



Lassen County Children and Families Commission

**REVISED
STRATEGIC PLAN
2009-2010**

Draft: June 29, 2009

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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 2009-2010 Strategic Plan. The Commission meets monthly on the first Thursday at 1:30 p.m. in the Barry Creek Meeting Center, 1345 Paul Bunyan Road, Suite B, Susanville, California. The meetings are open to the public.

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Project Support

SEI provided support and guidance throughout the review process. SEI can be contacted at 6121 Lakeside Drive #160, Reno, Nevada 89511 (775) 324-4567, or on the Internet at <http://www.socialent.com>.

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

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

First 5 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. In the fall and winter of 2005-2006 the Commission partnered with local agencies to develop a collaborative Community Needs Assessment that provided information needed to conduct the FY 2006 strategic plan update process. In January 2007, the Lassen County community was invited to participate in an online survey about the top issues and concerns facing children 0 through 5 and their families. The results of that outreach as well as the MCAH needs assessment process implemented in 2008-2009, and updated data from other sources such as Children NOW report, has served as the basis for developing the 2009-2010 Revised Strategic Plan. As part of its ongoing responsibilities to review and update its strategic plan, the Commission has reviewed its progress and achievements of the past year, discussed goals, objectives, indicators and strategies, and within the confines of current economic realities, has set the direction for the next year.

The four goals and eight objectives adopted in the 2008-2009 Strategic Plan have been minimally revised to reflect current program trends. The goals and objectives are as follows:

Improved Child Development: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

- 100% children served will progress along a continuum toward school readiness
- 50% of parents who participate in trainings will implement skill or strategy learned

Improved Family Functioning: Families and other caregivers of children prenatal through 5 will provide optimal parenting and a healthy environment.

- 60% of parents served will demonstrate increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles
- 100% of Lassen County parents of newborns will be offered a New Parent Kit
- 150 high-risk families will be provided home visits annually

potential.

- 80% of families served by First 5 programs will increase utilization of child physical and emotional health services

Improved Systems of Care: Encourage and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

- Shared visions among public and private partners are in place that remove access barriers and result in increased participation

The collection of strategies utilized in the development of the 5 year strategic plan remain effective in achieving results. 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 \$7,500) 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. Mini-grants will continue to be accepted year round until the annual allocation is exhausted for small projects and one-time events where the project total is \$7,500 or less.

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.*

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 twenty percent (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 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 five years old and their families.

The First 5 Lassen County Children and Families Commission (referred to as First 5 Lassen) 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.

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 coordinated system of early childhood development services. The focus of the Commission is on quality health care, childcare, parent and early childhood education. The Commission will support prevention and intervention programs for children, prenatal through five years of age, and their families. Children, parents and caregivers will be provided opportunities necessary to foster secure, healthy and loving attachments (i.e. relationships).

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.

First 5 Lassen Achievements

First 5 Lassen Achievements – Program Achievements

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

School Readiness -Home Visitation Program. The Commission has 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. The program is fully staffed with 7 home visitors, and one lead home visitor/supervisor. All staff members are Healthy Families America certified, utilize the Ages and Stages Assessment tools, and are trained in the Parents as Teachers home visiting model. 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. During the 06-07-program year, 97 families were served through 2,116 home visits. During the 07-08-program year, 263 families participated in the program and received 2,699 home visits. During the first 9 months of the 08-09 program year, 240 participants in the program and have received 2,001 home visits. The Grantee recently restructured its organization in order to better address impending reductions in school readiness funding and the potential requirement that all First 5 funds be utilized for direct services. The organization is now positioned to provide services to a broader number of children and families throughout Lassen County. In the home

functioning by using the Life Skills Progression Tool at least twice a year with each family.

Life Skills Progression	Pre	Post	Change
6. Discipline	8.9	10.1	1.3+
7. Support of Child Development	8.1	10.1	2.0+
9. Relationship with Home Visitor	7.8	10.4	2.6+
10. Use of information	7.9	9.6	1.7+
11. Use of Resources	7.8	9.6	1.8+
22. Child Dental Care	9.1	10.6	1.5+
20. Child Well Care	9.0	10.5	1.5+
23. Child Immunizations	9.4	10.9	1.5+
33. Medical/Health Insurance	7.4	8.6	1.2+
Selected items from the Life Skills Progress that measure toward the evaluation plan outcomes are included in this table.			

During the 08-09 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 is conveyed profoundly in a story book format through photos and statements from families involved in the program.

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. The slots have been fully utilized each year. Recent interview of staff at the preschool and Big Valley Primary School indicates that Kindergarten enrollment averages 10 students per year. Currently Adin Preschool will be transitioning 12 students to Kindergarten, 10 are from Lassen County. First 5 Lassen funding has extended opportunities for virtually all Lassen County children in the Big Valley area to benefit from preschool.

Oral Health Initiative. First 5 Lassen has invested \$190,000 in oral health services between December 2003 and December 2008. This project continues to provide screenings and assessment services, oral health public awareness, education, and training for medical practitioners, childcare providers, CPS workers, parents, and civic organizations. The project has continued to provide direct services and supports, including Fluoride Varnish applications. Recent data indicates that the Lassen First 5 Oral Health Program is reaching 28% of the entire birth to 5 population of Lassen County. A No Interest Loan Program continues to be made available for use by families that have a high share of cost or some other condition that restricts

Currently in its second round of funding through FY 2007/08, an average of 52 individuals per year have 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 ends as of June 30, 2009, with six months of the 09-10 year devoted to evaluation and reporting. The State First 5 Commission will no longer be offering additional funding.

Mini-Grant Program. In contrast to the larger scope of efforts described above, First 5 Lassen has awarded \$423,200 since 2000 through mini-grants. This has allowed a number of short-term projects to be conducted that directly benefit the health and well being of children prenatal through five, and their families. Over the past eight years 58 mini-grants have been awarded which funded playgrounds, childcare facility materials upgrade, library and early literacy programs, parent education, etc. During the first half of the 07-08 program year 2 mini grants totaling \$14,986 have been awarded.

New Parent Kits. Since 2002, more than 1000 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.

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 through 5 and their families. First 5 Lassen has continued to focus on systems 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:

- Development of an Oversight Committee to review First 5 program and initiative progress
- 4P's screening, assessment, referral and response process which includes home visiting, Public Health, Alcohol and Drug and PROMISES
- 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
- Provision of program evaluation (State and Local) support and training

opportunities for leveraging funding, and coaching or assisting with supplemental program applications and grants.

2009-2010 Strategic Plan Review Process

In order to receive resources from Children and Families First Act funds, counties are required to form Children and Families Commissions that must develop and annually review strategic plans to address the three strategic results identified by the State Commission:

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

County Commissions have the ability to determine the local strategic planning process and goals, but must, at minimum, ensure that the following components are included in their strategic plans:

- A description of goals and objectives proposed to be obtained
- A description of the programs, services and projects proposed to be provided, sponsored or facilitated
- A description of how measurable outcomes of such programs, services and projects will be determined by the County Commission using appropriate reliable indicators
- A description of how programs, services and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system

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, originally 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. Recent planning by the State Commission indicates that the School Readiness and CARES programs will cease at the end of their program terms, 09-10, and 08-09 respectively. 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 continues in the implementation of extensive evaluation plans for its major funding 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 the 09-10 plan review and update. Updated data and

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. Decisions regarding program and financial plan modifications were delayed pending outcome of the May 19 ballot initiative. 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 Proposition 1D, the Commission is now 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 aged 0 through 5.

Based on information provided to First 5 Lassen County on May 22, 2009 about the Governor's proposed budget revision, there are a number of proposed budget cuts/changes that are likely to affect Lassen County children, ages 0 – 5 and their families.

Healthy Families – roll back eligibility to 200% of FPL; estimated 33% to 40% of children under six would lose health coverage. Another proposal under Department of Finance (DOF) consideration suggests completely eliminating Healthy Families and mental health managed care services

Proposition 99-Shifts funding to Medi-Cal and the impact is a loss of the AIM component of Healthy Families

Maternal, Child and Adolescent Health Grants – elimination of funding/grants to local health departments; impacts local service levels

MediCal – roll back of eligibility, scope of benefits, and provider reimbursements; further reduces providers' willingness to accept MediCal patients and limits access to families/children; elimination of adult dental is already a pending cut in the 2009-10 budget

CalWORKS – reduced levels of grants to families, aid in child-only cases limited to 60 months; another proposal under DOF consideration suggests completely eliminating CalWORKS

Legal Immigrants Support – eliminates California food and cash assistance programs for low income, legal immigrants; shifts costs to county

SSI/SSP – reductions in SSI/SSP amounts could impact household income in multi-generational families

Child Welfare Services – changes to Kin GAP; reduces number of social workers in county impacting capacity for emergency response, assessment, family maintenance, reunification, and permanent placement.

Children's Dental Disease Program-Suspension of entire program resulting in the loss of services to approximately 300,000 preschool and elementary school children.

Developmental Services/Early Start-Proposes to restrict admission to Early Start for children over 24 months to those with a developmental delay of 50%. This equates to a \$100 million

funded through Early Start. Existing preschools with support will be targeted for service delivery rather than infant development centers.

Domestic Violence Program-Elimination of funding to 94 domestic violence shelters.

Although this information is preliminary, it provides an indication of strategies that First 5 Lassen may want to consider as it develops its funding priorities for the strategic plan update.

The final step in the strategic plan review process was to draft the revised strategic plan document, updated to reflect decisions made during the 2009-2010 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 2009 Commission meeting.

This section presents key highlights of the current environment for children and families in Lassen County, as presented in the 2006 Community Needs Assessment conducted by First 5 Lassen in partnership with Lassen County Health and Social Services. Also included are the top three concerns and adverse conditions affecting children 0 through 5 and their families identified through the Commission's 2007 pre-planning survey. A detailed overview of the county's demographic and economic conditions, a full description of the partners involved and processes used, and detailed survey findings for both the 2006 Community Needs Assessment and the 2007 Pre-Planning Community Survey Results Summary can be obtained by contacting First 5 Lassen County. The approaches used to develop these documents are examples of how First 5 Lassen continues its efforts toward establishing and sustaining a comprehensive, coordinated system of care for children prenatal through 5 that maximizes the efficient use of resources, minimizes the duplication of services, and is focused on Lassen County's most pressing needs.

Summary of Needs

Lassen County Overview

Roughly the size of Connecticut, Lassen County is a rural, sparsely populated, but geographically large county in California.¹ Over 18 years, the population grew significantly: in 1990, the population in the county was 27,598; ten years later, the population grew to 33,828; by 2008 it was 35,757. The California Department of Finance expects the population to grow another 15% by the year 2020, growing at a rate slightly greater than the state of California.²

Regionally, the trend is urbanization. Less populated counties, like bordering Plumas and Modoc are experiencing a decrease in population, while Shasta County with the city of Redding, has increased significantly. In Lassen, two-thirds of the residents lived in the rural area in 1990. Eighteen years later, the population is divided equally between urban and rural.³

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 2008, children accounted for 22% of the county's population, while the same age group accounted for over 26% of the general population statewide.⁴ A similar situation is occurring within the elderly population. The people ages birth to five, five to 18, and adults over the age of 65 are not growing at the same rate as California as a whole.

The largest ethnic groups in Lassen County are, in order, Caucasian, Hispanic or Latino, and Black or African-American. The Caucasian population is significantly greater in Lassen County

¹ California Department of Finance, Demographic Research Unit 2008

² California Department of Finance, Demographic Statistics 2008

³ American Community Survey, 2006

⁴ California Department of Finance, Demographic Research Unit 2008

county, 2% are African American, 1% are Asian American, 14% are Latino, 76% are white, and 7% are of multiple or other ethnicities.⁵ Lassen County has the greatest Hispanic population of all its bordering counties, requiring specific consideration. Only 6% of children speak another language at home, but this more than doubles when looking only at ages five and older. It is important to note that these numbers do not include the prison population; including this subset of the population doubles the figure.⁶

Only one-third of the population is employed—less than the number in the labor force. Most people work in Lassen County, however some travel as far as Washoe County, Nevada for work.⁷ The top three industry employers in 2007 were the State and Local Government, the Federal Government, and Trade, Transportation, and Utilities.⁸ From 2002 to 2006, Lassen County saw a net growth of 60 jobs in government, offsetting the decline in manufacturing, trade, transportation, and utilities, leisure and hospitality, and other industries.⁹ The 2008 industry employment total was 10,510, a net gain of 570 jobs for the year. The government provides almost 60% of jobs in the area, primarily related to the prison system: the three prisons located in the county have an inmate population of about 10,000.¹⁰ Accordingly, this not only affects the total population, but figures of income, education attainment, and other criteria for the county.

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. The birth rate in Lassen County is half that of the state, which explains why the population under the age of 18 in Lassen County is much lower than that of California. Projections do not bode well for Lassen County: the total number of children in grades Kindergarten through 12 will continue to decrease in the next ten years from 5,133 to 4,488.¹¹ The high school graduation rate for this period of time has a sharper decline than overall estimates.

Not only are birth rates down, but early childhood education is not taking place. Most children are not enrolled in a preschool or nursery school, and around two-thirds of preschool age children that are below or near the Federal Poverty Level are not enrolled in a program,

⁵ Children Now 2008 California Data Book,

http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

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

⁷ California Employment Development Department: Labor Market Information

⁸ California Department of Finance, Demographic Research Unit 2008

<http://www.dof.ca.gov/HTML/DEMOGRAP/ReportsPapers/ReportsPapers.php>

⁹ California Employment Development Department, 2008

<http://www.labormarketinfo.edd.ca.gov/cgi/databrowsing/localareaprofileqsresults.asp?selectedarea=lassen+county&selectedindex=19&menuchoice=localareapro&state=true&geogarea=0604000035&countyname=>

¹⁰ US Census <http://quickfacts.census.gov/qfd/states/06/06035.html>

high-quality early childhood education, \$4 to \$17 in returns is generated for the public.¹²

The county could be positioned to be an area of major growth. In 2000 the median home price was half that of California and Washoe County.^{13, 14} 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.

Considering the general state of Lassen County, there are significant risk factors to be addressed. 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 2008 was \$20,803.^{15, 16} The per capita income in 1990 was \$12,626, and in 2000 the per capita income was \$14,749. The Consumer Price Index (CPI) averages 3% each year, therefore, people in Lassen County had a decrease in purchasing power in that decade. Explicitly, if the county maintained growth in per capita income with the growth in inflation, the per capita income in 2000 should have been \$16,413, which it was not. With per capita income decreasing and inflation increasing, people have a lowered purchasing power, and are living on a smaller budget each year.

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 5-18 and working-age adults that are unable to work add a stressor in the family, increasing the risk factor of child maltreatment.¹⁷ Almost 15% of the population is either under 18 or older than 65. Combining that with the rate of disability, almost two-thirds of the population does not work.¹⁸ The population in California that is in the labor force is a full 20% higher. These figures decrease slightly when the prison population is not considered.

Even with a smaller workforce, Lassen has high unemployment rates. The unemployment rate in Lassen County has been increasing steadily each year; unemployment has been decreasing in California at the same rate. The same trend holds true in the region. 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, the unemployment rate was at 8.1%; and as of November 2008, the unemployment rate rose to 9.9%.¹⁹

¹² Children Now 2008 California Data Book,

http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

¹³ US Census <http://quickfacts.census.gov/qfd/states/06/06035.html>

¹⁴ US Census, <http://quickfacts.census.gov/qfd/states/32/32031.html>

¹⁵ California Department of Finance

¹⁶ Lassen County Chamber of Commerce

¹⁷ Lassen County Chamber of Commerce

¹⁸ American Community Survey, 2006

California.²⁰ Sixteen percent of the population and 17% of the children lives in poverty. California families with two working adults need to earn \$72,300 a year, or three times the federal poverty level (FPL), to pay for housing, child care, food, insurance and transportation. Yet approximately one in two children lives in a family with an annual household income at or below \$70,000.²¹ In Lassen County, only one-third of the people in the county are considered self-sufficient.

The Lassen County median household income in 2006 was \$36,310—this includes all people who occupy a housing unit as their usual place of residence.²² 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 \$34,461.²³ 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 is significantly lower than the median income, as well as the self-sufficiency level in Lassen County. For that same family with two children, the FPL is \$15,670. According to the US Census, 11.1% of families and 14% of individuals in Lassen live below the FPL.

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.²⁴ In terms of oral health, one in three children aged two to five has never seen a dentist, while 15% of the state's children aged two to 11 have never visited a dentist.²⁵ To a family facing economic hardship, the exclusion of a seemingly “extra” service of visiting a dentist could lead to disrupting the child's learning in school, diminish proper nutrition, and affect the child's sleeping habits. Seventy-five percent of children in need of mental health services do not receive treatment. By ignoring this issue, the likelihood increases of the child experiencing problems at school, violence, drug abuse, and suicide. 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.

Lassen County is home to 8,202 children, which is over one-fifth of the population.²⁶ Lassen has one of the highest rates of children living in low-income households.²⁷ Almost one in five

²⁰ Children Now 2007 California Data Book,

http://publications.childrennow.org/publications/invest/cdb07/cdb07_rankings_county.htm

²¹ Children Now 2008 California Data Book,

http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

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

²³ Insight: Center for Community Economic Development, <http://www.insightcced.org/>

²⁴ Children Now 2008 California Data Book,

http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

²⁵ Ibid.

²⁶ Ibid.

six are living in poverty under female-headed households. This is a known risk factor for child maltreatment.²⁸ The percentage of children living in foster care in 2006 decreased by 7% from the previous year, while the number of children raised by grandparents or living in Kinship Care has increased.²⁹ Rates of reported child abuse and rates of children in foster care are higher in Lassen County than statewide.³⁰

An additional concern is the indication that a significant portion of the population is not completing high school. In 2007, 109,011 students dropped out of high school in California.³¹ According to a study by the California Department of Education, over a lifetime a high school graduate 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 of teenagers in Lassen County are neither in school nor working. Ten to 20% of students drop out of high school, the vast majority of which occur in Westwood Unified School District.

California's teen birth rate is between four to 12 times higher than the rates for France, Spain, Italy, the Netherlands and Japan. The state's costs associated with teen childbearing, including lost tax revenue, health care and child welfare services, is about \$1.5 billion a year.³² At least one-sixth of all births in the county are to teenage mothers.

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.

Many of the stressors described above will come to life with the subsequent data. Because the county experienced a sharp decline in children ages birth to 18 in 2000, statistics illustrate that the abuse in that period could have stemmed from the loss of labor industries, as well as a sharp rise proportionally in the non-work force population.

Approximately 11 out of every 1,000 children, ages 0-17, are maltreated.³³ In 2007, young children under the age of five accounted for 42% of all substantiated cases of abuse reported in California.³⁴ 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

²⁸ Children Now 2007 California Data Book

²⁹ Lassen County 2007 Economic and Demographic Profile

³⁰ Children Now 2005 California Data Book www.childrennow.org. Child abuse data from 2002, 2003, 2004.

³¹ Children Now 2008 California Data Book, http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

³² Children Now 2008 California Data Book, http://publications.childrennow.org/publications/invest/scorecard08/scorecard08_lassen.htm

³³ *Ibid.*

County from 2000 through June 2008 has decreased as the population increased³⁵

The largest segments of child abuse in Lassen County are those between ages three 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.³⁶ Further, substantiated claims dropped from 25% to 20%. 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 referred and substantiated have remained relatively stagnant.

The estimated population of Lassen County in 2007 was 36,375 persons, which was a 2.4% increase from the 2006-estimated population.³⁷ Lassen is home to 7,298 children, ages 0-17, which is less than 1% of California's total child population.³⁸ Susanville remains the most populated area of the county. Approximately 20% of the population in Lassen County is children and youth, however, the percentage of children and youth is declining as the senior population expands. By the year 2015 the number of seniors will exceed children and youth.³⁹

The median family income increased more than 8% between 2000 and 2004 to \$42,738 in 2004. And, although unemployment declined between 2000 and 2003, the rate is still higher in Lassen County than in the state. There have been decreases in the number of children in the county living below the poverty level and, at the same time the percentage of children receiving free or reduced lunches has increased.

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. A few of the key findings from the assessment, which influenced strategic planning decisions, are listed below.

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

³⁵ University of California at Berkeley, Center for Social Services Research, http://cssr.berkeley.edu/uch_childwelfare/Referrals.aspx

³⁶ University of California at Berkeley, Center for Social Services Research http://cssr.berkeley.edu/uch_childwelfare/default.aspx

³⁷ California Department of Finance

³⁸ Children Now 2006, California Data Book www.childrennow.org, Lassen County data

low-income families in 2007.⁴¹

- The percentage of children living in foster care in 2006 decreased by 7% from the previous year,⁴² 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.⁴³
- 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)⁴⁴ and increase in those “aging out” of the system.
- Nearly one-fourth of low-income families report being food insecure.⁴⁵
- Lack of transportation affects families’ ability to access services.
- Top concerns related to family functioning expressed by community members and services providers in the 2006 comprehensive needs assessment were:
 - Family structure and functioning, including parenting concerns include 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 includes factors such as few jobs, high energy costs, and 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
- Recommended solutions proposed by community members and service providers to address top concerns:
 - 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

⁴⁰ US Census, 2004

⁴¹ Children Now 2007 California Data Book www.childrennow.org. Children in low-income families data. Low income is defined as:

⁴² Lassen County 2007 Economic and Demographic Profile

⁴³ Children Now 2005 California Data Book www.childrennow.org. Child abuse data from 2002, 2003, and 2004

⁴⁴ Lassen County 2005 Economic and Demographic Profile

⁴⁵ http://www.healthpolicy.usc.edu/subs/files/feeding05_Siskiyou_Lassen_and

- 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 have 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 numbers⁴⁶
- Number of students enrolled in special education rose in the first part of the decade, but have declined in enrollment numbers since 2004 in recent years⁴⁷
- 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)⁴⁸
- Drop-out rate has decreased in the most recent school year, reported at 10.5 for Lassen and 14.1 for California for the 05-06 year⁴⁹
- Lassen averages fewer college graduates than other counties in California at, 11% of the population⁵⁰
- Top concerns related to children's learning expressed by community members and services 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, 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:

⁴⁶ Special Education Annual Data Comparison Report, 12/01/07 Lassen County Submission, Lassen County Office of Education fax, 12/20/07

⁴⁷ Special Education enrollment was 714 students for 2006-2007 school year (California Department of Education <http://dq.cde.ca.gov/dataquest/>)

⁴⁸ California Department of Education <http://dq.cde.ca.gov/dataquest/>

⁴⁹ California Department of Education <http://dq.cde.ca.gov/dataquest/>

environment

- 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 services 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; and preparing and serving balanced meals
- Recommended solutions proposed by community members and service providers to address top concerns:
 - 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

Top Issues and Concerns – 2008 Update

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

areas, and preparing children for Kindergarten through preschool education, social interactions and other educational activities

- Oral Health - insufficient 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 issues.

Adverse Conditions – 2008 Update

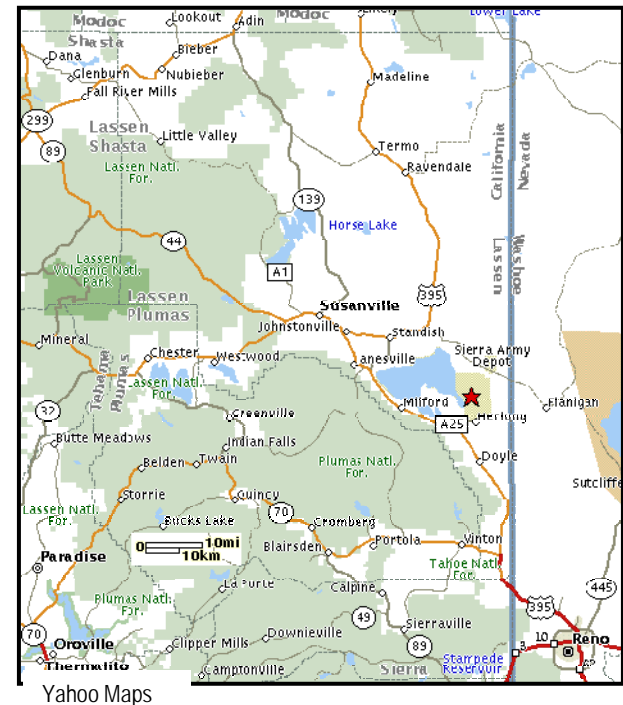
The most pressing conditions in Lassen County that could (or already do) adversely affect young children continue to be: insufficient access to providers or ability to afford health services (medical, dental and mental health); general economic factors, including lack of employment opportunities that pay livable wages, cost and availability of safe, affordable housing, 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.

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 4,547 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 population in Lassen County was estimated at 36,375 for 2007 by the California Department of Finance. More than half of the county's total population resides in Susanville, the county seat. Lassen County's demographic profile is strongly influenced by its prison population; with more than 25% of the county's total population incarcerated.

Figure 1 Lassen County Map



to year, with several years showing a slight decline in population. These fluctuations are due in part to changes in the economic base resulting from changes in the timber and military industries. According to the 2005 Lassen County Demographic and Economic profile, government and public administration provide 40% 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.

In 2007, the total number of children and youth in Lassen County was estimated at 7,595 by the Department of Finance. The break-out by age is shown for 2005 and 2007 in the following table.

Table 1. Break-Out of Children and Youth Population, 2005 and 2007

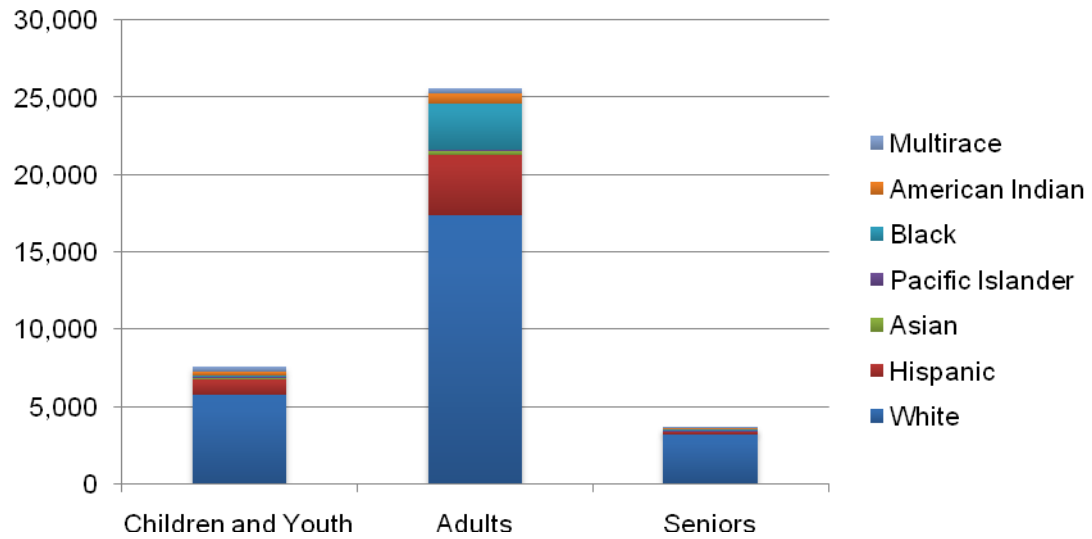
Age Group	2005	2007
0 to 2 Years	971	973
3 to 5 Years	804	974
6 to 13 Years	2976	3098
14 to 18 Years	2459	2550
Total Children and Youth	7210	7595

Source: California Department of Finance.

Adults ages 19-64 make up the largest component of the total population. An increase to the “older adult” component is expected to begin in 2011, when ‘baby boomers’ begin to turn 65. This trend is expected nationwide.

Between 2005 and 2015, the population of older adults is predicted to double, reaching 6,749 persons. By contrast, the number of children and youth between the ages of birth and 18 is expected to be lower than current estimates. According to projections by the state demographer, the number of persons aged 65 and over will exceed the youth population in 2015⁵¹.

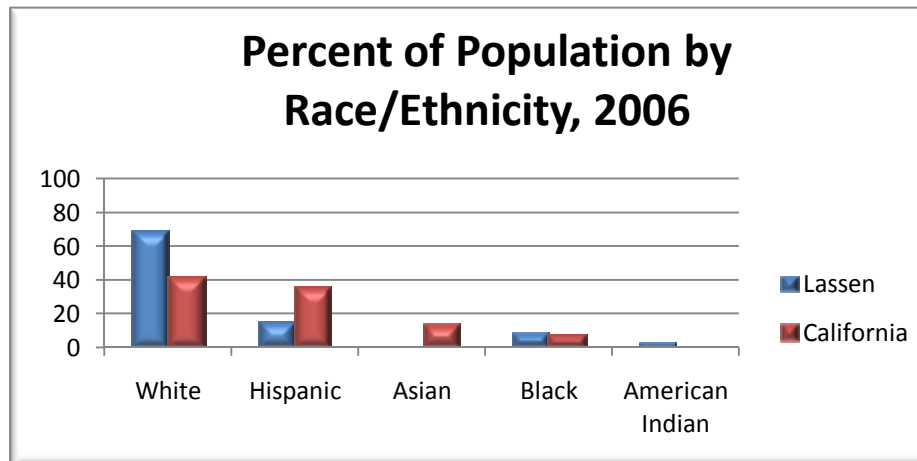
⁵¹ Lassen County 2007 Economic and Demographic Profile



Source: California Department of Finance

Three prisons are operated within Lassen County. Incarcerated persons made up close to one third of the county's 2006 total population estimate (10,925 inmates). This is an increase over 2000 census data, which identified 25% of the county's total population as living in institutional or group quarters.

The racial and ethnic characteristics of the county have changed only slightly since the U.S. 2000 Census. Figure 4 shows the changes in self-identified ethnic breakout of the county's population (including prisons) for 2000 and 2004. Asians were the smallest census-classified group in 2005, with less than 1%, although that number is projected to increase 52% by 2015. The Hispanic population is projected to increase 12% by 2015.



Employment

Unemployment in Lassen County declined in recent years between 2000 and 2003 from 7% to 6.3%. In 2007, and in 2007, unemployment was reported at 8%.⁵² Unemployment has been consistently higher than statewide unemployment averages since 1990.⁵³ Between 1990 and 2006, unemployment was lowest in August through October. The highest unemployment rates occurred in January through March, peaking in February at 12.8% and decreasing throughout the year. With the exception of October, the average monthly unemployment rate for Lassen County was higher than the statewide average. The median family income in 2004 was \$42,738 and per capita income was \$19,174. This represents an increase in per capita income of 9.8% since 2000. Per capita income remains lower than statewide averages, which may be due in part to the number of incarcerated persons (who are part of total county population but do not earn income).

Poverty

The poverty threshold, calculated by the US Census, is a standardized measure used nationwide. In 2003, 14.9% of Lassen County's population lived under the poverty level.⁵⁴ By 2004 it had risen to 15.7%.⁵⁵ According to the last Census (2000), children under age six were effected disproportionately by poverty, with one in five (21%) of children under age six living in poverty. Among children in female-headed households, the rate is dramatically higher, with 7 in 10 children living in poverty. Throughout California, higher costs of living influence actual family need. Because the poverty threshold is a national statistic, it is likely to grossly underestimate the families' need in Lassen County and throughout the state. More than one third (34%) of individuals in 2000 were considered low income, earning 200% or less over the poverty threshold.

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 specified programs are automatically eligible. In Lassen County for the year 2006-2007, 1,930 or 37% of children were enrolled in the free or reduced lunch program. This rate is lower than the statewide average where nearly half of children are enrolled in programs for free or reduced lunch.

Indications of both positive and negative changes to the economic status of Lassen County have occurred in the past four years. In Figure 5, several economic indicators are compared.

⁵² California Department of Finance

⁵³ Ibid.

⁵⁴ US Census <http://quickfacts.census.gov/qfd/states/06/06035.html>

⁵⁵ Lassen County 2007 Economic and Demographic Profile

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

*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 second lowest in the nation, (59.7%) in 2004. A housing crisis has been described throughout California.

In Lassen County, the fair market rent, (HUD) for 2007 2 bedroom space, was \$698.00. The income necessary to afford 2-bedroom fair market rent in Lassen County is \$27,920. Area median income (AMI) for Lassen County is shown for 2006 at \$52,500. Persons or families at 30% of the AMI would be able to only afford \$394 per month in rent.⁵⁶ 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 that are unable to afford housing may end up homeless (and living in streets or cars), 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 homeless children ranges from 80,000 to 95,000, the highest percentage of homeless since the Great Depression.

According to national studies of homelessness, persons that are homeless in rural areas are more likely to be working, more than twice as likely to be high-school dropouts, and more likely to get cash assistance from friends or family than government assistance than their urban counterparts. 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 in rural areas

then settling into areas far from other development, such as forested land or dilapidated housing on remote property.

Transportation

Transportation is also coordinated through County Social Services and Lassen WORKS. These services help to reduce barriers to employment and service access. Though based in Susanville, one van with two part time drivers serves the Bieber / Big Valley area to assist with transit within this area, and to and from 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.

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. 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. Services headquartered in Susanville include the departments of Public Health, Mental Health, Drug and Alcohol, Lassen Social Services and Lassen WORKS, Family and Children Protective Services, and 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, and two elementary schools. There are several elementary school districts in the surrounding unincorporated areas which feed to Lassen Union High School in Susanville. In addition, there are four faith-based schools in Susanville.

There are a number of recreation activities available in Susanville, including programs offered by Susanville Parks and Recreation. The P.A.L.'S (Police Activities League) is another entity that is working to provide additional activities to children and youth in the area.

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

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 was pronounced. Existing resources include a state preschool that currently serves 25 income eligible children with morning preschool. Additionally, Lassen College operates a co-operative preschool, which serves 17 children in the afternoons. A Family Resource Center, opened in 2003, was closed in 2006 and reopened in 2007 to coordinate a number of services including resource and referral and an after school program. The FRC, which is located at Fletcher Walker Elementary School, is co-located with other public services such as Lassen Works. Other services, including a breakfast program operated by volunteers is located at Fletcher Walker Elementary School.

Westwood Unified School District has three public schools: Fletcher Walker Elementary, Westwood Jr./Sr. High School, and Westwood Horizon Continuation High School. Westwood Community Day School and Red River Community Day School also serve the area.⁵⁷ Total enrollment at Westwood Unified School District was 413 in 2005-2006 and 389 students in 2006-2007. Signs of long-term economic improvement in Westwood include a reduction in children receiving free or reduced lunches and an increase in the retiree population moving into the area. 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 reduced lunch, and in 2006-2007, 37% of the students qualified for free and reduced lunch. According to state reports, in 2004-05, 74 students were enrolled in special education, in 2006-2007 there were 53 and in 2007-08 there are 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).

Results from school testing show that average Westwood test results are lower than statewide averages and standards. This is significant because test scores in Westwood allowed Lassen County to qualify for the first round of School Readiness funding through the State First 5 Commission, which has benefited other communities in Lassen County. Since initially qualifying for School Readiness funding, Westwood test scores have improved.

Big Valley Area, Bieber

Big Valley encompasses Nubieber, Pittville, Little Valley 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.

⁵⁷ An additional school, Westwood Charter, is not included in Westwood totals due to unreliable enrollment data. It appears that information reported by state may have included a different Westwood Charter School with dramatically higher enrollment. Data from Westwood Charter was removed from district and county data set. For the 2005-2006 school year, the total enrollment, including Westwood Charter, was reported at 1,124 students. Of this total, 711 were from Westwood Charter School, including

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, Big Valley Intermediate, Big Valley High School, a community day school and a continuation high school. The total enrollment in Big Valley Joint Unified School District was 264 students in 2006-2007. A State Preschool in Big Valley / Adin serves 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.

Services within Herlong include a credit union, churches, a fitness center, a library, a child care center, post office, and a Family Resource Center. There are five schools serving the Herlong area: Sierra Primary, Fort Sage Middle School, Herlong High School, Long Valley Charter School, and Render Continuation High School. In 2006-2007, 432 students were enrolled in Fort Sage Unified School district. Less than half of all students (40%) were eligible for free or reduced lunch program.

The Fort Sage Family Resource Center (FRC) and Head Start have helped to meet need in this area. The FRC offers “one-stop-shopping” for delivery of services to families from the entire South County area. Head Start currently serves 20 eligible children in Herlong. The Doyle Family Practice medical clinic, with its new children’s oral health program has provided services and made measurable improvements in South County. The number of children with “no visible decay” nearly doubled in the past 3 years, while the incidence of early childhood caries (ECC) decreased from 72% down to 52%.

Public Health and Mental Health provide limited services to the Herlong area, and a local health provider has an outreach clinic in Doyle; however, services are fragmented and often difficult to access. Residents seeking public services not provided in the South County area must commute forty-five miles one way to Susanville.

The communities within Madeline Plains are small. The Termo-Ravendale elementary school had an enrollment of 15 in the 2006-2007 school year. The California Department of Education reported that 100% of students were receiving free or reduced lunch, indicating lower incomes for families in this area.

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 while Janesville Elementary School enrollment for the same year was 442 students. Evidence of a small decline in population is indicated by school enrollment; there were 400 children enrolled in Shaffer Elementary and more than 500 children enrolled in Janesville Elementary during the 1998-1999 school year. Small drops in enrollment also occurred between the 2004-2005 school year and 2005-2006 school year.

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—our future.

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*.

2009-2010 Goals, Objectives and Indicators

As noted in the Background section of this plan, 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.

Result Area: Improved Child Development

Children who are healthy in mind, body, and spirit 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

and nurtured through 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% children served will progress along a continuum toward school readiness.	<ul style="list-style-type: none"> • Proportion of parents/caregivers 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 (SR indicator)
Objective 1B: 50% of parents who participate in trainings will implement skill or strategy learned.	<ul style="list-style-type: none"> • Proportion of caregivers/parents participating in training and education events • Proportion of children in child development settings who adapt / transition easily to school setting, separate from their parents, and are eager to learn • Proportion of children in home visiting program showing gains in developmental domains

Result Area: Improved Family Functioning

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: 60% of parents served will demonstrate increased positive	<ul style="list-style-type: none"> • Proportion of parents/caregivers served with increased knowledge of effective parenting practices and involvement in their child’s

parenting skills and healthy lifestyles.	wellness opportunities (e.g., New Parent Kits, classes / workshops, home visits, clinics, etc.)
Objective 2B: 100% of Lassen County parents of newborns will be offered a New Parent Kit.	<ul style="list-style-type: none"> • Proportion of parents/caregivers served adopting improved nutrition, health and physical activity practices • Proportion of Lassen County parents accepting New Parent Kits
Objective 2C: 150 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

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. Not surprisingly, access to all types of health providers was among the top priorities identified in the 2006 Needs Assessment.

Goal 3: Every child prenatal through age five will achieve optimal health potential.	
Objectives	Indicators
Objective 3A: 80% of families served by First 5 programs will increase utilization of child physical and emotional health services.	<ul style="list-style-type: none"> • Proportion of persons utilizing, and attendance rates for, physical, mental and emotional health services • Proportion of children with improved health (mental, physical, emotional)** • Proportion of children who receive annual exams (dental and physical)

** The Commission recognizes the interrelationships between physical, emotional and mental health of individuals. There are various definitions for each of these aspects of health; for purposes of planning we use the terms as follows:

Mental health is defined as the "successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt and to change and to cope with adversity; mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to the community or socially"

from birth to three to: experience, regulate, and express emotions; form close interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children.⁵⁸

Emotional health is described as the ability to express all emotions appropriately and the ability of the emotional system to help individuals regulate and negotiate their environment in an adaptive way. Emotional health affects cognitive and physiological health in both direct and indirect ways.⁵⁹

Physical health addresses the health of the body and all its parts. In the medical field, the technical term for (physical) health is *homeostasis* - an organism's ability to efficiently respond to challenges (stressors) and effectively restore and sustain a "state of balance"⁶⁰.

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: Encourage 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, Behavioral Health, CARES and Oral Health) • Increased, collaborating, partnering, and coordinating among providers of services to children 0-5 and their families.

⁵⁸Addressing Social Emotional Development and Infant Mental Health in Early Childhood Systems, National Center for Infant and Early Childhood Health Policy, accessed online

<http://www.healthychild.ucla.edu/PUBLICATIONS/Documents/IMHFinal.pdf>.

⁵⁹ 2001 Cognitive and Emotional Health: The Healthy Brain Workshop, National Institute of Neurological Disorders and Stroke (NINDS), National Institute of Mental Health (NIMH), National Institute of Aging, [trans.nih.gov/cehb/NINDSsummary.pdf](http://nibh.nih.gov/cehb/NINDSsummary.pdf).

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 – prenatal care, child health, preschool education, child care, family support, parent education 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; and how these strategies combine to integrate early childhood development into a consumer-oriented and easily accessible system.

Implementation Strategies

As noted earlier in the “First 5 Achievements” section of this plan, First 5 Lassen’s overall approach to service delivery is through collaborated systems that integrate early childhood development activities into a coherent whole. That continues as an underlying premise for the strategies described in this section. As an example, school readiness activities and services are implemented in other areas of the county beyond Westwood (the qualifying area), because of the demonstrated benefits of these service approaches. Other examples of how First 5 Lassen strategies blend childhood development activities is its use of Home Visiting to link families to other needed services, including public and private agencies and programs, Family Resource Centers, and the Commission’s Oral Health and Behavioral Health Initiatives. In this way the Commission can more effectively support coordinated early childhood development services that result in a system of care that is easily accessed by families.

STRATEGIES

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. They are the activities and actions that will be pursued; they describe “how” and with whom.

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 how 2007 survey participants rated current strategies and their comments and suggestions for improvement. Ultimately, the group decided to focus on implementing fewer strategies. The clear interrelationships between the goals – for example, children’s health and families’ functioning directly affects children’s 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.

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.

Strategies	Improved Child Development	Improved Family Functioning	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.	◆	◆	◆	◆
B. Oral Health Initiative. Continue to work with Oral Health Task Force and other partners to maintain funding for the hospital and conscious sedation treatment programs; the fluoride varnish and sealant program; training, case management, and a public awareness campaign.	◆		◆	◆
C. 4P’s SART System: Continue to partner with public agencies and other organizations to provide support and encouragement for the continued implementation of the 4P’s SART System.	◆	◆	◆	◆
D. CARES. Continue to work with grantee agency to complete the CARES Project and participate with the Local Childcare Planning Council to look for ways in which to collaborate in the development of capacity and increased quality, educational level and retention of child care providers.	◆			◆
E. Mini-Grants. Sustain mini-grant program and award mini-grants that are consistent with the mission and vision, and current priorities of the Commission.	◆	◆		◆
F. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs.	◆	◆	◆	◆
G. Tobacco Cessation. Partner with Tobacco Use Reduction project and other systems to extend information and referral services regarding tobacco cessation services.	◆	◆	◆	◆
H. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting.				◆

Strategies

	Improved Child Development	Improved Family Functioning	Improved Child Health	Improved Systems of Care
<p>I. Coordinated Needs Assessments. Continue to collaborate with identified public and private agencies to share data and participate in various community needs assessment processes in order to effectively identify service needs and gaps for children aged birth through five.</p>				◆
<p>J. Nutrition and Fitness. Utilize nutrition and fitness information in First 5 outreach and public awareness campaign and encourage the integration of nutrition and exercise resources/information into programs serving children birth through age 5.</p>			◆	◆

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 of results-based accountability plans for its major funded programs and initiatives, including Oral Health, CARES and Home Visiting. 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 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 and initiatives 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 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.

In order to achieve its objectives the Commission has instituted protocols for collecting, analyzing and reporting on outcome data on a regular basis from both mini-grants and major funded programs.

Evaluation is essential to ongoing system improvements and ensuring services are consumer-oriented and easily accessible. Mini-grant recipients will be evaluated at the conclusion of the project, and will be expected to provide data and information specific to the purpose of the funded request. Standard templates or report formats will be provided to the grantees in order to simplify the reporting and analysis functions, both for the grantee and the Commission staff.

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. Evaluation is an ongoing process that is expected to result in enhancement to existing data collection and reporting tools over time.

Major grantees will be expected to use the data collection tools and templates developed through the evaluation design and refinement process to 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, that align with the Commission's strategic goals, objectives and indicators (see the "Goals, Objectives and Indicators" section of this plan). A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other avenues.

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. 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 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.

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, school readiness, family strengthening, and service delivery systems.

This section describes First 5 Lassen County Children and Families Commission funding priorities and the methods and processes for fund allocation.

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
- 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
- Are responsive to the diverse need of the children and families in this County
- Are supported by community input
- Will 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

requests (over \$7,500):

- 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 this strategic plan. Funding priority will be given to programs and projects whose plans address the following:

- 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
- Methods for ensuring collaboration and overall coordination and integration of services with existing agencies and programs, and efficient use of available resources
- 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
- The ability to leverage funds from other sources
- Demonstrates ability to meet best practice standard set for major grants and initiatives, whereby funded programs provide research-based parent education-classes, workshops and playgroups designed to increase knowledge and practice of effective parenting skills, improved health practices, and link participants with schools and/or other community resources

Funding Options and Mechanisms

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

Allocation Process

Mini-Grants. Mini-grant opportunities are promoted broadly, and may be distributed to anyone interested in applying, as long as the proposed activities and outcomes align with the vision, goals and objectives of the First 5 Lassen County Children and Families Commission. Agencies, groups or individuals interested in applying for a mini-grant will need to submit an application. The funding parameters and specific guidelines and/or limitations for mini-grants is summarized in the Funding Cycles section that follows.

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, CARES, Oral Health Initiative and the Behavioral Health Initiative. 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 (e.g., CARES, Home Visiting, Behavioral Health and Oral Health) 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

Mini-grants

Mini-grants are available on an ongoing basis throughout the year, as funding allows. Applicants may request up to \$7,500 in funding through a mini-grant application. Length of time for the mini-grant funding cycle is approximately eight weeks. A description of the application guidelines and process and the complete application form can be found on the Commission's website at: www.lassenfirst5.com.

Commission-Driven Initiatives

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.

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.

RFP Process Activity	Tentative Schedule	Month in Funding 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

Revenue		
Annual Projected Allocations	\$200,000	
Administrative Allocation Including Travel	\$113,000	
State School Readiness Matching Funds	\$ 125,000	
C.A.R.E.S	\$ 1,200	
Interest	\$ 30,400	
Subtotal Revenue	<u>\$469,600</u>	\$ 469,600
Expenses		
Travel	\$ 7,500	
Contracted Staff	\$ 98,200	
Evaluation	\$ 20,000	
Improved Child Development		
CARES	\$ 1,200	
Mini-Grants/Emerging Initiatives/Adin Preschool	\$ 40,000	
Improved Child Health		
Oral Health	\$ 52,000	
Improved Systems		
Home Visiting/School Readiness	\$100,000	
Improved Family functioning		
Home Visiting/School Readiness	\$177,291	
Educational Material/Media	\$ 2,800	
Annual Audit	\$ 11,000	
Insurance	\$ 1,849	
Misc. Program Cost/Costs/Duplication/Postage	\$ 7,500	
Technical Assistance	\$ 6,000	
	<u>\$525,340</u>	\$ 525,340
Net for 2009-2010		\$ (55,740)