



STRATEGIC AND LONG RANGE

FINANCIAL PLAN

FY 2015-16 THROUGH FY 2019-20

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First 5 Lassen County Children and Families Commission would like to thank the community members, staff and commissioners who participated in developing the 2015-16 to 2019-20 Strategic Plan. The Commission meets monthly on the first Thursday at 1:30 p.m. at 336 Alexander Avenue, Susanville, California. Meetings are open to the public.

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PLAN SUMMARY

Executive Summary

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

First 5 Commissions must develop and annually review strategic plans that address the strategic results across four areas:

- 1) Improved Family Functioning: Strong Families;
- 2) Improved Child Development: Children Learning and Ready for School;
- 3) Improved Child Health: Healthy Children.
- 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services.

First 5 Lassen County Children and Families Commission adopted its initial strategic plan in 2000. Each year since the Commission has reviewed and revised its strategic plan in conjunction with community members. They conducted various activities of the years to determine changing needs and challenges for children 0 to 5 and their families. This included a collaborative community needs assessment in FY 2006, online community surveys in 2007, and the Maternal Child and Adolescent Health needs assessment in 2010. Throughout, updated data from other sources such as the Children NOW report, www.kidsdata.org, California Department of Finance demographic data, etc. have also been used to inform planning. A review and discussion of the past year's progress, achievements and lessons learned, inform decisions about goals, objectives, indicators and strategies. Combined with information about the confines of current economic realities, these data and conversations have set the direction for the next year and beyond.

The Commission adopted the following vision and mission statements. The vision statement describes the future the Commission envisions for Lassen County, while the mission statement articulates the purpose of the Commission. Both statements are reviewed and updated as needed during the annual strategic planning process.

Vision Statement

All Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.

Mission Statement

The Lassen County Children and Families Commission is designed to support and encourage, on a countywide basis, a comprehensive, integrated, coordinated system of early childhood development services. The focus of the Commission is on quality health care, family strengthening, and early childhood education. The Commission will support prevention and intervention programs for children, prenatal through five years of age, and their families.

First 5 Lassen has adopted the Principles on Equity, and continues to incorporate the philosophy and intent of the principles in all aspects of operations.

PLAN SUMMARY

GOALS AND OBJECTIVES

IMPROVED CHILD DEVELOPMENT

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

- Objective 1A: 100% of children served by First 5 home visiting will receive developmental screenings
- Objective 1B: 100% of children identified as needing additional services will receive referral and follow up.

IMPROVED FAMILY STRENGTHENING

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

- Objective 2A: 95% of parents served will report increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles.
- Objective 2B: 60 to 80 high-risk families will be provided home visits annually.
- Objective 2C: 100% of children served will progress along a continuum toward school readiness.

IMPROVED CHILD HEALTH

Goal 3: Every child prenatal through age five will achieve optimal health potential.

- Objective 3A: 80% of children served by First 5 programs will receive an annual physical and oral health exam.
- Objective 3B: 100% of children identified as needing additional services will receive referral and follow up.

IMPROVED SYSTEMS OF CARE

Goal 4: Support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

- Objective 4A: Shared visions among public and private partners are in place that remove access barriers and result in increased participation.
- Objective 4B: A coordinated home visiting case management system exists and is used across the county and by all First 5 funded programs.

All strategies included in the five-year plan continue to improve and develop a consumer-oriented and easily accessible system for early childhood development within Lassen County. Funding continues to be used to support programs and activities that incorporate one or more of the strategies and are in alignment with the Guiding Principles for Implementation.

First 5 Lassen County Children and Families Commission will continue to issue RFPs for major programs, initiatives and projects (those in excess of \$10,000) as needed, and commit funding in three-year cycles. The Commission continues to retain the right to extend funding for an additional three years, or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation. The long range financial plan and anticipated expenditures are described in Fiscal Strategies and Long Range Financial Planning section of this document.

The Commission continues to evaluate grantees' progress on a regular basis using the results based accountability evaluation plans developed in conjunction with currently funded grantees. Together the Commission and grantees share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the

PLAN SUMMARY

Commission will come closer to achieving its vision that all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.

COMMUNITY ISSUES AND CONCERNS

Strategic Plan Update

TOP ISSUES AND CONCERNS – 2014-15 UPDATE

The First 5 Lassen County Children and Families collected information from service providers and community members to understand what issues people feel are important for young children and their families and what stops families with young children from getting help when they need it.

There was a total of 227 surveys completed: 109 from community members and 118 from providers. Community members were asked questions about conditions and concerns for children birth to five and their families.

Providers were asked questions about the service delivery and coordination system. Following is a high-level summary of the results. More detailed information can be found in the Lassen County Profile and First 5 History section of this document.

Community Survey Highlights

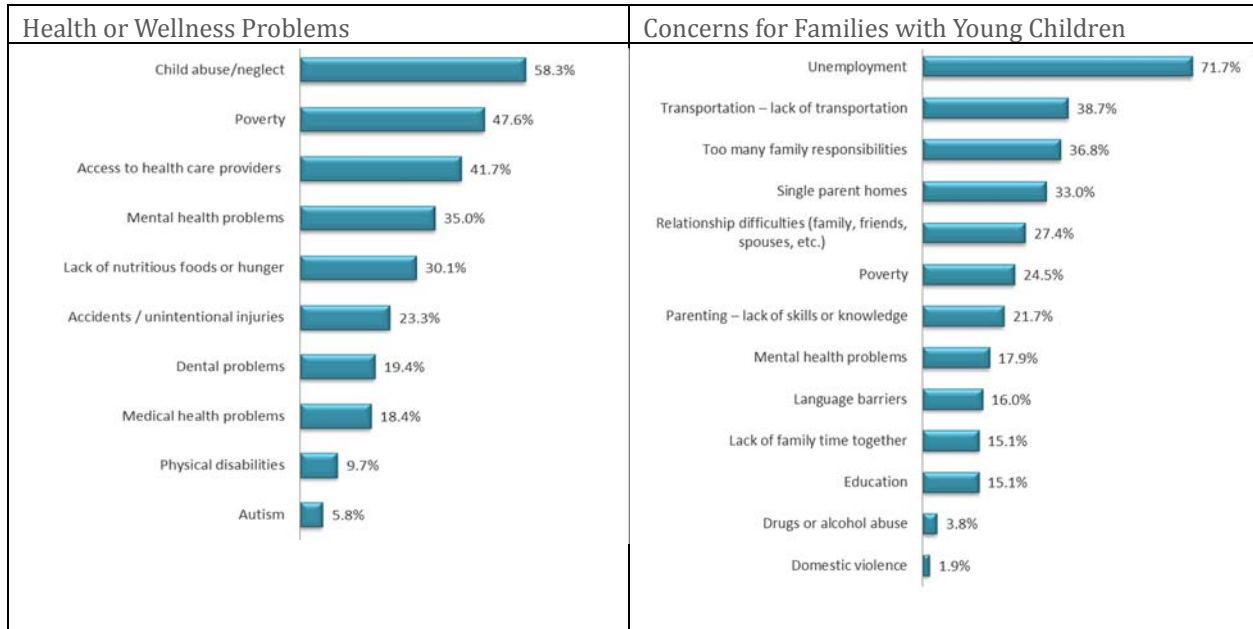
- ❖ Nearly 9 of 10 survey respondents (87%) agree that young children can get medical care when they need it.
- ❖ Eight of 10 respondents (78%) agree that young children can get dental care when they need it.
- ❖ Sixty-five (65%) are happy with the medical and dental care available for young children in their community.
- ❖ Fifty-nine (59%) indicate that paying for medical or dental care is not easy for families with young children.
- ❖ Most of the respondents (83%) strongly agree or agree that people can find good information and assistance for parenting young children when they want it.
- ❖ Nearly almost three of every four (73%) respondents agree that parents can find out if their child has a learning or health problem that hurts their growth, and that parents know how to support their young children to learn and grow.
- ❖ More than half of the respondents (54%) agree that parents can find good, safe and affordable child care.
- ❖ Only one in three (35%) agree that parents can pay for good child care.
- ❖ Less than half of the respondents agree that their community offers a lot of educational and learning activities (45%).

INPUT FROM BOTH COMMUNITY AND PROVIDER SURVEY RESPONDENTS SHOWS THAT ACCESS TO ALL TYPES OF HEALTH PROVIDERS HAS CONTINUED TO BE AMONG THE TOP PRIORITIES SINCE THE 2006 NEEDS ASSESSMENT SURVEY.

COMMUNITY ISSUES AND CONCERNS

- ❖ Less than half (49%) agree that there are a lot of social and a physical activities.

Community members were asked to identify what they consider the top three health or wellness problems for young children in their community. They were then asked to share the top three health concerns for families with young children.



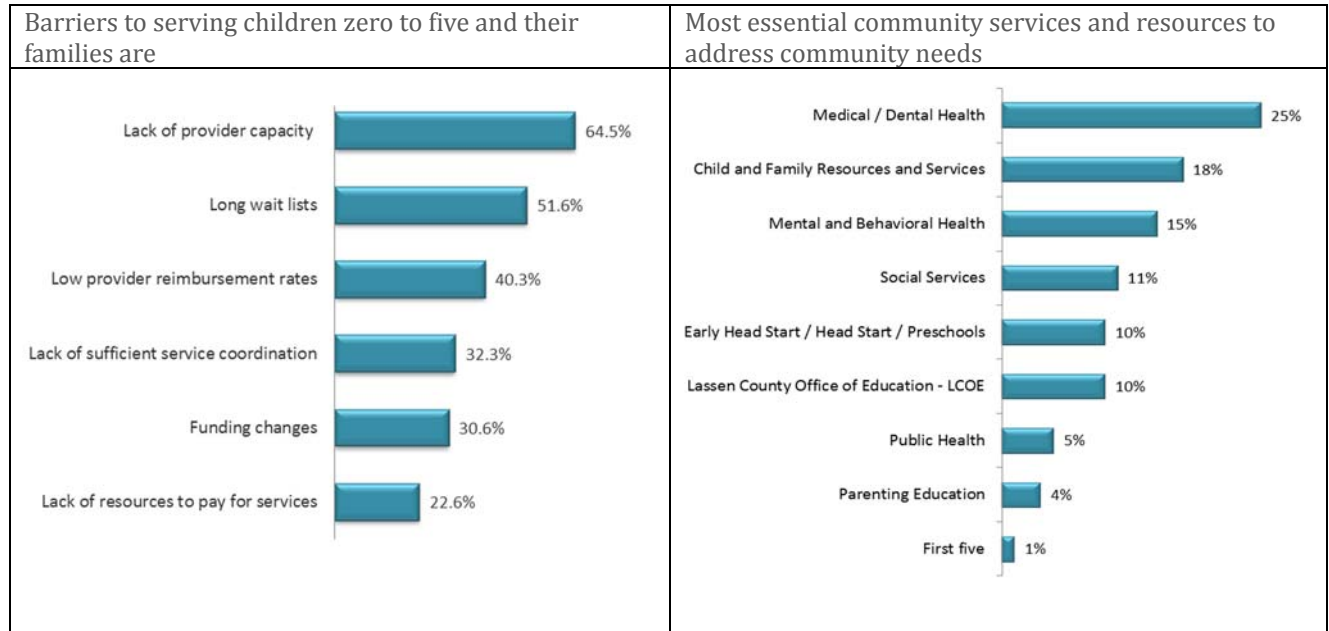
Provider Survey Highlights

No single agency can respond to the needs and concerns of families on its own. Therefore, a functioning service delivery system with good collaboration and a strong referral network is important. Key findings from the providers' responses:

- ❖ Two-thirds of providers (67%) indicated they could effectively serve young children and their families. Those that disagreed, cited lack of resources as the biggest barrier to effective service delivery (organization capacity)
- ❖ Nearly nine out of every ten respondents (88%) consider the referral network was either effective or somewhat effective.
- ❖ Case management services are considered effective (51%) by half of the respondents, with another third indicating they are somewhat effective.

Providers were asked to identify barriers for serving young children and their families, and to identify the most essential services or resources to address community needs.

COMMUNITY ISSUES AND CONCERNS



The information from the 2015 community and provide needs survey was used in conjunction with evaluation results to develop the following goals and objectives.

GOALS, OBJECTIVES AND INDICATORS

Goals, Objectives and Indicators

This section defines and describes the key components of the strategic plan and how they connect.

- GOALS** Long-range (e.g. 5-10 years) statements of desired change in the condition of well-being for children, adults, families or communities, based upon First 5 Lassen County Children & Families Commission’s vision that “All Lassen County children will thrive in supportive, *nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.*”
- OBJECTIVES** Precise description of the desired change that is short-term (1-3 years), measurable, actionable, realistic and (time) specific. Objectives support the achievement of the goal. (They describe “what” will signal progress toward the Commission’s Goals)
- INDICATORS** The Commission uses two types of indicators to measure results. Outcome indicators measure the extent to which goals are being achieved and apply to *whole populations* within the county, while performance indicators determine whether programs, services, projects, or initiatives funded by the Commission are achieving results toward the goals and objectives. Performance indicators apply to *program target populations*.

2015-2016 GOALS, OBJECTIVES AND INDICATORS

There are four focus areas that First 5 Commissions address: 1) Improved Family Functioning: Strong Families; 2) Improved Child Development: Children Learning and Ready for School; 3) Improved Child Health: Healthy Children; and 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services. First 5 Lassen County Children and Families Commission has focused its goals and strategies in these four areas since its inception. It has worked to build and support an effective infrastructure, which could in turn provide needed services and programs to the county’s children prenatal to five and their families.

Following are the goals and objectives, which will be pursued by the Commission for the coming year and beyond. Each objective has indicators which are tracked according to the evaluation plan for the funding initiative adopted by the Commission. A description of the evaluation approach is provided in the [Evaluation](#) section of this document.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Children are healthy and grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation and they live in families that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments. The importance of preparing children to succeed in school is critical. The role of education in a child’s later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in the home, in early childhood development settings and nurtured through

GOALS, OBJECTIVES AND INDICATORS

community and parental reinforcement. The national association of Elementary School Principals has stated that “better childhoods” would be the single greatest contributor to improvement in school achievement.

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

Objectives	Indicators
Objective 1A: 100% of children served by First 5 home visiting will receive developmental screenings	<ul style="list-style-type: none"> • Proportion of children served by Pathways who receive developmental screenings
Objective 1B: 100% of children identified as needing additional services will receive referral and follow up	<ul style="list-style-type: none"> • Proportion of children served through First 5 funded programs who receive referrals for service • Proportion of children referred by First 5 funded programs who receive timely follow up services

RESULT AREA: IMPROVED FAMILY STRENGTHENING

Successful and strong families are those that are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon care givers for survival and nurturing. It is the interaction of the parent or primary care giver with the child that shapes the child’s view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child’s ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

Objectives	Indicators
Objective 2A: 95% of parents served will report increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles	<ul style="list-style-type: none"> • Proportion of parents/caregivers/providers served with increased knowledge of effective parenting practices and involvement in child development and education (e.g., PAT, TouchPoints, etc.) • Proportion of parents/caregivers/providers utilizing health and wellness opportunities (e.g., New Parent Kits, classes / workshops, home visits, clinics, TouchPoints, etc.)

GOALS, OBJECTIVES AND INDICATORS

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

Objectives	Indicators
	<ul style="list-style-type: none"> Proportion of parents/caregivers/providers served adopting improved nutrition, health and physical activity practices
Objective 2B: 60 to 80 high-risk families will be provided home visits annually	<ul style="list-style-type: none"> Number of high-risk families referred for services Number of high-risk families served through home visiting
Objective 2C: 100% of children served will progress along a continuum toward school readiness	<ul style="list-style-type: none"> Proportion of parents/caregivers/providers served with increased knowledge of optimal parenting practices and involvement in their child's development and education Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development (identified as a school readiness (SR) indicator) Number of children served and demonstrating progress toward school readiness.

RESULT AREA: IMPROVED CHILD HEALTH

Health encompasses well-being of families with children ages 0-5, and addresses the aspects of physical, mental, oral health, physical activity and nutrition. Access to health care services continues to be a problem for families in the county, as health providers leave the county, decide to work for the prison, or simply quit accepting new and/or Medi-Cal clients. The ratio of health providers (physical, dental, and mental/behavioral health) to community members is far too low to meet needs.

Goal 3: Every child prenatal through age five will achieve optimal health potential.

Objectives	Indicators
Objective 3A: 80% of children served by First 5 programs will receive an annual physical and oral health exam.	<ul style="list-style-type: none"> Proportion of children served through First 5 funded programs who receive annual exams (dental and physical)
Objective 3B: 100% of children identified as needing	<ul style="list-style-type: none"> Proportion of children served through First5 funded programs who receive referrals for service.

GOALS, OBJECTIVES AND INDICATORS

Goal 3: Every child prenatal through age five will achieve optimal health potential.

Objectives	Indicators
additional services will receive referral and follow up.	<ul style="list-style-type: none"> Proportion of children referred by First 5 funded programs who receive timely follow up services.

RESULT AREA: IMPROVED SYSTEMS OF CARE

This Improved Systems of Care result area is intended to serve as a screen for implementing programs to achieve results in the other areas. It is not intended to suggest that private and public systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues only produces more fragmentation and does not efficiently use and maximize the existing available resources; and may actually deter the achievement of sustained long-term results for children and families. Integrating services into a “consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.

Goal 4: Support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

Objectives	Indicators
Objective 4A: Shared visions among public and private partners are in place that remove access barriers and result in increased participation.	<ul style="list-style-type: none"> Coordinated county services and shared resources A common set of goals, outcomes and indicators within First 5 funded programs and initiatives (Home Visiting and Oral Health) Increased collaborating, partnering, and coordinating among providers of services to children 0-5 and their families, (e.g. ASQ, ASQ-SE System, Touch Points, PAT, etc.)
Objective 4B: A coordinated home visiting case management system exists and is used across the county and by all First 5 funded programs.	<ul style="list-style-type: none"> Coordinated home visiting case management system is selected and memoranda of understanding (MOUs) between partners established Shared processes and protocols are established, including reporting and joint case management for children 0-5 and their families served by First 5 funded programs. Increased collaboration and joint case management for children 0-5 and their families served by First 5 funded programs.

IMPLEMENTATION STRATEGIES & EVALUATION

The result areas, goals and objectives described in the previous section are clearly interrelated and therefore the strategies selected to achieve them should also be interconnected. The domains they encompass –child health, early education and learning, family strengthening, parent and community education, and systems and community building – ideally should form a “coherent whole that can be sustained over time and will produce widely valued outcomes for young children and their families.”

This section of the strategic plan describes the strategies that will be pursued to achieve the goals and objectives described in the previous section. It shows how these strategies align to support the four result areas. All strategies included in the plan continue to improve and develop a consumer-oriented and easily accessible system for early childhood well-being and development within Lassen County. Additionally, funding is used to support programs and activities that implement one or more of the strategies, and that are in alignment with the Guiding Principles for Implementation.

IMPLEMENTATION STRATEGIES

First 5 Lassen’s overall approach to service delivery is through collaborated systems that integrate early childhood development activities into a coherent whole. To determine which strategies to include in this year’s strategic plan, the planning participants reviewed current strategies and discussed new possibilities for achieving results toward the long-term goals and objectives. The group took into consideration evaluation results from previous years and the first two quarters of the current fiscal year. They looked at opportunities for working with existing partners and collaborations to extend the reach and impact of funding, and where new partnerships could be forged. Ultimately, the group decided to focus on implementing eleven strategies. The clear interrelationships between the goals – for example, children’s health and families’ strengthening directly affects children’s development and readiness to succeed in school - create opportunities to use *integrated* strategies that address multiple issues rather than approaching each issue in isolation. In addition, *targeted* strategies are needed to focus on a single goal or objective in order to supplement the effects of the integrated strategies. All but three of the strategies developed for this strategic plan are considered integrated.

STRATEGIES

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. The strategies are aligned with the goals and objectives and linked to the funding and fiscal priorities.

The table that follows lists the strategies that have been identified for the 2015-2016 Strategic Plan update. The first five strategies are funded programs through the Commission. The result areas impacted by the strategies are noted with a “◆” symbol.

IMPLEMENTATION STRATEGIES & EVALUATION

Strategies	Improved Child Development	Improved Family Strengthening	Improved Child Health	Improved Systems of Care
A. Home Visiting. Continue to coordinate with public and private agencies to deliver countywide school readiness programs and activities through implementing First 5 Lassen’s home visiting program through Pathways, Inc.	◆	◆	◆	◆
B. Oral Health Initiative. Continue to contract to provide oral health professional education, screening and referral services; work with public and private partners, including childcare providers to: integrate parent education about children’s oral health; implement a public awareness campaign; and work to maintain fluoride varnish and sealant services and case management services.	◆		◆	◆
C. Adin Preschool: Continue to fund preschool slots at Adin State Preschool for Northern Lassen County Children.	◆			
D. Emerging Initiatives: Seek and fund emerging initiatives that directly support First 5 Lassen’s goals and objectives. These initiatives will be identified by the Commission according to the funding priorities outlined in the long range financial plan.	◆	◆	◆	◆
E. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting through First 5 staff and contract consultants (Bailey Data Management Systems and Social Entrepreneurs, Inc.).				◆
F. 4P’s SART System: Continue to partner with public agencies (e.g., Lassen County Human and Social Services, Office of Education, Public Health) and other organizations (e.g., Pathways) to provide support and encouragement for the continued implementation of the 4P’s SART System.	◆	◆		◆
G. Children’s System of Care: Continue to partner with public agencies e.g., Lassen County Human and Social Services, Office of Education, Public Health) and other organizations (e.g., Pathways) to provide support and encouragement for the design and implementation of a children’s system of care (e.g., Young Child Wellness Project, TouchPoints, ASQ and ASQ-SE System, Wraparound, etc.).	◆	◆	◆	◆

IMPLEMENTATION STRATEGIES & EVALUATION

Strategies	Improved Child Development	Improved Family Strengthening	Improved Child Health	Improved Systems of Care
H. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs (i.e., Pathways, WIC, doctor’s offices, family resource centers, etc.).	◆	◆	◆	◆
I. Tobacco Cessation. Partner with Tobacco Use Reduction project, funded programs, and others systems to extend information and referral services regarding tobacco cessation services.	◆	◆	◆	◆
J. Coordinated Needs Assessments. Continue to collaborate with identified public and private agencies to share data and participate in various community needs assessment processes (e.g., Lassen County Health and Social Services, Public Health Department, Office of Education, etc.) in order to effectively identify trends and opportunities to address the service needs and gaps for children aged birth through five.				◆
K. System Capacity Building. Explore opportunities to work with local partners (including, Lassen County Public Health, Maternal and Child Health, etc.) and Partnership HealthPlan of California on new or existing initiatives to expand access to oral health services.			◆	◆

Evaluation

Evaluation is critically important to the long-term success of First 5 Lassen County Children and Families Commission. Over the past three years the Commission funded the development and implementation of results-based accountability plans for its major funded programs and initiatives. The evaluation plans are used by the Commission and our grantees to collect and analyze meaningful data and information on a regular basis so that we can make “course corrections” where needed and leverage successful practices and programs wherever possible. Our evaluation strategies are intended to provide us with a continual flow of information on unmet needs, where fragmentation still exists, which services or projects are having the best outcomes, and the degree to which we are meeting the changing needs of the target population. In addition, the evaluation plans meet the state evaluation framework requirements.

The commission continues to evaluate grantees’ progress on a regular basis using the results based accountability evaluation plans developed in conjunction with currently funded grantees. Together the Commission and grantees will continue to share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the Commission will come closer to achieving its vision that *all Lassen county children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.*

The ongoing evaluation of progress toward achieving goals and objectives in the four major result areas is the joint responsibility of funded programs and organizations, First 5 Lassen County Children and Families Commission staff and Commission members, and a contract evaluator.

OBJECTIVES

There are four primary objectives for evaluation:

- Determine the effectiveness of programs, services and systems supported by Proposition 10 funds
- Increase providers’ capabilities to evaluate services
- Provide continuous information to the Commission and the community on the status of services of young children and their families in Lassen County
- Meet the Statewide Evaluation Framework Requirements

The major funded grants capture program data using tools and an encrypted, central database on a daily or weekly basis, depending on the service delivery frequency. By capturing program data in this way, the Commission is able to address evaluation 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 Commission will continue to track a series of indicators to monitor progress for specific goals and objectives (see the “Goals, Objectives and Indicators” section of this plan). This data, along with periodic

EVALUATION

updates to the community needs assessment data, will allow the Commission to gain an understanding of the health, safety and school readiness of children overall, as well as improvements to the service delivery system.

STRATEGIES

Evaluation is essential to ongoing system improvements and ensuring services are consumer-oriented and easily accessible. Evaluation is an ongoing process that is expected to result in enhancement to existing data collection and reporting tools over time.

In order to achieve its objectives the Commission has instituted protocols for collecting, analyzing and reporting on outcome data on a regular basis.

Emerging initiative funding projects will be evaluated at the conclusion of the project, and will be expected to provide data and information specific to the purpose of the project. Standard templates or report formats will be provided to the initiative/project in order to simplify the reporting and analysis functions.

Major funded programs and initiatives (referred to collectively as major grantees) will be evaluated according to the process described below and outlined in more detail in each of the specific evaluation plan documents. The evaluation plans identify and clearly articulate the program or initiative inputs, activities outcomes, indicators/performance measures, reporting expectations and milestones.

Major grantees will be expected to use the data collection tools and templates developed through the evaluation design and refinement process. They will capture program data on a daily and/or weekly basis. Data will be synthesized and reported on according to the key indicators or performance measures selected by the grantees and documented in the Scope of Work developed by the Commission. A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other approved methods.

Currently funded major grantees will report quantitative and qualitative data (quadrants 1 through 4 in the evaluation plans) throughout the contract period. New grantees will be expected to report quantitative data during the first six months of their contract period as they learn to use the evaluation tools and templates. After that, the new major grantees will also report data and outcomes in all four evaluation quadrants throughout the remainder of the contract period.

Specific program data will be input daily or weekly (depending on service frequency) by each major grantee into program-specific evaluation tools and templates and the First 5 Lassen integrated database system, or other systems as required by the Statewide Evaluation Framework and the Small Population County Funding Augmentation Framework. Additionally, a program data summary will be provided to the First 5 Lassen County Children and Families Commission Executive Director monthly, along with a brief narrative report. A standard template for this report will be provided to the grantees by First 5 Lassen County Children and Families Commission so that grantees' information can be easily summarized for presentation to the Commission and community members. The monthly report is specifically designed to capture information about progress, including what's working well and where the grantee is experiencing difficulties. This will provide First 5 Lassen County Children and Families Commission staff and the contract evaluator information

EVALUATION

necessary to help the grantee “course correct” in a timely manner. The report includes program data and a narrative describing the results and progress by each outcome area.

On a quarterly basis, major grantees will be expected to include updates to their project budget and the number of persons served and services delivered. Again, a standard report template will be provided for grantees to use.

The evaluation reports will be used by the staff, Commission and community members during the annual strategic plan review process to identify opportunities for improving child health, child development, family strengthening, and service delivery systems.

This section of the strategic plan describes First 5 Lassen County Children and Families Commission funding priorities and the methods and processes for fund allocation. It is aligned with Fiscal Strategies and Long Range Financial Plan section.

HOW WE FUND

First 5 Lassen County Children and Families Commission will continue to issue RFP’s for major programs, initiatives and projects (those in excess of \$10,000) as needed, and commit funding in three-year cycles. The Commission continues to retain the right to extend funding for an additional three years, or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation.

Commission funds will not be used to supplant current expenditures, but rather to supplement, enhance or to fund new programs, services and infrastructure needed to create a consumer friendly, comprehensive, and coordinated system of early childhood development programs. To the maximum extent possible Proposition 10 funds will be used as leverage to obtain other resources needed to meet the goals and objectives of the strategic plan.

Funding will be consistent with the needs identified for children ages prenatal through age five and their parents, and with the goals and objectives outlined in this strategic plan. Furthermore, First 5 Lassen will continue to comply with applicable state laws governing contracting and procurement.

Guiding Principles

The mutually held values that serve to guide decision-making and actions, in this case related to the Commission’s funding priorities.

GUIDING PRINCIPLES FOR FUNDING

Funding decisions for all requests shall be based on the following guiding principles set by the Commission, which take into account the Commission’s desire to address the needs of the children in all of Lassen County’s Communities in an efficient and effective manner. The Principles on Equity served as the foundation for developing the 14 Guiding Principles described here.

- Comply with new state fiscal management guidelines and adopted Commission policies.
- Support the principles on equity.
- Comply with administrative and in-direct cost established by the Commission.

OBJECTIVES, PRINCIPLES AND STRATEGIES

- Allow for distributing funding equitably across the program components and priorities.
- Create a level playing field amongst applicants for funding.
- Support the goals and objectives of the strategic plan.
- Show evidence of effectiveness in addressing the goals and objectives of the strategic plan.
- Demonstrate a need for funding from the Commission.
- Move toward service coordination, accessibility, collaboration and comprehensive services.
- Be responsive to the diverse needs of the children and families in this County.
- Be supported by community input.
- Build on community strengths, will build capacity and will reap long-term benefits to the children and families in each of Lassen County's communities including meeting the special needs population in our County. Additionally, the last two principles will be applied for decision-making related to large grant requests (over \$10,000).
- Include a quality evaluation component, based on the Commission's evaluation framework and plans.
- Include an organized outreach component.

FUNDING PRIORITIES

Funding will be consistent with the needs identified through the community assessment update processes, and with the goals and objectives outlined in current update of strategic plan. Funding priority will be given to programs and projects whose plans address the following:

- Further at least one of the strategies and the related objectives and goals outlined in this plan
- The degree to which the Guiding Principles for Funding in this plan are reflected in the proposed project, program or activity
- Apply effective methods for ensuring collaboration and overall coordination and integration of services with existing agencies and programs, and efficient use of available resources
- Incorporate specific plans for addressing the assessment process as outlined in the evaluation plan(s), and the degree to which the program has effectively participated in and contributed to previous evaluation efforts
- Have the ability to leverage funds from other sources
- Demonstrates the ability to meet best practice standards set for major grants, whereby funded programs provide research-based strategies and activities (i.e., parent education-classes, workshops and playgroups designed to increase knowledge and practice of effective parenting skills, improved health practices, and link participants with child development and other community resources

OBJECTIVES, PRINCIPLES AND STRATEGIES

FUNDING OPTIONS, MECHANISMS AND ALLOCATION PROCESS

There are two funding mechanisms used to fund the Commission's programs and projects: major program grants and Commission-driven programs or initiatives. The allocation processes and funding cycles for each are described below.

Emerging Initiatives. The Commission may work directly with selected organizations and/or conduct projects with its own contracted staff to achieve the objectives described in this plan. Examples include the Home Visiting/School Readiness program, Oral Health Initiative, and a Child SART System. In some cases, the Commission may choose to issue a request for proposals (RFP) to identify additional partners.

Major 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 (governmental agencies or 501(c)(3) non profits) may submit applications requesting funding for specific services and projects that are targeted to those objectives and strategies.

When the Commission decides to issue a RFP, currently funded programs, agencies and collaborative partners will be notified through established communication methods. At the same time, the RFP will be publicized to the broader community through First 5 Lassen website, newsletters, electronic and print media, public notices and other outreach methods. Prospective applicants will be asked to submit a Letter of Interest/Intent to Apply. Where duplicate applicants or projects have been proposed, the Commission may request that those agencies, organizations or groups work together to submit a collaborative and coordinated proposal, thereby ensuring services are linked, duplicated activities are streamlined, and administrative costs are reduced.

Proposals may be reviewed and rated by non-interested evaluators with expertise in specific areas. Proposal evaluators will recommend projects for funding to the Commission, who will make the final funding decisions. The Commission will award funding for a three-year period, with the ability to renew funding for an additional three years, based on satisfactory contract compliance. Each year the Commission will review available funding and update funded projects' contracts/scopes of work (SOW) as needed.

FUNDING CYCLES

Emerging Initiatives

Funding for emerging initiatives is considered by the Commission as needs become known through collaboration with community partners. At the direction of the Commission, staff will work with individual groups to compile the necessary information for a request for funding. If the Commission issues an RFP for a Commission-driven program or initiative, the funding cycle will be the same as that of major grants. Otherwise, the funding cycle for Commission-driven programs and initiatives will be flexible for the first year of funding; and then mirror that of major grants in subsequent years.

Major Grants

The table below outlines the funding cycle for major grants. The cycle may be adjusted as necessary to take advantage of new opportunities or adjust for varying project lengths.

OBJECTIVES, PRINCIPLES AND STRATEGIES

RFP Process Activity	Schedule	Month in Cycle
RFP Released	March 1	Month one
Letters of Interest/Intent to Apply – two weeks after RFP is released	March 15	Month one
RFP Due four weeks from date of issue	First week April	Month two
Screening and recommendations by external review committee within 20 days of final submission deadline	First week May	Month three
Decision – next regularly scheduled Commission meeting, with time for public notice/posting	May/June	Month three/four
Contract development	June/July	Month four/five



FISCAL STRATEGIES & LONG RANGE FINANCIAL PLAN



Long Range Financial Plan

INTRODUCTION

The Lassen Children and Families Commission developed this financial plan to help address the challenges of sustained financing for projects and services supported by First 5 Lassen.

The five-year financial plan supports the strategic plan detailed in the first part of this document. While the purpose of the strategic plan is to describe the mission, vision and values of the Commission, and specify the long-term goals, objectives and strategies, the financial plan is the management tool for attracting and allocating financial resources within a specified time period in order to achieve long-term goals. This plan covers a five-year period from July 1, 2015 through June 30, 2020.

Over the past five years, the Commission has updated its long range financial plan as part of the annual strategic plan review and update process. This year (FY 2014-15) the Commission blended the strategic and financial planning processes. Both plans were informed by a local needs assessment update and scan of environmental factors affecting funding, systems and ultimately services to the county's youngest children and their families.

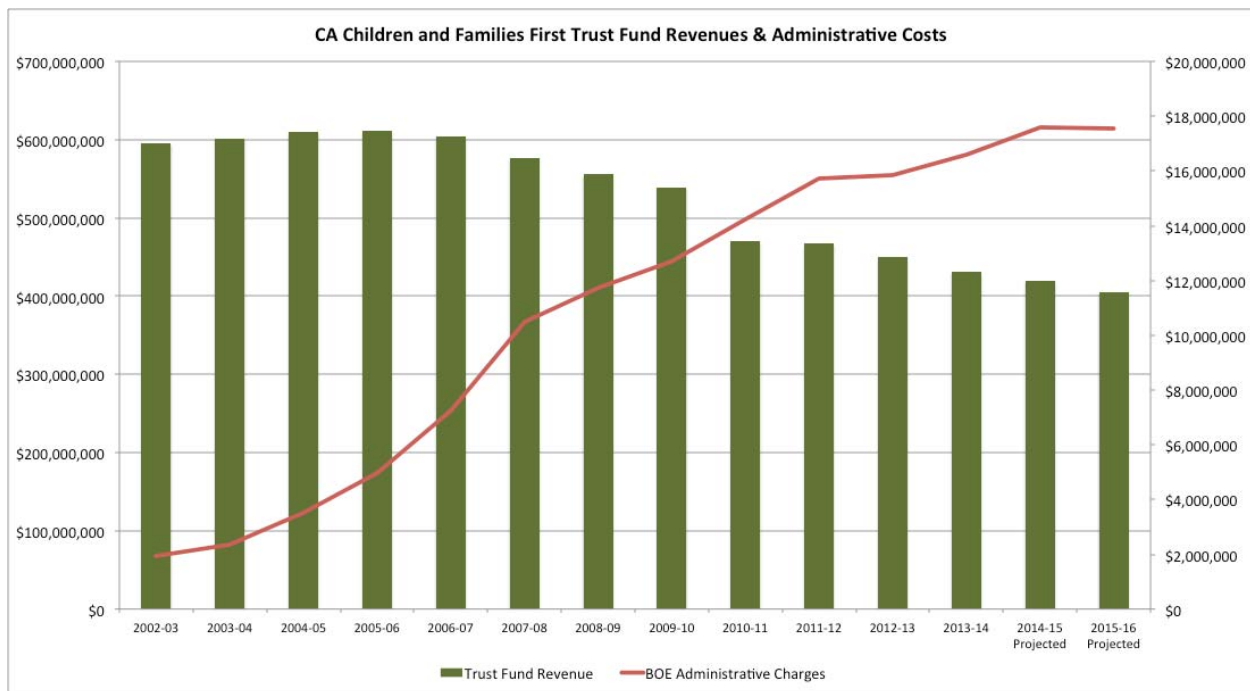
Over the course of four months (February through May), the Commissioners discussed opportunities to leverage and expand resources within the county and across neighboring counties. Key questions continue to revolve around the Commission's current structure and funding priorities as compared with estimates of tax revenues and likelihood of continued small county augmentation. Transition issues such as the impact of moving to a virtual environment, effects of declining revenues on program and service delivery funding, and whether or not small county augmentation will continue into the future, were considered. Additionally, discussions with the First 5 Association executive director about emerging opportunities and risks, along with results of outreach to local providers and other small county First 5 executive directors, were woven into Commission discussions and decision making processes.

As with previous plans, this document complements the strategic plan and shows how the necessary financial resources will be acquired and managed. It also identifies the potential shortfalls the commission will face in the future and the actions to respond to these issues. In other words, the purpose of this plan is to help provide the Commission with the capacity (through dollars and fiscal strategies) to invest in projects and services each year while also fulfilling the many legal mandates imposed upon the Commission.

The Funding & Investment Environment

TRENDS & RISKS

Board of Equalization Rising Costs Impact on Children’s Services in California¹. Proposition 10 allows for the reimbursement of the State Board of Equalization (BOE) for expenses incurred in the administration and collection of the tobacco taxes. These costs have risen 600% in the past ten years, while tobacco tax receipts have decreased by nearly 30%, as shown below:



Continued Increases Projected. BOE fees are likely to increase over time based on historical trends, BOE staff projections due to filling vacancies, and the impact of any future tobacco taxes. BOE staff has indicated that any new tax would result in a significant increase in BOE tobacco tax collection, with Proposition 10 taking the majority share².

State-Level Interest in Rising BOE Costs. In May 2014, the Assembly Budget Subcommittee, Chaired by Assemblyman Tom Daly directed through the Supplemental Budget report a review of BOE’s tobacco program. By April 1, 2015 BOE will be required to submit a report describing three alternative approaches for future funding of the tobacco licensing program³.

¹ First 5 Association of California, 2015 BOE Overview, February 6, 2015

² First 5 Association of California, 2015 BOE Overview, February 6, 2015

³ First 5 Association of California, 2015 BOE Overview, February 6, 2015

FUNDING ENVIRONMENT

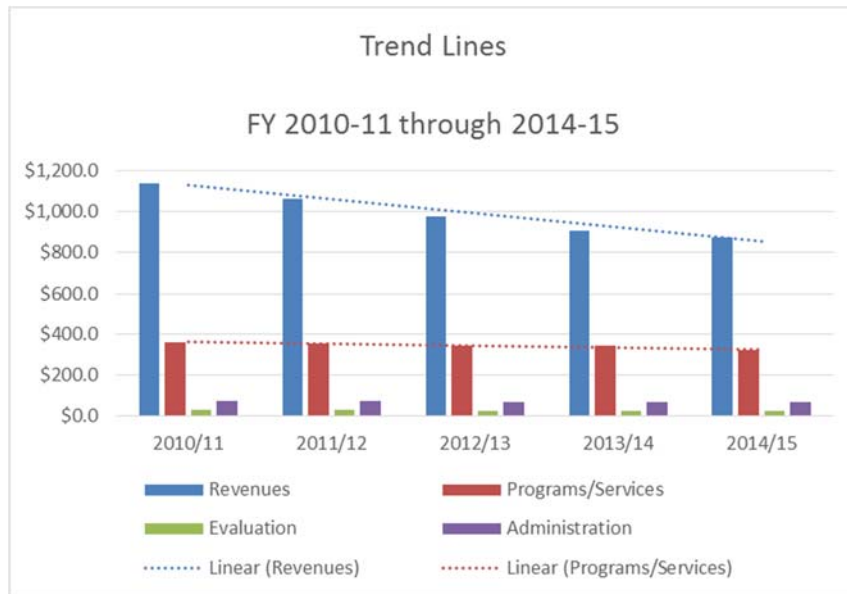
Need for Relief. To ensure the protection of Proposition 10 funds for the intended purpose of supporting young children’s healthy development, we suggest the following alternatives⁴:

- A one-percent (1%) maximum on the amount BOE can charge Proposition 10 revenue for reimbursement of tobacco tax collection and administration. Proposition 10 County Commissions throughout the state must abide by similar caps on administrative expenses, such as a 10% ceiling on administrative expenses of their total budget.
- Capping the charges to Proposition 10 funds to the 2005/06 level, adjusted for inflation, reflecting a baseline administrative cost prior to the significant growth in BOE charges associated with the AB71 enhanced enforcement implementation.
- Eliminating any “enforcement” costs as eligible expenses to be paid by Proposition 10 funds. This would be consistent with the language of the voter- approved Proposition 10 legislation that allows for BOE reimbursement for “administration and collection” of tobacco taxes.

SHORTFALLS, OPPORTUNITIES AND STRATEGY

This section discusses the previous five years’ spending the next five years’ projections under two different scenarios. The opportunities and risks are discussed along with the Commission’s approach for moving forward.

Spending Trend lines FY 2010-11 through 2014-15. As shown in the chart below, spending for programs and services has declined over the past five years, however not as sharply as revenues.

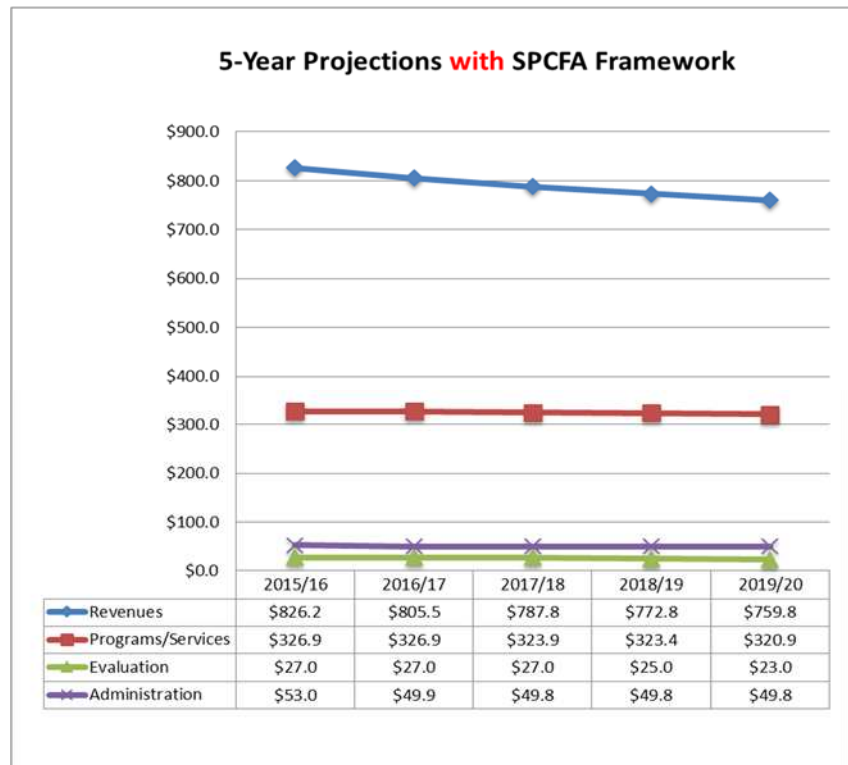
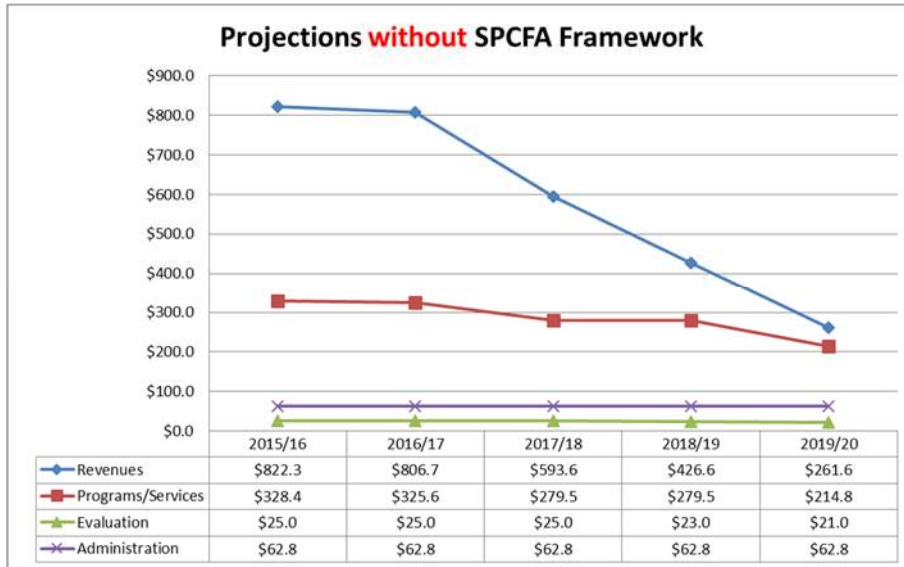


⁴ First 5 Association of California, 2015 BOE Overview, February 6, 2015

FUNDING ENVIRONMENT

Future Revenue Declines.

Looking forward, the Commission discussed two scenarios: revenues that include ongoing Small Population County Funding Augmentation (SPCFA) and revenues that do not include it. The two charts that follow depict both scenarios.



FUNDING ENVIRONMENT

Taking Advantage of Opportunities. The Commission discussed opportunities or trends that may emerge to affect the fiscal picture. There may be a decrease in the need for certain supportive services to connect young children and families to health services and supports once the Affordable Care Act is fully implemented and more providers become available. Additionally, First 5 Commissions in proximity to First 5 Lassen have expressed interest in collaborative purchasing of professional services (auditing, evaluation, etc.). Should these opportunities come about, they may either result in additional program/initiative funding or reduce operating costs, or both. Two other opportunities are expected to emerge within 18-24 months. Both could provide revenue to support to First 5 Lassen's strategic priority areas: Medi-Cal Administrative Activities (MAA) and Inter-Governmental Transfer (IGT) funds. Both provided unrestricted revenues via reimbursements for allowable activities. The Commission will continue to track and pursue appropriate opportunities as they become available.

Managing Risks. The Commission carefully considered various options for managing financial risks and declining revenues. As currently projected under the "best case scenario," the Commission can continue funding at basic levels throughout the next five years and beyond. However, should augmentation cease, shortfalls will occur sooner (FY 2017-18), resulting in insufficient funds to maintain operations into FY 2019-20.

First 5 Lassen takes seriously the risks of declining revenues and the discontinuation of SPCFA. Their strategy is to continue to expend funding at the current levels for the home visiting initiative (Pathways) and smaller initiatives (Oral Health, Emerging Initiatives, Adin Preschool) with the assumption of continued augmentation. This allows the Commission to make meaningful investments at a level that allows the programs to provide consistent, quality services and supports. The Commission and/or its funded initiatives, expect to have revenues from MAA reimbursements or IGT reimbursements in the near future to offset cuts to services funding should augmentation cease or be suspended. However, if those options are not available the Commission will utilize a "cliff approach." They will cut funding to Oral Health, and Emerging Initiatives as soon as they know when augmentation will end without MAA or IGT offsets. This will allow Pathways (Home Visiting) funding to remain at the highest level possible, for as long as possible. When ending fund balances are approaching six to twelve months of operating and program funding, the Commission will look to fund a home visiting strategy through Lassen County Public Health or Health and Social Services. As noted, this scenario may occur as early as FY 2017-18, and is therefore being actively monitored and managed.

Due to these economic considerations and the Commission's effort to build community and program capacity, the Commission will monitor and reevaluate funding levels for all program investment areas throughout the year. They will adjust the 5-year forecast in 2015-16 as needed to reflect changing needs and priorities.

Financial Objectives and Principles

Financial objectives describe what the financial plan should accomplish, consistent with the overall strategic plan for First 5 Lassen. The financial objectives established by the Commission for the five-year period covered by this plan are to:

1. **Limit the administrative cost percentage of the actual costs** incurred in the fiscal year to 15% in years where small county augmentation is provided, and to 20% in years where there is no administrative or operations augmentation awarded from the First 5 California Children and Families Commission.
2. **Sustain the activities described in the strategic plan** throughout the five-year period covered by the plan, and if possible beyond. Financial sustainability should occur at two levels:
 - The funded strategies level, consisting of the home visiting, oral health education, enhanced systems of care, and other Commission initiated projects for children; and
 - The system impact level, consisting of the First 5 Lassen infrastructure (Commission, staff and operations) needed to support and evaluate program service delivery, build partnerships and improve service delivery systems, including non-funded strategies, and carry out the work of the Commission.

The financial principles are guidelines for how the financial plan will be used to support short- and long-term funding and policy decisions. The following principles were reaffirmed and adopted by the Commission for this plan:

1. This plan is meant to be used as a framework for managing resources – it in no manner obligates the Commission to specific funding for programs or projects. The approval of specific grants, contracts, and budgets can only occur through special action of the Commission in public meetings; they are not in any way authorized by this financial plan.
2. This plan will be used as a starting point to develop the annual budget and assumptions, which will be modified to reflect changing conditions and trends.
3. Although program funding is projected for five years, the Commission continues to study a variety of scenarios to determine level of program funding beyond year one; how and when it will move from a physical office space to virtual offices; and, how it will distribute tax revenues once the reserve has been spent down.
4. The Commission will continue to focus on capacity building for funded programs and developing/leveraging partnerships in order to enhance the system of care and promote sustainability beyond Commission funding.

The Commission reserves the ability to amend the plan at any time new information affecting revenues/expenses is available, but at a minimum each year as part of the annual strategic plan review process.

Fiscal Strategies

The Commission has adopted six fiscal strategies that will be used to achieve the financial objectives and to provide the financial resources necessary to carry out the strategic plan.

1. **Continue to fund local programs and collaborations in order to reach most at risk.** The Commission will fund Pathways for direct services (home visiting, child development and family strengthening; and its capacity building efforts to work more effectively and efficiently. It will also continue to fund the oral health initiative, although at lower levels, while it collaborates to increase access to oral health services.
2. **Actively support/advocate for continued Small Population County Funding Augmentation** funding each time that it comes up for discussion. This revenue source allows the Commission to conduct evaluation and program support activities in addition to the business of the Commission and direct the tax allocation to programs.
3. **Actively participate in state and regional discussions** to demonstrate the value and impact of First 5 investments at the local level in order to dissuade attempts at eliminating or redirecting First 5 funding to other state budget items.
4. **Look for ways to imbed funded activities** in public agencies or other service organizations so that they become part of the ongoing service delivery system and not reliant solely on First 5 funding to sustain activities and results. This strategy includes supporting or building new partnerships to take over [previously] funded Commission activities, and partnering to take advantage of cost sharing strategies.
5. **Partner with identified public, private and tribal agencies** to develop / fund opportunities for the integration of existing services and expand resources benefitting the health, development, school readiness, and family strengthening for children birth through 5.
6. **Support and promote the First 5 Association of California recommendations** for prioritizing children in all policies⁵, related to Family Strengthening, Early Identification and Intervention, Oral Health, Quality Early Learning, and System Sustainability and Reach.

⁵ First 5 Association of California, 2015 Association Policy Goals 020615, February 6, 2015

Future Revenue and Expense Assumptions

The heart of the financial plan is a set of assumptions about what is projected to occur in the future. These assumptions shed light on important financial issues, such as where the greatest opportunities exist to improve the future financial capacity for investing in the well-being of young children as well as where the greatest risks lie for future revenue reductions and expense increases. They also serve as the foundation for the five-year forecast of revenues and expenses contained in this plan.

Assumptions affecting the projected financial future of First 5 activities in Lassen County are outlined below, grouped into categories of assumptions about revenues and assumptions about expenses (both programmatic and administrative).

REVENUE ASSUMPTIONS

Statutory allocation of tobacco tax revenues to Lassen County. State law specifies that 80% of statewide tobacco taxes raised through the 50 cent-per-pack tax imposed by Proposition 10 are allocated to the 58 counties according to each county's birth rate. The county's ten-year birth rate has averaged 298 (2005-2014) births per year; with the highest number of births in 2009 at 325. The average birthrate is expected to increase by 7.6% to 321 over the next ten years (2014-2023), indicating that state allocations to Lassen County could increase slightly. In fiscal year 2009-10, revenue projections for Lassen County dropped below \$200,000 making First 5 Lassen a minimum allocation county for the first time. Revenues for the first eight months of FY 2014-15 (through February) were \$134,285, or an average of \$16,786 per month. If the reimbursements continue to average this amount, tax revenues for the current fiscal year will exceed the forecast by approximately \$1,468. Projections for FY 2015-16 have not been released yet, but are expected by late April or May. Therefore, the Commission will continue to take a conservative view and project revenues at the minimum allocation level of \$200,000 per year over the next five years.

State administrative and travel expense augmentations. Prior to 2012, Lassen County had been receiving approximately \$113,000 a year from First 5 California for administrative and travel costs through the Small County Augmentation project (SCA). The First 5 Association worked with a coalition of small counties and the State Commission to develop recommendations for a new small county augmentation and accountability framework. The new framework, referred to as Small Population County Funding Augmentation (SPCFA) has eligibility and accountability measures, which Lassen meets. The new SCA was approved by the State Commission in April 2014 and increased allocations to Lassen County to a recurring \$200,000 per year for three years. There is no guarantee these funds will continue beyond that date. While large counties have been supportive of diverting funds to support small counties and would likely continue to do so, the medium size counties may not. Combined with the statutory tax allocation, the augmentation brings annual projected revenues to \$400,000.

Non-Prop 10 grants and contributions. This plan does not currently provide for revenues from other grant sources or public/private contributions. However, in preparation for continued downsizing and the potential for managing without small county augmentation, the Commission and its funded partners will continue to explore increasing revenues through reimbursements from Medi-Cal Administrative Activities (MAA) and Inter-Governmental Transfer (IGT) funds. Commission administrative functions as well as home visiting activities have been identified as MAA reimbursable. There is an expectation for a limited

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amount of revenue from MAA beginning in fiscal year 2017-18. Additionally, by that time amounts of funding that may be recaptured through IGT should become known.

Interest and other income. Interest earnings through March 2015 are just over \$500. Therefore, the FY 2014-15 projected earnings are \$667. This amount was used going forward in the forecast. Interest is a combination of local interest and contributions from the Surplus Money Investment Fund (SMIF), which have been steadily declining.

EXPENSE ASSUMPTIONS

Following are the expense assumptions for the next five years, based on Commission discussion and decisions during the April planning session.

Operating costs – Diversified Management (DM) contract for staff support and operations. Commission will continue to contract for professional services and staff to manage its operations but the level (amount of hours) and type (virtual vs. physical presence) will vary over the five years.

Contracted personnel will perform general administration, program support and technical assistance, and evaluation functions on behalf of the Commission, but at different intensity levels. Operating in a virtual environment beginning in January 2016, ongoing costs would be covered by Diversified Management under their contract. Evaluation will be done partially through DM, with targeted supplemental contract support from external evaluators. The contracted amount for fiscal year was 2014-15 was \$84,000. This amount is forecasted to decline over the next five fiscal years, starting in fiscal year 2015-16 as follows: \$83,100 to \$80,000 to \$79,900 in fi

Operating – Other. These line items include the annual audit, Commission insurance and other contracted services (program database) to support the work of First 5 Lassen County.

Contractors. Costs for outside contractors will total \$65,000 over five years. This includes external evaluation support and a single contract for five years to maintain and update the database system. The Commission contract for outside evaluation and technical assistance to programs (external data review, analysis and report writing) is at a level rate of \$9,000 over the five years.

Audit & Commissioner Insurance. Expenses for both the annual audit and Commission Insurance are projected to remain level at \$9,000 and \$1,500 respectively throughout the five years.

Other. Other operating costs are anticipated to remain at current levels throughout the forecast period.

Home Visiting Program. The financial plan includes funding for the variety of Pathways home visiting activities under Improved Child Development and Improved Family Strengthening result areas over the next five years. Beginning in fiscal year 2015-16 and continuing through the next five years, the Home Visiting program will receive the same funding amount: \$265,000 (\$100,000 for Improved Child Development and \$165,006 for Improved Family Strengthening) for a total of \$1,325,000. This investment links directly with Goal 1, Objectives 1A and 1B; Goal 2, Objectives 2A, 2B and 2C; Goal 4, Objective 4B.

Oral Health Initiative. The financial forecast provides \$139,000 total over five years to support oral health and emergency oral health program services, with \$30,000 set aside for the first two years, and \$27,000

FINANCIAL FORECAST

for years three and four, and \$25,000 in year five. This investment links directly with Goal 3, Objectives 3A and 3B.

Emerging Initiatives or Other Programs. The forecast includes \$64,000 to invest in emerging initiatives and other programs (e.g., Adin Preschool). Funds include \$14,000 to support Improved Child Development and \$50,000 for Improved Systems; which may be used as a match from First 5 Lassen to support expanded collaboration (i.e., Young Child Wellness Systems initiatives) and leverage other funding. A total of \$13,574 has been set aside for child emergency oral or other health needs. This investment links directly with Goal 3, Objective 3B. The investment in Adin Preschool links directly with Goal 4, Objectives 4A; and other investments in Emerging Initiatives may link to multiple areas, but minimally Goal 4, Objectives 4A and 4B.

Five-Year Financial Forecast

Fund balances are categorized in accordance with GASB54 definitions and as approved in First 5 Lassen's Policy and Procedures Manual. Line items are categorized as follows:

Committed

- Contractors – Audit, Diversified Management, Inc., Bailey Data Management, Social Entrepreneurs, Inc.
- Home Visiting
- Oral Health Initiative
- Adin Preschool
- Emerging Initiatives

Assigned

- Association Dues
- Educational Materials
- Emerging Initiatives
- Insurance
- Travel
- Misc. Program Costs

Unassigned

No forecasted funds are unassigned

The next two pages show projected income and expense levels over the next five years, based on the objectives, principles, assumptions and strategies contained in this financial plan under the "best case" scenario of continued SPCFA. Appendix A contains a forecast under the less favorable situation of no SPCFA.

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2015-16 to 2019-20 Draft Budget

Table 1: Best-case scenario budget forecast by program, with continuation of Small Population County Funding Augmentation.

5-Year Financial Projections by Program, FY 2016-2020						
<i>Dollars in Thousands</i>						
	Five Year	FY	FY	FY	FY	FY
Amounts shown in thousands	Total	2015-16	2016-17	2017-18	2018-19	2019-20
Beginning Fund Balance:		421.6	401.8	384.2	369.6	357.1
Revenues:						
Emergency Oral Health Account	13.5	3.0	3.0	3.0	2.5	2.0
Tobacco tax allocation	1,000.0	200.0	200.0	200.0	200.0	200.0
Administration and travel augmentation	1,000.0	200.0	200.0	200.0	200.0	200.0
Interest and other income	4.3	1.6	0.7	0.7	0.7	0.7
Total revenues	3,952.1	826.2	805.5	787.8	772.8	759.8
Expenses:						
Community programs and services:	1,541.5	310.8	310.8	307.8	307.3	304.8
Home Visiting	1,325.0	265.0	265.0	265.0	265.0	265.0
Oral Health	139.0	30.0	30.0	27.0	27.0	25.0
Emerging Initiatives	63.5	13.0	13.0	13.0	12.5	12.0
Adin Preschool SRP	14.0	2.8	2.8	2.8	2.8	2.8
Other program costs						
Misc. program costs	10.0	2.0	2.0	2.0	2.0	2.0
Travel	7.5	1.5	1.5	1.5	1.5	1.5
Educational materials/media	5.0	1.0	1.0	1.0	1.0	1.0
Program evaluation (Bailey DMS)	20.0	4.0	4.0	4.0	4.0	4.0
Program evaluation (contractor)	45.0	9.0	9.0	9.0	9.0	9.0
Total community programs and services	1,629.0	328.3	328.3	325.3	324.8	322.3
First 5 operating costs:						
Administration contract	396.8	83.1	80.0	79.9	77.9	75.9
Administration	207.5	41.5	41.5	41.5	41.5	41.5
Evaluation	64.0	14.0	14.0	14.0	12.0	10.0
Program support/TA	80.5	16.1	16.1	16.1	16.1	16.1
Rent	26.0	5.2	5.2	5.2	5.2	5.2
Utilities	5.0	1.0	1.0	1.0	1.0	1.0
Technology	10.5	2.1	2.1	2.1	2.1	2.1
Dues	12.5	2.5	2.5	2.5	2.5	2.5
Audit	45.0	9.0	9.0	9.0	9.0	9.0
Insurance	7.5	1.5	1.5	1.5	1.5	1.5
Total operating costs	461.8	96.1	93.0	92.9	90.9	88.9
Total expenses:	2,090.8	424.4	421.3	418.2	415.7	411.2
Ending fund balance		401.8	384.2	369.6	357.1	348.6

FINANCIAL FORECAST

Table 2: 5-year projection with augmentation

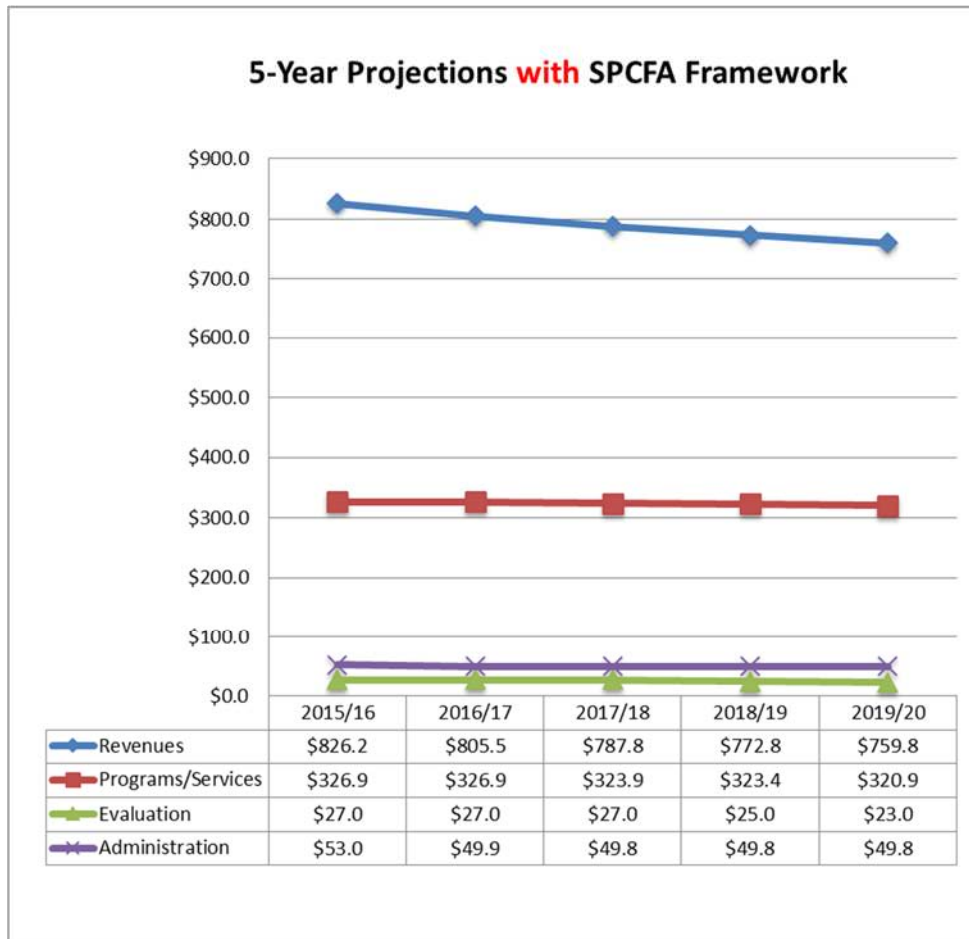


Table 3: Expenditures by category

Percentage of Expenditures by Category	2015/16	2016/17	2017/18	2018/19	2019/20
Programs/Services	80.3%	81.0%	80.8%	81.2%	81.5%
Administration	13.0%	12.4%	12.4%	12.5%	12.6%
Evaluation	6.6%	6.7%	6.7%	6.3%	5.8%
	100.0%	100.0%	100.0%	100.0%	100.0%

FINANCIAL FORECAST

Table 4: Worst-case scenario budget forecast by Program, without Small Population County Funding Augmentation

<i>Dollars in Thousands</i>		Five Year	FY	FY	FY	FY	FY
Amounts shown in thousands		Total	2015-16	2016-17	2017-18	2018-19	2019-20
Beginning Fund Balance:			421.6	406.1	393.3	226.3	61.3
Revenues:							
Emergency Oral Health Account		-	0.0	0.0	0.0	0.0	0.0
Tobacco tax allocation		1,000.0	200.0	200.0	200.0	200.0	200.0
Administration and travel augmentation		400.0	200.0	200.0	0.0	0.0	0.0
Interest and other income		2.2	0.7	0.7	0.3	0.3	0.3
Total revenues		2,910.9	822.3	806.7	593.6	426.6	261.6
Expenses:							
Community programs and services:		1,343.1	307.8	305.0	265.0	265.0	200.3
Home Visiting		1,260.3	265.0	265.0	265.0	265.0	200.3
Oral Health		60.0	30.0	30.0			
Emerging Initiatives		20.0	10.0	10.0			
Adin Preschool SRP		2.8	2.8	-	-	-	-
Other program costs							
Misc. program costs		10.0	2.0	2.0	2.0	2.0	2.0
Travel		7.5	1.5	1.5	1.5	1.5	1.5
Educational materials/media		5.0	1.0	1.0	1.0	1.0	1.0
Program evaluation (Bailey DMS)		17.5	3.5	3.5	3.5	3.5	3.5
Program evaluation (contractor)		37.5	7.5	7.5	7.5	7.5	7.5
Total community programs and services		1,420.6	323.3	320.5	280.5	280.5	215.8
First 5 operating costs:							
Administration contract		375.2	79.9	79.9	73.8	71.8	69.8
Administration		207.5	41.5	41.5	41.5	41.5	41.5
Evaluation		64.0	14.0	14.0	14.0	12.0	10.0
Program support/TA		62.2	16.1	16.1	10.0	10.0	10.0
Rent		26.0	5.2	5.2	5.2	5.2	5.2
Utilities		5.0	1.0	1.0	1.0	1.0	1.0
Technology		10.5	2.1	2.1	2.1	2.1	2.1
Dues		12.5	2.5	2.5	2.5	2.5	2.5
Audit		45.0	9.0	9.0	9.0	9.0	9.0
Insurance		7.5	1.5	1.5	1.5	1.5	1.5
Total operating costs		440.2	92.9	92.9	86.8	84.8	82.8
Total expenses:		1,860.8	416.2	413.4	367.3	365.3	298.6
Ending fund balance			406.1	393.3	226.3	61.3	(37.0)

FINANCIAL FORECAST

Table 5: 5-year projection without augmentation

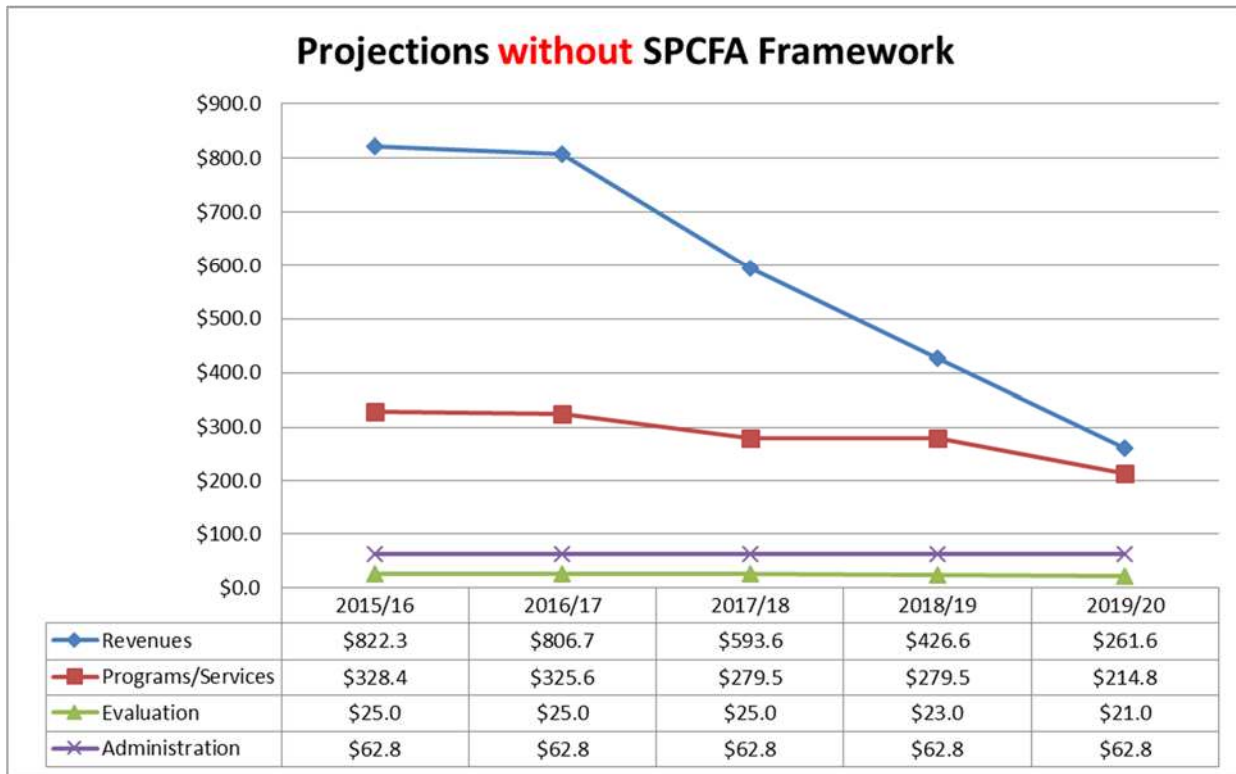


Table 6: Expenditures by category

Percentage of Expenditures by Category	2015/16	2016/17	2017/18	2018/19	2019/20
Programs/Services	78.9%	78.8%	76.1%	76.5%	71.9%
Administration	15.1%	15.2%	17.1%	17.2%	21.0%
Evaluation	6.0%	6.0%	6.8%	6.3%	7.0%
	100.0%	100.0%	100.0%	100.0%	100.0%



LASSEN COUNTY PROFILE AND FIRST 5 HISTORY



LASSEN COUNTY PROFILE

County and Community Profiles

Lassen County is located in northeastern California along the Cascade mountain range. Though distinctively rural, Lassen County's varied terrain encompasses forested plateaus, green mountain meadows, snow-capped peaks, and vast open agricultural valleys. The County is approximately the size of the state of Connecticut, covering 4,557 square miles. To the north of Lassen is Modoc County; Shasta County is to the west; Plumas County and Sierra County are to the south. The State of Nevada is Lassen's eastern border. State route 44 and 36 connect Lassen County to the greater Sacramento Valley and the City of Redding, while Reno is a scenic 85-mile drive via Hwy. 395.

The county could be positioned to be an area of major growth. In 2010 the median home price was half that of California.⁶ Young families could view Lassen County as a good place to raise a family, while still being close to urban cities. This is a great source of potential for the county.

Lassen County is sparsely populated, but a geographically large county in California.⁷ The population in Lassen County was estimated at 34,518 for 2014 by the California Department of Finance. More than half of the county's total population resides in Susanville, the county seat. Overall, the population only increased marginally in the past decade. In 2000, the population was 33,828 and a population decline was seen starting in 2007 where the population declined from 36,307 to 35,769 in 2008, a change of -1.5%. Between 2010 and 2012, the population decreased from 34,895 to 33,658, a change of -3.5%.⁸ These fluctuations are due in part to changes in the economic base resulting from changes in the timber and military industries. According to the 2012 Lassen County Economic Forecast, government and public administration provide 63% of the jobs by industry within the County. Services, followed by retail trade, tourism, agriculture, and mining are other important employment industries in Lassen County. Lassen County's demographic profile is strongly influenced by its prison population. The High Desert State Prison employed 1,434 people and housed 3,372 inmates in 2012-2013, and the California Correctional Center employed 1,125 people and housed 5,010 inmates in 2013-2014.⁹

Figure 1. Lassen County Map



Yahoo Maps

⁶ US Census <http://quickfacts.census.gov/qfd/states/06/06035.html>

⁷ California Department of Finance, Demographic Research Unit 2010

⁸ US Census Bureau.

⁹ California Department of Corrections and Rehabilitation.

LASSEN COUNTY PROFILE

AGE

Although the general population in Lassen County has grown significantly, the subsets of the population are not maintaining the same growth rate as California. In general, it is projected that California's population will grow by 8.9% between 2010 and 2020. It is projected that Lassen County's population will increase by a slower rate of 2.3% during that timeframe. Preschool age children (0-4) will increase by 7.6% throughout the state of California between 2010 and 2020, but Lassen County is expected to see a decrease of 11% during the same timeframe.¹⁰

One area that is expected to see rapid growth in both California and Lassen County between 2010 and 2020 is within the 65 to 74 year age group (referred to as "young retirees"). In California, this particular subset will grow by 57.8%. In Lassen County, this age group will be the fastest growing and is expected to grow 70.2% by 2020.¹¹

In 2013, the total number of children and youth in Lassen County was estimated at 5,574 by the Department of Finance. The break-out by age is shown for the five-year period 2009-2013 in the following table and shows a 10.7% decline over the years.¹²

Table 1. Break-Out of Children and Youth Population, 2009 - 2013

Age Group	2009	2010	2011	2012	2013
0 to 2 Years	931	1,009	966	863	803
3 to 5 Years	909	959	951	908	940
6 to 17 Years	4,401	4,359	4,178	3,911	3,831
Total Children and Youth	6,241	6,327	6,095	5,682	5,574

Source: California Department of Finance.

In recent years, Lassen County has experienced a sharp decline in the population of children. In 1990, 6,823 children were under the age of 18. The same population decreased to 4,335 children 10 years later. The decrease in children in that timeframe does not correlate in any way with the general population growth in the county over the same period, which was an increase of almost one-fifth. By 2008, the number of children living in Lassen County increased to 8,202, a number far above that of 1990, but declined to its lowest point of 5,574 in 2013.

¹⁰ California Department of Finance. Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060, <http://www.dof.ca.gov/research/demographic/reports/projections/P-3/>

¹¹ California Department of Finance. Summary Population Projects by Race/Ethnicity and Major Age Groups. <http://www.dof.ca.gov/research/demographic/reports/projections/P-1/>

¹² California Department of Finance, <http://www.kidsdata.org/>

LASSEN COUNTY PROFILE

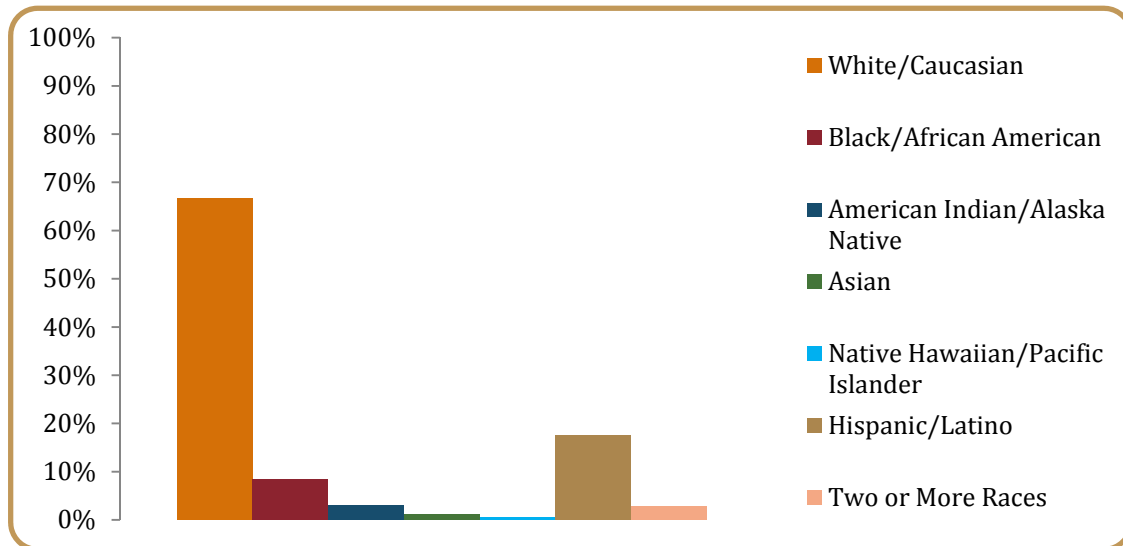
BIRTH RATE

Although the birth rate in Lassen County is slightly higher than that of the state,¹³ the population under the age of 18 in Lassen County is much lower than that of California.¹⁴ However, projections bode well for Lassen County: the total number of children enrolled in public schools grades Kindergarten through 12 will increase in the next ten years from 4,541 to 5,007.¹⁵

California's teen birth rate is between four to 12 times higher than the rates for France, Spain, Italy, the Netherlands and Japan. In 2011 the state's costs associated with teen childbearing, including lost tax revenue, health care and child welfare services were considered to be at least \$9.4 billion a year. The teen births rate for Lassen County is 34 per 1,000 females age 15-19 years.¹⁶

RACE AND ETHNICITY

The largest ethnic groups in Lassen County are, in order, Caucasian, Hispanic or Latino, and Black or African-American. According to the California Department of Finance, in 2013 66.6% of Lassen County's total population was White, 17.6% was Hispanic/Latino, 8.5% was African American, 3% was American Indian or Alaska Native, 1.1% was Asian, less than 0.5% Native Hawaiian or other Pacific Islander, and 2.7% were of two or more races. The Caucasian population is significantly greater in Lassen County than that of California, while the Hispanic group is significantly lower. Population projections for 2013 estimate that the ethnicity distribution will remain relatively the same in Lassen County, with no significant growth or decline in any ethnic category.¹⁷



¹³ California Department of Finance, <http://www.kidsdata.org/topic/610/fertility-rate/table#fmt=1195&loc=2.327&tf=67&sortType=asc>

¹⁴ American Community Survey 2009-2013

¹⁵ California Department of Finance, <http://www.dof.ca.gov/research/demographic/reports/projections/k-12/>

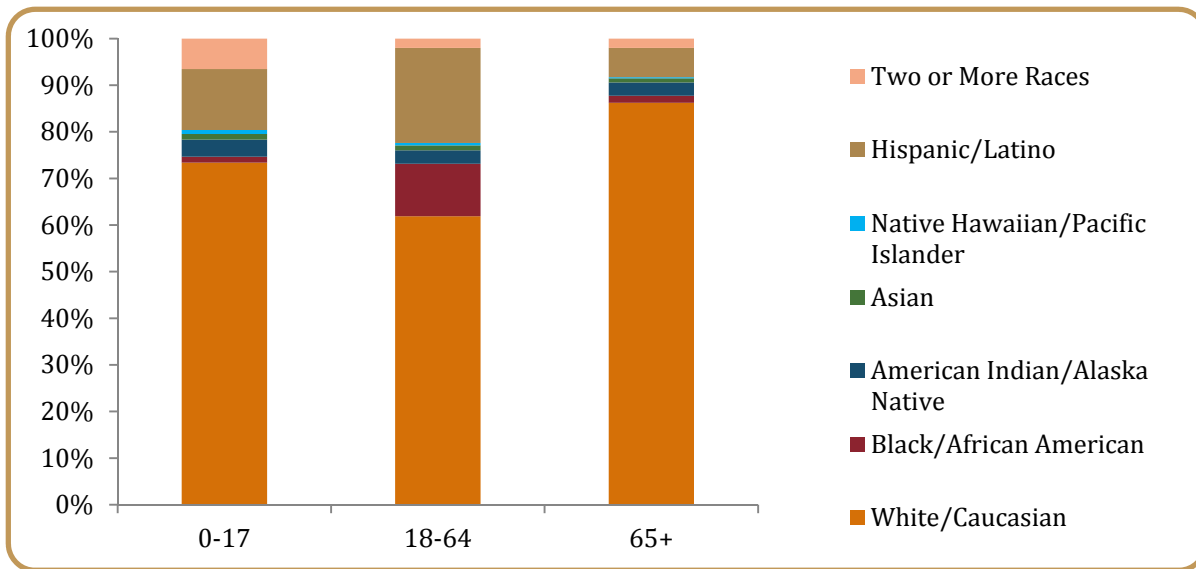
¹⁶ Centers for Disease Control and Prevention, Information for Improving Community Health, <http://www.cdc.gov/CommunityHealth/profile/currentprofile/CA/Lassen/22>

¹⁷ California Department of Finance. Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060, <http://www.dof.ca.gov/research/demographic/reports/projections/P-3/>

LASSEN COUNTY PROFILE

Figure 2. Lassen County Population by Race / Ethnicity, 2013

Figure 3. Lassen County Population by Age and Race / Ethnicity, 2013



Source: California Department of Finance

Of the children in the county, 73% are White, 13% are Latino, 4% are American Indian, 1% are Asian, 1% are African American, and 8% are of multiple or other ethnicities.¹⁸ Lassen County has the greatest Hispanic population of all its bordering counties, requiring specific consideration, and almost 18% of children ages 5 and older speak another language at home.¹⁹

EDUCATION

The cost of early education and care (affordability), the lack of slots (availability), and transportation barriers (access) present barriers to parents placing their children in quality early learning environments. Most children are not enrolled in a preschool or nursery school, and approximately three-fourths of preschool-aged children, most likely to benefit from preschool, are not enrolled in a high-quality, early education program, thus impacting their school readiness. Estimates show that high-quality preschool generates about \$7 for every \$1 spent, yielding government savings on welfare, education, and criminal justice, as well as increased earnings for participants.²⁰

An additional concern is the indication that a significant portion of the population is not completing high school. According to a study by the California Department of Education, over a lifetime a high school graduate

¹⁸ California Department of Finance. Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060, <http://www.dof.ca.gov/research/demographic/reports/projections/P-3/>

¹⁹ US Census Quick Facts, <http://quickfacts.census.gov/qfd/states/06/06035.html>

²⁰ Children Now California Report Card 2014 http://www.childrennow.org/uploads/documents/2014_CA_Childrens_Report_Card.pdf

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earns an additional \$290,000 and pays \$100,000 more in taxes than a high school dropout. Therefore, for each class of 120,000 dropouts costs the state \$46.4 billion in total economic losses. Thirteen percent (13%) of teenagers in Lassen County are neither in school nor working. In addition, in 2013 14.5% of public high school students dropped out of school.²¹

ECONOMY

The median family income in Lassen County increased more than 8% between 2000 and 2004 to \$42,738 in 2004. In the period between 2008 and 2012, the median household income in Lassen County was \$51,921—this includes all people who occupy a housing unit as their usual place of residence.²² And, although unemployment declined between 2000 and 2003, the rate is still higher in Lassen County than in the state. While there have been decreases in the number of children in the county living below the poverty level, the percentage of children receiving free or reduced lunches has increased.

INCOME

In general, people in Lassen are making less, the purchasing power is decreasing, and the percent of the population in the workforce is significantly less than that of both the region and the state.

The per capita income in 2000 was \$14,749, while in 2008 it increased to \$20,803.^{23,24} However, the per capita income in Lassen County during 2009-2013, decreased to \$19,931.²⁵ With per capita income decreasing and inflation increasing, people have a lowered purchasing power, and are living on a smaller budget each year.

EMPLOYMENT

Not only do people in Lassen County make less, but the eligible workforce in Lassen County is smaller than that of the state. One-fifth of those five years and older are disabled in the county, so both children ages 5-17 and working-age adults that are unable to work due to a disability add a stressor in the family, increasing the risk factor of child maltreatment.²⁶ Almost 30% of Lassen County's population is either under 18 or older than 65. Combining that with the number of people with disabilities ages 18-64, more than a third of the population does not work. Furthermore, only one-third of the population is employed—less than the number in the labor force. The population in California that is in the labor force is a full 25% higher.²⁷ Most people work in Lassen County, although some travel as far as Washoe County, Nevada for work.

The 2013 industry employment total was 9,583, a net loss of 716 jobs for the year.²⁸ Public institutions provide almost 63% of jobs in the area, which are closely tied to two State prisons, an Army depot, and a federal prison.²⁹ Educational services and health care and social assistance, are also a significant segment of

²¹ California Department of Education,

<http://www.kidsdata.org/topic/105/highschooldropouts/table#fmt=192&loc=327&tf=73&sortColumnId=0&sortType=asc>

²² California Labor Department, <http://www.labor.ca.gov/cedp/pdf/Lassen.pdf>

²³ California Department of Finance

²⁴ Lassen County Chamber of Commerce

²⁵ US Census Quick Facts, <http://quickfacts.census.gov/qfd/states/06/06035.html>

²⁶ Lassen County Chamber of Commerce

²⁷ American Community Survey, 2009-2013

²⁸ American Community Survey, 2009-2013

²⁹ Lassen County Economic Forecast (2012), http://www.dot.ca.gov/hq/tpp/offices/eab/socio_economic_files/2012/Lassen.pdf

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the county's economy.³⁰ According to the 2012 Lassen County Economic Forecast, it is projected that retail trade, construction, leisure and hospitality, and health and education jobs will be the fastest growing industries in the next years.

Even with a smaller workforce, Lassen has high unemployment rates. The unemployment rate in Lassen County has been increasing steadily each year; while unemployment has been decreasing in California at the same rate. The unemployment rate has been hovering at 8% since 2003, but has increased slightly each year. The unemployment rate in 2006 was at 7.9%, in 2007, is slightly increased to 8.1%, and as of November 2008, it rose to 9.9%. The unemployment rate has continued to climb throughout 2009 and 2010 with the March 2010 civilian unemployment rate reaching 17.1%, higher than the statewide rate of 13.0%, and the national rate of 10.2%³¹. In 2011, wage and salary employment fell by 2.3%, but almost all of this lost came from the non-farm sector, and the unemployment rate during the same year fell from 14% to 13.3%. The 2013 unemployment rate in Lassen County was 10.8%, which is slightly higher than the state average of 8.9%.³²

POVERTY

The poverty threshold, calculated by the US Census, is a standardized measure used nationwide. According to the last Census (2010), the number of Americans in poverty (43.6 million) is the largest since the poverty estimates were published 51 years ago.³³ In 2009, 13.8% of Lassen County's population lived below the federal poverty level (FPL).³⁴ By 2011 it had risen to 14.6%, and again in 2013 to 16.9%.

Throughout California, higher costs of living influence actual family needs. Because the poverty threshold is a national statistic, it is likely to grossly underestimate families' needs in Lassen County and throughout the state. On average, Lassen has two children per family. According to Insight: Center for Community Economic Development, if an adult living in Lassen County had one infant, the level of income needed to be self-sufficient would need to be \$34,461.³⁵ With more children, the number grows accordingly. Were that same adult to have two infant children, the necessary income for self-sufficiency would need to be \$45,055—an additional 20% over the median income in Lassen County. The income for those living at or below the Federal Poverty Level (FPL) is significantly lower than the median income, as well as the self-sufficiency level in Lassen County. According to the US Census, in 2013, 18.5% of children under the age of 18 lived in families with income below the FPL, up from 16.8% in 2012.³⁶

The rate of children receiving free or reduced lunch at school is an additional indicator of need within a community. Income criteria by household size determine eligibility for free or reduced lunch. In addition, children who receive Food Stamps, Cal Works, KinGAP and other specific programs are automatically eligible. In 2014, 29% of children enrolled in Lassen County School District received free or reduced lunch. This rate is

³⁰ American Community Survey, 2009-2013

³¹ California Employment Development Department

³² Federal Reserve Economic Data

³³ 2010 U.S. Census, <http://www.census.gov/hhes/www/poverty/data/incpovhlth/2009/highlights.html>

³⁴ US Census <http://quickfacts.census.gov/qfd/states/06/06035.html>

³⁵ Insight: Center for Community Economic Development, <http://www.insightccd.org/>

³⁶ 2010 U.S. Census, <http://www.census.gov/hhes/www/poverty/data/incpovhlth/2009/highlights.html>

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lower than the statewide average, where just under half of the children are enrolled in programs for free or reduced lunch.³⁷

Lassen County is home to 5,519 children, which is about one-six of the population.³⁸ About one in five children in Lassen are currently living in poverty, and more than two in five children are living in poverty under female-headed households.³⁹ This is a known risk factor for child maltreatment.⁴⁰ Indications of both positive and negative changes to the economic status of children in Lassen County have occurred in the past four years. In Table 2, several economic indicators are compared.

Table 2. Comparison of Selected Economic Indicators

Attribute	2000 Number or Percent	2004 Number or Percent	2007 Number or Percent	2012 Number or Percent	Change since 2000
Lassen County Children 0-17	7,420	6,647	7,298	6,327	↓
Lassen County Children Aged 0-4 living in poverty	23.5%	21%*	--	--	
Lassen County Children Aged 0-17 living in poverty	22.9%	1%**	--	17.2%	↓
Proportion of children receiving free or reduced lunch	33%	38%	37.4%	29%	↑
Lassen County Median Household Income	\$37,358***	\$39,143***		\$48,653	↑

*For child population ages 0-5.

**2002 rate, from California Health Status profile; ranked 24th in the state.

*** Rates from Lassen County 2007 Economic and Demographic Profile

HOUSING

The rate of home ownership in California was 56.1% in 2010, making it tied with Hawaii as the state with the second lowest in the nation.⁴¹

In Lassen County, the 2010 fair market rent for a 2-bedroom space, was \$867.⁴² The minimum income necessary to afford a 2-bedroom fair market rent in Lassen County in 2010 was \$34,680. Area median income

³⁷ 2013 County Health Rankings, <http://www.countyhealthrankings.org/california/lassen/65>

³⁸ California Department of Finance,

<http://www.kidsdata.org/topic/32/childpopulation/table#fmt=139&loc=327&tf=79,73&sortColumnId=0&sortType=asc>

³⁹ American Community Survey 2009-2013

⁴⁰ Children Now 2007 California Data Book

⁴¹ The Danter Company, Market Feasibility for the Real Estate Industry, Home Ownership Rates.

⁴² National Low Income Housing Association – www.nhilc.org

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(AMI) for Lassen County is shown for 2010 at \$58,100. Persons or families at 30% of the AMI would be able to only afford \$436 per month in rent. While Lassen has lower fair market rents than many other counties within California, affordable housing may still be out of reach for many, including low wage earners, single parent households, and persons that rely on supplemental income.

Individuals who are unable to afford housing may end up homeless (and living in streets or cars), living in weekly motels, or find housing arrangements not fit for long-term living. While homelessness is most closely linked to poverty, falling wages, changes to the economic base, or increasing rents may be the “tipping point” for individuals or families. In California, the current estimate of children who experience homelessness each year is 292,624, or 3.1% of the total child population, ranking it 49th in the nation.⁴³

According to national studies of homelessness, in comparison to persons that are homeless in urban areas, persons that are homeless in rural areas are more likely to have a job, more than twice as likely to be high-school dropouts, and more likely to get cash assistance from friends or family than government assistance. The rural homeless have less access to medical care, and are more likely to be without any health insurance, including Medicaid, than their urban counter parts. Finally, homeless populations in rural areas may be less visible, living with friends or relatives (couch-surfing) for a period of time, and then settling into areas far from other development, such as forested land or dilapidated housing on remote property.

HEALTH CARE

Financial strains on families are increasing, and health care is becoming increasingly out of reach for many. From 2002 to 2007, premiums in California have increased 86.3% compared to 78.5% nationally, and in 2007, the cost of employer-based health insurance more than doubled the rate of inflation for the year.⁴⁴ In terms of oral health, 90% of children ages 2 to 17 have visited a dentist in the last year.⁴⁵ This is a higher percentage than what was seen in previous years, where families facing economic hardships were making tough decisions about reducing expenses. One major downside to their expense reduction were less frequent dental visits, which lead to disruption of the child’s learning in school, diminished proper nutrition, and poor sleeping habits. For every dollar spent on preventative oral health care, as much as \$50 is saved on restorative and emergency oral health procedures.⁴⁶

In terms of mental health, in California, only 63% of children in need of mental health services receive treatment. By ignoring this issue, the likelihood increases of the child experiencing problems at school, violence, drug abuse, and suicide.⁴⁷ Nationally, half of the children in the child welfare system have mental health needs, but only 15% of those in need receive services. Financial strains are becoming family stressors.

⁴³ Homeless Children America – www.homelesschildrenamerica.com

⁴⁴ Children Now 2008 California Data Book, http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

⁴⁵ 2012-13 California County Scorecard, <http://scorecard.childrennow.org/2012/county/lassen/>

⁴⁶ American Dental Education Association <http://www.help.senate.gov/imo/media/doc/Swift.pdf>

⁴⁷ Children Now. California Report Card 2014, http://www.childrennow.org/uploads/documents/2014_CA_Childrens_Report_Card.pdf

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CHILD MALTREATMENT

In 2012, approximately 9 out of every 1,000 children, ages 0-17, were considered to be victims of maltreatment.⁴⁸ In 2013, young children under the age of 5 accounted for 47% of all substantiated cases of abuse and neglect reported in California.⁴⁹ In Lassen County, the rate of substantiated cases of child maltreatment was 16.2 for 2012.⁵⁰ Pertinent to Lassen County because of the large prison population, 3,000 children were incarcerated in the state in 2006. These children have little access to services to reduce recidivism in child abuse—only 4% of children have access to family therapy programs that are proven to reduce recidivism. The number as well as the rate of allegations of abuse in Lassen County from 2000 through June 2008 has decreased as the population increased.⁵¹

The largest segments of child abuse in Lassen County are those between ages 3 to 15, and in particular, those aged 11 to 15, and the gap in the county for child abuse and maltreatment is in the areas of general neglect and emotional abuse for those aged three to 15 years of age. For instance, in 2000, 16% of the child population was referred to CWS/CMS for allegations of abuse. For the time period between July 1, 2007 and June 30, 2008, the number decreased by half. Further, substantiated claims dropped from 25% to 20%.⁵² As the population of children continues to grow, the numbers of substantiated allegations of abuse continue to decline. Looking solely at the areas of general neglect and emotional abuse, the numbers for referred and substantiated have remained relatively stagnant.

People are making less and fewer people are working—Lassen County is not creating a sustainable community. Taking all of this into consideration, the risk factors for child maltreatment and abuse are particularly great in Lassen County.

TRANSPORTATION

Transportation in Lassen County is coordinated through County Social Services and Lassen WORKS. These services help reduce barriers to employment and service access. A van is now based in the Bieber/Big Valley area with part-time drivers to assist with transit to and from services in Susanville. Despite transportation available through county programs and the rural transit system, Lassen County residents are largely reliant on personal transportation.

COMMUNITIES WITHIN LASSEN COUNTY

The needs and resources of persons in Lassen County differ between communities. In order to better understand the differences, a brief profile of the six areas is provided below.

⁴⁸ Kids Count Data Center, <http://datacenter.kidscount.org/data/tables/6221-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/any/12943,12942>

⁴⁹ University of California at Berkeley, Child Welfare Services Reports for California, <http://www.kidsdata.org/topic/8/childabuse-cases-age/table#fmt=9&loc=2&tf=73&ch=1,2,3,4,5,6&sortColumnId=0&sortType=asc>

⁵⁰ California Department of Health and Human Services, The Health of Rural and Urban California Counties, 2014.

⁵¹ University of California at Berkeley, Center for Social Services Research, http://cssr.berkeley.edu/ucb_childwelfare/Referrals.aspx

⁵² University of California at Berkeley, Center for Social Services Research http://cssr.berkeley.edu/ucb_childwelfare/default.aspx

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SUSANVILLE

As previously noted, approximately half of the population of Lassen County resides in Susanville, the county seat. Susanville is steadily growing at a similar rate to the county and saw an annual average population increase of nearly 4% between 1996 and 2006, although this could be affected by the opening of a State prison with a 10,000 inmate population in 1996. Susanville serves as the commercial center for the region and offers a limited variety of retail and business services. City revenues total approximately \$7 million annually.

All public, social service agencies are headquartered in Susanville. These services include the departments of Public Health, Behavioral Health, Lassen Social Services and Lassen WORKS, Family and Children Protective Services, among others. Several other additional service providers are also based in Susanville, including Crossroads Ministries, Northeastern Rural Health Clinics, Banner Lassen Medical Center, Indian Rancheria Health Center, and many community-based services such as Lassen Family Services.

The public school system in Susanville consists of one community college, one high school, one continuation high school, one junior high school, two elementary schools, one community day school, a court school, and multiple charter schools. There are several elementary school districts in the nearby surrounding unincorporated areas (Richmond and Johnstonville Elementary schools) which feed into Lassen Union High School in Susanville. In addition, there are multiple faith-based schools in Susanville, as well as two state preschools and multiple Head Start sites.

WESTWOOD

Westwood is a logging town located 25 miles west of Susanville. The mountain between the two towns creates both a physical and cultural barrier between the two communities. In winter, transportation between the two communities can be treacherous. Though relatively close in terms of mileage, services in Susanville can be inaccessible to residents in Westwood due to lack of transportation, difficult weather conditions, or both.

For many years, Westwood has been an economically depressed area. Poor economic conditions worsened in the 1990's as the logging industry virtually died out in this section of the county. The need for services within Westwood is pronounced. Existing resources include a state preschool that currently has 24 licensed slots with 14-15 children attending regularly. The Lassen College co-operative preschool, which served 17 children in the afternoons, closed. A Family Resource Center (FRC), opened in 2003, was closed in 2006 and reopened in 2007 to coordinate a number of services including resource and referral. An afterschool program is operated by the Lassen County Office of Education. The FRC, now operated as the Westwood One-Stop, is co-located with other public services such as Lassen Works. Other services located at Fletcher Walker Elementary School include a breakfast program operated by volunteers.

Westwood Unified School District now has only two public schools: Fletcher Walker Elementary, and Westwood Jr./Sr. High School. Westwood Charter School serves the community of Westwood as well. Westwood Horizon Continuation High School, Westwood Community Day School, and Red River Community Day School have closed. Total enrollment at Westwood Unified School District was 413 in 2005-2006, 389 students in 2006-2007, and 199 for the 2013-14 school year. In 1999, two thirds of the children in Westwood qualified for free and reduced lunches. In the school year 2003-2004, slightly more than half (51%) of children received free or reduced lunch; in 2005-2006, 49% of students qualified for free and

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reduced lunch, and in 2006-2007, 37% of the students qualified for free and reduced lunch. According to state reports, in 2004-2005, 74 students were enrolled in special education, in 2006-2007 there were 53 and in 2007-2008 there were 45 special education students in Westwood Unified. English language learners make up 1% of enrolled students in 2006 with 6 children (3%) designated as Fluent English Proficient (FEP).

BIG VALLEY AREA, BIEBER

Big Valley encompasses Nubieber, Lookout, Adin, and Bieber. Ranching, farming, and logging are important job industries in this area. Community services in the Big Valley Area include the Mountain Valley Health Center and the Big Valley Family Resource Center, both located in Bieber.

Lack of public transportation combined with difficult winter driving conditions makes travel difficult to, from, and within these communities. The remote location makes it difficult to obtain and retain staff for professional positions, including teachers, medical personnel, and others. In summer, the number of migrant workers increases to support the farming industry.

Schools serving the area include Big Valley Primary, and Big Valley Jr./Sr. High School. The community day school and a continuation high school have been closed. The total enrollment in Big Valley Joint Unified School District was 264 students in 2006-2007 and 186 in October of 2014. A State Preschool in Big Valley / Adin serves up to 15 children.

HERLONG, DOYLE, AND THE SOUTH COUNTY

The communities of Herlong, Doyle, and south Lassen County emerged with the construction of the Sierra Army Depot in 1942, originally functioning as an ammunition and combat equipment storage facility. The Depot is located on 36,322 acres adjacent to Honey Lake, midway between Susanville and Reno, Nevada. The Depot saw its “hey day” during World War II and the Vietnam War.

As the military is no longer a major presence at the Depot, most of the employment is centered on the local civilian workforce and the most recent revitalization effort, a federal prison constructed by the Federal Bureau of Prisons. The lack of viable employment in the area is a significant factor that effects redevelopment. The opening of a new federal prison has provided jobs in this area, however, many of the employees of the facility live in Susanville or Reno, Nevada, as housing and access to services tend to be more available there.

Services within Herlong include churches, Herlong Market, , a fitness center, library, post office, thrift store, and a Family Resource Center. There are four schools serving the Herlong area under the Fort Sage Unified School District: Sierra Primary, Fort Sage Middle School, Herlong High School, and Mt. Lassen Charter School. The Credit Union and the Render Continuation High School have closed. In 2006-2007, 432 students were enrolled in Fort Sage Unified School district and 307 were enrolled in 2013-2014 according to the enrollment census of October 2014. Less than half of all students (40%) were eligible for free or reduced lunch program.

The Fort Sage Family Resource Center (FRC) and the Fort Sage One Stop have helped to meet needs in this area. The FRC offers “one-stop-shopping” for delivery of services to families from the entire South County

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area. Due to federal fiscal issues Head Start, formerly serving 18 eligible children in Herlong, has closed. This was a tremendous loss for the community.

A food pantry is maintained by the FRC and provides distribution twice per month. Behavioral Health provides limited services to the Herlong area. Closure of the Doyle-based outreach medical clinic was a severe loss of vital services to residents of the South County area. Residents seeking public services not provided in the South County area must commute forty-five miles one way to Susanville.

MADLINE PLAINS (TERMO, RAVENDALE, MADELINE)

The communities within Madeline Plains are small. The Termo-Ravendale Juniper Ridge Elementary School had an enrollment of 15 in the 2006-2007 school year and 9 in October of 2014. The California Department of Education reported that 100% of students were receiving free or reduced lunch, indicating lower incomes for families in this area. The Ravendale/Termo Charter School (CAVA) had 24 students in October of 2014. While this might seem a detriment to the Juniper Ridge enrollment levels, in reality the Charter School is an asset for Juniper Ridge. Both schools work together to serve all of the children in this very remote and isolated area of Lassen County.

HONEY LAKE VALLEY (STANDISH, WENDEL, LITCHFIELD, JANESVILLE, MILFORD)

Honey Lake Valley is geographically very large and schools are sprinkled throughout. Shaffer Elementary School is located in Litchfield, 17 miles northeast of Susanville, while Janesville Elementary School is located in Janesville, 12 miles south of Susanville and 20 miles across the valley from Litchfield. Shaffer Elementary School enrollment in 2006-2007 was 330 and 187 in October of 2012, while Janesville Elementary School enrollment for the same years was 442 and 357 students, respectively. Charter school enrollment accounts for a large portion of the decline in public school enrollment, more so than a decline in population. There were 400 children enrolled in Shaffer Elementary and more than 500 children enrolled in Janesville Elementary during the 1998-1999 school year. Drops in enrollment have occurred almost continually since.

CHARTER SCHOOLS

Throughout Lassen County there are multiple charter schools. In October of 2014 Long Valley Charter had an enrollment of 330, Westwood Charter 139, Mt. Lassen Charter 173, California Virtual Academy (CAVA) 24, and New Day Academy 303. While charter schools are beneficial opportunities in the very remote and isolated areas of Lassen County, it is true that charter school enrollment accounts for a large portion of the decline in public school enrollment, more so than a decline in population.

This is the overview of Lassen County—a county boasting a multitude of natural attractions from rich forests and high desert plateaus to geothermal wonders and beautiful waters. It is a county of diverse residents from fourth generation ranchers to newly transplanted correction families. It is a county where isolation, poverty, and illicit drug use is changing the complexion of the past. It is a county where the youth and their families are looking for new direction, but finding limited resources. It is a county moving from the old ways into the new millennium. It is a county with so much, yet so much is needed to support our families, our children, and our future.

FIRST 5 LASSEN COUNTY HISTORY

First 5 Lassen County Program History

PROPOSITION 10

Proposition 10, the California Children and Families Act of 1998 or “Prop 10,” passed by California voters in November 1998, imposes a fifty-cent-per-pack state sales tax on tobacco to fund a comprehensive, integrated system of early childhood development services for California children ages 0-5. The overall intent of the initiative is to prepare all California children to enter school healthy and ready to learn. Efforts are provided by the State Commission and through the efforts of Prop 10 Children and Families Commissions in each California County. Eighty percent (80%) of the revenue collected is received by County Commissions to fund local programs. The remaining 20% is being used by the State Commission to implement statewide strategies.

Prop 10 offers an unprecedented opportunity to flexibly invest in the health and well-being of young children and their families. In order to get the most benefit from these investments, state law requires each County Children and Families Commission to adopt a strategic plan that defines the results to be achieved, the strategies or courses of action to be followed in order to achieve those results, how results will be measured, and “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 strategic plan is the blueprint for guiding all types of decisions on Prop 10 activities.

FIRST 5 LASSEN COUNTY CHILDREN AND FAMILIES COMMISSION

The Lassen County Children and Families Commission was created by the adoption of ordinance Number 538, on January 12, 1999 by the Lassen County Board of Supervisors. The first meeting of the Commission was held in August 1999, Bylaws were adopted in December of 1999, and the Commission first contracted with Lassen Diversified Management, Inc. for strategic planning and administrative services in April of 2000. Lassen Diversified Management, Inc. continues to fulfill this role today. The Lassen Children and Families Commission is comprised of nine members, and three alternate members, all appointed by the Board of Supervisors representing the areas of county government, public health, public education, child care, parent education, preschool and early learning. Its purpose is to create and manage a collaborative comprehensive system of information, programs, services, and administrative support for enhancing early childhood development of children prenatal to 5 years old and their families.

FIRST 5 LASSEN COUNTY PROGRAMS AND SERVICES

A review of First 5 Lassen programs over the years reveals ways in which the Commission has significantly impacted the children and families of Lassen County.

School Readiness - Home Visitation Program. The Commission committed \$150,000 for four years to the home visiting program, leveraging an additional \$500,000 in State Commission funding. The Home Visiting Program was initially developed to achieve long-term outcomes through Resource and Referral and Parent Education activities. In 2006, the Home Visiting Program was restructured and expanded to include other organizations and became the primary strategy for providing school readiness activities. It was approved for State matching school readiness funds through FY 2010. At the end of State match funding, the Commission

FIRST 5 LASSEN COUNTY HISTORY

maintained full funding for the home visiting program. The program is fully staffed with 6 home visitors, and one lead home visitor/supervisor. All staff members are Healthy Families America certified, utilize the Ages and Stages screening tools, and are trained in the Parents as Teachers curriculum. The target population for the home visiting program continues to focus on high-risk families, including pregnant/parenting teens or single women, Differential Response Level I and II CPS families, and families who are homeless, non-English speaking, or substance abusing.

Table 3. Home Visitation Program Statistics/Year

Year	Participants	Home Visits	
2006-07	97 families	2,116	
2007-08	263 families	2,699	
2008-09	253	2,704	
2009-10	335	3,221	
2010-11	170	2,936	
2011-12	136	2,760	
2012-13	123	2,399	
2013-14	112	1,638	
Year	Children (Age 0-5)	Parents / Caregivers	Siblings (over 6 years)
2010-11	153	168	29
2011-12	147	136	36
2012-13	153	123	20
2013-14	103	110	26

Children ages 0-5 received an average of 19 home visits in 2010-2011, an average of 19 home visits in 2011-2012, and an average of 18 home visits in 2012-2013. In the home visiting program, and through the Parents As Teachers curriculum, parents have an opportunity to regularly monitor their child’s progress in several areas as well as assess their own family functioning by using the Life Skills Progression Tool at least twice a year with each family.

During the 2008-2009 program year several families were interviewed in an attempt to go beyond the numbers served and to demonstrate program impact on the lives of families. The depth and breadth of program impact continues to be conveyed profoundly in stories of success and impact through statements from families involved in the program. A similar process was carried out during the 2011-2012 program year.

School Readiness – Adin State Preschool. The Commission has allocated school readiness funding for additional slots at Adin Preschool to serve over-income Lassen County children in the remote area of the County. During the 2013-2014 year, one Lassen County family was served through early learning activities. This family would have been considered “over income,” yet without Lassen’s financial support they couldn’t have enrolled their children. The slots have been fully utilized each year. October 2012 enrollment data for

FIRST 5 LASSEN COUNTY HISTORY

Big Valley Primary School indicated a Kindergarten enrollment of 19 students, increased from a prior average of 10 students per year. Adin Preschool usually transitions about 10-12 students to Kindergarten, the bulk of which are from Lassen County. First 5 Lassen funding has extended opportunities for several Lassen County children in the Big Valley area to benefit from preschool.

Oral Health Initiative. First 5 Lassen has invested over \$290,000 in oral health services between December 2003 and December 2013. This project continued to provide screenings and assessment services, oral health public awareness, education, and training for parents and caregivers. The project has continued to provide direct services and supports. Early data indicated that the Lassen First 5 Oral Health Program reached 26% of the entire birth to 5 population of Lassen County. A No Interest Loan Program was made available for use by families that had a high share of cost or some other condition that restricted access to oral health care for their child. Currently the Commission maintains an oral health/medical emergency fund to help remove barriers to care due to high share of cost or other restrictive conditions.

Children's Oral Health Project. The Children's Oral Health Project (COHP), known as Smiles For Life, continues to provide services. Approximately 448 children ages 0 to 5 have received prevention and/or intervention for oral health issues this fiscal year. Most of the participants received multiple services including screenings, referrals, treatment, and follow up. Increased education and prevention training is provided for parents, caregivers, and early education providers.

The primary audience for the COHP program is children ages 0 to 5 that do not receive oral health services from another provider. COHP services provided to children are likely to improve the overall health of children as a result of screenings, referrals to dental and other health providers, and follow up. Ongoing documentation and data collection provides information about the service needs and gaps for children ages 0 to 5. This information allows COHP and its collaborative partners to develop strategies to meet those needs for Lassen's children ages 0 to 5.

CARES Initiative. First 5 Lassen funded and operated the CARES project from 2003 to 2010. An average of 52 individuals per year participated in this stipend program promoting professional growth and development of child care providers. The Commission's investment of \$50,000 per year leveraged an additional \$25,000, providing professional development and support activities that ultimately improve quality care in the county. The stipend program ended as of June 30, 2009, with the first 6 months of the 2009-2010 year devoted to evaluation and reporting. At the State First 5 Commission meeting on April 21, the State Commission voted to fund the CARES Plus program as one of its signature programs. During the 2010-2011 program year, and with declining revenues and increasing local needs, the Commission made a decision to not participate in the CARES Plus Program.

Mini-Grant Program. In contrast to the larger scope of efforts described above, First 5 Lassen in prior years awarded \$423,200 since 2000 through mini-grants. During the 2009-2010 program year it was determined by the Commission that it would be best to suspend the mini-grant program temporarily in order to stand ready to assist locally should agencies sustain fiscal cuts that were disruptive of services to children. The mini-grant line item eventually became emerging initiatives. During the year, a portion of the funds were utilized to work in the area of systems change by bringing together an expanded group of community partners to look for opportunities to better serve children and families during a most difficult economic time.

FIRST 5 LASSEN COUNTY HISTORY

Development of a children's SART (aka Young Child Wellness) system is underway as a result of the Commission's systems-change investment. During the 2010-2012 program years, the emerging initiative funding was utilized for Touch Points training of local agency representatives and later to train a team of five local representatives to be Touch Points Trainers. During the 2011-2012 program year, the Touch Points training team trained approximately 83 local agency representatives, and continues to provide mentoring support to the trainees. The total Touch Points trained individuals climbed during the 2012-2013 year to over 100. During the 2012-2013 program year, emerging initiative funding was utilized to send a team of people to a Bridges Out of Poverty training.

New Parent Kits. Since 2002, more than 1,200 New Parent Kits have been distributed in Lassen County through WIC, Home Visitors, Banner Lassen Hospital, Lassen Child & Family Resources, Northeastern Rural Health Clinics, Mountain Valleys Health Centers, and Family Resource Centers. The Kits are developed through the State Commission and provide valuable information for new parents. Supplemental materials are added locally, further tailoring the Kits to the needs of Lassen County parents.

California Smokers Helpline. As part of their ongoing partnership with First 5 to reduce use among pregnant smokers and parents of children ages 0 to 5, the California's Smokers Helpline has a new tool available to First 5 Commissions for measuring progress toward their goal.

From July 1, 2013 to June 30, 2014 the helpline received a total of 59 calls, 21 more than the 2012-2013 year. Of these, 7 were between the ages of 18-24, 20 were between the ages of 25-44, 27 were between the ages of 45-64, and 5 were over the age of 65. The majority of calls were made in June (12 calls).

Through collaboration with the Lassen County Public Health Tobacco Use Reduction Project and the Medi-Cal Incentive to Quit Smoking Program (MIQS), medical staff, public health and social service programs, as well as First 5 home visiting and oral health staff and other community based programs were trained in the Ask, Advise, and Refer model. It is likely that the increased referrals to the California Smokers Helpline are the result of the trainings offered locally. The incentives through the MIQS will be available through August 2015.

Capacity Building and Systems Improvements. One of the result areas of all First 5 Commissions is the improvement of systems of care for children ages 0 to 5 and their families. First 5 Lassen has continued to focus on system improvements through the strategies implemented and program/initiatives funded each year. Many of the achievements listed above are the direct result of the Commissions' system improvement efforts.

System improvements have resulted in increased collaboration, networking, and shared/leveraged resources; some examples include:

- 4P's screening, assessment, referral, and response process which includes home visiting, Public Health, and Northeastern Rural Health Clinic
- Development of a Child SART/Young Child Wellness System/ Help Me Grow Learning Collaborative
- Fiscal Management reporting, policies, and procedures
- Public Health Advisory Coalition
- Development of an integrated, web-based data reporting system for funded programs to use in delivering services to children and their families and tracking results

FIRST 5 LASSEN COUNTY HISTORY

- Provision of program evaluation (State and Local) support and training First 5 Lassen has focused on program sustainability from the start, and continues to promote opportunities for leveraging funding, and coaching or assisting with supplemental program applications and grants

HISTORICAL OVERVIEW OF STRATEGIC PLANNING AND REVIEW

Strategic Plan Review Process

Lassen County Children and Families Commission adopted its first strategic plan in 2000. A three-year plan was then developed for 2002-2005. Over the past few years many changes have occurred in Prop 10, in the form of increased funding for smaller population counties and the creation and continued funding of a statewide School Readiness Initiative and support for the CARES Initiative designed to strengthen the quality of early childhood learning. Economic conditions and declining revenues compel extensive discussions and consideration of program reductions by the Commission. In June 2006, legislation was passed in California that increases the reporting and auditing requirements for local First 5 Commissions. Except for programs funded jointly at the state and local level, local First 5 Commissions are now responsible for evaluating and reporting results of funded programs. In response, Lassen County continues in the implementation of extensive evaluation plans for its major initiatives and programs. The Commission continues in its implementation and use of an integrated, secure, web-based database system for funded programs that enables simple, real-time data collection and reporting functionality. Both of these efforts are important components of tracking and reporting on the degree to which First 5 funds are making a difference in the lives of young children and their families.

The end products of a three-step process used to develop the 2008-2009 Strategic Plan provided a secure and relevant foundation for future plan reviews and updates. Updated data and information was gathered. The annual review included obtaining updates from publicly available data to the County Profile section of the strategic plan, and documenting program and system improvement achievements. The Commission engaged in discussions of emerging trends and issues, and the relevance of current goals, objectives, indicators, and strategies. The Commission continued to integrate their long-range financial forecast into the strategic plan review process. These foundational documents allowed for a richer discussion about which strategies the Commission would like to sustain over time depending on the outcome of economic uncertainties facing the State of California and local venues. Based on the defeat of attempts to dismantle First 5, the Commission has been able to move forward with a revised Strategic Plan, Budget, and modified Long Range Financial Plan, all the while keeping in mind the need to continue to engage in discussions about how the local First 5 Lassen goals and objectives help support essential services for local children ages 0 through 5.

Based on information provided to First 5 Lassen County about the state of California's funding and the Governor's proposed budget revisions, there are still gaps or holes in the budget that, if addressed in a number of ways, could likely affect Lassen County children ages 0 through 5 and their families.

The final steps in the strategic plan review process were to draft the revised strategic plan document, update it to reflect decisions made during the 2013-2014 financial and strategic planning process, and present it to the public via public hearing and to the Commission for review and comments. Comments and feedback are incorporated as appropriate and the final document will be presented for formal adoption during the June 2014 Commission meeting.

Historical Community Concerns and Conditions

The 2006 community assessment revealed the top concerns for individuals, families, and communities related to health, learning, and strong functioning families. The 2007 community survey reinforced these findings. The 2012-2013 adverse conditions update, the 2013-2014 top issues and concerns update, and the 2013-2014 significant progress update were also useful in showing the top concerns and conditions for individuals, families, and communities in Lassen County. A few of the key findings from these assessments, which influenced strategic planning decisions, are listed below.

2006 COMMUNITY CONDITIONS AND CONCERNS

Improved Family Functioning: Strong Families

- 17% of children under the age of 18 were living in poverty in 2004. More than two-thirds of children ages 0 to 6 living in female-headed households with no husband present lived below the poverty level.⁵³ Nearly two-thirds (65%) of all children in Lassen County were living in low-income families in 2007.⁵⁴
- The percentage of children living in foster care in 2006 decreased by 7% from the previous year,⁵⁵ while the number of children being raised by grandparents or living in Kinship Care has increased. Rates of reported child abuse and rates of children in foster care are higher in Lassen County than statewide.⁵⁶
- Juvenile arrests for drugs and alcohol were higher than state averages.
- Decline in number of persons receiving public assistance (e.g. TANF, CalWORKS, and food stamps)⁵⁷ and increase in those “aging out” of the system.
- Nearly one-fourth of low-income families report being food insecure.⁵⁸
- Lack of transportation affects families’ ability to access services.
- Top concerns related to family functioning expressed by community members and service providers in the 2006 comprehensive needs assessment were:
 - Family structure and functioning, including parenting concerns, consist of need for parenting information and classes, support for teen moms, family activities, household skills, extended family support, feeling loved and supported, parents’ lack of knowledge, family instability, divorce, and single parent families
 - Generational dysfunction and the need to address whole family systems in order to create any sustained improvements
 - Financial stability, economic security, and employment concerns include factors such as few jobs, high energy costs, lack of low income housing, low pay, need for assistance securing part time work, and the availability of housing/rentals that are affordable, clean, and safe

⁵³ US Census, 2004

⁵⁴ Children Now 2007 California Data Book www.childrennow.org. Children in low-income families data. Low income is defined as:

⁵⁵ Lassen County 2007 Economic and Demographic Profile

⁵⁶ Children Now 2005 California Data Book www.childrennow.org. Child abuse data from 2002, 2003, and 2004

⁵⁷ Lassen County 2005 Economic and Demographic Profile

⁵⁸ http://www.healthpolicy.ucla.edu/pubs/files/foodins05_SiskiyouLassenTrinity.pdf. Aggregated among Siskiyou, Lassen, and Trinity

COMMUNITY PRIORITIES AND TRENDS

- Recommended solutions proposed by community members and service providers to address top concerns were:
 - Recreation and community activities that help family members learn to communicate and interact effectively, as well as link them to other resources and supports
 - Parenting services and classes
 - Employment and economic related resources

Improved Child Development: Children Learning and Ready for School

- Average cost of full-time licensed child care for preschool-age child is high and often prohibitive.
- Less than one-fourth of the county's labor force has access to licensed child care.
- Over 60% of three and four year old children are enrolled in pre-school specific care and development programs.
- The number of special education children ages 0 to 5 diagnosed with autism in December 2007 was 26; this is nearly double the number reported in 2004; and four times greater than 2002 numbers.⁵⁹
- Number of students enrolled in special education rose in the first part of the decade, but has declined since 2004 in recent years.⁶⁰
- More than three quarters of all students enrolled in special education have either specific learning disabilities, or speech and language disabilities (39% SLD and 37% SLI).⁶¹
- Drop-out rate has decreased in the most recent school year, reported at 10.5 for Lassen and 14.1 for California for the 2005-2006 school year.⁶²
- Lassen averages fewer college graduates than other counties in California, at 11% of the population.⁶³
- Top concerns related to children's learning expressed by community members and service providers in the 2006 comprehensive needs assessment were:
 - Poor family functioning and its impact on learning ability and environments for children prenatal to five
 - Insufficient number of quality and affordable early childhood development environments, including child care
 - Limited educational opportunities for older youth and adults to enhance/extend current education and experience levels; inhibits ability to prepare young children for school and learning
- Recommended solutions proposed by community members and service providers to address top concerns were:
 - Offer a variety of after school resources to provide an extended-day care/learning environment

⁵⁹ Special Education Annual Data Comparison Report, 12/01/07 Lassen County Submission, Lassen County Office of Education fax, 12/20/07

⁶⁰ Special Education enrollment was 714 students for 2006-2007 school year (California Department of Education), <http://dq.cde.ca.gov/dataquest/>

⁶¹ California Department of Education <http://dq.cde.ca.gov/dataquest/>

⁶² California Department of Education <http://dq.cde.ca.gov/dataquest/>

⁶³ California Child Care Portfolio <http://www.rnnetwork.org/publications/2007/lassen.pdf>

COMMUNITY PRIORITIES AND TRENDS

- Expand availability and access to quality early childhood development environments, including child care
- Expanded variety of education opportunities for youth and adults

Improved Child Health: Healthy Children

- ➡ Percentage of children still lacking health and dental insurance or coverage is still too costly.
- ➡ Lower rate of mothers receiving prenatal care in the first trimester than state averages.
- ➡ Percentage of children needing vaccinations at Kindergarten entry is too low.
- ➡ Insufficient number of providers (medical, dental, and mental health) providing services, and the percent of those providers accepting Medi-Cal.
- ➡ Top concerns related to children's health expressed by community members and service providers in the 2006 comprehensive needs assessment were:
 - Accessibility to medical, oral, and mental health services including prenatal care, accurate diagnosis, and access to specialists
 - Lack of providers, especially those that accept Medi-Cal
 - Nutrition issues including breastfeeding, malnutrition, and nutrition education, as well as preparing and serving balanced meals
- ➡ Recommended solutions proposed by community members and service providers to address top concerns were:
 - Increase access to medical providers and mental health services
 - Increase public health and bilingual services, parenting and special education resources, and outreach to increase awareness of services and resources
 - Offer home-based services and education to address health concerns

2012-2013 ADVERSE CONDITIONS – UPDATE

The most pressing conditions in Lassen County that could (or already do) adversely affect young children continue to be: insufficient access to providers or ability to afford health services (medical, dental, and mental health); decreased health care facilities; general economic factors, including lack of employment opportunities that pay livable wages, cost and availability of safe, affordable housing, and income levels that are too high to qualify for services but too low to support a family; budget cuts and the impact on nonprofit and government service delivery capacity; and, the impact of alcohol, tobacco, and other drug use and abuse.

The Child Abuse Prevention Council/Public Health Advisory Committee and a Perinatal Substance Abuse Prevention workgroup have worked hard since 2010 to make a difference in a highly significant condition that impacts a high percentage of newborns in Lassen County. The following 6 years of 4P's Plus Perinatal Screening/Assessment Data shows a very slight improvement in Before Known Pregnant data and a significant increase in women continuing to use substances After Known Pregnant:

COMMUNITY PRIORITIES AND TRENDS

Before Known Pregnant

2007	138 Women Screened	115 Positive Screens	83.3%
2008	152 Women Screened	109 Positive Screens	71.7%
2009	129 Women Screened	93 Positive Screens	72.1%
2010	263 Women Screened	192 Positive Screens	73%
2011	260 Women Screened	178 Positive Screens	69%
2012	164 Women Screened	116 Positive Screens	70.7%
Total	1119 Women Screened	812 Positive Screens	72.6%

***Compared to the 2007-2011 Cumulative Data Analysis results of Before Known Pregnant, Lassen County decreased from 73% to 72.6% Positive Screens for substance use Before Known Pregnant for 2007-2012.*

Since Known Pregnant

2007	113 Women Screened (+)	87 Positive F/U Assessments	63%
2008	100 Women Screened (+)	55 Positive F/U Assessments	36.2%
2009	63 Women Screened (+)	38 Positive F/U Assessments	29.5%
2010	185 Women Screened (+)	81 Positive F/U Assessments	30.8%
2011	177 Women Screened (+)	74 Positive F/U Assessments	28%
2012	104 Women Screened (+)	68 Positive F/U Assessments	41.2%
Total	754 Women Screened (+)	407 Positive F/U Assessments	36.4%

***Compared to the 2007-2011 Cumulative Data Analysis results of Since Known Pregnant, Lassen County has increased from 35.5% to 36.4% of women who continued to use substances Since Known Pregnant for 2007-2012. We also note a significant increase from 2011 to 2012 with 41.2% of women continuing to use substances Since Known Pregnant.*

Results of 3 years of screening pregnant women using the 4 P's Plus Perinatal Substance Use Screening Tool were recently compared to California and national results. This tool screens for alcohol, tobacco, and illicit substances like marijuana, cocaine, and methamphetamine. The Lassen County results were shocking. The 4P's report of screenings of 392 pregnant women since the spring of 2007 indicates that 75.8% of women diagnosed as pregnant screened positive for use of drugs, alcohol, tobacco, or exposure to domestic violence, before they knew they were pregnant. Of great concern was the fact that only 43% were quitting substance use after they knew they were pregnant and some continued to use substances throughout their entire pregnancy. When compared with 19 other California Counties and overall state results of other states in the nation using the same screening tool, Lassen County was found to have the highest rate of prenatal substance use. The implications of this are serious for the children of Lassen County and extremely expensive for the long term provision of services for the special needs that are created in children born to substance abusing mothers. This is a huge problem that many County agencies and community partners are focusing their attention and efforts on to educate and prevent further abuse and damage to unborn children of generations to come. Both the development of the 4Ps Plus Prenatal SART program and the developing Young Child Wellness System (formerly known as Child SART) process are the result of Lassen First 5 systems change efforts.

COMMUNITY PRIORITIES AND TRENDS

Substance abuse continues to be one of the most pressing conditions in Lassen County that can and does adversely affect young children. Much work remains to be done.

2013-2014 EVALUATION REPORT HIGHLIGHTS

This section presents key highlights of the current environment for children and families in Lassen County, as presented in the FY 2013-14 First 5 Lassen Evaluation Report and the 2015 Community and Provider Needs Assessment survey processes conducted by First 5 Lassen.

2013-2014 Top Issues and Concerns – Update

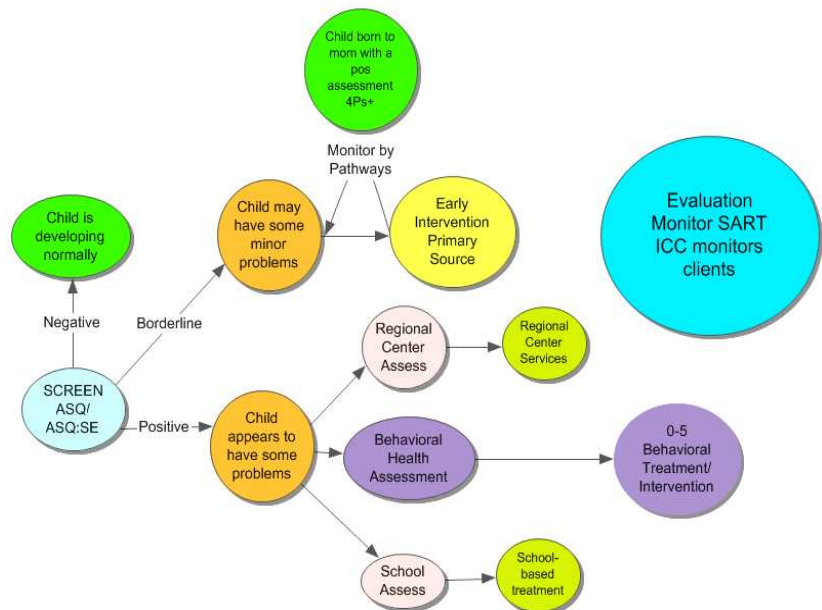
The top three issues and concerns for Lassen’s youngest children (ages 0 through 5) and their families identified by respondents to the 2007 online survey, and by families served through First 5 funded programs through December 2013, remain generally consistent with concerns identified earlier:

- Medical Health - access to health care, lack of prenatal care, quality health insurance coverage for children and all other family members, disease prevention, and nutrition. One area where health access has improved is through the 4Ps Plus program that screens for alcohol, tobacco, drugs, and other child health risks resulting from behavior of pregnant women and their partners
- Early Learning - lack of quality child care / day care, especially in the more rural or remote areas, and preparing children for Kindergarten through preschool education, social interactions, and other educational activities
- Oral Health – maintenance of access to comprehensive pediatric dental services that accept MediCal, and ensuring those young children’s basic dental needs are met

Other top concerns included abuse and violence, inability of families to provide food and shelter for children, lack of employment opportunities and related economic insecurity, transportation barriers, substance use and abuse and its impact on children, need for better parenting skills, and behavioral health issue.

2013-2014 Significant Progress – Update

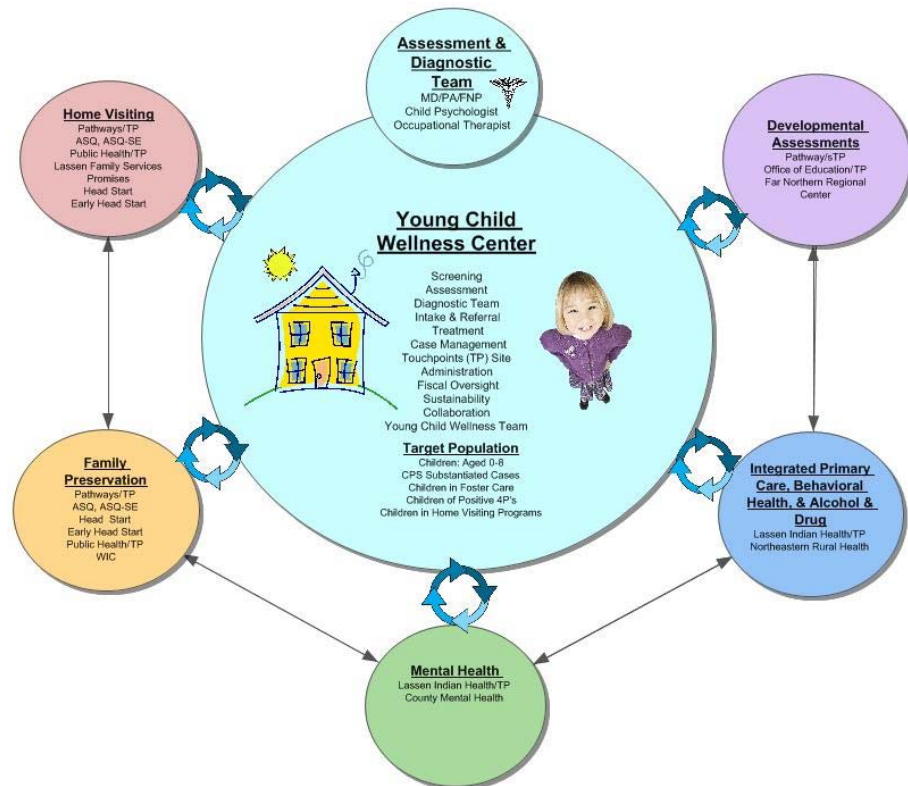
While issues and concerns continue to exist, significant progress has been made through Commission funded initiatives such as the home visiting and oral health programs. Continued systems-change efforts originally funded by the Commission and the First 5 Regional Technical Assistance Project, have continued to stimulate significant growth and change in collaboration and modification of systems of service for children. An expanded team of individuals, now known as the



COMMUNITY PRIORITIES AND TRENDS

Young Child Wellness Team from agencies and the community have continued to refine and develop a Young Child Wellness System (formerly known as Child SART [Screen, Assess, Refer and Treat]) system. Certain agencies are already implementing systems-change based on the expanded collaboration. Most notable is the continued county-wide implementation of the ASQ (Ages and Stages Questionnaire) and ASQ-SE (Ages and Stages Questionnaire-Social Emotional) screening resource. Through this resource, administered by Pathways to Child & Family Excellence, agencies and families throughout the county have the ability to screen growth and development as well as the behavior of children. Children screening outside of normal parameters can be

identified quickly and referred for services. The vision adopted by the Young Child Wellness team states “We are a community that honors its children by making a commitment to assure that all children reach their full potential in a nurturing, healthy family environment.” This vision and continued hard work of the team lead to the following map of services for children which is being utilized in the interim as further system work is defining and developing a comprehensive child wellness system.



In addition, the Young Child Wellness Team has developed a child wellness system model. The collaborative team continues to work on the model, combine the brick and mortar and virtual concepts, and move forward with process and fiscal considerations. Most recently, the Service Allocation Team (SAT) of Lassen County Health and Human Services has consented to become the nucleus of the Young Child Wellness System.

Additional expansion of resources for children can be seen in the implementation of Early Head Start. Collaboration with Lassen County Health and Human Services has created a shared space where the Early Head Start program is located near other services helpful to the children and families served in the program.

Enhanced collaboration within the Young Child Wellness Team created the opportunity to bring Brazelton Touch Points training to 26 providers in Lassen County in 2010. 2012-2013 saw the progress in the training of a team from Lassen County which has since returned and trained approximately 120 local individuals from a broad spectrum of agencies.