



STRATEGIC PLAN

**ANNUAL REVIEW
2006**

First 5 Calaveras Commission DRAFT Review/Revise: April 7, 2006

Annual Update Public Hearing & Approval: May 5, 2006

COMMISSION MEMBERSHIP

May 2006

Jeanne Boyce, Chair	Calaveras County Health Services Agency
John Brophy	Calaveras County Office of Education
Katie Hood	Parent and Kindergarten Teacher Calaveras Unified School District
Janet Orvis Cook	Human Resources Council, Inc.
Mary Sawicki	Calaveras Works and Human Services
Dorothy Smith, Alternate	UC Extension Nutrition, Family and Consumer Science
Steve Wilensky	Calaveras Board of Supervisors, District 2
Kathy Yarbrough, Vice Chair	Rural Health Design Network

First 5 Calaveras Staff:

Karen Pekarcik	Executive Director
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OVERVIEW

Proposition 10 requires that each county commission create and adopt a strategic plan for the support and improvement of early childhood development within the county. This plan must be reviewed by the Commission on at least an annual basis to revise the plan “as may be necessary or appropriate.”

The Calaveras County Children and Families Commission Strategic Plan was adopted on September 15, 2000 after a lengthy process of assessment and input, including a community survey, focus groups, a forum, Board of Supervisors review, and a public hearing. The plan was purposefully developed with many varied strategies as possibilities for the utilization of Proposition 10 monies. This was done in order to provide maximum flexibility for the first funding process, as well as to allow broad participation, creativity and best utilization of community assets. The initial plan was reviewed in 2001, and the revised version was adopted on December 14, 2001.

During the years since the revised adoption of the plan, the Commission has found that the original conclusions related to community needs have held to be true. Through its funding processes it has become clear, however, that broad-range strategies are not the best mechanism for bringing about needed change. It is evident that, as a small county with very limited revenues, it is essential that the Commission adopt and focus on a small number of priorities and programs with a very specific set of strategies for change. In this way, adequate resources can be allocated for an adequate length of time to ensure successful results. Simply funding a wide variety of unrelated programs and interventions will not result in a lasting systems change.

In recognition of the above, the focus of the 2006 strategic plan review was to again refine the goals, objectives and strategies and to clearly define the Commission priorities. The original strategies were narrowed to specific areas where the greatest impact can be achieved. Priorities for focus and funding over the coming year were re-established, based on need and capacity.

The Proposition 10 process continues to be an evolving one. With the 2006 passing of AB 109 and SB 35, California legislation requires increased accountability of First 5 organizations to align expenditures and activities directly to their strategic plans. The 2006 review and revision reflects alignment to meet the intent of the enacted State legislation. The Commission goals are framed to include their matching State-defined Result Areas.

As the Commission continues in its task of planning to ensure that every child enters school “healthy and ready to learn,” the lessons learned from our experiences, from the State and other County Commissions, from our grantees and from our community, will continually be incorporated to guide the Commission in implementing the best practices to achieve established goals.

GOAL 1: SERVICE INTEGRATION AND COLLABORATION

Collaboration between community members, organizations and institutions to insure that resources are available, culturally sensitive and accessible to all families.

Aligned with First 5 California Result Areas:

- i. Family Support
- ii. Health and Well-being
- iii. Early Care and Education
- iv. **Systems Change**

OBJECTIVE	Facilitate the integration of services relating to early childhood development into a consumer-oriented and easily accessible system.
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STRATEGIES	<ul style="list-style-type: none"> ▪ <i>GOAL 1 Service Integration and Collaboration will be the foundational priority for all First 5 Calaveras goals, objectives and funded activities</i> ▪ Support activities, programs, and initiatives that build capacity, make services more accessible, high quality, culturally competent, integrated, results based, reflective of community needs and sustainable through activities including the following options: <ul style="list-style-type: none"> --Capacity Building and Fiscal Sustainability Support development of Capacity Building and Fiscal Sustainability Plans for all funded programs and services including identification of fiscal leveraging opportunities and strategies, opportunities for resource sharing, potential funding sources, decreasing duplication, etc. Accomplished in partnership with: --Proposition 63 Early Intervention Planning and Services Actively engage in planning and development of responsive programs and family-focused approaches such as case management, early diagnosis and intervention for children ages 0-6 and expectant parents. --Constructing Connections Support development of a county plan and process resulting in increased construction of childcare facilities. --Our Children, Our Communities Initiative Support the <i>Ten Year Calaveras County Master Plan for Children and Families</i> that serves as a foundation for the development and implementation of a community-based integrated service system of services for children and families. --Engage in and support collaboration to establish multi-disciplinary and community designed strategies, priorities and supports --Advocate for consolidation of children’s services and planning to sustain and leverage resources --First 5 California Initiatives Integrate with First 5 California CARES and School Readiness Initiatives
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GOAL 2: STRONG FAMILIES

**Support optimal parenting, social and emotional health,
and economic self-sufficiency of families.**

Aligned with First 5 California Result Areas:

- i. **Family Support**
- ii. Health and Well-being
- iii. Early Care and Education
- iv. Systems Change

OBJECTIVE	Increase parent access, learning and successful utilization of the skills and knowledge necessary to raise healthy children from 0 to 5 years of age.
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STRATEGIES	<p><i>Ensuring systems integration and collaboration have been addressed:</i></p> <ul style="list-style-type: none"> ▪ Provide direct parent instruction, intervention, or service to assist parents in developing their own skills and abilities to ensure children access emotional, educational, nutrition and health supports needed for optimal health and development: <ul style="list-style-type: none"> --Information and Referral systems, increasing parent awareness of health, development, education, recreation, nutrition, childcare outcomes and resources. --Family Support and Parenting Education to introduce or enhance parenting skills (i.e., prenatal health, adult literacy, father involvement, behavior and discipline, etc.) enhancing the quality of parent-child interaction. Increase understanding of early childhood development, nutrition, literacy, environmental, and home safety--emphasizing elimination of second hand smoke. --Home Visitation System to serve as primary linkage for families to school readiness components and as a key vehicle to educate and connect all families with appropriate community services at the birth of a child and provide home intervention to any family requesting that service. --Kit for New Parents as a strategy for informing and evaluating new parents of child development, health and community resources. --Community Based Outreach - Create and implement a media outreach plan to educate parents and the community regarding the importance of early childhood development and the availability of community services to support them in ensuring healthy development. --Inter Agency Outreach and Collaboration to assess effectiveness of strategies, introduce research based best practices, develop community focused intervention strategies and explore possible avenues of cooperation in the delivery of services, advocacy, and public awareness of issues.
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<p>RESULTS</p> <p>Goal 2 – Strong Families</p>	<ul style="list-style-type: none"> ▪ Family Information and Referral System <ol style="list-style-type: none"> 1. Increase Parent knowledge of county family-serving resources. 2. Increase Parents access of resources to better meet the needs of their children. ▪ Family Support and Parenting Education <ol style="list-style-type: none"> 3. Increase parent understanding of 4. Increase Parents knowledge of county family-serving resources. 5. Increased Mothers, Fathers, or other parent figures ability to be effective and positive caregivers to their young children. ▪ Universal Home Visiting Programs <ol style="list-style-type: none"> 6. Parents receive increased support services. 7. Increase Parents knowledge and access of family-serving resources. ▪ Kit for New Parents <ol style="list-style-type: none"> 8. Parents receive kits and information through increased support services 9. Increase Parents knowledge and access of family-serving resources. 10. Enhances education as a tool for Home Visiting Programs. 11. Establishes a referral point for each High School and providers for pregnant teenagers. ▪ Community Based Outreach <ol style="list-style-type: none"> 12. Increase knowledge of Parents and broader community about child development and practice effective early childhood support skills. 13. Increase Parent and community support of child’s learning, health, and development.
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GOAL 3: CHILDREN LEARNING AND READY FOR SCHOOL

**Improve the development and school readiness of
young children from birth to age 5.**

Aligned with First 5 California Result Areas:

- i. Family Support
- ii. Health and Well-being
- iii. **Early Care and Education**
- iv. Systems Change

OBJECTIVE	Improve child development and ensure school readiness through support of high quality childcare and early education services.
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STRATEGIES	<p><i>Ensuring systems integration and collaboration have been addressed:</i></p> <ul style="list-style-type: none"> ▪ Retention and compensation of early care and education professionals Provide financial stipends to qualified early care and education professionals, both center and home-based caregivers to encourage continued employment in the field (Calaveras CARES). ▪ Training and professional development for early care and education professionals <ul style="list-style-type: none"> --Partner with Calaveras Child Care Council to continue implementation of Calaveras Child Development Corps. --Partner with local, regional and state California Preschool Instruction Network to support and integrate research based best practices in literacy. --Partner with local early care and education professionals to support and integrate inclusive education strategies developed through All of Us Together and Special Quest partnerships. --Partner with local early care and education professionals to support the needs of culturally and linguistically diverse populations. ▪ Parent and community involvement with early care and education Promote public awareness and involvement in early care and education needs and issues through partnership with Calaveras CARES, Constructing Connections. ▪ Child Care and Early Education Services Development Promote collaboration between agencies and private providers to expand educational services for children ages 0-5 especially as related to increased availability of infant care, sick care and after hours care. ▪ Integration of schools and child care sites with other community services Facilitate links between schools, child care providers and other programs/services to build the capacity of programs to serve as community-based sites for integrated services. ▪ School Readiness Initiative Support and promote the redesigned countywide implementation of the First 5 School Readiness Initiative.
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RESULTS

Goal 3 – Children Learning and Ready for School

- **Retention and compensation of early care and education professionals**
 1. Increased supports and educational opportunities for early care and education professionals.
 2. Increased availability of quality ECE / Child Care and Early Childhood Education Programs for children.
- **Training and professional development for early care and education professionals**
 3. Increased supports and educational opportunities for early care and education professionals.
 4. Increased availability of quality ECE / Child Care and Early Childhood Education Programs for children.
 5. Increased ability of children with special needs to benefit from early care and education.
 6. Increased ability of children from culturally or linguistically different backgrounds to benefit from early care and education.
- **Parent and community involvement with early care and education**
 7. Increased Parent and community knowledge of quality ECE / Child Care and available options.
- **Child Care and Early Education Services Development**
 8. Increased availability of quality ECE / Child Care and Early Childhood Education Programs for children.
 9. Increased expansion of ECE pilot programs replicating best practices models beyond pilot sites.
- **Integration of schools and child care sites with other community centers**
 10. Increased parent and community knowledge about child development and practice effective parenting skills.
 11. Parents support their child’s learning, healthy growth and development.
 12. Enhanced schools’ readiness for children.
- **Facilitation of School Readiness redesign and service integration**
 13. Increased ability of children to enter Kindergarten healthy and ready to learn.

GOAL 4: HEALTHY CHILDREN
Improve the overall physical and mental health of young children.

Aligned with First 5 California Result Areas:
i. Family Support
ii. Health and Well-being
iii. Early Care and Education
iv. Systems Change

OBJECTIVE	Increase access to and utilization of services that are essential to ensuring healthy children age 0-5.
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STRATEGIES	<p><i>Ensuring systems integration and collaboration have been addressed</i></p> <ul style="list-style-type: none"> ▪ Increase the health and safety of children by providing direct treatment, advocacy, systems integration, service capacity building through activities such as: <ul style="list-style-type: none"> --Dental Health Services for Children Support the expansion of community-based dental programs to provide prevention, education, screening, treatment and referral services for children 0-5. Increase enrollments in Healthy Families and DentiCal to assist with cost of ongoing care. --Child Safety Programs Support development or expansion of community-based programs to promote child safety related to unintentional injury, second hand smoke and exposure to environmental hazards and tie community-based programs with second hand smoke programs. --Violence Prevention Training for Families of Children 0-5 Support the development or expansion of locally accessible child abuse and domestic violence prevention services for children 0-5 years of age and their families. --Promotion of Adequate and Appropriate Nutrition and Activities Support the continuance of programs that promote the nutritional well-being of children and families by promoting obesity prevention, nutritionally adequate and safe foods, and exercise awareness. --Promotion of Early Mental Health and Child/Family Wellbeing Increase recognition and response to children’s early mental health needs. --Medical Access and Coverage for Children Advocate for increased medical care access and coverage for children 0-5.
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<p>RESULTS</p> <p>Goal 4 – Healthy Children</p>	<ul style="list-style-type: none"> ▪ Dental Health Services for Children <ol style="list-style-type: none"> 1. Increased children’s oral health through preventive and ongoing oral care and treatment 2. Increased numbers of children with healthy teeth and gums. 3. Increased capacity of dental providers to promote services for children 0-5 ▪ Child Safety Programs <ol style="list-style-type: none"> 4. Increased numbers of children are free of smoking-related illnesses. 5. Increased expectant mothers refrain from use of tobacco, drugs, and alcohol. ▪ Violence Prevention Training for Families of Children 0-5 <ol style="list-style-type: none"> 6. Increase in numbers of children safe from intentional injuries in their homes and their community. 7. Increased Parents participation in parent education programs. 8. Support violence prevention programs and use of best practices models. ▪ Promotion of Adequate and Appropriate Nutrition and Activities <ol style="list-style-type: none"> 9. Children are healthy and well-nourished. 10. Parents are knowledgeable about and provide their children with healthy diets containing more fresh fruit and vegetables.
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2006 FIRST 5 CALAVERAS PRIORITIES

SERVICE INTEGRATION AND COLLABORATION (Goal 1)

- Fiscal Sustainability Plan for First 5 Calaveras
- Capacity building, fiscal viability and service integration for all First 5 funded activities

Justification: Identified as top priority in Commission Mission Statement and Strategic Plan. .

Systems integration and collaboration serves as foundation for all other activities.

ELIMINATION OF SECOND HANDSMOKE IN A CHILD'S ENVIRONMENT

(Goal 1-Service Integration, Goal 4-Healthy Children)

Justification: Enhances children's physical health and wellbeing.

Required component to be addressed in all Commission funded programs.

INTEGRATED HOME VISIT SYSTEM

(Goal 1-Service Integration, Goal 2-Strong Families & Goal 4-Healthy Children)

Justification: Addresses both integration of services and the continued #1 barrier to obtaining care: lack of knowledge about available services; is an identified component of school readiness strategy.

To address Goal 4, the Commission has allocated current resources to the development of this system with the inclusion of nutrition education and vouchers for purchase of fresh fruits and vegetables.

Integration opportunities with school readiness initiative.

Commission has committed to funding this strategy through 2006-07.

CALAVERAS CARES: Comprehensive Approaches to Raising Educational Standards

(Goal 1-Service Integration, Goal 3-Children Learning and Ready for School)

Justification: Addresses capacity building, professional development and retention of ECE professionals. Enhances early literacy, ECE/K Collaboration, children with special needs, and children experiencing diversity in culture/languages. Enables fiscal leveraging. Identified component of school readiness strategy.

Commission has committed to funding this strategy through 2006-08.

EARLY CARE AND EDUCATION

(Goal 1-Service Integration, Goal 3-Children Learning and Ready for School)

Justification: Improves child development/school readiness opportunities for young children and schools' readiness for children. Supports School Readiness and CARES initiatives.

DENTAL HEALTH AND EDUCATION

(Goal 1 Service Integration, Goal 4: Healthy Children)

Justification: Improves children's oral health, parent awareness of oral health issues. Supports family and caregiver understanding of oral health needs in order to ensure children reach kindergarten ready to learn. Integration opportunities with school readiness initiative.

Commission has committed to funding this strategy through 2006-07.

PHYSICAL AND MENTAL HEALTH

(Goal 1 Service Integration, Goal 4: Healthy Children)

Justification: Improve children's physical health, mental health and well-being. Supports family and caregiver understanding of the importance of child and family health and wellness in order to ensure children reach kindergarten ready to learn. Integration opportunities with school readiness initiative.

Commission has committed to funding this strategy through 2006-07.

**FIRST 5 CALAVERAS
2006-07 Evaluation Plan for
Results-Based Accountability**

First 5 Calaveras is committed to making a difference for young children and families by ensuring the best and most appropriate allocation of funding as a valuable and effective community resource.

A. Identify activity aligned with Strategic Plan goals and priorities, purpose of funded activity, expected outcome, baseline population data, and intended target population.	
<i>Review each funded activity for outcomes relative to each First 5 Calaveras Strategic Goal</i>	<i>Evaluation activities will identify and report to the Grant Review Committee at least twice each year, and the commission at least annually:</i>
1. Develop a written Evaluation Plan for funded programs.	a. See attached First 5 Calaveras Grantee Evaluation Plan, Form #4 attached
2. Identify, Collect and Report Descriptive Data	a. Who was served by the funded activity? <ol style="list-style-type: none"> 1. Children 0-3 2. Children 3-5 3. Parents 4. Professionals 5. General community supporting 0-5. 6. Ethnicity 7. Home Language 8. Qualifying Special Needs b. How many were served? c. How many First 5 Calaveras, state match and in-kind dollars were spent and by whom?
3. Identify and Report Outcome Data	a. What evidence will show if children and families are better off as a result of the activity? b. What primary indicators and data sources will measure success? c. What outcomes are identified through data sources and measures? d. Was service delivered well? e. Were any secondary indicators identified and outcomes noted?
4. Review collected data against best Practices	a. Describe how achieved outcomes compare to expectations of evidence-based best practices. b. Are new practices, measures or indicators necessary to exceed baseline and improve outcomes?
5. Annual review and modification of First 5 Calaveras administration, funding priorities, grant management, program strategies and evaluation criteria	a. Were opportunities for system integration and improvement identified and accessed? b. Who are the partners who can help us do better? How will we engage them? c. Are any changes necessary to encourage program sustainability and community/system integration? d. What do we propose to do next ? (Examples: Possible revisions to organizational practices, strategic plan objectives, expected grant outcomes, and/or modified funding priorities or strategies)

First 5 Calaveras Grants - Form #4

GRANTEE EVALUATION PLAN

(To be completed by Proposal Applicant in collaboration with First 5 Calaveras Staff)

Grantee Name		Total First 5 Calaveras Funds Requested:	
Contact Person		Contact Phone:	
Project Name			
Primary First 5 Calaveras Strategic Plan Objective Addressed			
Outcome Objectives <i>What the project should achieve?</i> <i>Baseline & Targets</i> <i>Link to research-based best practices</i>	Performance Indicators <i>What measures will be used?</i>	Result Indicators <i>What measures will be used?</i>	Data Collection <i>Methods & tools used to measure progress</i>
			Frequency & Method of Data Review and Report

**FIRST 5 CALAVERAS LONG-TERM FINANCIAL PLAN
2005 – 2011**

Six Year Financial Plan *First 5 Calaveras Commission Adopted:* **5/5/2006**

<i>Best Estimates Effective 04-27-06</i>		FY 05-06	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11		
	Starting fund balance	\$ 903,574	\$ 680,224	\$ 594,849	\$ 502,320	\$ 368,128	\$ 335,328		
<i>Strategic Plan Priority</i>	Revenues								
1,2,3,4	State Prop 10 Disbursements <i>02-2006 Projections</i>	\$ 250,000	\$ 262,000	\$ 258,000	\$ 256,000	\$ 253,000	\$ 249,000	State Projections 02-2006 less	3.5%
1,2,3,4	State School Readiness Program Funds	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000		
1,2,3,4	State School Readiness Coordination Funds	\$ -	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000		
1,2,3,4	State CARES Funds	\$ 46,666	\$ 46,666	\$ 46,666	\$ 833	\$ -	\$ -		
1,2,3,4	State SMIF Interest	\$ 700	\$ 419	\$ 413	\$ 410	\$ 405	\$ 398		
1	State Small County Augmentation	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000	\$ 113,000		
1,2,3,4	Calaveras County Account Interest	\$ 1,750	\$ 14,965	\$ 13,087	\$ 10,046	\$ 7,363	\$ 6,707	assumes interest rate of	2%
1,2,3,4	Undesignated Unreserved Funds from 2005-06		\$ 25,000						
	Total Anticipated Revenue	\$ 512,116	\$ 587,050	\$ 556,165	\$ 505,289	\$ 498,767	\$ 494,105		
	Expenditures								
1	Admin Personnel Costs (<i>ED .45 + Off Tech .70 FTE* .45</i>)	\$ 110,377	\$ 53,004	\$ 49,375	\$ 50,363	\$ 51,370	\$ 52,397	<i>Off Tech to .50 FTE 2007-08</i>	2%
1	Admin Services/Supplies	\$ 43,491	\$ 33,085	\$ 33,747	\$ 34,422	\$ 35,110	\$ 35,812		2%
1	A87 County Admin Costs	\$ 12,600	\$ 12,852	\$ 13,109	\$ 13,371	\$ 13,639	\$ 13,911		2%
1,2,3,4	Evaluation Personnel Costs (<i>ED.20 + AT.70FTE*.20</i>)	\$ -	\$ 23,557	\$ 21,944	\$ 22,383	\$ 22,831	\$ 23,287		2%
1,2,3,4	Evaluation Services/Supplies	\$ -	\$ 4,540	\$ 4,000	\$ 4,080	\$ 4,162	\$ 4,245		2%
1,2,3,4	Evaluation Contract	\$ -	\$ 10,000	\$ 10,500	\$ 11,025	\$ 11,576	\$ 12,155		5%
1,2,3,4	First 5 Calaveras Program Personnel Costs (.35)		\$ 29,919	\$ 38,402	\$ 39,170	\$ 39,953	\$ 40,753		

1,2,3,4	First 5 Calaveras Program Services/Supplies (.35)		\$ 7,470	\$ 7,619	\$ 7,772	\$ 7,927	\$ 8,086
1,3	Program - CARES State Contribution	\$ 46,666	\$ 46,666	\$ 46,666	\$ 833	\$ -	\$ -
1,3	Program - CARES Local Match	\$ 93,332	\$ 93,332	\$ 93,332	\$ 1,063	\$ -	\$ -
1,2,3,4	Program - State School Readiness Coord	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
1,2,3,4	Program - State School Readiness Program	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
1,2,3,4	Program - Local School Readiness Program	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
1,2,3,4	Program - Local Grants	\$ 204,000	\$ 133,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000
1,2,3,4	<i>New Granting</i>				\$ 100,000	\$ 50,000	\$ 75,000
1,2,3,4	<i>Designated Reserve for Future Initiatives</i>		\$ -				
1,2,3,4	<i>Contingency Funds</i>	\$ -	\$ -	\$ 75,000	\$ 100,000	\$ 40,000	\$ 10,000
	Total Anticipated Expense	\$ 735,466	\$ 672,425	\$ 648,694	\$ 639,481	\$ 531,568	\$ 530,646
	Fund Balance	\$ 680,224	\$ 594,849	\$ 502,320	\$ 368,128	\$ 335,328	\$ 298,787
<i>Administrative Limit</i>	<i>(Administrative Costs/Operating Budget)</i>	23%	15%	15%	15%	19%	19%
<i>Program Costs</i>		77%	80%	68%	63%	66%	71%

If 3 years contingency funds unspent, allocate to programs/initiatives

Goal is \$300,000

NOTES:

(1) Admin Cost percentage for 2005-06 shows high--GFOA admin definitions received after budget drafted. Shown is Schedule 9 Budget for Cal Co. which did not differentiate admin/program/evaluation costs in many line items.

Actual 2005-06 Admin Expenses significantly lower than shown above when identified by GFOA category.

(2) Admin Cost percentages for 2009-2011 will decrease to within approved limits with addition of contingency funds and related adjustments to annual expenses.

APPENDIX A

Background – Community Assessment Update 03-2006

Following ongoing review of 2005 updates to community needs assessments First 5 Calaveras recognizes the continued need to support children ages pre-birth to five years and their families with high quality, coordinated, integrated early childhood health and education best practices reflective of community needs. A range of strategies building on community strengths for improvement and innovation, targeted services to meet the needs of distinct populations and countywide implementation of services continue to be identified as priorities among community partners.

Birthrates in Calaveras County are expected to slowly increase over the next few years, just as First 5 California projected tax disbursements are expected to decrease. First 5 California birth projections for Calaveras County are:

Year	Projected Number of Births
2005	331
2006	341
2007	352
2008	362

The US Census estimated 2005 population for Calaveras County was 46,871. The US Census reports Calaveras County births decreased to 291 in 2005, while California census reports 2005 births at 335 and Calaveras County Public Health reported 315 births. These reports follow the Federal Census report of 323 in 2004. In 2004, approximately 2021 children were under five years old.

At least 22% of the county population in 2004 was under 18 years old, with nearly 12% of those children living in poverty. As new development of single family homes increases and new residents move to the area, this percentage may change to reflect an increase in families representing a “working poor” classification.

The county covers over 1000 square miles of rugged, rural terrain extending from the foothills to the crest of the Sierras. Communities are generally small and distinct, with large distances between them. Residents live in homes ranging from upscale, mini-mansions in resort style developments, to tents and camping for those experiencing transient homelessness.

The Valley Springs, Jenny Lind communities are increasing in growth, and represent significant family flight from the Central Valley. Many of these families will represent income levels not qualifying for child health or care subsidies. The community is poised for further development of single family homes, with little to no infrastructure development offered to offset the demands of increased population.

As a result of in-depth evaluation in 2005 of First 5 Calaveras funded School Readiness activities, the commission determined that future activities would target the key communities of:

- Jenny Lind-Valley Springs
- West Point-Railroad Flat
- Angels Camp*

*(*includes the community of Murphys for strategies and outreach to Latino & Spanish speaking families)*

The population of the Jenny Lind and the greater Valley Springs area is approximately one third of the county population. The area is increasing in commuting working parents, however continues to have a fair population of families with one parent, generally the mother, at home. Jenny Lind Elementary is a rural school serving between 700-800 children per year. No services or resources exist in the area around the Jenny Lind School. Jenny Lind families have mailing addresses of Valley Springs, however the Jenny Lind elementary area consists of single family housing expanding over an approximately 10 mile radius. Jenny Lind area has no parks, stores, or services of any kind. Families generally drive to access services in the Valley Springs community center which is approximately six miles from Jenny Lind. Enrollment impacts to the Valley Springs and Jenny Lind schools may result in children attending a school out of their identified neighborhood. The town center of Valley Springs includes two small grocers, a drug store, post office, bank, gas station/mini-marts, fast food, church and physicians. Downtown Valley Springs also has two trailer parks and several small apartment buildings which are in walking distance to Valley Springs Elementary School, Valley Springs Public Library, the Valley Springs site for Calaveras Head Start/State Preschool and the services mentioned above.

Diversity, culture and equity issues in Calaveras County are considered by many community members and partners to transcend discussions of race, ethnicity and language. Within Calaveras County, diversity includes understanding the profound effects of poverty on families of any ethnic background, as well as understanding the distinct issues of rural culture, including both geographic and intentional isolation. For children with special needs, issues affecting inclusion and access are often compounded by the addition of rural and poverty issues.

Diversity in Calaveras County continues to increase, yet is very low as compared to California in general. Valley Springs experiences concentrated pockets of Spanish speaking families. According to the 2000 Census, the total population of Hispanic individuals in Calaveras County was 7%. This has increased, and according to projections from the California Governor's Office, is expected to double by the year 2020. The Head Start/State Preschool program experiences isolated enrollment of Spanish speaking students, primarily in Valley Springs and Angels Camp. Community partners universally express challenges with identifying resources and funding translators and interpreters. Nevertheless, all are committed to supporting increasing Latino population and of children and families speaking Spanish.

Preschools and kindergartens in Valley Springs and Angels Camp continue to experience a slow increase in enrollment of children speaking Spanish as their primary language. In Valley Springs, a core group of families with children under 5 are accessing ESL classes and participating in a First 5 Calaveras funded playgroup.

West Point-Railroad Flat communities are small, isolated rural communities with little to no services or economic activity following the wake of wholesale lumber industry closures. These

communities experience the lowest median income within Calaveras County. Over 34% of children in WP-RF are born in households with incomes below the Federal poverty level; and 84% of children in the community are eligible for school lunch support. While the communities have small elementary schools and a core population of very active committed individuals, the traditional problems of rural isolation, poverty and access to services are constant influences on children's early health and wellbeing. Transportation is challenging or non-existent for some families. Services are limited to a "mom and pop" grocer in Railroad Flat, and a small market, library branch and basic or itinerant services in downtown West Point.

The West Point Healthy Start funded parent co-operative preschool is scheduled to stop providing services in June 2006. Unless new services are offered, families in West Point who do not qualify for Calaveras Head Start/State Preschool services will need to drive down the mountain to Railroad Flat for parent co-op preschool activities.

West Point is home to an isolated Native American population which comprises about 12% of the area population, the highest concentration of Native Americans in the county. Representing the Miwok tribe and heritage, these families do not participate in the benefits of a Rancheria and casino active in the neighboring county. Many families experience significant effects of limited employment opportunities, poverty and social isolation impacting much of the West Point-Railroad Flat area. The Mariposa, Amador, Calaveras and Tuolumne (MACT) Native American Mental Health Services has established an office in the downtown West Point area to support the needs of this community.

The County Supervisor for West Point-Railroad Flat is also a First 5 Calaveras Commissioner. As Supervisor, and has been active in establishing a County Methamphetamine Task Force to review strategies for effective collaboration and intervention with regard to methamphetamine manufacturing, use and rehabilitation. Residents from the West Point-Railroad Flat community are actively engaged in supporting efforts to minimize the impacts of this countywide hazard on their local community and children.

West Point has recently benefited from an economic development committee established in the area, which experiences the benefit of local Tribal Council involvement. Projects resulting from the committee include the development of local work and industry projects, job training, and the establishment of a new "one-stop-shop" community resource center, bringing governmental agency staff to the area to provide outreach and direct service within the community.

Angels Camp is the only incorporated city in Calaveras County. While golf courses and high-end housing are being built in surrounding areas, the central community of Angels Camp serves as the location for housing and services addressing some of the needs of low-income and at-risk families. Mark Twain Elementary school is located within a mile of downtown Angels Camp.

The target communities of Jenny Lind-Valley Springs, West Point-Railroad Flat and Angels Camp have been identified as strategic communities where specific and intentional school readiness interventions would be appropriate to minimize the effects of isolation, poverty, and challenged access to services and resources. While the county as a whole has experienced a downward K-12 enrollment, Kindergarten enrollment has increased countywide over the past three years. In 2001-02, Kindergarten enrollment for the county was at 391 students. Enrollment increased by 8% for 2002-03 to 423, and has continued to increase over the past two

years (California Dept of Education, <http://www.ed-data.k12.ca.us>). Elementary school principals in Calaveras County are planning the spring registration of 2006-07 Kindergarteners at approximately 360 students countywide, and anticipate that this number will increase as the school year begins.

Evaluation of the California Department of Education *2005 Accountability Progress Report* showed elementary schools in the county making adequate yearly progress with regard to Academic performance Index (API) related proficiencies. Nevertheless, risk factors exist that seriously impact individual children and family's abilities to enter Kindergarten healthy and ready to learn. API scores for elementary schools countywide are ranked as 7 or 8, with the exception of two schools, both in targeted communities. Mark Twain Elementary school scored 6 for 2005 API. West Point Elementary School scored 3, with the identification that the score was calculated for a small school, which makes the score less reliable than other schools. No Calaveras County schools in the 2005 API report were identified as "low performing" schools.

According to Calaveras County Public Health, few Spanish language outreach materials and resources exist for bilingual and Spanish speaking/reading families. Other public health and community wellness issues reported by community partners include:

- Infant death rate in Calaveras County is slightly higher than the state average
- 82% of expectant moms started prenatal care, fewer than that completed it
- Of 315 births to Calaveras County residents in 2004, only 90 deliveries occurred in county. The balance of deliveries were spread over 20 counties. Deliveries to Hispanic parents increased by 10% last year totaling 14% of county births.
- Lifestyle diseases—coronary heart disease and cancer, obesity, are the major cause of death in the county. Only 44% of adults in the county had a healthy weight.
- Oral health continues to be challenged by lack of resources and education. In 2004-05, 300 Head Start children received dental screenings and cleanings by the Calaveras Children's Dental Project. Of those, 70 required dental treatment.
- Calls to the Calaveras Women's Crisis Center increased by 56% in 2004 to 993 calls.
- While the number of children in the county under age 18 is dropping, reports of child abuse are increasing, with 49 more reports and 10 more investigations in 2005, than in 2004.
- Of 813 reports of child abuse, 463 concerned neglect, 171 physical abuse, 133 sexual abuse or exploitation, and 89 emotional abuse.
- 81 reports dealt with children considered "at-risk" due to abuse of a sibling.
- 60 reports concerned caretaker absence or abandonment.
- Most reports came from Valley Springs/Jenny Lind (182), followed by San Andreas (183), Angels Camp (98), West Point (62), Copperopolis (59), Arnold (56), Mountain Ranch (32), Murphys (28), Glenco/Mokelumne Hill (25), Burson/Wallace (18), Railroad Flat (16), Dorrington (12), Vallecito (11).
- Suspected abuse reports from Calaveras Head Start/State Preschool staff doubled in 2004-05.
- Children's Services reports the majority of cases investigated included substance abuse—alcohol, methamphetamine and marijuana.
- Calaveras County had the 55th worst ranking of 58 counties in deaths due to motor vehicle crashes during 2001-03. California Highway Patrol Data indicates an average of 74 children per year were injured in motor vehicle crashes during 2001-2004.

- 2005 SELPA data identified 12 children under age 3 with IFSP's, only one of whom is diagnosed as solely low incidence and not receiving joint regional center services.
- Valley Mountain Regional Center (VMRC) reports approximately 26 clients in Calaveras County receiving Early Start services—15 living in Valley Springs or San Andreas.
- Approximately 13 three to five year olds are receiving Valley Mountain Regional Center services. They are represented fairly evenly across the county.
- VMRC reports a lack of available surrogates to represent children in the Individual Education and Individual Family Service Plan (IEP and IFSP) processes when parents are not available to do so.
- VMRC reports an expectation of increasing diagnosis of autism, and continued growth among other populations of disability as the county grows.
- VMRC reports concerns regarding the limited pool of respite, and in-home service providers (occupational, physical and speech therapists, IDS providers).
- School Readiness community partners in Head Start, Child Care, and Education are participating in “Special Quest” to improve inclusion opportunities and service coordination for infants and toddlers in Calaveras County.
- Calaveras Food Bank reports 2400 individuals and 819 families each month are at risk of going to bed hungry.
- In May, 2005, Food Bank reported between 850-900 families accessing emergency food services each month. This is an increase of 50-100 families per month since July 2004. 77 families from Head Start/State Preschool were referred to Community Services and received food assistance during the 2004-05 school year.
- The 2006 Hunger Study update for Calaveras County indicates an increase in the number of families identified as “working poor”, and increased numbers of families reporting severe hunger in their homes.
- Of families reporting severe hunger, 75 percent include children in the home.
- 6 percent of households surveyed reported regularly reducing serving sizes of children's meals due to not having enough food
- 52 percent of households needing food suffered recent job loss
- 16 percent of households needing food have no transportation
- 20 percent of households needing food have no money for gas
- 40 percent of those receiving emergency food in Calaveras County are under age 18

The 10 Year Master Plan for Our Children, Our Communities (OCOC) continues to be a guide for systems change, integration and planning for children of all ages in Calaveras County. Hiring of an OCOC Coordinator has resulted in new activity among focus groups to address health, facilities and leadership for children's needs in the county.

APPENDIX B

Alignment with First 5 California Focus Areas

Each of the First 5 Calaveras has been reviewed and identified for alignment with the 2006 state level First 5 California priority of ensuring children's school readiness through impacts to the following four result areas:

Family Support: (Serves Parents & Caregivers)

Improved family functioning through family support, education and services

- Provide information and tools to parents and communities on the importance of and methods to provide early learning experiences for children aged 0-6 and their families
- Prepare childcare workforce

Service area examples:

- Behavioral and Mental Health Services
- Adult Education and Literacy for Parents
- Family Literacy
- Community Resource and Referral
- Distribution of Kit for New Parents
- Provision of Basic Needs (Housing, Food, Clothing)
- Targeted Intensive Parent Support Services, including Adult Ed Parenting Classes
- Other Family Functioning Support Services

Health & Well-being: (Serves Children)

Improved health through health education and services

- Promote health care access, such as enrollment in Medi-Cal & Healthy Families to all children aged 0-5
- Increase access to early and periodic assessments of children's health and development issues, including developmental screenings for emotional, oral, and physical health
- Promote childhood obesity prevention
- Behavioral and Mental Health Services

Service area examples:

- Breastfeeding Assistance
- Nutrition and Fitness Education
- Other Health Education
- Health Access
- Home Visitation for Newborns
- Oral Health
- Prenatal Care and Child Primary Care (Immunizations, Well Child Check-ups)
- Safety Education and Injury Prevention

Early Care & Education: (Serves Children)

Improved child development through child development services

- Provide Universal Preschool for all 3- and 4-year-old children in California
- Expand School Readiness Centers
- Expand provider training

Service area examples:

- School Readiness Programs
- Comprehensive Screening and Assessments
- Targeted Intensive Intervention for Identified Special Needs
- Early Education Provider Programs
- Kindergarten Transition Programs
- Other Child Development Services

Systems Change: (Serves Communities)

Improved systems of care through planning, outreach, support and management

- Promote the First 5 Principles on Equity
- Seek to ensure that appropriate service providers serve diverse communities
- Promote collaboration with K-12 community

Service area examples:

- Service outreach, planning, support and management
- Provider capacity building, training and support
- Community strengthening efforts
- Schools' readiness for children
- Program management
- Case/Care management integration