



Strategic Plan 2015-2020

First 5 Nevada County Children and Families First Commission
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This plan is on the web at www.first5nevco.org

STRATEGIC PLAN

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Commissioners & Staff

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This report was written and prepared by the Executive Director with guidance from the Commission.

Introduction

Quality early childhood programs for disadvantaged children are not “entitlements” or bottomless wells of social spending. They foster human flourishing and they improve our economic productivity in the process. . . Early investment in the lives of disadvantaged children will help reduce inequality, in both the short and the long run.

James J. Heckman, Nobel Laureate in Economics

In November 1998, the California voters passed Proposition 10, the California Children and Families First Initiative which added a 50 cent-per-pack tax on tobacco products. Revenue from the tax is intended to promote, support and improve early development of children from the prenatal stage to five years of age. Proposition 10 echoes what many parents and caregivers have long known and, in the 1990s was being proven by scientific advances—that the first five years of a child’s life are the most important for brain development.

Proposition 10 created a trust fund for revenues collected. Eighty percent (80%) of these revenues are distributed to the 58 individual California Counties annually to benefit children aged zero to five years old. Each local Commission has control over their own funds and by law is empowered to make local decisions about how funds should be spent. The remaining 20% of the revenues supports statewide programs and research.

On December 15, 1998, the Nevada County Board of Supervisors created the Nevada County Children and Families First Commission (later named First 5 Nevada County), and work began on “*the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development*” (California Health and Safety Code Section 130100). The five-member Commission is charged with administering and allocating the County’s portion of the Proposition 10 funds. By ordinance, the Commissioners are drawn from the Board of Supervisors, the county Health and Human Services Department, the Truckee community, and the field of education.

The First 5 California Commission has created a Small Population County Funding Augmentation that commenced on July 1, 2014. Under this agreement, First 5 Nevada County will receive funds from First 5 California to bring our annual revenues to \$650,000 a year for three years – FY 2014/15 through FY 2016/2017. The First 5 California Commission voted to extend that agreement for an additional four years – FY2017/18 through FY2020/21, with trigger language that allows for a 2% annual decline in baseline funding if First 5 California revenues fall more than 7% in the prior year beginning with FY2018/19.

To date, First 5 Nevada County has invested more than \$8 million into early child development in Nevada County. State law directs First 5 Nevada County to distribute this money in

accordance with this Strategic Plan, which has been reviewed by the public in at least one public hearing. Visit our website at www.first5nevco.org to learn more about First 5 Nevada County.

About Nevada County

Stretching from the Sierra Nevada foothills to the Nevada state line, Nevada County encompasses an area of 958 square miles and a population of 98,245 in 2014¹. Our county has 4,751 children under age 6 in 2015, down from 5,311 children under age 6 in 2010². However, this number is projected to climb again to 5,015 in 2020, according to the California Department of Finance projections³.

The eastern and western portions of the county are divided by the Sierra Nevada Mountains, thus creating two diverse regions, which are relatively isolated from each other. Western Nevada County includes two of the three major population areas, including the cities of Grass Valley (pop. 12,925) and Nevada City (pop. 3,194)⁴. Truckee (pop. 16,211) is the population center of eastern Nevada County, which is geographically and socially connected with the Lake Tahoe portions of Placer County and the state of Nevada⁵.

Nevada County has a very high mean age, with fewer households with children than in the state overall: 23.5% of households had children in 2013, compared with 36.8% of households statewide⁶.

Nevada County is predominantly white, non-Hispanic but the demographics are shifting, with the Hispanic population growing most significantly: in 2010, 8.6% of the population was Hispanic; this grew to 9.4% in 2015 and is projected to grow to 11% by 2020⁷. Interestingly, among children 0 to 4 years, the percentages are significantly higher but do not follow the same pattern: 18.3% were Hispanic in 2010; 15.5% in 2015; projected to be 17.2% in 2020⁸. Overall, 17.5% of children in Nevada County are Hispanic⁹.

Families with young children are impacted by the gap between wages and housing costs and the availability of employment. According to the Center for Community Economic Development¹⁰, the self-sufficiency wage for a single parent in Nevada County with an infant and a preschooler rose by \$10,630 annually from 2011 to 2014, due mostly to increased costs for child care

¹ State of California, Department of Finance, *California County Population Estimates and Components of Change by Year, July 1, 2010-2014*. Sacramento, California, December 2014.

² State of California, Department of Finance, *Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060*. Sacramento, California, December 2014.

³ *ibid*

⁴ State of California, Department of Finance, *E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change — January 1, 2014 and 2015*. Sacramento, California, May 2015.

⁵ *ibid*

⁶ U.S. Census Bureau, *American Community Survey* (Jan. 2015).

⁷ State of California, Department of Finance, *Report P-2: State and County Population Projections by Race/Ethnicity and 5-Year Age Groups, 2010-2060*. Sacramento, California, December 2014.

⁸ *ibid*

⁹ California Dept. of Finance, *Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060* (Jun. 2014); U.S. Census Bureau, *Current Population Estimates, Vintage 2013* (Jun. 2014).

¹⁰ Self-Sufficiency Standard for California. (n.d.). Retrieved May 24, 2015, from <http://www.insightccd.org/calculator.html>

(increased by 26% over this time period) and health care (increased by 24% over this time period). Fully 34.5% of Nevada County families with children live above poverty levels yet below self-sufficiency levels¹¹. The annual cost of child care ranges from an average of \$7,656 for a preschooler in a family child care setting to \$12,919 for an infant in a child care center¹². Housing costs are relatively high here, as well, with 48.4% of households spending 30% or more of their income on housing, just about matching the state average of 48%¹³. While unemployment dropped to 6.5% in March 2015 from a high of 12.2% in 2010¹⁴, 36.7% of children lived in households where no parent had secure employment (35 hours a week for 50 weeks or more in the year prior to the survey) compared to a state average of 33.8%¹⁵; while we have less poverty, we also have fewer full-time employment opportunities.

The California Department of Public Health County Health Status Profiles 2015 indicates that we are ranked 6th in breastfeeding initiation, with 97% of mothers doing at least some breastfeeding of their newborns – placing them at decreased risk of numerous poor health and developmental outcomes – yet we are ranked 38th in first trimester prenatal care, with only 74.6% of mothers receiving crucial care within the first 12 weeks of pregnancy, putting those babies at increased risk of poor health and development outcomes¹⁶. Another troubling statistic is that Nevada County is ranked 43rd of 58 counties in drug-related deaths (our age-adjusted drug-induced death rate is 18.7 per 100,000 compared to a state average of 11.1), with methamphetamine use a continuing problem for our community¹⁷. Sixteen percent of Nevada County children lack health insurance, compared to a state rate of 7.6%¹⁸. And we are the highest of the 58 counties in percent of Kindergartners with a Personal Belief Exemption for immunizations – 21.5% in Nevada County compared to a state rate of 2.5%¹⁹

In Nevada County, the rate of substantiated cases of child abuse and neglect is 5.9 per 1,000 children, compared to a rate of 8.9 for the state overall; most of this (83%) is for general neglect²⁰. The rate for domestic violence calls for assistance is similar: 3.5 per 1,000 adults compared to a state rate of 5.9²¹. A total of 99 children were in foster care in 2013, down from

¹¹ *ibid*

¹² The California Child Care Portfolio, California Child Care Resource & Referral Network. Accessed at <http://www.rnetwork.org> (Nov. 2013); Cost data are from the Child Care Regional Market Rate Survey, 2012.

¹³ U.S. Census Bureau, *American Community Survey* (Feb. 2014).

¹⁴ California *Employment Development Dept* (Jun. 2014)

¹⁵ *Population Reference Bureau*, analysis of data from the U.S. Census Bureau's American Community Survey microdata files (Apr. 2014).

¹⁶ County Health Status Profiles 2015. (n.d.). Retrieved May 24, 2015, from <https://www.cdph.ca.gov/programs/ohir/Pages/CHSPCountySheets.aspx#n>

¹⁷ *ibid*

¹⁸ UCLA Center for Health Policy Research, California Health Interview Survey. Accessed at <http://www.chis.ucla.edu/> (Aug. 2013).

¹⁹ California Department of Public Health, Immunization Branch, *Kindergarten Assessment Results* (Feb. 2015).

²⁰ Needell, B., et al. (May 2014). Child Welfare Services Reports for California, UC Berkeley *Center for Social Services Research*; U.S. data come from Child Trends analysis of Adoption and Foster Care Analysis and Reporting System data through the National Data Archive on Child Abuse & Neglect, as cited on *KIDS COUNT* (Apr. 2013).

²¹ California Dept. of Justice, Criminal Justice Statistics Center, *Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System* (October 2014).

115 in 2012; the median length of time in foster care was 11 months, down from a high of 21.9 months in 2008 (the current state median is 14.1 months)²².

Overall, Nevada County schools have consistently ranked among the best in the state, achieving excellent marks in statewide academic performance tests. But the achievement gap between socioeconomically disadvantaged and non-disadvantaged children is growing: county-wide, second-grade language arts scores grew from a disparity between those two groups of 16% in 2001 to 28% in 2013; county-wide, second-grade math scores grew in disparity from 15% to 22%²³. Students are considered "economically disadvantaged" if they are eligible for the free/reduced price lunch program or if neither parent graduated from high school. Research has shown that this "achievement gap" between rich and poor begins in early childhood²⁴.

Many of Nevada County's children are geographically isolated, making access to services difficult. Providers encounter funding and staffing challenges related to economies of scale. In eastern Nevada County the families also have tough winter weather to contend with. Sixteen percent of our children live in poverty, up from 9.1% four years ago²⁵, and that poverty is often complicated by geographic isolation. While many indicators are improving for families in Nevada County, we continue to struggle with access to care issues that are often a result of our rural landscape. All of this makes the locally designed, comprehensive and integrated system of care offered by Proposition 10 all the more important for Nevada County.

²² Needell, B., et al. (May 2014). Child Welfare Services Reports for California, U.C. Berkeley Center for Social Services Research.

²³ Author calculations based on data from the California Department of Education

²⁴ Hall, T. et al. (2009). *The Achievement Gap Begins Early: Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*, Child Trends

²⁵ U.S. Census Bureau, *American Community Survey* (Jan. 2015).

THE STRATEGIC PLANNING PROCESS

Our strategic plan is the road map to a long-term, cyclical implementation and evaluation process during which we regularly measure desired results. Since 2000, the First 5 Nevada County Commission has regularly sought out family, service provider, and other stakeholder perspectives and reviewed research and data to ensure the continued relevance of the Strategic Plan. The Commission regularly discusses the focus and future of the Commission.

In 2006, the Nevada County Commission added an Expenditure plan, revised Goals and Indicators, and a new Evaluation Plan. In 2008-09, the Commission engaged in a year-long review and assessment of their investments which led to a priority-setting process. In 2009-10, the Commission built on this work in undertaking the first-ever major overhaul of its Strategic Plan. In 2010-11, the Commission engaged in an abbreviated community needs assessment process, using public data, agency representatives and kindergarten teacher input which guided their 2011-12 priority-setting process and subsequent funding decisions for the 2012-2015 funding cycle.

Most recently, during the 2013-14 year, the Commission engaged in a community needs assessment process. This information was used in setting the funding priorities and revising this current edition of the Strategic Plan. During the process, the Commission decided to add language about a target population and to create an Investment Guidelines document (included herein) to help in their decision-making and to leave a road-map for future Commissioners on how decisions were made. The final addition to the Strategic Plan was a Venn diagram placing Commission strategies in an initiative framework, giving a coherent picture to Commission investments.

Community Needs Assessment

In 2006, the Commission carried out an extensive community needs assessment process, investing \$10,000 in the project and hiring a contractor to carry out the work. In the current era of declining revenues, the Commission preferred to have staff carry out this function. Beginning the late Fall of FY 2013/14, staff began planning for the project and carried it out between January and October 2014. The process included:

- Reviewing publically available trend data on demographics, health and wellness statistics for Nevada County families
- Gathering input on perception of local needs from several focus groups of family service providers, including home visitors, family resource center staff, WIC staff, and a coalition of service providers from the Truckee region.
- Surveying Kindergarten teachers about the needs of children and families as they enter school
- Conducting a family survey completed by families served by current grantees
- Reviewing other entities' needs assessments and data (such as call log data for 2-1-1 and Nevada County Public Health Department's Maternal and Adolescent Health Program's 5-year needs assessment)

Identified Community Needs

The top needs that the Commission identified for children birth to 5 years old and their families were:

- Parenting support
- Behavioral health care access
- Support for children’s social-emotional development
- Support for the development of children’s school readiness skills
- More exposure to pre-literacy activities
- Support for children’s health and wellness including dental, obesity prevention, developmental screening, and immunization
- Higher quality child care
- Increased service coordination and collaboration
- Bilingual access to services for families

The Commission took into consideration the array of existing service providers, the extent of each need, the existing infrastructure to address that need, the potential impact of Commission dollars on that need, and the potential to evaluate that impact; they also took into consideration their past funding allocations and the impact of those projects and programs.

OUR VISION

Nevada County children will thrive because they are valued; they will grow up in nurturing environments that are safe and supportive; they will have access to resources and education; and they will enter school healthy and ready to learn.

OUR MISSION

In partnership with the community, First 5 Nevada County creates, fosters and supports programs that promote health, wellness, and child development for children ages 0 to 5 and their parents.

OUR TARGET POPULATION

First 5 Nevada County works on behalf of all children prenatal to age 5 and their families in Nevada County, but focuses on those who face significant risks and challenges to achieving their maximum physical and socio-emotional health and learning potential.

Guiding Principles

The funds entrusted to First 5 Nevada County are intended to produce measurable outcomes that better the lives of young children and their families. The Children and Families First Act gives the Commission the opportunity to allocate resources and invest money in a comprehensive and flexible manner to further the purposes of the Act and the Mission of our Strategic Plan.

These principles reflect our philosophy in Nevada County, and will be used as a foundation for Commission activities.

1. We create strategic impact by funding programs and activities that support the goals in our strategic plan, show evidence of effectiveness, avoid duplication, and need Proposition 10 funding in order to meet those goals.
2. We promote equal access to services for all children under age six in Nevada County, by responding to the linguistic, cultural, geographic and economic diversity of families.
3. We promote inclusion by funding programs and activities that are responsive to, and reflective of, the needs of our diverse community, including, but not limited to children with disabilities and special needs.
4. We promote collaboration by funding programs and activities that have been shaped by community participation and collaborative efforts.
5. We leverage our resources by funding programs and activities that build on the strengths of our families and the social capital in our communities.
6. We are developing a system to promote early childhood development by funding programs and activities that reduce fragmentation, build sustainable community capacity, and support shared decision-making and resources amongst partners.
7. We ensure that our investments for children are used in the most effective manner. Therefore:
 - ❖ All investments are made in accordance with a Goal contained in the Strategic Plan adopted by the Commission.
 - ❖ All investments are made to programs or activities that are able to objectively demonstrate their cost-effectiveness and overall efficacy and that comply with other requirements of the Commission to ensure accountability of funds.
 - ❖ Funds may be allocated for leveraging other county, state and federal governmental revenue as well as private foundation, corporate and community funding.
 - ❖ Expenditures are made in accordance with the First 5 Nevada County Contracts and Procurement Policy and the Expenditure Plan. Funds may be allocated on a

sole source basis if the Commission determines there is only one natural provider of a priority service, based on a key objective, within the County; or funds may be designated for a particular geographic area.

- ❖ Funds may be allocated on a one-time basis, on a continuing basis, or in allotments based on performance, as required by the Commission, but in no case, shall commit the Commission beyond funds already realized in the First 5 Nevada County Children and Families First Fund.
- ❖ All Commission spending will be made in accordance with the First 5 Nevada County Long Range Financial Plan, which is updated annually.

Investment Guidelines for First 5 Nevada County Commission

These Investment Guidelines represent policy guidance the Commission approved to inform investment decisions for the 2015–2020 funding period. The “home positions” articulated below express the organization’s point of view about how and where it can realistically have the most impact. To create a road-map for future Commissions, the rationale for each home position is included. The following table summarizes these Commission-directed policy guidelines.

Investment Guideline	Recommended Home Position	Rationale for Home Position
Prevention versus Intervention	First 5 NC will fund about twice as much in prevention services as in intervention services (about 70% prevention, 30% intervention).	Research in child development points to the importance and efficacy of prevention; the Commission recognizes this but also acknowledges that when prevention doesn’t happen, early intervention is the most efficacious alternative. Because of the plasticity of young brains, the earlier the intervention, the larger the impact. The Commission also recognizes that their limited dollars are sometimes a key source for community response for an emergent problem for young children and their families.
Direct Services versus Systems Change	First 5 NC will continue to fund direct services primarily, though also working to integrate those services and advocate for a coherent system of services. Funding will reflect this with about 80% for direct service and 20% for systems change.	First 5 NC dollars are not enough to affect real systems change such as through lobbying at the state or federal level; the Commission recognizes that funding direct services provides leverage for the Commission to encourage collaboration and integration of services. The Commission remains committed to supporting community collaboratives and to using executive director time to work on systems change.

Investment Guideline	Recommended Home Position	Rationale for Home Position
Individual Focus versus Family/Community Focus	Whenever possible, First 5 NC will fund services that focus on the contextualized client (in other words, the individual within a family and/or community context) or on community change. Funding will reflect this, with no more than 30% individually-focused services.	Research has shown that services that target the child within the family context are more efficacious. This is especially true for behavioral health treatment. Some services, such as kindergarten readiness camps, have shown efficacy when targeted at the individual level; with these types of services, the Commission will encourage parent-outreach and education components. Some services, such as parenting classes, are targeted at the individual but impact the larger family system.
Local Models versus Evidence-Based Models	Whenever possible, First 5 NC will fund evidence-based or best- or promising-practices.	Evidence-based practices have proven impact and therefore are used whenever possible. The Commission recognizes that these are sometimes cost-prohibitive; that they are sometimes not adapted for a given target population; that sometimes there are no proven practices that address a priority issue. As such, the Commission will consider funding best- or promising-practices or locally developed models.

First 5 Nevada County Initiatives

In the past year, the Commission reviewed their funding patterns and looked at several frameworks that articulate theories of change for early childhood programs. These included the Center for the Study of Social Policy's Pathways Mapping Initiative (both the Pathway to Children Ready for School and Succeeding in Third Grade²⁶ and the Pathway to Prevention of Child Abuse and Neglect²⁷), and their Strengthening Families Approach²⁸.

These frameworks provided the rationale for choosing goals, objectives and strategies that would support First 5 Nevada County's mission and lead to its vision, that children will enter school healthy and ready to learn. The Commission noted that previous funding processes had resulted in discrete programs with discrete goals rather than a holistic approach to funding toward the Commission's vision. The Commission articulated four initiatives and their relationship to one another that better captured their work. The four initiatives are:

- Early learning
- Family strengthening
- Communication and outreach
- Capacity building and systems change

The initiatives, their components, and their relationships to one another are described in the Venn diagram on the following page. The initiatives, goals and objectives are further detailed on the pages that follow the diagram; strategies to address each objective are listed in the. Some strategies, such as home visiting, address several different objectives across the different initiatives. Strategies are defined on page 24.

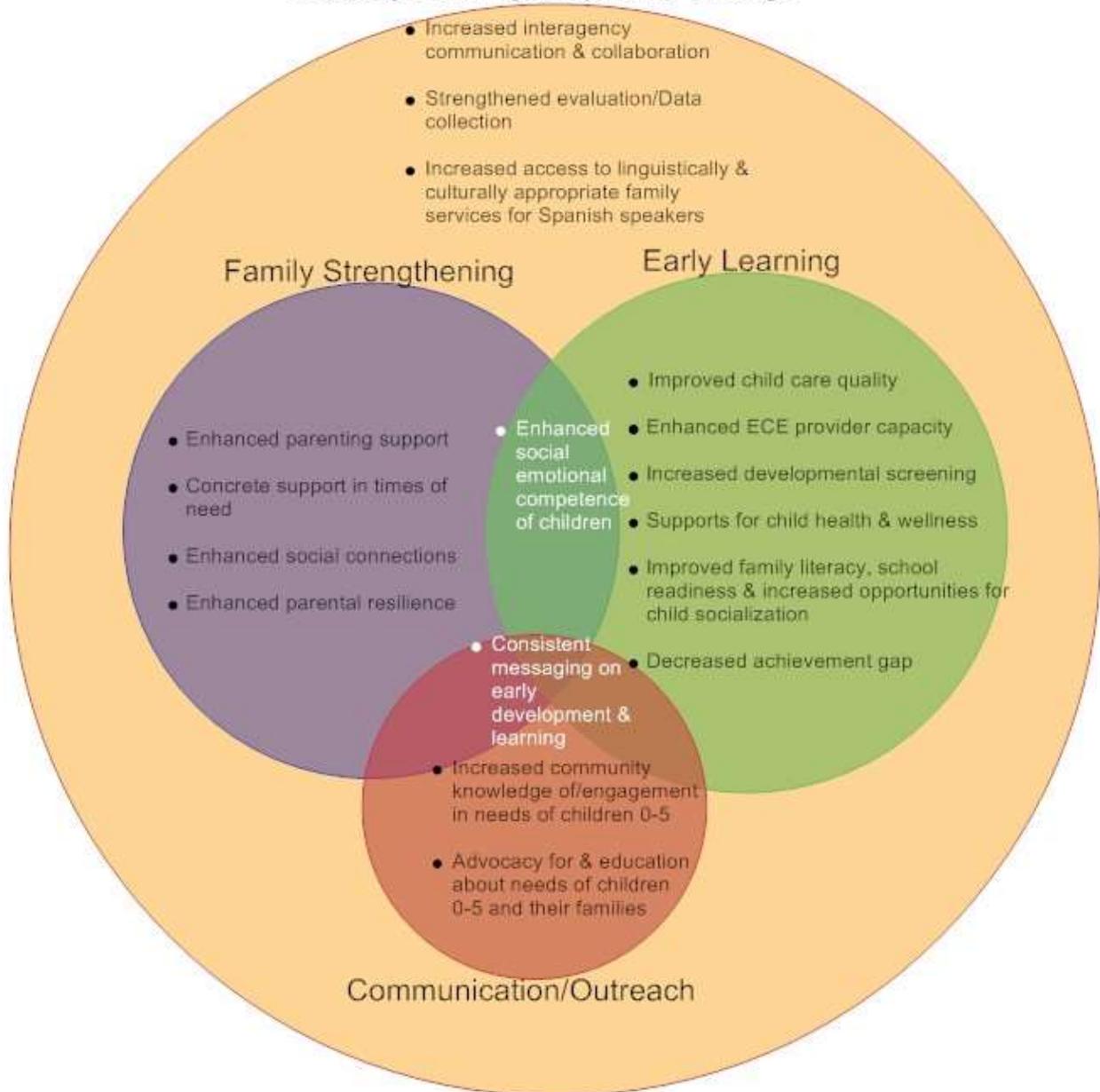
²⁶ Schorr, L., & Marchand, V. (2007, June). Pathway to Children Ready for School and Succeeding in Third Grade. Washington, DC: Center for the Study of Social Policy.

²⁷ Schorr, L., & Marchand, V. (2007, June). Pathway to Prevention of Child Abuse and Neglect. Washington, DC: Center for the Study of Social Policy.

²⁸ Harper Browne, C. (2014, September). The Strengthening Families Approach and Protective Factors Framework: Branching out and reaching deeper. Washington, DC: Center for the Study of Social Policy.

First 5 Nevada County Initiatives 2015-2020

Capacity Building & Systems Change



Link to First 5 California Focus Areas and Strategic Results

The following chart shows how the First 5 Nevada County Initiatives coordinate with the First 5 California Focus Areas and Strategic Results:

First 5 California	First 5 Nevada County
1) Parent Education and Support Services	1) Nevada County children will live with supported, nurturing parents
2) Child Care and Early Education	2) Nevada County children are ready to enter school
3) Health and Wellness	2) Nevada County children are ready to enter school
4) Systems of Care	3) Nevada County children and families are represented in the larger community 4) Nevada County families have access to integrated, collaborative and sustainable services

Initiatives, Goals & Objectives

Family Strengthening Initiative

GOAL NUMBER ONE:

Nevada County children will live with supported, nurturing parents

Objectives

- 1.1 Enhanced parenting support to promote strong families, including parenting classes and enhancement of parent knowledge of child development**
- 1.2 Opportunities for parents to receive concrete support in times of need**
- 1.3 Enhanced social connections among parents**
- 1.4 Enhanced parental resilience**
- 1.5 Enhanced social-emotional competence of children**
- 1.6 Consistent messaging on early learning and development**

(See Strategies, Outcomes and Indicators for each of the above objectives in the Evaluation chart beginning on page 30)

Early Learning Initiative

GOAL NUMBER TWO:

Nevada County children are ready to enter school

Objectives

- 2.1 Improved child care quality**
- 2.2 Enhanced knowledge, skills, materials, and capacity of providers who serve children 0 to 5**

2.3 Increased developmental screening of children, including Kindergarten entry assessments

2.4 Supports for child health & wellness (behavioral, physical, and dental health and child safety)

2.5 Improved family literacy

2.6 Improved school readiness

2.7 Increased opportunities for child socialization

2.8 Decreased achievement gap for Latino and socioeconomically disadvantaged populations

2.9 Consistent messaging on early development and learning

(See Strategies, Outcomes and Indicators for each of the above objectives in the Evaluation chart beginning on page 32)

Communications and Outreach Initiative

GOAL NUMBER THREE:

Nevada County children and families are represented in the larger community

Objectives

3.1 Commission engagement in advocacy for and education about children 0 to 5 and their families

3.2 Increased community knowledge of and engagement in the needs of children 0 to 5

3.3 Consistent messaging on early development and learning

(See Strategies, Outcomes and Indicators for each of the above objectives in the Evaluation chart on page 36)

Capacity Building and Systems Change Initiative

GOAL NUMBER FOUR:

Nevada County families have access to integrated, collaborative and sustainable services

Objectives

- 4.1 Increased communication and collaboration among agencies and organizations that serve the 0 to 5 population**
- 4.2 Increased numbers of agencies and programs leveraging private, state and federal dollars**
- 4.3 Increased sharing of funds, resources, and evaluations among agencies and programs**
- 4.4 Strengthened evaluation practices and communication of those findings**
- 4.5 Increased access to linguistically and culturally appropriate family services for Spanish speakers**

(See Strategies, Outcomes and Indicators for each of the above objectives in the Evaluation chart on page 37)

Our 2015-2020 Initiative Implementation Plan: Our Strategies

The First 5 Nevada County Commission originally implemented funding through June 30, 2017 because that marked the end of the Small Population County Funding Augmentation agreement with First 5 California; the Commission stated its intent to continue to fund the same priorities through June 30, 2020 if funds were available. Some changes were made due to program cessation, including the end of federal funding for Race to the Top, the breakdown of the dental van, inability to recruit AmeriCorps volunteers, and duplication of the PAK Scholarship program by IMPACT. These were replaced with other programs, including Ready to Grow.

1. School readiness programs:

- **AmeriCorps School Readiness project** – *focus on family literacy, early numeracy, and social-emotional development in preschool settings for low-income children* [note: this program was not successful because we were unable to attract AmeriCorps volunteers and it was defunded in FY2016/17]
- **TTUSD School Readiness project** – Early childhood educator professional development; family literacy opportunities; library access for low-income preschool program; community messaging on promoting school readiness
- **TTUSD Behavior Support project** – a program to support early childhood educators in working with children exhibiting challenging behaviors
- **Step Up to Kindergarten program** – summer school for entering kindergarteners
- **Preschool Inclusion** – *provision of a high-quality preschool classroom next to a special education preschool classroom that allows inclusion opportunities for preschool children with special needs* [note: this program was transferred to the County Superintendent of Schools because it got funded with California State Preschool Funds in January of 2017; it will not be funded after FY2016/17]

2. **Professional Advancement for Kids scholarships:** *Scholarships available from the Commission for any adult working in a professional capacity with Nevada County children 0 to 5 and their families to attend a class, conference, or workshop to further their abilities to work with young children* [Note: This program was discontinued because of the ample opportunities for professional development under the IMPACT program; funds were transferred to supply food for trainings for early childhood educators, a facet not provided for by IMPACT]

3. **Race to the Top:** *a state-wide program of training, support and assessment for early childhood providers and sites that seeks to document and improve quality in early childhood settings that in Nevada County is run by the Placer County Office of Education* [Note: this program ended with the beginning of IMPACT]

4. **Avanza Program:** to promote professional development of Spanish-speaking early childhood educators

5. **Project IMPACT:** First 5 California matching-grant program to improve child care quality, including assessment and rating of child care entities, professional development for early childhood educators, and development of a system for enhancing the quality of early childhood settings in Nevada County. Placer County Office of Education serves as project lead. Local First 5 Nevada County funds used to provide food at trainings.
6. **Home visiting:** Foothills & Truckee Healthy Babies is an evidence-based program that provides in-home services to families alleviate transportation issues and reach hard-to-reach families. Provides intensive home visiting for vulnerable families, providing both prevention and intervention. Includes group socialization.
7. **Dental Van:** *Augmentation of DentiCal funding for a mobile dental van to serve preschool-age children at local child care facilities, community events, and the like.* [Note: the dental van broke down and became inoperable in 2015; the contractor chose to return funds and no longer perform the services]
8. **Family resource centers:** Family resource centers act as a “first stop” for families and include services that they provide, that they house, and that they refer families to with a warm hand-off; FRCs will work to create connections among families, build community, and offer both formal and informal supports; will offer parenting classes, community events, and parent-child activities; will offer case-management for some families
9. **Behavioral health programs:** Programs to augment existing funds to treat behavioral health issues in young children, such as paying for evening operations for the Children’s Behavioral Health program and paying for treatment for children with no insurance; outreach to parents and staff in shelter housing
10. **Moving Beyond Depression program:** provides in-home cognitive-behavioral therapy services for women with pre- or post-partum depression
11. **Ready to Grow:** Provides central call number (2-1-1) for parents and/or caregivers to call to access screening services for child development as well as resources for children with developmental differences or positive screens that indicate a need for further assessment
12. **Car Seat Safety:** providing car seats to low-income families; providing certified car seat installation checks and parent education on correct car seat installation and use
13. **Community collaboratives:** Support for general operations and trainings for eastern and western county collaboratives that include child-serving agencies
14. **Project LAUNCH:** Funded through Nevada County Public Health with federal funds from SAMHSA passed through the California Department of Public Health, this project includes mental health consultation to home visiting programs; Parent Cafés to strengthen protective factors in families with children 0 to 8 years old; and a focus on systems integration to work on making existing systems better address the mental health needs of young children.

15. **Public education and advocacy:** Website; Facebook page; trainings for providers and community; community events; Commission takes action on pending important legislation that would impact children 0 to 5 and their families; Commission uses media to advocate for and educate about young children; Commission makes presentations for local service clubs, local governments, local business organizations and the like; Commission actively involved with local groups and organizations that advocate for children, including Child Abuse Prevention Council, Adult and Family Services Commission, Community Support Network
16. **Commission assistance with leveraging funds:** Commission staff will work with funded partners to leverage additional funds when appropriate, particularly state and federal funds
17. **Commission assistance with identifying and negotiating about shared funds, resources and evaluations:** Commission staff will work with funded partners to identify opportunities for sharing

ACCESSIBLE AND INTEGRATED SERVICES

It is the goal of First 5 Nevada County that programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system. To this end, the Commission incorporates the following strategies:

1. The Commission provides operational support to two collaboratives of family service agencies, one in the eastern and one in the western part of the county. Each collaborative has over 50 member organizations and over 300 e-mail update recipients. These collaboratives' primary goal is: *That all families in Nevada County have ready access to a well-integrated and coordinated support network that is easily available and well-funded.* Each collaborative convenes monthly meetings of service providers to highlight available services, identify gaps in services, advocate for families, identify funding opportunities, provide trainings, and generally oversee the service landscape for families on each end of the county.
2. The Commission supports four family resource centers (FRCs) around the county; these family resource centers act as a first stop for families and provide multiple direct services as well as referral to a full network of available resources that are generally in the form of a warm hand-off. The family advocates at the FRCs are deeply knowledgeable about local resources and, because ours is a small county, often have personal relationships with service providers to whom they are referring families. The Commission supports bilingual (Spanish/English) workers at the Truckee and Grass Valley FRC, where the vast majority of Spanish-speaking families live.
3. In the event of funding destabilization that threatens the continuation of critical services for families with young children, the Commission will consider feasible short term funding to keep

critical programs operating as stipulated in the Stabilization Arrangement Policy: *stabilization funds may be used by majority vote of the Commission to address a sudden, unpredicted, urgent community need for children 0 to 5 years old and their families.*

4. Wherever possible, the Commission asks grantees to show diversified funding sources for programs and looks for new opportunities to leverage funds and resources.

EXPENDITURE PLAN

INTRODUCTION

Expenditures begin and end with the Goals and Objectives in the Nevada County Strategic Plan. All funds shall be allocated to further a Goal in the Strategic Plan and outcomes shall be measured in terms of progress on selected indicators. The Evaluation Plan outlines the manner in which performance is measured and accountability ensured.

Nevada County's twenty-three Objectives fall within the four Goals as outlined in this document. First 5 Nevada County's approach to investment can be found in the Guiding Principles and Investment Guidelines section of this Strategic Plan.

The Long-Range Financial Plan contained herein delineates categories of expenditures used in Nevada County, and withdraws funds from a fund balance to ensure relatively level expenditures within each funding cycle, despite an anticipated reduction in tobacco tax revenue. It is understood that, because virtually all of the revenue for First 5 Nevada County comes from tobacco tax, that there is substantial revenue risk; because of this, all of our contracts contain wording that legislative change could make the revenue no longer available; the contract language reads, in part: The State of California, through legislative change, may alter or repeal the law, which provides funds for this agreement.

INVESTMENTS

CONTRACTED PROGRAM INVESTMENTS

Contracted Program Investments is a category of the Long-Range Financial Plan which includes allocations for programs funded by the Commission through competitive grant processes, through Commission-directed initiatives, or through other procurement processes.

For the 2015-20 funding period these include:

- Home Visiting
- Family Resource Centers
- Cross-Agency Collaboration
- Children's Mental Health Services
- School Readiness (Truckee)
- Bilingual Child Care Training
- Mobile Dental Van (through June 30, 2016)
- Maternal Depression Treatment
- Developmental Screening (beginning July 1, 2016)

Multi-year grants are reviewed annually, utilizing specified criteria, before the next year's funding is finally committed by the Commission.

Local tobacco tax dollars fund Community Investments, which are often matched with funds provided by local partners. All Community Investment funds are expended through contracts to

community partners in accordance with the First 5 Nevada County policies and procedures. First 5 staff provides contract management and monitoring, and oversees evaluation.

INTERNAL PROGRAM INVESTMENTS

Internal programs are those that are run directly by First 5 Nevada County and include:

- Western county school readiness programs (Step Up to Kindergarten, Preschool Inclusion program, AmeriCorps school readiness program, preschool lending library)
- Car seat safety program

EXTERNALLY FUNDED PROGRAMS

Externally funded programs are those that are with money from entities outside First 5 Nevada County and include:

- IMPACT
- LAUNCH

OTHER INVESTMENTS

Professional Advancement for Kids (PAK) Scholarship Program (through 9/2016):
The PAK program offers scholarships of up to \$500 to pay for education and/or training for public or private professionals who work with babies and young children. The Executive Director decides whether PAK proposals meet criteria adopted by the Commission. First 5 staff monitors accountability for the PAK program. Program ended in September, 2016 as IMPACT came online.

Community Events

The Commission has traditionally allocated funds for Community Events to support a variety of efforts, as they arise during the year. The Executive Director expends community events funds to further Commission priorities, in furtherance of the Strategic Plan. First 5 staff monitors accountability for Community Events.

Kids' Corner at the Fair

Kids' Corner at the Nevada County Fair is a free area for young children where they can get a free picture book and engage in age-appropriate activities; the activities demonstrate for parents' the kinds of activities they can do easily at home and illustrate what children learn from the various activities. The Kids' Corner is funded by community donations and run by a coalition of agencies with First 5 as the fiscal agent.

LONG-RANGE FINANCIAL PLAN

The Long-Range Financial Plan serves several purposes in Nevada County. It documents a plan to reserve and withdraw funds to assure a continued investment over the lifespan of the First 5 Commission. It provides an overarching policy grid, so the Commission can determine the

categories of its investments over time. And the plan ensures funds are projected to adequately support programs, evaluation, and administration. The Commission's annual budget is guided by the Long-Range Financial Plan.

Nevada County's Long-Range Financial Plan is a living document. It is adjusted annually to reflect unanticipated revenues or expenditures and changed Commission priorities. The Plan is regarded as long-term, however.

The Commission's last-adopted version of Long-Range Financial Plan is incorporated by reference (*see* Appendix A).

COST ALLOCATION POLICY

The First 5 Nevada County Cost Allocation Policy contains a limit of the percentage of the annual operating budget that may be spent on administration, definitions, and a methodology for tracking and reporting on administrative, program and evaluation costs, and provisions for periodic review of the administrative cost limit.

The Cost Allocation Policy is developed in accordance with the California Children and Families Act and the First 5 Financial Management Guidelines adopted by First 5 California. The Commission's last-adopted version of the Cost Allocation Policy is incorporated by reference; it includes a 20% cap on administrative costs.

EVALUATION PLAN

PURPOSE

The purpose of the First 5 Nevada County Evaluation Plan is to provide information to stakeholders, including the Commission and those who contract with First 5, about progress on our statutory mandate to create a system to support, promote and improve the early development of children 0 to 5 years of age. The California Health and Safety Act requires First 5 Commissions to “...*measure the outcomes of county funded programs through the use of applicable, reliable indicators and review that information on a periodic basis as part of the public review of its strategic plan.*”

This plan will comply with state reporting requirements. In addition, this Evaluation Plan is intended to explain how Nevada County will collect data and measure outcomes in a manner that provides adequate information to the Commission about the value of their investments. Contractors will gain information about their programs as well.

STRUCTURE

Countywide Data on the Well-being of Children

First 5 Nevada County will continue to measure the well-being of children, using key countywide data points, parent and provider surveys, focus groups, and community conversations. Annually, the Commission will review a set of key countywide data points.

Annual Evaluation of First 5 Investments by the Commission

The Commission will review the progress and outcomes of each funded program annually. Each grantee will submit a one-page overview of their funded program by July 31 of each year for the prior funding year (*see* Appendix B for an example); these overviews will appear in the Commissioners’ meeting binders throughout the year. Additionally, grantees will provide a presentation about their progress and outcomes at a Commission meeting at least once during their granting period. Finally, at least once during each granting period, the Executive Director and representatives of the Commission will conduct a site visit to view program delivery, record keeping, and/or fiscal procedures. Any or all of these modes of evaluation will be used by the Commission in making future funding decisions.

Compliance with First 5 California Evaluation Framework

First 5 Nevada County staff and contractors shall comply with the First 5 California Evaluation Framework. As such, the Service Data Elements for each funded program must be reported. These are: the number, age, language and ethnicity of children, the number, language and ethnicity of primary caregivers, other family members served, and information about who provided the service. Staff and contractors shall report outcomes on all investments, and staff will report them to the state by result area.

Reporting Requirements

All investments shall be tied to a Goal, Objective, and Strategy in the First 5 Nevada County Strategic Plan. The “Funded Program or Project Mandatory Reporting Requirements” description contains data collection requirements, definitions and a methodology for outlining the Evaluation Plan for each funded program (*see* Appendix B).

Contractors shall report Service Data information and outcomes on agreed indicators on an annual basis, with a site visit planned for half way through the year. Staff shall review reports promptly and notify contractors within a reasonable time if their reports or their progress are not in compliance with the contract. Contractors shall also report their fiscal information as designated in their contracts.

Indicators

Each funded program was selected because of its ability to meet a prioritized need identified by the Commission in their needs assessment and priority setting processes. Progress on those needs will be measured by selected indicators which will be tracked by grantees as indicated in the following charts.

Family Strengthening Initiative

GOAL NUMBER ONE:

Nevada County children will live with supported, nurturing parents

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
1.1 Enhanced parenting support to promote strong families, including parenting classes and enhancement of parent knowledge of child development	Home Visiting	Parents connected to resources	Welcome Baby stats on information access Total # of referrals for FTHB families
	Family Resource Centers: Parenting Classes	1. Enhanced parent knowledge of resources 2. Enhanced parenting sense of competence 3. Enhanced positive parenting practices	Increase in average score on Q. 7 on Parenting Ladder Increase in average score on Q.s 1,2,3 on Parenting Ladder Increase on Q.s 11,12,13 on Parenting Ladder
	Behavioral Health: Shelter outreach	Parents will feel supported and will gain parenting skills and knowledge	Parents will report that they felt supported, gained parenting skills and knowledge on a post-service questionnaire
	Behavioral Health: Therapy	Children will show fewer behavioral and emotional struggles	15% improvement pre- to post-service on the Child Behavior Check List
	Behavioral Health: Moving beyond Depression	Mothers show a significant reduction in depressive symptoms and increase in interpersonal support	Average decrease in Major Depressive Disorder of at least 70% Average increase in Interpersonal Support Evaluation List of at least 15%
1.2 Opportunities for parents to receive concrete support in times of need	Family Resource Centers: food distribution, clothes closets, other concrete support	Families have access to concrete support	# families using food distribution # families using clothes closet # families receiving other concrete support
1.3 Enhanced social connections among parents	Home Visiting: Socialization groups	Parents connecting with others	# of parents attending socialization groups regularly

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
	Family Resource Centers: group/community activities	Parents connecting with others	# parents regularly attending groups # parents who report new connections with other parents
	Family Resource Centers: Parenting Classes	Parents connecting with others	# of parents attending classes # of parents who report increased connections with other parents
1.4 Enhanced parental resilience	Home visiting	Mothers are screened and treated for depression	# and % of mothers screened # who screen positive and, of those, % who are connected to services
	Family Resource Centers: Resource referrals	Families are linked to resources	# of resource referrals
	Behavioral Health: Shelter Outreach	Parents increase in confidence about their parenting skills; mothers are screened and connected to services for depression	Parents report increased confidence in their parenting skills on post-service questionnaire; # and % of mothers screened # who screen positive and, of those, % who are connected to services
	Behavioral Health: Therapy	Parents will show increased efficacy	TBD
	Behavioral Health: Moving beyond Depression	Mothers show a significant reduction in depressive symptoms and increase in interpersonal support	Average decrease in Major Depressive Disorder of at least 70% Average increase in Interpersonal Support Evaluation List of at least 15%
1.5 Enhanced social-emotional competence of children	Home Visiting	Children will be screened for social-emotional development delays and referred to appropriate services when necessary	Scores show growth on Ages and Stages Questionnaire – Social Emotional (ASQ-SE); for those not showing expected growth, % of children connected to resources for developmental delays
	Behavioral Health: Therapy	Children will show fewer behavioral and emotional struggles	Improved pre- to post-service scores on the Child Behavior Check List
1.6 Consistent messaging on early learning and development	Public education and advocacy: website, newsletter, Facebook presence; push-out messaging through grantees	Increased public messaging about early learning and development	Messaging on early learning developed and distributed through at least three avenues

Early Learning Initiative

GOAL NUMBER TWO: Nevada County children are ready to enter school

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
2.1 Improved child care quality	Race to the Top (RTT)	Enrolled child cares will increase in quality	Enrolled child cares will show growth on the RTT matrix
	Project IMPACT	TBD	TBD
	Preschool inclusion program	High score on ECERS	The preschool inclusion classroom will be evaluated on the Early Childhood Environmental Rating Scale and receive an overall score of 5 or greater
2.2 Enhanced knowledge, skills, materials, and capacity of providers who serve children 0 to 5	Early Childhood Educator workshops	Early childhood educators will gain skills and knowledge	# of educators who attend one or more workshop Workshop attendees will indicate increased knowledge and skills on post-program satisfaction questionnaires
	Professional Advancement for Kids (PAK) Scholarships	Those working with young children will have opportunities to participate in trainings, classes and conferences that enhance their knowledge and skills	# of professionals who utilize PAK scholarships
	Avanza Program	Spanish/English bilingual early childhood educators will progress professionally	Participants will complete measurable goals Participants will show growth on a pre- and post-program survey
	TTUSD School Readiness: Child Development Conference	Early childhood educators will gain skills and knowledge	# of providers attending the conference High ratings of satisfaction and knowledge gain on post-program questionnaires
	TTUSD School Readiness: ECE trainings/workshops	Early childhood educators will gain skills and knowledge	# of educators who attend workshops/trainings Workshop attendees will indicate increased knowledge and skills on post-program satisfaction questionnaires

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
2.3 Increased developmental screening of children, including Kindergarten entry assessments	Use of ASQ & ASQ-SE by all grantees that see children repeatedly	Children routinely screened and referred to appropriate services	At least 150 children screened # and percentage of children screened and connected to services when appropriate
	Central call number for access to ASQ & ASQ-SE screenings and for referrals to assessments and services	Children routinely screened and referred to appropriate services	At least 50 children screened At least 50 parents and/or child care providers call the help line At least 80% of children who are screened as having possible developmental delays are confirmed as having connected with additional services
	First 5 will work on getting a Kindergarten entry assessment adopted by school districts	Nevada County will move toward having a Kindergarten entry assessment	First 5 will identify a Kindergarten entry assessment At least 1 school district will adopt it
2.4 Supports for child health & wellness (behavioral, physical, and dental health & child safety)	Home visiting	Families will be connected with and educated about health services and child safety resources	At least 95% of target babies will have health insurance At least 90% of target babies will have an established link to a medical provider At least 85% of target babies will be up-to-date on immunizations At least 90% of target babies will receive regularly scheduled well-baby visits At least 90% of families will report that they received health and safety information from their home visitor
	Children's behavioral health program	Children will show fewer behavioral and emotional struggles	Improved pre- to post-service scores on the Child Behavior Check List
	TTUSD ECE behavior support program	Early childhood care providers receive support in working with children with behavioral challenges	# providers trained on social-emotional development # parents trained on social-emotional development # children provided with intervention

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
	First 5 car seat safety program	Children ride safely in vehicles	At least 25 car seats will be distributed At least 30 car seats will be inspected for correct installation At least 20 parents will be instructed in correct car seat installation
2.5 Improved family literacy	Home Visiting	Parents read to children regularly	First 5 family questionnaire shows 90% of families report reading to child 3-4 times/week or more
	Step Up to Kindergarten	Children show increased interest in reading/books	At least 50% of parents report that their child showed more interest in reading and books as a result of the program
	Family Resource Centers: Story times & play groups	Parents read to children regularly	First 5 family questionnaire shows 90% of families report reading to child 3-4 times/week or more
	TTUSD school readiness	Low-income young children visit the library	All 48 children in the Truckee Elementary State Preschool program will regularly visit the library and will obtain library cards
2.6 Improved school readiness	Step Up to Kindergarten	Children show improved literacy, numeracy and social-emotional development	80% of children show improvements on a teacher evaluation of growth in school readiness skills
	Family Resource Centers: Story times & play groups	Children show improved literacy, numeracy and social-emotional development	80% of children attending regularly for 4 months or more show improvements on a teacher evaluation of growth in school readiness skills
	TTUSD school readiness program	Low-income children will enroll in Kindergarten Camp in greater numbers	Increase in enrollment of low-income children in K Camp from prior year

2.7 Increased opportunities for child socialization	Home visiting: Socialization groups	Children attending groups	# children regularly attending groups
	Family Resource Centers: story times, play groups, group activities & classes	Children attending groups	# children attending 12 times or more
	Step Up to Kindergarten	Children attending program	At least 80 children will attend
	Preschool inclusion program	Children attending program	At least 10 children will attend
2.8 Decreased achievement gap for Latino and socioeconomically disadvantaged populations	Home visiting	Latino and low-income parents will receive home visits with child development information	% of parents who are Latino % of parents who are low-income At least 80% of parents will report receiving information on child development in their home visits
	Avanza program	Bilingual, bicultural (Spanish/English) child care providers will increase their professional development	At least 6 early child care providers will participate in the program At least 80% of individually stated goals for professional development will be achieved A handbook and toolkit will be developed as a deliverable
	TTUSD school readiness program	Children will engage in high-quality story times at their low-income housing developments	# of Promotoras trained in early literacy # of story times held # of parents & children attending story times
2.9 Consistent Messaging on Early Development and Learning	Public education/ advocacy: website, newsletter, Facebook; push-out messaging through grantees	Increased public messaging about early learning and development	Messaging on early learning developed and distributed through at least three avenues

Communications and Outreach Initiative

GOAL NUMBER THREE:

Nevada County children and families are represented in the larger community

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
3.1 Commission engagement in advocacy for and education about children 0 to 5 and their families	First 5 public education and advocacy	Increased advocacy and education work of First 5	# of legislative contacts (letters, e-mails, calls, visits) # of presentations to community groups, local governments # of articles, letters in newspapers
3.2 Increased community knowledge of and engagement in the needs of children 0 to 5	Community collaboratives	Collaboratives discuss needs of young children and families	# of monthly meetings pertaining to young children and their families
	Professional Advancement for Kids (PAK) Scholarships	Those working with young children have access to professional development opportunities	# of people receiving PAK scholarships # of children they work with
	First 5 public education and advocacy	Increased advocacy and education work of First 5	# of presentations to community groups, local governments # of articles, letters in newspapers
3.3 Consistent messaging on early development and learning	Public education and advocacy: website, newsletter, Facebook presence; push-out messaging through grantees	Increased public messaging about early learning and development	Messaging on early learning developed and distributed through at least three avenues

Communications and Outreach Initiative

GOAL NUMBER FOUR:

Nevada County families have access to integrated, collaborative and sustainable services

OBJECTIVE	STRATEGY	OUTCOMES	INDICATORS
4.1 Increased communication and collaboration among agencies and organizations that serve the 0 to 5 population	Community collaboratives	Agencies that serve young children engage with the collaboratives	# of agencies serving young children that attend at least 2 meetings per year
4.2 Increased numbers of agencies and programs leveraging private, state and federal dollars	Commission assistance with leveraging funds	Commission staff assists agencies seeking other funding by sharing information and expertise	\$ received using the help of Commission resources
4.3 Increased sharing of funds, resources, and evaluations among agencies and programs	Commission assistance with identifying and negotiating about shared funds, resources and evaluations	Commission staff convenes grantees to discuss potentials for sharing funds, resources and evaluations	# of convenings # of grantees attending Any shared resources as a result
4.4 Strengthened evaluation practices and communication of those findings	Commission assistance with evaluation	Grantees create and carry out strong evaluation plans for their funded programs	Grantee end-of-year reports reference measurable impact of First 5 funding
4.5 Increased access to linguistically and culturally appropriate family services for Spanish speakers	Commission support and advocacy for linguistically and culturally appropriate family services for Spanish speakers	Grantees provide linguistically and culturally appropriate services	# of grantees with bilingual and bicultural staff
	Avanza bi-lingual early educator support program	Number of early childhood educators bilingual in English/Spanish will increase and more Spanish-speaking educators will attain higher-level permits	At least 4 new educators will begin training Existing educators will work toward higher child development permit levels

APPENDICES

- Appendix A** **Long Range Financial Plan**
- Appendix B** **Funded Program or Project Mandatory Reporting Requirements**
- **Fiscal Reporting:**
 - **Expenditure Report**
 - **Demographic Reporting:**
 - **Required Data Elements**
 - **Population Served Definitions**
 - **Service Provision**
 - **Outcome Reporting:**
 - **Project Outcomes Chart**
 - **Sample Project Outcomes Chart**
 - **Results Presentation Template**

Appendix A

First 5 Nevada County Long Range Financial Plan

Financial Planning for Sustainability Modeled: May 2015

Fiscal Year Ending June 30	actual	actual	actual	projected	projected	projected	projected	projected	projected	projected
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2021/22
REVENUE										
Annual Tobacco Tax Allocations	543,692	560,463	527,222	540,115	525,570	512,146	514,000	479,000	459,000	441,000
Small County Funding Augmentation				109,885	124,430	137,854				
Grants	3,938				12,000	12,000				
Donations	7,558	6,214	5,750	5,000	5,000	5,000				
Miscellaneous Income			1,112							
Interest Earnings on Reserve Fund	4,930	5,268	4,180	3,357	2,862	2,287	1,750	1,492	1,122	670
Funds Available	560,118	571,945	538,264	658,357	669,862	669,287	515,750	480,492	460,122	441,670
EXPENSES										
Mini Grants	18,998									
PAK Scholarships	3,565	3,630	2,574	5,000	5,000	5,000	5,000			
Community Projects	8,891	2,375	1,136	2,000	2,000	2,000	2,000			
Kids' Corner at the Fair		7,024	4,797	5,000	5,000	5,000				
Parent Leadership Institute				1,000						
Contracted Program Investments	450,838			80,000			420,000	420,000	420,000	420,000
Home Visiting		102,000	102,000	146,000	150,000	150,000				
Family Resource Centers		150,109	192,245	206,366	212,318	212,318				
Cross-Agency Collaboration		27,000	22,000	17,000	25,000	25,000				
Children's Mental Health		11,000	23,000	23,000	20,000	20,000				
Quality Child Care		7,447	8,257	9,000						
School Readiness (Truckee)		26,469	26,500	26,500	38,000	38,000				
Bilingual Child Care Training					17,004					
Mobile Dental Van					20,000	20,000				
Maternal Depression					25,000	25,000				
Internal Program Investments (1)										
Wages/Benefits (2)	64,225	86,966	99,655	115,826	119,077	122,649	75,640	75,640	75,640	34,000
Services/Supplies	14,988	30,921	41,598	66,870	95,252	95,252	18,300	18,300	18,300	7,375
Evaluation Investments										
Wages/Benefits (2)	9,634	9,953	7,082	8,346	8,600	9,030	6,200	6,200	6,200	3,500
Services/Supplies	4,248	2,090	2,344	6,840	6,842	6,842	1,500	1,500	1,500	950
Administrative Costs										
Wages/Benefits (2)	86,703	77,966	43,911	51,744	53,318	55,984	42,160	42,160	42,160	34,000
Services/Supplies	20,234	15,457	10,255	11,406	11,418	11,418	9,300	9,300	9,300	7,375
Subtotal Expenses	682,325	560,408	587,355	781,897	813,829	803,493	580,100	573,100	573,100	507,200
Revenue vs. Expenses	(122,207)	11,537	(49,091)	(123,540)	(143,967)	(134,207)	(64,350)	(92,608)	(112,978)	(65,530)
Beginning Fund Balance	998,905	876,698	888,235	839,144	715,604	571,637	437,430	373,080	280,472	167,494
Withdrawal from Fund Balance	122,207	-	49,091	123,540	143,967	134,207	64,350	92,608	112,978	65,530
Deposit to Fund Balance	-	11,537	-	-	-	-	-	-	-	-
Ending Fund Balance	876,698	888,235	839,144	715,604	571,637	437,430	373,080	280,472	167,494	101,964
Interest Rate Projection	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%

(1) Major Internal Program Investments in 2015/16 - 16/17 include: Inclusion Preschool; Kindergarten Readiness Camp; AmeriCorps School Readiness program; car seat purchase; and admin time to support them.

(2) Wages/benefits drop off in FY17/18 to .75FTE Executive Director, .25 Admin Assistant - this could be augmented with internal program funds if the Commission decides to continue internally-run programs.

May 2015

Appendix B

Funded Program or Project Mandatory Reporting Requirements

You will be required to report in four different ways this year:

1. Fiscal Reporting
2. Demographic Reporting: Required Data Elements
3. Service Provision
4. Performance Reporting

1. Fiscal Reporting

Reporting will be bi-annual.

- Excel spreadsheet outlining expenses per budget each period, with supporting documentation (attached)

2. Demographic Reporting: Required Data Elements (attached)

Demographics are reported on an Excel spreadsheet; First 5 will send you a template to fill in. The attached chart demonstrates the demographic data that you will provide each period.

- For each reporting period (semi-annually, in most cases), you will indicate the total number of people you've served who are **NEW FOR THAT FISCAL YEAR** (they may have been served by your program in prior fiscal years – our goal is to gather an unduplicated count of all individuals directly served with First 5 funds each year):
- In your first report, everyone will be reported. Thereafter, you may have very small numbers, depending on your program.
- Each period, please break out the Children and Parents/Guardians/Primary Caregivers population by **ethnicity** and **language**.
- We are asking for this breakout in order to track unduplicated counts as much as possible. While we understand that attendance at some events may not be tracked, please try your best to avoid duplication.

3. Service Provision

New this year, we would like to track who is being served and at what dosage. Therefore, we are asking that you provide us with (at least) the first name, last initial and date of birth of each person directly served by your program. We would then like to know how many times the person was “touched” by your program (i.e., number of completed home visits, number of play group meetings attended, number of therapy sessions). The method of collection will be determined shortly. The data will be collected only at the end of the fiscal year.

4. Performance Reporting

First 5 will send you a Word document for your performance reporting. You will respond to several questions about delivery on your contracted Scope of Work. These will align with your Project Outcomes Chart (attached). You also will be asked to complete a one-page outcomes report using the “Results Presentation Template” which will be due by July 31 along with your final reporting for the year.

Fiscal Reporting Form



Project Title: _____

FY 2015-16 Grantee Fiscal Report Form

2 reports due: 1/31/16; 7/31/16

	Funds Expended 7/1/15-12/31/15	Funds Expended 1/1/16 - 6/30/16	Total Funds Expended	Total Budget	Unexpended Funds
I. Personnel					
Salaries (list position)					
1			0		0
2			0		0
3			0		0
4			0		0
Payroll Taxes and Benefits					
			0		0
Consultant Fees					
1			0		0
2			0		0
3			0		0
4			0		0
Total Personnel	0	0	0	0	0
II. Other Expenses					
Office Supplies			0		0
Program Supplies			0		0
Printing/Duplicating			0		0
Information/Materials			0		0
Rent/Utilities/Occupancy			0		0
Travel/Training			0		0
Liability Insurance/Other Insurance			0		0
Administrative Cost			0		0
Miscellaneous (list)			0		0
1			0		0
2			0		0
3			0		0
4			0		0
5			0		0
Total Other Expenses	0	0	0	0	0
Total Grant Expenses	0	0	0	0	0

Demographic Reporting:

Required Data Elements

TOTAL POPULATION SERVED (see definitions)	<u>NEW</u> NEW people served for the FIRST TIME this period
Children under age 3 (directly and indirectly)	
Children age 3 to 5 (directly and indirectly)	
Children under age 5 – Exact Age Unknown (directly and indirectly)	
Parents/Guardians/Primary Caregivers	
Other family members	
Providers	
TOTAL	

Ethnic Breakdown		
	Children	Parents/ Guardians/ Primary Caregivers
Alaska Native/American Indian		
Asian		
Black/African-American		
Hispanic/Latino		
Pacific Islander		
White		
Multiracial		
Other (Specify)		

Primary Language Spoken in the Home		
	Children	Parents/ Guardians/ Primary Caregivers
English		
Spanish		
Cantonese		
Mandarin		
Vietnamese		
Korean		
Other (Specify)		
Unknown		

Demographic Reporting:

Population-Served Definitions

Children—Children ages 0 to 5 who have not yet had their 6th birthday and receive direct services from a commission program.

- Children Less Than 3 (from birth to the 3rd birthday)
- Children 3-5 (up to the 6th birthday)
- Children (ages unknown)—ages unknown, from birth to the 6th birthday

Parents/Guardians/Primary Caregivers—Parents /guardians and other adults who are acting as the primary caregiver for a child age 0-5 and receive direct services from a commission program. Parents and legal guardians are included in this definition, as are foster parents, grandparents, or other family members who serve as the primary caregivers for a child age 0-5.

Other Family Members—Other family members include siblings age 6 or older, and adults (other than service providers, defined below) who are not primary caregivers, but who participate with children in First 5 activities.

Providers—Health, social service, educational or other providers that provide services to pregnant women and/or to children ages 0-5 in the community, whose services promote the identified First 5 Result Areas, and who participate in First 5 training or support programs, in order to strengthen their capacity to better serve the First 5 target audience.

Performance Reporting:

Project Outcomes Chart

Use the chart below to list what First 5 Nevada County Strategic Plan Goal, Outcome, and Strategy your project addresses. For each Strategy you choose, complete a chart describing the Activity(ies), Tool(s) and Indicators(s) of your project. This grid may be copied as needed. Please restrict yourself to NO MORE THAN THREE Strategic Plan Indicators and NO MORE THAN FIVE total Outcomes (for all strategies combined).

GOAL	Objective	Strategy	Activity	Tool	Indicator
A long-term desired change. (SELECT FROM FIRST 5 STRATEGIC PLAN)	A description of a desired change that is short term, measurable, and supports the goal. (SELECT FROM FIRST 5 STRATEGIC PLAN)	What is the program, service or project you intend to deliver?	What are the specific components of your project that will provide you with outcomes? What are you going to measure? (You may have more than one activity per strategy).	How will you measure the progress towards for each outcome?	What useful and measurable outcomes will eventually be the result of each activity? SELECT FROM FIRST 5 EVALUATION PLAN

<u>GOAL:</u>
<u>OBJECTIVE:</u>
<u>STRATEGY:</u>
<u>ACTIVITY(IES):</u>
<u>TOOL(S):</u>
<u>INDICATOR(S):</u>

Performance Reporting: Sample Project Outcomes

	Definitions	Examples	
Goal <i>(Chosen from one listed in the First 5 Strategic Plan)</i>	A long term desired change	Nevada County children and families are healthy	
Objective <i>(Chosen from one listed in the First 5 Strategic Plan)</i>	A description of a desired change that is short term and measurable and supports the goal.	Increased enrollment in health insurance, identification of medical home, immunization	
Strategy <i>(Chosen from one listed in the First 5 Strategic Plan)</i>	The program, service or project that you intend to deliver	Home Visiting	
Activities	The specific components of the program that, as measured by the tools, will show outcomes	Activity A	Activity B
		Provide information about IZs and provide reminders about scheduled shots	Educate parents about the importance of early literacy activities
Tool	A process or performance measure of the activities.	Program database (information on IZ status)	Program database (annual survey of clients)
Indicator <i>(Chosen from one listed in the First 5 Eval. Plan)</i>	Based on findings gleaned from the tools, the actual measure of how the program service or project supported the goal.	Client IZ rate is 90% or greater	Parents report an increase in frequency of reading/singing/story-telling with child

Performance Reporting:

Results Presentation Template



Name of Program

2015-2016

Budget:

Numbers Served:

-
-
-
-
-

Demographics

-
-
-
-

Health Statistics

-
-
-
-

Screenings/Referrals Made

-
-
-
-

Participant Satisfaction

-
-
-
-

Outcomes

-
-
-

Quotes

-
-