



COLUSA COUNTY  
CHILDREN AND FAMILIES COMMISSION

STRATEGIC PLAN  
2007 - 2010

Adopted May 15, 2007



**Colusa County Children and Families Commission**  
320 5<sup>th</sup> Street, Suite A  
Colusa, CA 95932

Phone: (530) 458-5555  
Website: [www.first5colusa.org](http://www.first5colusa.org)

# **FIRST 5 COLUSA COUNTY**

## **Commission Members**

Nancy Parriott, PHN, Chair  
Colusa County Department of Health and Human Services

Dolores Gomez, Vice Chair  
Colusa County Children's Services - Resource & Referral

Kim Dolbow-Vann  
Board of Supervisors

Ginger Hansen  
Community Member

Barbara Hankins, RN, PHN  
Colusa County Office of Education

## **Commission Staff**

Jennifer Long  
Executive Director

Denise Erickson  
Program Coordinator / Administrative Assistant

Jesana Boza  
Bi-lingual Program Assistant

# FIRST 5 COLUSA STRATEGIC PLAN: 2007 - 2010

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>BACKGROUND</b>	<b>5</b>
Proposition 10 - The Children and Families Act of 1998	5
Implementation of Proposition 10 (First 5) in Colusa County	5
Process for Developing the 2004-2007 Strategic Plan	8
<b>COMMUNITY CONDITIONS AND PARENT INPUT</b>	<b>8</b>
<b>GOALS, OBJECTIVES AND INDICATORS</b>	<b>10</b>
<b>STRATEGIES FOR ACHIEVING RESULTS</b>	<b>12</b>
<b>EVALUATION OF RESULTS</b>	<b>14</b>
<b>RESOURCE ALLOCATION</b>	<b>17</b>
Allocation Guidelines	17
Allocation Processes and Strategies	18
<b>CONCLUSION</b>	<b>19</b>
<b>APPENDIX 1: PRIOR PLAN GOALS AND PROGRESS</b>	<b>20</b>
<b>APPENDIX 2: COMMUNITY PROFILE AND INPUT</b>	<b>23</b>
Overview of Colusa County	23
Population Profile	23
Town Meeting Results - Input from Parents	25
Trends in Key Indicators of Child Health and Well Being	28

# FIRST 5 COLUSA STRATEGIC PLAN: 2007 - 2010

## 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 \$500,000 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 County 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. The mission of the Commission is:

*The Colusa County 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.*

The vision of the kind of future the Commission is working to create is:

*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 July 2007 through June 2010. The plan may be extended for additional years.

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 and ten shorter-term objectives were adopted as the top priorities for First 5 Colusa:

**Goal 1: Children will be raised in safe, healthy environments that promote growth and development.**

- Objective 1.1 70% of childcare providers who participate in Commission funded programs will maintain high, and/or show improvement in, ECERS ratings.
- Objective 1.2 70% of parents who participate in Commission funded programs will demonstrate increased knowledge about nutrition, bonding, healthy child growth and development.
- Objective 1.3 70% of childcare providers who participate in Commission funded programs will demonstrate improvement in early care and education knowledge areas, including ESL.

**Goal 2: All children 0-5 will have access to medical, dental, vision and mental health care services.**

- Objective 2.1 Increase by 10% annually the number of income eligible children served through First 5 funded programs who are enrolled in insurance coverage products.
- Objective 2.2 70-75% of children 0-5 enrolled in Healthy Kids, Healthy Future (HKHF) within the first year of enrollment will have had a medical and dental screening, and will continue to access medical and dental providers on a yearly basis.
- Objective 2.3 Expand service delivery mechanisms to reduce access barriers, to include transportation to and education on pediatric dental care.

**Goal 3: Children will enter school ready to learn.**

- Objective 3.1 75% of children participating in First 5 Colusa school readiness Kids Academy will perform average or above on the individual school's Kindergarten assessment.
- Objective 3.2 75-80% of children who attend First 5 Colusa school readiness activities will demonstrate successful transition into Kindergarten (measured at 3 months).

**Goal 4: The service delivery system will be consumer oriented and accessible.**

- Objective 4.1 As a result of education and system enhancements parents better understand how they can advocate on behalf of a child in education, health or other family systems.
- Objective 4.2 By 2010, provide assistance to coordinate a countywide plan/effort to address substance abuse impact on children 0-5.

Two types of strategies will be used to make a measurable positive impact in the four goal areas; *integrated* strategies that can address multiple goals and *targeted* strategies that focus on a single goal. The integrated strategies are:

- Maintain and expand as necessary, the existing Family Action Center sites and establish satellite services to deliver identified needed services.
- Offer multiple outreach and education mechanisms for educating parents and other care givers on growth, development, health and well being of children 0-5.
- Partner with public and or private health and education organizations to reestablish a research based home visiting program.
- Expand and enhance mobile literacy and outreach programs and activities.
- Continue to grow and expand strategic partnerships with public and private agencies, childcare providers and other groups to achieve goals and objectives.
- Continue to participate in the Healthy Kids, Healthy Future regional initiative to expand health coverage and access.
- Continue implementation of countywide school readiness programs through First 5 Colusa staff, Family Action Centers, and partners.
- Continue to fund Mini-Grants that support all goals.

There are three additional targeted strategies adopted to supplement the level of impact that the integrated strategies are expected to have:

- Continue to operate Commission driven CARES project (aligned with State framework) to build providers' capacity.
- Continue to support mobile dental services through Sutter Peach Tree.
- Expand transportation options, by establishing a system to provide and continue out of county and in county transportation, for health and educational related services.

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. Grants will be issued to community partners through one of three different mechanisms: Mini-Grants that help community organizations, groups and child care providers, Commission-initiated projects, and when funding allows, competitive

community grants that give organizations the funding to carry out the strategies described in this plan. The stability of First 5 funding over the next ten 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.

### ***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 from the first seven years of First 5 activities within the county.

<b>October 1999 – September 2000</b>	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. An extensive assessment of community needs and available services was
--	---

performed by analyzing over 20 pre-existing studies and reports, holding town meetings in five communities to get direct input from parents, and conducting additional surveys of parents and service providers. Over 40 parents and service providers then participated on an Advisory Council to help formulate the strategies or specific actions to be taken to address the top priority issues identified by the community assessment. The results were written into a formal plan, which was reviewed in several public meetings before being officially adopted by the Commission.

**October 2000 –  
June 2001**

An Executive Director was hired to lead the activities needed to carry out the provisions of the strategic plan. To ensure full accountability over the use of First 5 funds, it was necessary to first build an operating structure capable of implementing the strategic plan as well as fulfilling the many requirements of state laws that govern the work of First 5. Several months were therefore invested in creating processes 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.

**July 2001 –  
December 2003**

Each year, grants have been made to local organizations to enhance services for young children and their families. In total, over \$800,000 of grants have been issued in Colusa County using First 5 funding. Some notable examples of First 5 grants and projects include:

- A Family Action Center was opened in Arbuckle that brings together many services for parents in one place such as classes for parents, events for children, counseling, health services and food distribution.
- 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.
- Family Start, a family development and childcare program providing coordinated child care and family support services similar to the Head Start program but available to families that are not income-eligible for Head Start, was funded for two years.
- Playground equipment appropriate for young children was purchased and installed in Maxwell, Williams, Arbuckle and Grimes.
- 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.
- A Child Care Provider Retention Incentive program has worked for two years to increase the quality and availability of child care by paying for training for child care providers and supplementing the income of trained providers so that they continue to provide child care services.

- In partnership with the Colusa County Libraries, a Mobile Literacy Lab Project has promoted reading with young children by making books available to families through a “Book Buggy” and gave families free books suitable for young children.

In addition to grantmaking, the Commission and its staff have conducted other projects to help children and families, such as helping to create a countywide directory of resources for parents and distributing a Kit for New Parents containing extensive information for parents about raising healthy, well-developed children.

**July 2004 –  
December 2006**

Each year, the Commission has continued to fund local organizations to enhance services for young children and their families. A number of successful programs, partnerships and projects have been implemented in Colusa County using First 5 funding since 2004. A few of the notable achievements are listed below:

- 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, happy children to approximately 350 parents and caregivers each year.
- Expanded the mini-grant program to include physicians, community based organizations and county agencies.
- Offered mobile dental services to provide full restorative dental services.
- Kinder Camp services for more than 200 children each summer; Backpack program that provided pre-registered Kindergarten children with transition activities for over the summer.
- Continued CARES 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.

[Appendix 1](#) provides more detailed information about the Commission’s progress in all strategic result areas for the strategic plan adopted in 2004.

## ***Process for Developing the 2004-2007 Strategic Plan***

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. The population of the county continues to grow, outpacing the census projections for 2010. 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. 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 past three years, and many strong collaborations have been forged.

As a result of these factors, the Commission decided in August 2006 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. This approach includes taking advantage of local and state-level resources and initiatives that have emerged.

A three-step process was then conducted from September 2006 to April 2007 to revise the strategic plan. The first step of the process was to assess the progress to date in achieving the objectives from the current strategic plan. The summary in Appendix 1 of this plan came from this assessment. Next, town meetings were held in Colusa, Williams, Arbuckle, Maxwell and Grimes to obtain feedback from parents about the Commission's work to date and learn what parents think about where the Commission should focus in the future. Available data about how the health and well-being of young children has changed over the past three years was also gathered and analyzed. Finally, the information from the previous steps was used by the Commission to set priorities and develop strategies during a day-long planning session in March 2007. The results of this session were presented and discussed with the Commission's Advisory Council and suggested modification incorporated. This plan document was then written and presented for discussion in a public hearing.

## **COMMUNITY CONDITIONS AND PARENT INPUT**

---

In many ways, conditions for children and families in Colusa County have improved in the past three years. More health care coverage is available as a result of the Health Kids, Healthy Future partnership. 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%, reported cases of child abuse and neglect fluctuated between 289 and 363, the number of births to teen mothers nearly doubled, 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 between October and December 2006. Six 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 expand access to Family Action Centers through satellite services or growing the existing centers to accommodate more children and families.
2. **Parent education.** Parents continue to express their desire for parenting classes and other types of education to help with health, development, nurturing, discipline and various other issues. The FACs have been a good vehicle for providing much needed education services such as English as a second language classes (ESL) and general education diplomas (GED).
3. **Early learning and literacy.** Most communities indicated a need for more Kindergarten readiness activities and literacy programs. The Kids Academy was mentioned as an important resource that needs to be expanded to accommodate more children. Parents particularly liked the literacy activities and resources offered in the local communities, and would like more books offered for young children. Replacement toys and one-time activities for families provided by childcare providers through Mini-Grants, the backpack program, and mobile literacy are all valued.
4. **Parent education and support.** Communities suggested providing home visiting services for parents of children ages 0 to 3 for prenatal education and child development support. Community members want home visiting services to be provided by knowledgeable and accessible (non-intimidating) individuals.
5. **Health care support.** Several interrelated health care issues affect children and families. To address these, communities want parents to be more educated about health care issues in general; and more specifically, about availability of, and access to, dental, medical and mental health services and insurance coverage for under and uninsured children.
6. **Transportation.** The smaller communities continued to indicate a need for better transportation options in order to reach services or education events in Colusa or nearby counties.

This input from community members, together with 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, community input received during the 2006 town meetings, and key indicators of child health and well-being can be found in [Appendix 2](#) to this plan.

## GOALS, OBJECTIVES 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 total of ten objectives linked to those goals. For each objective, the Commission has identified one or more indicators that will be used to measure progress.

### RESULT AREA: IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

*Goal 1: Children will be raised in safe, healthy environments that promote growth and development.*

#### Objectives

- 1.1 70% of childcare providers who participate in Commission funded programs will maintain high, and/or show improvement in, ECERS ratings.
- 1.2 70% of parents who participate in Commission funded programs will demonstrate increased knowledge about nutrition, bonding, healthy child growth and development.
- 1.3 70% of childcare providers who participate in Commission funded programs will demonstrate improvement in early care and education knowledge areas, including ESL.

#### Indicators

- ✓ Number and percent of providers participating in First 5 Mini-Grants and/or CARES programs
- ✓ Number and percent achieving and maintaining improvements
- ✓ Number and percent of parents or caregivers compared to census data, participating in First 5 programs
- ✓ Number and percent demonstrating increased knowledge based on pre and post test or self-reports
- ✓ Number and percent of providers participating in First 5 Mini-Grants and/or CARES programs
- ✓ Number and percent achieving gains based on pre- and post-tests

## RESULT AREA: IMPROVED CHILD HEALTH: HEALTHY CHILDREN

*Goal 2: All children 0-5 will have access to medical, dental, vision and mental health care services.*

<u>Objectives</u>	<u>Indicators</u>
2.1 Increase by 10% annually the number of income eligible children served through First 5 funded programs who are enrolled in insurance coverage products.	<ul style="list-style-type: none"><li>✓ Number of eligible children in county served by First 5 funded programs</li><li>✓ Percent of eligible enrolled in insurance coverage products</li></ul>
2.2 70-75% of children 0-5 enrolled in Healthy Kids, Healthy Future (HKHF) within the first year of enrollment will have had a medical and dental screening, and will continue to access medical and dental providers on a yearly basis.	<ul style="list-style-type: none"><li>✓ Number of children enrolled in HKHF each year</li><li>✓ Percent of enrolled children who have dental screening each year</li><li>✓ Percent of enrolled children who have medical screening each year</li></ul>
2.3 Expand service delivery mechanisms to reduce access barriers, to include transportation to and education on pediatric dental care.	<ul style="list-style-type: none"><li>✓ Number of new / expanded outreach services</li><li>✓ Number of children utilizing new / expanded services</li></ul>

## RESULT AREA: IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

*Goal 3: Children will enter school ready to learn.*

<u>Objectives</u>	<u>Indicators</u>
3.1 75% of children participating in First 5 Colusa school readiness Kids Academy will perform average or above on the individual school's Kindergarten assessment.	<ul style="list-style-type: none"><li>✓ Number of children participating in school readiness programs</li><li>✓ Performance score ratings for those children on schools' assessment</li></ul>
3.2 75-80% of children who attend First 5 Colusa school readiness activities will demonstrate successful transition into Kindergarten (measured at 3 months).	<ul style="list-style-type: none"><li>✓ Number of children participating in school readiness programs</li><li>✓ Percent of participating children whose parents describe them as more ready for Kindergarten</li><li>✓ Percent of participating children whose teachers indicate improved readiness</li></ul>

## RESULT AREA: IMPROVED SYSTEM FUNCTIONING

*Goal 4: The service delivery system will be consumer oriented and accessible.*

### Objectives

### Indicators

- |   |   |
|---|---|
| 4.1 As a result of education and system enhancements parents better understand how they can advocate on behalf of a child in education, health or other family systems. | ✓ Number of providers trained in Touchpoints model (or similar program) in the County<br>✓ Number of parents served by trained providers that indicate improved ability to advocate |
| 4.2 By 2010, provide assistance to coordinate a countywide plan/effort to address substance abuse impact on children 0-5.   | ✓ Number of partners actively participating in planning events<br>✓ Increased (non First 5) revenues to support collaborative planning effort                                       |

These goals and objectives 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.

## STRATEGIES FOR ACHIEVING RESULTS

---

**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.

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. All but three of the strategies developed for this strategic plan are considered integrated.

The table that follows lists the strategies that have been adopted and show which objectives are addressed by each strategy.

<b>Strategies</b>	<i>Result 1: Improved Family Functioning</i>	<i>Result 2: Improved Child Health</i>	<i>Result 3: Improved Child Development</i>	<i>Result 4: Improved Systems</i>
1. <b>Family Action Centers (FACs):</b> Maintain and expand as necessary, existing sites and establish satellite services to deliver identified needed services.	❖	❖	❖	❖
2. <b>Outreach/Education:</b> Offer multiple outreach and education mechanisms for educating parents and other care givers on growth, development, health and well being of children 0-5.	❖	❖	❖	
3. <b>Home Visiting:</b> Partner with public and or private health and education organizations to reestablish a research based home visiting program.	❖	❖	❖	❖
4. <b>Literacy:</b> Expand and enhance mobile literacy and outreach programs and activities.			❖	❖
5. <b>CARES:</b> Continue to operate Commission driven project (aligned with State framework) to build providers' capacity.			❖	
6. <b>Strategic Partnership:</b> Continue to grow and expand partnerships with public and private agencies, childcare providers and other groups to achieve goals and objectives.	❖	❖	❖	❖
7. <b>HKHF:</b> Continue to participate in regional initiative to expand health coverage and access.		❖		❖
8. <b>Mobile Dental:</b> Continue to support mobile dental services through Sutter Peach Tree.		❖		
9. <b>School Readiness:</b> Continue implementation of countywide SR programs through First 5 Colusa staff, FACs and partners.	❖	❖	❖	❖
10. <b>Transportation Options:</b> Establish system to provide and continue out of	❖			❖

<b>Strategies</b>	<i>Result 1: Improved Family Functioning</i>	<i>Result 2: Improved Child Health</i>	<i>Result 3: Improved Child Development</i>	<i>Result 4: Improved Systems</i>
county and in county transportation for health related services.				
<b>11. Mini Grants:</b> Continue to fund Mini-Grants that continue to support all goals.	❖	❖	❖	❖

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 strategies described above, and the ways in which those strategies are implemented, will promote a consumer-oriented and easily accessible system of early childhood services in a number of important ways.

- ❖ The Family Action Centers offer a comprehensive way to integrate early care and education, schools, parenting and family support services, and health and social services. The centers are also neighborhood-based, working to bring services to the families instead of requiring families to travel long distances to obtain services.
- ❖ Home visits bring information and services to families, educate parents about other services and supports available in the community, and help link families to those services and supports.
- ❖ All services funded by First 5 are to be provided in a culturally and linguistically competent manner.
- ❖ One of the four goals focuses specifically on making services more easily accessible by addressing the top barriers to utilizing existing services – transportation and insufficient awareness of services and how to access them.

## EVALUATION OF 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 will slowly be 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?**

The primary indicators that will be used to assess changes for this question:

- Child abuse and neglect rates (number of reports per 1,000 children age 0-5)
- Environmental Rating Scales in day care homes, which evaluate various aspects of the quality of the environment in child care settings
- Percent of families / parents participating in First 5 funded programs who demonstrate increased knowledge about nutrition, bonding, and child growth and development
- Percent of child care providers participating in Commission funded programs who demonstrate improvements in early care and education knowledge areas, including English as a second language

**2. Are children experiencing improved health?**

The primary indicators that will be used to assess changes for this question:

- Number of children in the county who are eligible for insurance coverage products, based on the most current census data
- Percent of income eligible children who are served through First 5 funded programs, and ultimately enrolled in insurance coverage programs
- The number of children enrolled in Colusa Healthy Kids, Healthy Future (CHKHF) each year and the percentage of those who have an annual dental and medical screening will be tracked
- Number of new and expanded service options, and the number of children utilizing those services

**3. Are children experiencing continued success in school?**

The primary indicators that will be used to assess changes for this question:

- The results of school-administered Kindergarten assessments for children who participated in First 5 funded school readiness programs as compared to other students, to indicate school readiness and transition
- Parents' self-assessment of their children's school readiness as a result of participating in school readiness activities
- Teachers' assessment of children's school readiness as a result of participating in school readiness activities
- Better early childhood experiences are expected to translate into lasting improvements in the ability of children to succeed in school. Data gathered by the public school system will therefore be analyzed to look at changes in longer-term outcomes over time, as follows:
- Results from the California Healthy Kids survey, which is conducted with all 5<sup>th</sup> grade students to assess various living environment, health and asset areas, will help determine trends and whether positive child development and parenting conditions are being sustained through the 5<sup>th</sup> grade

**4. Is the service delivery system more accessible and consumer oriented?**

The primary indicators that will be used to assess changes for this question:

- Parents indicating improved ability to advocate on behalf of their child's education, health or other needs
- Increased (non First 5 Colusa) revenues supporting the development of a countywide plan to address substance abuse impact on young children

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**

<b>ACTIVITY</b>	<b>WHO</b>	<b>WHEN</b>
Progress reports and data will be submitted to First 5 on each result area according to the scope of work.	Grantee	Quarterly
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	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> quarter.
Additional data will be submitted to First 5 on results for use in annual Strategic Planning.	Grantees, First 5 Staff	As requested or by March each year
Tools and the Evaluation Protocols will be reviewed annually and updated as necessary.	Grantees, First 5 Staff	May-June each year

School readiness programs, and eventually all other 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 semi-annual oral reports to the Commission.

Grantees will be allowed to build the cost of complying with the Commission's program evaluation requirements into their budgets, up to 5% of the grant amount. Grantees may propose higher evaluation allowances for special evaluation projects; these projects will need to be pre-approved by 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 quarterly newsletters or other media, such as tri-fold brochures.

As previously noted, the Commission staff will work with grantees to help them comply with the terms of funding. However, if a funded program consistently does not meet expected performance criteria or is unable or unwilling to make sufficient improvements, the Commission will impose consequences based on its approved policies. The Commission staff will present and discuss these policies with all grantees, and obtain acknowledgement of understanding.

As First 5 Colusa expands its coordinated evaluation activities across its funded programs, it will be possible to capture data for specific families and their children over a longer period of time. This is important for determining the extent to which children from families that have only recently moved to the county are skewing the results one way or another.

## **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.

1. **Mini-Grants.** Grants will 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. A very simple application form is used to request a Mini - Grant. In the past, Mini-Grants have been limited to \$4,000 but the Commission reserves the right to change the dollar limit at any time.

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. Examples include the Family Action Centers in Arbuckle and Williams; Healthy Kids, Healthy Future; and CARES.
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 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.

## APPENDIX 1: PRIOR PLAN GOALS AND PROGRESS

This appendix describes the objectives contained in the second strategic plan adopted by the Commission in May 2004, and highlights the progress made in the past three years toward achieving those objectives. The nine objectives describe what First 5 focused on accomplishing over the past three years across the four strategic result areas:

- Improved Family Functioning: Strong Families
- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children
- Improved Systems: Integrated, Consumer-Oriented, Accessible Services

**Table 2: Progress / activities across all result areas**

<b>Community services and activities funded by First 5 leading to achievement of the objective FY2004/05-2006/07</b>
<b>Addresses All Result Areas</b>
<p>Over the three-year period FY 2005-2007, the Commission invested \$545,000 in Family Action Centers as School Readiness sites. This investment crosses all result areas.</p> <ul style="list-style-type: none"> <li>■ Commission funded the Arbuckle Family Action Center a total of \$385,000 over past three years. Started with a Family Action Center in Arbuckle; bringing many services together in one place, focused on young children: Commission continues to fund Arbuckle FAC</li> <li>■ Commission funded the Williams FAC, which opened in April 2006 and is fully operational, a total of \$164,000.</li> <li>■ Types of FAC services: <ul style="list-style-type: none"> <li>✓ Language classes (English)</li> <li>✓ Literacy and tutoring groups</li> <li>✓ Citizenship classes</li> <li>✓ Home visits to area day cares</li> <li>✓ GED classes</li> <li>✓ Basic needs: clothing, food</li> <li>✓ Colusa Healthy Kids, Healthy Future, Medi-Cal and Healthy Families application assistance</li> <li>✓ Toy lending library and a parenting resource library</li> <li>✓ Year round "Kids Academy"</li> </ul> </li> </ul>

**Table 3: Progress / activities within specific result areas**

<b>Objectives</b>	<b>Community services and activities funded by First 5 leading to achievement of the objective FY2004/05-2006/07</b>
<b>Improved Family Functioning: Strong Families</b>	
<p>1.1 Build the assets of parents to care for and nurture their children in a manner that also builds their children’s assets</p>	<p>Community services and activities funded by First 5 in this area since July 2004 equaled \$104,000 through two contracts: \$90,000 to County Department of Behavioral Health (BHS) and \$14,000 to Colusa County Transit.</p> <ul style="list-style-type: none"> <li>▪ Mental Health Seminars - BHS held 16 seminars in FY 05/06 on trauma in the early years of childhood - this year they will focus on attachment, grant continuing in FY 06/07.</li> <li>▪ Transportation services for medical out of county transport.</li> <li>▪ Distributed Kit for New Parents to approximate 350 parents and caregivers each year; kit contains valuable information for parents about raising healthy and happy children.</li> </ul>
<b>Improved Child Health: Healthy Children</b>	
<p>2.1 Promote greater access to health care services by removing the primary barriers to accessing services - caregiver knowledge of available resources, cost of health care services (including access to health insurance) and adequate local health care provider capacity</p> <p>2.2 Educate parents and other caregivers about proper oral health care for young children, and particularly infants and toddlers</p> <p>2.3 Provide early screening to detect oral, medical, mental and developmental health issues as early as possible in a child’s life</p>	<p>Community services and activities funded by First 5 in this area since July 2004 equaled \$166,600, and included:</p> <ul style="list-style-type: none"> <li>▪ Mini-Grant program now includes physicians, community-based organizations (CBO) &amp; County agencies - \$20,000</li> <li>▪ Colusa Healthy Kids, Healthy Future multi-county project to increase number of young children covered by health insurance; launched in September 2006, currently 18 children 0-5 enrolled - \$110,000</li> <li>▪ A local Community Health Initiative group meets quarterly</li> <li>▪ Oral health grant - provides mobile full restorative dental service in the county - \$36,600</li> </ul>
<b>Improved Child Development: Children Learning and Ready for School</b>	
<p>1.2 Maximize the quality of available child care in both licensed and unlicensed settings, where “quality”</p>	<p>Community services and activities funded by First 5 in this area since July 2004 equaled \$200,000, and included:</p> <ul style="list-style-type: none"> <li>▪ Kindergarten Transition Program - Kinder Camps held at 5</li> </ul>

<b>Objectives</b>	<b>Community services and activities funded by First 5 leading to achievement of the objective FY2004/05-2006/07</b>
<p>means safe, interactive, nurturing care with age and developmentally appropriate activities and materials</p> <p>3.1 Strengthen the connections and transitions between caregivers (including parents, preschool teachers and child care providers) and kindergarten teachers, linking what caregivers are doing in the early years to what is needed to succeed in kindergarten and beyond</p> <p>3.2 Promote reading and other early literacy activities for young children and their families</p>	<p>elementary schools serving over 200 children each summer</p> <ul style="list-style-type: none"> <li>▪ Kindergarten Backpack program – All children pre-registered for Kindergarten receive a backpack full of activities for over the summer to assist with the transition to Kindergarten</li> <li>▪ Mini-Grant program continues to support child care providers and improve child care services each year</li> <li>▪ CARES program to build a skilled and stable workforce to provide high quality child care and development services continues to be operated by First 5</li> <li>▪ 15 CARES participants from FY05/06 will continue for two additional years</li> <li>▪ Imagi Bus, a collaborative mobile family literacy program operated by the local county library to increase home libraries and parent-child interaction at home through reading</li> </ul>
<b>Improved Systems: Integrated, Consumer-Oriented, Accessible Services</b>	
<p>4.1 Increase access to transportation and services that come to families so transportation is not needed</p> <p>4.2 Increase awareness of parents and caregivers about available services and how to access them</p>	<p>Community services and activities funded by First 5 in this area since July 2004 equaled \$60,000, and included:</p> <ul style="list-style-type: none"> <li>▪ Local training to multidisciplinary group of individuals in the Brazelton Touchpoints model, that links disparate service providers to benefit the child and family</li> <li>▪ Ongoing participation in interagency councils and boards that are working to increase access to health care services</li> <li>▪ Implemented the new State First 5 evaluation framework for gathering data and reporting results of services delivered</li> <li>▪ Annual update of 10-year financial plan to help sustain investments in services</li> <li>▪ Continue to act as catalyst to bring service providers together</li> <li>▪ Satisfaction surveys to identify priorities and service enhancement options</li> </ul>

## **APPENDIX 2: COMMUNITY PROFILE AND INPUT**

---

This appendix contains more detailed information about Colusa County, the input from parents about First 5 priorities gathered during the five town meetings held in 2004, and a summary of how several key indicators of child health and well-being have changed over the last three-plus 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 2005 show that Colusa County had 1,688 children age 0 through 4 years that can directly benefit from the activities described in this plan.

The chart below summarizes other key demographic attributes of Colusa County.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Total population	21,766 in 2006 20,100 as of 1/1/2004 (California Department of Finance, Demographic Research Unit)	The total county population is projected to reach 22,697 in 2010. However, the 2006 population is only 931 individuals short of that target. Since 2000, the population has increased 15.9%

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Based on location:	<u>1/1/2004</u>	<u>1/1/2005</u>
• City of Colusa	5,600	5,582
• City of Williams	4,040	4,794
• Unincorporated areas	10,150	10,376
		(California Department of Finance, Demographic Research Unit)
Based on ethnicity:	<u>2000</u>	<u>2005</u>
• White non-Latino	46.9%	45.9%
• Hispanic/Latino	46.5%	49.1%
• Native American	3.3%	2.4%
• Asian/Pacific Isl.	2.6%	2.4%
• Black	0.7%	1.0%
	(U.S. Census 2000)	(U.S. Census 2006)
Birth rate	398 in 2006 354 in 2005 332 in 2004 332 in 2003 318 in 2002 357 in 2001 324 in 2000	The number of births has averaged 349 since 2000. In 2006, the number of births increased 12% over 2005, to reach the highest level since 1997. <sup>1</sup>  Births to teens 15 to 19 years old averaged 39.7 per year for the three years 2002 to 2004 (teen birth rate = 44.4 per 1,000)  63% of all births in 2002 were to Hispanic/Latino mothers

The population of Colusa County experiences considerable seasonal fluctuations. Past studies have found that, during the growing and harvest season between March 15<sup>th</sup> and November 15<sup>th</sup>, the migrant farm labor population and their dependents add an estimated 6,700 people to the county's population. In essence, the county's population is actually over 25,000 during this eight-month period. Further, the migrant farm population is primarily Hispanic, changing the ethnic profile of the county even more significantly during the growing and harvest seasons.

The U.S. Census 2000 data also reveals three other facts that are relevant to First 5 planning:

- 237 households with children under age 5 reported that a grandparent was responsible for the primary care of a grandchild living in the household.

---

<sup>1</sup> State of California, Department of Finance, *County Population Estimates and Components of Change by County, July 1, 2000-2006*. Sacramento, California, December 2006.

- 207 children age 0 through 4 years old, or 13.6% of all children in this age group, lived in households without either of their biological parents. Of these, 172 children were living with a relative and 35 were with a non-relative or living in group quarters.
- Out of the 1,193 households with at least one child under the age of 6, 80% are married couple families with less than 20% of young children living in a single-parent household.

### ***Town Meeting Results – Input from Parents***

Between October and December 2006, town meetings were held to find out what parents think about activities previously sponsored by First 5 and to learn what parents think 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 45 adults, accompanied by 27 children, participated in these meetings. Summarized below are the results of the town meetings.

#### **PRIORITIES FOR THE FUTURE**

Community members were asked what they thought the top priorities of First 5 should be for the next three to five years. The table below summarizes what each community identified as the top priorities, along with other potential priorities that were suggested.

<b>Community</b>	<b>Top Priorities</b>	<b>Other Priorities Suggested</b>
Arbuckle	<ol style="list-style-type: none"> <li>1. Increase the size of the Family Action Center</li> <li>2. Offer more spaces in the Kids Academy which has no income limits</li> <li>3. Nutritional education and resources for children and parents</li> </ol>	<ul style="list-style-type: none"> <li>▪ Special needs education, resources and services</li> <li>▪ New moms support and networking</li> <li>▪ Car seat checks for newborns at the local hospital</li> </ul>
Colusa	<ol style="list-style-type: none"> <li>1. Establish a Family Action Center in Colusa utilizing the collaboration with Behavioral Health for after school activities</li> <li>2. More books given away for 0-3 ages</li> <li>3. Resource books for parents of children 0-5 given away on the Imagi Bus</li> </ol>	<ul style="list-style-type: none"> <li>▪ Continue Imagi Bus</li> <li>▪ Continue Backpack Program</li> <li>▪ Continue to offer Mini-Grants to child care providers and others for replacement of toys and one-time activities for families</li> </ul>

Community	Top Priorities	Other Priorities Suggested
Grimes	<ol style="list-style-type: none"> <li>1. Bring Arbuckle FAC services to Grimes, especially the Kids Academy and ESL classes</li> <li>2. Offer home visiting for new moms to provide general support regarding depression, education and motivation</li> <li>3. Parent education for prenatal to 3 years</li> <li>4. Provide visits from the Imagi Bus to the Grimes Moms Club</li> </ol>	<ul style="list-style-type: none"> <li>▪ Longer Kinder Camps</li> <li>▪ Spanish Classes for the mono-lingual English</li> <li>▪ Preparation for three year olds</li> </ul>
Maxwell	<ol style="list-style-type: none"> <li>1. Provide more health services to Maxwell, such as dental van visits</li> <li>2. Establish a preschool in Maxwell possibly with service from the Williams FAC Kids Academy</li> <li>3. Offer home visiting for the 0-3 age group for prenatal education and support</li> </ol>	<ul style="list-style-type: none"> <li>▪ Breast feeding/lactation consultant</li> <li>▪ CPR &amp; First aid for mono-lingual Spanish</li> <li>▪ Hot line for new parents and general information</li> <li>▪ More services in general to Maxwell</li> <li>▪ Recreational Activities / park</li> </ul>
Williams	<ol style="list-style-type: none"> <li>1. Increase advertising and communication about funded programs; possibly through work with developers, have a controlled community board, link of County Clerk Web page</li> <li>2. Provide home visiting to moms with newborns; someone in "regular" clothes not dressed as a professional</li> <li>3. Assist Arbuckle FAC to extend their Kids Academy and be more accommodating [to new Arbuckle families]</li> </ol>	<ul style="list-style-type: none"> <li>▪ Public play grounds with safe equipment</li> </ul>

### **MOST VALUABLE PROJECTS FUNDED BY THE COMMISSION**

When community members were asked which First 5 activities conducted so far were most valuable, and which ones were not very valuable, the following responses were received.

- Arbuckle indicated that the most valuable and most effective activities the Commission has funded are the Family Action Center (FAC), Kinder Camps and the Imagi Bus. Parents feel that the FAC has provided much needed services throughout the years. The Kids Academy, English as a second language classes (ESL) and general education diplomas (GED) provide huge benefit to the community. Some attendees stated that their children had less anxiety the first days of Kindergarten due to participating in

Kinder Camp. Parents said their children enjoyed being able to “get to know” the school, teachers and the system prior to school. The School Readiness Transitional Backpack program is also highly valued; as many attendees stated that their children were thrilled to receive the backpack and used it the whole summer prior to the start of school. Finally, the Mobile Dental Van was noted as a valuable program funded by the Commission.

- Colusa indicated that the most valuable and most effective activities the Commission has funded were Family Action Centers, especially the collaboration with Behavioral Health for extended services. Kinder Camps were noted as being very helpful for transitioning children in to Kindergarten. Mini-Grants to child care providers and others for replacement of toys and one time activities for families are both important; as are the Imagi Bus and Backpack programs.
- Grimes indicated that the most valuable and most effective activities the Commission has funded were the Mobile Dental Van, Kinder Camps and Health Insurance. Having the Mobile Dental Van come to the community removed the barrier of transportation, while Kinder Camp helped children to be excited about starting school since they had already met their teacher and principal. Many families don't qualify for health insurance, and valued having an option for higher income levels; they are very pleased that undocumented persons are covered. Other valuable programs funded are the Backpacks, Mental Health seminars, Family Action Center, and the Imagi Bus.
- Maxwell indicated that the most valuable and most effective activities the Commission has funded were the Mini-Grants that provide replacement of toys and expendable items for child care providers. Health care is also important, as parents like the idea of the Mobile Dental Van and Health Insurance for those who otherwise don't qualify for MediCal or Healthy Families. Both Kinder Camp and the Backpack program were considered valuable, and parents liked that Maxwell was able to participate in Kinder Camp this year. They really believe both projects help children who are entering Kindergarten. Finally, the CARES program, ESL classes, and Medical Transport were noted as valuable.
- Williams indicated that the most valuable and most effective activities the Commission has funded were the Family Action Center and the Imagi Bus. The group felt that the FAC in Williams has brought change to the community and especially enjoy the networking with other parents, the activities offered, no waiting list for services, and services that are geared toward stay-at-home parents and not child care providers. Participants like that services are brought to the center and they don't have to travel for them, as there have been many new town arrivals.

## CONCERNS EXPRESSED

Community members were asked if they had any additional concerns regarding support for children age 0 to 5 and their families. The responses were:

- Arbuckle indicated a concern for the lack of space available at the Family Action Center. They feel the center is too small for the growth of the community and for the amount of individuals using the facility, more services would be available if there was more room at the FAC. The group felt that there wasn't enough being done around early intervention or diagnosis of special needs in the first 3 years of a child's life. Another concern was that out-of-county hospitals will do a car seat check prior to releasing the baby from the hospital; the

group would like to see that implemented locally. More slots at the Kinder Academy or some other no-income limit preschool would be nice to have as the community grows. The group was concerned that there is no network for new moms to receive support; they would like to have someone visit at the hospital and once at home to assist with finding support groups or services.

- Colusa indicated concern that there is nowhere for young children to go to after school. Attendees would like to see an FAC to support the families in Colusa.
- Grimes indicated that they would like some of the Arbuckle FAC services brought to Grimes, especially the Kids Academy, Spanish and ESL classes. They would like for the Imagi Bus to visit the Mom’s Club. Many moms expressed the desire for a home visiting program for new moms and babies.
- Maxwell indicated a concern for lack of services to the community. Attendees would like to see the Mobile Dental Van & the Williams FAC bring some services to Maxwell. Home visiting for new parents was a big concern as was preschool.
- Williams indicated a concern that the Arbuckle FAC did not appear to be very accommodating, one mother felt turned away and travels with children to the Williams FAC. The mother stated that the Arbuckle FAC was only able to place her child on a wait list for Kids Academy, as they were full. Another mother stated that, “The AFAC appeared to cater more towards childcare providers rather than stay-at-home parents and newly located families”.

### ***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 original First 5 strategic plan (i.e., the latest data available in 2004) to the most recent information now available. The Commission decided that since data had not significantly changed since the 2004 update, it was not necessary to conduct extensive research for the 2007 Strategic Plan.

<u>Indicator</u>	<u>Previous Profile</u>	<u>Current Levels</u>
Percentage of pregnant women entering prenatal care in the first trimester	68.5% average 2000-2002 65% in 1997 60% in 1996 63% in 1995	70.3% average 2001-2003, lower than the State average of 86.4% <sup>2</sup>

---

<sup>2</sup> California County Data Book 2005, accessed online at [http://publications.childrenow.org/publications/invest/databook\\_2005.cfm](http://publications.childrenow.org/publications/invest/databook_2005.cfm)

<u>Indicator</u>	<u>Previous Profile</u>	<u>Current Levels</u>
Percentage of live born infants whose mothers received adequate prenatal care (based on the Adequacy of Prenatal Care Utilization Index)	70.9% over the three year period from 2000 – 2002  56.0% over the three year period from 1995 – 1997	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% <sup>3</sup>
Low birth weight (less than 2500 grams at birth)	3.6% average 2000-2002 4.6% of all births in 1997	3.5% average 2001-2003, significantly lower than State average of 6.4% <sup>4</sup>
Infant mortality (number of infant deaths occurring at less than 1 year old)	2 in 2000. The infant mortality rate per 1,000 births is 5.1 2 per year in each year from 1994 through 1997	1 per year, 2001-2003 <sup>5</sup>
Proportion of mothers who intend to exclusively breastfeed their infants at hospital discharge	83.4% of mothers initiated early postpartum breastfeeding on the average during years 2000-2002 40% in 1997 51% in 1996 30% in 1995	80.4% of mothers initiated early postpartum breastfeeding on the average during years 2002-2004 <sup>6</sup>
Kindergarten students needing one or more immunizations	69 in 1997, 20.6% of all kindergarten students. The county has a historically high immunization rate. It was 97% in 1996. The drop in 1997 was attributed to the then-new Hepatitis B immunization requirements.	93% of children were fully immunized entering kindergarten in 2000-01

<sup>3</sup> County Health Status Profile, 2006 accessed online at <http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatusprofiles/2006/profiles.pdf>

<sup>4</sup> California County Data Book 2005, accessed online at [http://publications.childrenow.org/publications/invest/databook\\_2005.cfm](http://publications.childrenow.org/publications/invest/databook_2005.cfm)

<sup>5</sup> County Health Status Profile, 2006 accessed online at <http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatusprofiles/2006/profiles.pdf>

<sup>6</sup> County Health Status Profile, 2006 accessed online at <http://www.dhs.ca.gov/hisp/chs/OHIR/reports/healthstatusprofiles/2006/profiles.pdf>

<u>Indicator</u>	<u>Previous Profile</u>	<u>Current Levels</u>
Tobacco use	277 children reporting exposure to passive tobacco smoke in fiscal year 1997/1998	2006 - No data was available for update
Substance abuse	6 hospital admissions in 2000 for methamphetamine use and 20 for alcohol use. 192 persons receiving drug and/or alcohol services as of 10/1/96, 21 hospital admissions in 1996 for methamphetamine use	2006 - No new data available for update
Child abuse	289 referrals to Child Protective Services in 2006 363 referrals in 2005 348 referrals in 2003, rate per 1,000 5.9 325 referrals in 2002 330 referrals in 2001 463 reports in 2000 315 referrals in 1997	131 referrals to Child Protective Services for first five months of (fiscal year) 2007 <sup>7</sup> ; projected averaged count for 12 months = 314
Births to mothers under age 18	18 in 2000 15 in 1996 and 17 in 1997; both years represented a significant decline from 1993 - 1995 where each year had between 24 and 28 teen births	Between 2002 and 2004, Colusa County averaged 39 live births to teen mothers per year, an increase over previous years. <sup>8</sup>
Use of Denti-Cal services - percent of people with Denti-Cal Fee For Service dental insurance who actually used it	22% of people in 2004 with Denti-Cal, compared to a statewide rate of 38%.	2006 - no new data

<sup>7</sup> Colusa Child Welfare Services, case management system cross tab reports for FY 2005, 2006, 2007

<sup>8</sup> 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>