leveraged resources to ensure comprehensive and integrated services are available

Increase in long-term programs that have a collective impact on children 0-5 and their families

Communities connect to all families

Increase in general knowledge about early childhood issues and services

Increase availability of quality early care and education

Increase knowledge of families to effectively achieve their potential

Increase families access to educational resources, intervention practices and health care services

Increase use of effective and positive parenting

Increase family connections to community resources

All families support children’s development, health and safety

All children enter kindergarten healthy and ready to learn

All children are in an environment conducive to their development

Establishment of a seamless system of comprehensive programs and services

F5 aligns resources and facilitates the exchange of information and best practices

**Systems of Care/Network Systems**

# SERVICE DELIVERY STRATEGIES

## EMPOWERED CHILDREN AND FAMILIES

The empowered families’ priority area provides families with ways to connect to communities and safety-net programs that ensure families support children’s development and safety. The goals under the empowered families’ priority will be met through programs such as:

* Parent education classes and workshops
* Community Gardens that include programs for preschool aged children and their families
* Nutrition education and physical activity included in the curricula of early childhood education programs
* Access to early prenatal care
* Outreach and education services that include information about drug, alcohol and tobacco exposure during pregnancy
* Provide mobile dental clinic services
* Access to mainstream resources, CalFresh, ACA, Medi-Cal
* Parent support groups that include preconception/prenatal health education

## SYSTEMS OF CARE/NETWORK SYSTEMS

The systems of care/network system priority area provide leadership to the First 5 movement and the development of a support system serving children prenatal through age 5, their families and their communities ensuring a sustainable and collective impact. The goals under the systems of care priority will be met through programs such as:

* Coordination of planning and program evaluation activities across agencies
* Integration of services across the Dos Rios Continuum of Care and the CMSP Wellness & Prevention Pilot Project
* Participation in community based events and activities
* Collaboration with local agencies to provide support for professional growth and training opportunities
* Use of media campaigns to increase information flow between providers and the public

## EARLY CARE AND DEVELOPMENT

The early care and development priority area addresses services to increase the potential for children to be in environments conducive to their development and that they enter kindergarten ready to learn. The goals under the early care and development priority will be addressed in the following ways:

* By providing technical assistance and training for child care providers to increase the quality of care
* Through advocacy work to ensure there is accessibility to affordable quality child care
* Education programs for licensed and exempt provides to increase provider skills, infant care, child health and safety, early detection of learning disabilities and caring for children with special needs
* Health screening, child abuse education and nutrition/physical activity education linked to home visiting programs
* School-site based health and dental screenings
* Technical assistance and other support to bring childcare and early childhood settings up to the highest health and safety standards

# SERVICE INTEGRATION AND ACCESSIBILITY

For most result area, the Strategic Plan proposes direct services delivered through a network of public agencies and community based providers and non-profits. These providers work in tandem, referring families across the network as guided by the families’ needs.

Commission staff promote community awareness of available services through multiple venues, including, but not limited to: continuums of care; community engagement and outreach; collaboration with county departments; school districts; Office of Education; local hospital/health care providers; and the community action partnership. F5 Trinity is slowing building our social networking presence to promote Trinity County’s funded programs.

Finally, the Commission’s funded programs and activities are responsive to the diverse needs of the community; are affordable and equally accessible; culturally competent; community driven; regionally recognized and responsive to special needs and disabilities.

# FIRST 5 TRINITY COUNTY STATEMENT OF STRATEGIC DIRECTION

Goals: Within each Priority Area (PA), key goals have been developed representing the focus for First 5 Trinity County’s work through 2020 (five years).

The strategic objectives and activities framework is the second part of the First 5 Trinity County’s Strategic Plan, complementing the approved Statement of Strategic Direction.

First 5 Trinity County’s Strategic Objectives and Activities flow from the State, Families and Communities are engaged, support and strengthened through culturally efficient of Strategic Direction and expand on the Priority Areas and Goals. The Objectives and Activities answer the question: How will First 5 Trinity County accomplish this work?

The commission embarked upon strategic planning by creating a series of surveys that were distributed and collected at a county-wide event; additional surveys were sent to daycare providers, commission members and First 5 grantees. In addition, a public hearing was conducted to solicit the input of the public into the strategic planning process. The First 5 Commission met for a Strategic Planning Session where survey results were shared and the development of the Strategic Plan began. The framework below represents First 5 Trinity County’s three PA’s and within each, specific goals, objectives, activities and indicators of success.

|  |  |
| --- | --- |
| ***Priority Area 1: Empowered Children and Families*** *|* Support children prenatal; through age 5 and their families by providing culturally effective resources, knowledge and opportunities for them to develop the skills necessary to achieve their optimal potential in school and in life | |
| **Goal 1.1. Child Health** | Children prenatal through age 5 and their families access the full spectrum of health and behavioral health services needed to enhance their well-being. | |
| Objective  1.1.1. Identify gaps in, and improve access to the full spectrum of health care services for all young children | **Activities**   * Invest in early care and education programs * Support availability of child development programs * Ensure that all children receive comprehensive development screening and assessments * Participate in multi-agency task forces * Work with partners to identify and prioritize issues affecting children’s access to, and receipt of, health care services * Collaborate with partners to develop and implement strategies, including advocacy * Gather baseline information on priority issues to be addressed and evaluated |
| **Indicators of Success**   * Baseline data gathered * Increase in the number of children enrolled in funded early care and education programs * Increase in the number of early care and education programs * Outcome evaluation demonstrated improved access to health care services | |
| **Objective**  **1.1.2** Collaborate on the development and implementation of a plan to ensure children with special developmental, behavioral and health care needs, birth through age 5, receive the services that they need | **Activities**   * Gather baseline information and evaluate impact of First 5 support to improve access * Assess results of strategies and share with stakeholders * Advocate for additional resources to improve services for children with special developmental, behavioral and health care needs |
| **Indicators of Success**   * Baseline data gathered * Identification of ways First 5 Trinity can leverage is role and resources to increase the number of children with special needs who receive services * Improved access demonstrated by outcome evaluation | |
| **Objective**  **1.1.3** Parents of children ages 0-5 will have opportunities to participate in activities that promote health and well-being of their children and families | **Activities**   * Offer training opportunities on physical activity, nutrition education, healthy lifestyles, child safety and oral health * Collaborate with local agencies to implement tobacco education and cessation programs * Advocate for smoke-free public areas |
| **Indicators of Success**   * Increased number or percentage of participants demonstrating an increase in knowledge based on pre-and post-assessments * Number of participants that attend training and activities sponsored by First 5 funded programs/projects * Reports on the progress of tobacco education and cessation efforts in the County | |
| **Goal 1.2.** **Early Learning** | Children birth through age 5 benefit from high quality early education, early intervention family engagement and support that prepares all children to reach their optimal potential in life and at school | |
| **Objective**  **1.2.1** Expectant parents have support and access to early intervention strategies | **Activities**   * Provide Welcome Baby Kits to expectant families * Conduct in home services assessments for expectant families * Provide car seats and appropriate training for first time parents * Provide recreational activities that promote health messages * Provide parent support groups |
| **Indicators of Success**   * Decreased rate of substantiated child abuse cases * Decreased rate of foster care placements * Number of prevention programs and opportunities to educate parents provided in a culturally and linguistically appropriate way * Number of persons who report a change in general knowledge and understanding of early childhood related issues | |
| **Goal 1.3.** **Family and Community Support and Partnership** | Families and communities are engaged, supported and strengthened through culturally effective resources and opportunities that assist them in nurturing, caring and providing for their child’s success and well-being. | |
| Objective  1.3.1 Support and pilot evidence based strategies and projects in community settings to engage families in innovative and appropriate ways to enhance their child’s safety and healthy development | **Activities**   * Support and invest in the Hayfork Pilot Project; evaluate the project * Collaborate and engage in partnerships for wrap around services, i.e.-housing, health care, social determinants of health, education, etc. * Collaborate with partners, including those with expertise in home visiting parent education/coaching and strengthening families to develop and expand evidence-based prevention and early intervention for at-risk families or communities * Support programs and services that promote physical activity; nutrition education; health and wellness; child safety and oral health |
| **Indicators of Success**   * Access to effective family engagement strategies is expanded * Families/parents demonstrate increase knowledge of early childhood development, as well as effective parenting strategies and retain it six months later * Expand programs and services dedicated to family engagement around health and wellness * Access to early dental care and health screenings | |

|  |  |  |
| --- | --- | --- |
| ***Priority Area 2: Systems of Care/Network Systems*** *|* Provide leadership to the First 5 movement and the development of a support system serving children prenatal through age 5, their families and communities, that result in sustainable and collective impact. | | |
| **Goal 2.1.** **Leadership as a Convener and Partner** | Work with First 5 commissioners and other stakeholders to convene, align, collaborate on, support and strengthen efforts and initiatives to facilitate the creation of a seamless system of integrated and comprehensive programs and services to improve the status and outcomes for children prenatal through age 5 and their families. | | |
| **Objective**  **2.1.1.** Align, coordinate and integrate the early childhood system in collaboration with local agencies and stakeholders to improve the status and outcomes for families and children ages 0-5. | **Activities**   * Participate in the CMSP Wellness & Prevention Pilot Project decreasing the social determinants of health * Collaborate with partners to align early childhood services and resource through coordinated communication, advocacy policymaking, and other capacity-building efforts * Convene workgroups and commissions regularly to facilitate communication and reduce silos among stakeholders on local priorities and projects * Convene and strengthen the capacity of early childhood education and health related organizations to improve services and supports |
| **Indicators of Success**   * Regular stakeholder engagement occurs * Programmatic decisions and funding applications are coordinated * Gaps in services are readily identified and a cohort assigned to strengthen to system of service provision | |
| **Objective**  **2.1.2.** Strengthen the capacity of the First 5 commission to accomplish their goals and achieve greater impact | **Activities**   * Implement tools to evaluate programs, services and grantees * Clarify and streamline policies and procedures and revisit them on an annual basis * Develop and implement a method to track grantee expenditures to outcomes-logic models * Facilitate ideas, strategic planning and shared indicators of success; strengthen the F5 movement |
| **Indicators of Success**   * Established common strategic plan and commission goals * Identified shared indicators of success * Grantee outcomes evaluated for continued/supportive funding * Training and technical assistance to commission or grantees to facilitate improvement | |
| **Goal 2.2. Resource Stewardship** | Strategically fund, align resources, facilitate the exchange of information and best practices and seek out new opportunities to maximize positive impact for children prenatal through age 5 and their families. | |
| **Objective**  **2.2.1.** Address the diminishing revenue ensuring the continuity of First 5 Trinity County | **Activities**   * Facilitate timely and collaborative information exchanges, prioritization of opportunities, and development and implementation of innovative strategies * Invest narrowly and deeply to garner the largest impact to the early childhood service system |
| **Indicators of Success**   * Funding opportunities identified and pursued in a collaborative manner * New funding secured for prenatal through 5 programs * Long-term sustainability | |
| ***Priority Area 3: Early Care and Development*** *|* Address services to guarantee children are in environments conducive to their development and that they enter kindergarten ready to learn | |
| **Goal 3.1. Critical Success** | Improve the policies and systems to increase the number of affordable and sustainable child care programs and improve the quality of those programs | |
| **Objective**  **3.1.1.** Advocate at the state and local level for more resources for early care and education to improve the availability of affordable programs | **Activities**   * Collaborate with stakeholders to focus on improving the quality of care by supporting uniform quality measures |
| **Indicators of Success**   * Increased funding/resources for prenatal to 5 programs * Affordable programs are accessible * Early care and education programs are affordable and high quality | |
| **Goal 3.2. Supports** | Provide effective programs and support early intervention strategies for new parents | |
| **Objectives**  **3.2.1.** Increase the general knowledge and understanding of early childhood related issues and services  **3.2.2.** Increase access to quality school readiness programs or activities | **Activities**   * Family centered workshops and educational opportunities * Comprehensive screenings and assessments on all 0-5 programs * Pre-and post-surveys to gauge learning/knowledge acquired * Invest in early care and education programs |
| **Indicators of Success**   * Sustained or increased number of early care and education programs in Trinity County * Number of children enrolled in early care and education programs * Number and percent of children who are screened with developmental assessments * Number and percent of children whose parents and teachers indicate improved school readiness skills as assessed on defined measures | |

# STRATEGIC PLAN DEVELOPMENT FISCAL YEARS 2015-2020

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 Trinity County through the coordinated efforts of service providers, funding sources, and other community resources.

Over the course of a six-month period, with the onset of a new Executive Director after a five-month period where the Commission Chair acted as the Executive Director, a series of surveys were developed based on the First 5 goals and outcomes. There was a survey distributed at a county-wide event; additional surveys were sent to daycare providers; current First 5 grantees; and Commission Members. In addition, a public hearing was conducted to allow input from the public as to what they would like to see the role as well as funding direction. The First 5 Commission met for a Strategic Planning Session, where survey results were shared with Commission members to assist in the development of this Plan.

Conditions are very different today than when the first plan was adopted in June 2000. 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 the goals and objectives listed in the strategic plan without partnering effectively with local, regional and State initiatives to leverage resources and expertise. Valuable experience has been gained from activities conducted in the previous years, and many strong collaborations have been forged.

Because of these factors, the Commission decided in March 2017 that it was time to reconsider key aspects of the strategic plan to better focus First 5 resources on the most important priorities. The desire is to have a significant impact on a few top priority issues rather than having a lesser impact on many areas.

# 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 the Human Response Network.

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 Trinity County are healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

# 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.

Currently, the First 5 Commission is working within its resources to conduct appropriate evaluation efforts to ensure that we have reliable indicators of success. The First 5 Trinity 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
  + Collects data for all associated performance indicators relevant to program deliverables
  + Evaluates the performance of individual funded programs and verifies the appropriate utilization of funds from the Children and Families Trust Fund
  + Provides training and technical assistance to funded agencies to build their capacity to participate in the evaluation process
  + Develop formats to be used for reporting and analysis of indicators and outcomes
  + 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,

1. 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:

#### Have we improved conditions for children during their early childhood years?

* 1. **Are children experiencing improved health?**
  2. **Are children experiencing continued success in school?**
  3. **Is the service delivery system more accessible and consumer oriented?**

The evaluation approach described here combines “systems-level” data and individual program data 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 July 20th |
| 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 Trinity 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 may be asked to make annual oral reports to the Commission at the end of the reporting period.

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 Trinity’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, the Commission’s website, social media, newsletters or other media.

# 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 to Trinity County residents. The Trinity County Profile can be found in Exhibit 1.

**Allocation Guidelines**

The Commission is committed to ensuring that the greatest possible benefit is realized for young children and their families using First 5 resources. 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 Trinity 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 Trinity County will be healthy, happy, and able to spend their early childhood years in positive surroundings that help them to reach their full potential.

# Exhibit 1: COMMUNITY PROFILE

Trinity County is located in the mountains of northern California, midway between Shasta County and the Northern Coastline of Humboldt County. The county spans 3,200 square miles, which is greater than the size of the state of Delaware and Rhode Island. The elevation ranges from its lowest point of 600 feet near Salyer to 9,038 feet at Mt. Eddy in the northeast corner of the County. There are few highways and roadways that connect rural communities and service areas, making access to medical, dental and social service facilities difficult due to rugged mountainous terrain, geographic isolation and limited public transportation. Trinity County is accessed from Sacramento by way of Interstate 5 (North) to Redding, which connects to California State Route 299 (West). During favorable weather, it takes about an hour and fifteen minutes to reach the county seat of Weaverville from Redding.

Based on the 2013 census estimate, the current population of Trinity County is 13,448. Due to its vast size and small population (there are 4.1 persons per square mile) Trinity County has been classified by the Federal Government as Frontier.

Almost half of the population is centered in two locations, Weaverville and Hayfork. These two communities are separated from each other by a 45-minute drive along 32 miles of mountain roads. The remainder of the population is widely dispersed in small communities throughout the county.

The largest ethnic minority group is Native American Indian at 4.8% of the population. There are two communities in Trinity County with more than 10% Native American Indian children: Burnt Ranch and Hayfork. The Burnt Ranch Playgroup is school-linked and meets at the Burnt Ranch Indian Hall. There is also a growing Hispanic/Latino population creating a need for services for people who speak Spanish as their primary language.

The major challenges for Trinity County children are geographic isolation, poverty, and lack of transportation. Much of Trinity County lacks the basic infrastructure to integrate services to its outlying areas. Employment is often seasonal and dominated by government (local, state and federal) and timber related jobs. Historically, communities in the county have been economically dependent on timber, seasonal recreation and tourism. In recent years, employment in timber related jobs has declined due to a number of factors, including loss of timber from environmental protection actions and the closure of several mills.

The median family income in Trinity County is $36,890, and way below the State median family income of $61,094. Trinity County’s unemployment rate is currently 8.8% (April 2015) compared to the overall California unemployment rate of 6.3% (April 2015). Trinity County seasonal unemployment rates can exceed 20%. Children are clearly impacted by these conditions, as evidenced by more than 59% of school-aged children consistently being eligible for subsidized meals and 19.2% of families living below poverty according to 2009-2013 census figures.

**Population Profile**

Per the U.S. Census, estimates for the year 2015 show that Trinity County had 632 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 Trinity County:

|  |  |  |  |
| --- | --- | --- | --- |
| Attribute | Profile | | Trends and Notes |
| Total Population | Population of 13,022 in  2000 | Population of 13,373 in  20155 | There was a decrease in population from 2000 to 2015 by 2.7%, consisting of an of 351 persons in the County. |
| Based on Race:   * White * American Indian * Asian/Pacific Isl. * Black * Native Hawaiian * Mixed Race | 2000  91%  3.1%  .8%  1.8%  1.0%  2.3%  (U.S. Census 2000) | 2015  88%  3.5%  1.6%  1.2%  <1%  4.4%  (U.S. Census 2010) | The racial demographics in Trinity County have been consistent over the past decade. |
| Birth Rate | 123 in 2011  107 in 2010  116 in 2009  126 in 2008  117 in 2007  122 in 2006  120 in 2005 | | The birth rate per 1,000 people in 2011 was 9.0. |

4 United States Census Bureau American Community Survey https://assessment.communitycommons.org/CHNA/report?reporttype=CAP&groupid=614

5 United States Census Bureau, American Community Survey https://assessment.communitycommons.org/CHNA/report?reporttype=CAP&groupid=6146 Pure Record Postman