



**Strategic Plan
Fiscal Year 2006-2007
Through
Fiscal Year 2010-2011**



**FRAMEWORK FOR THE
ALLOCATION OF PROPOSITION 10
FUNDS TO SUPPORT THE
HEALTHY DEVELOPMENT OF
CHILDREN 0-5 YEARS OF AGE IN
TUOLUMNE COUNTY**

**UPDATED
DECEMBER 2006**

FIRST 5 TUOLUMNE COUNTY COMMISSION

Commission Membership, December 2006

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VISION AND MISSION STATEMENTS FOR FIRST 5 TUOLUMNE COUNTY

VISION

- Tuolumne County is child friendly, values families and respects and honors the diversity of its residents.
- Citizens of Tuolumne County recognize that home and child care settings are critical contexts for children's development in the early years.
- All Tuolumne County children will thrive in supportive, nurturing and loving family and community environments, enter school healthy and ready to learn and become productive members of the community.

MISSION

The First 5 Tuolumne County Commission promotes and supports the development of integrated resources that will:

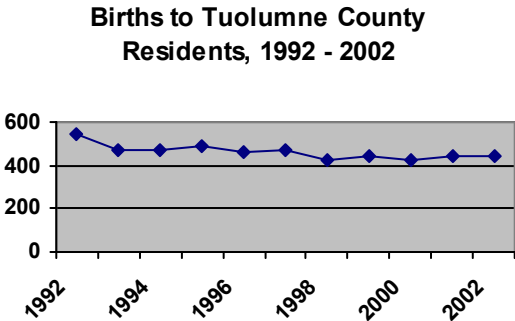
- strengthen families,
- expand child care and early education opportunities,
- create safe home environments, and
- improve children's health.

**KEY DEMOGRAPHICS, INDICATORS AND PLANNING ACTIVITIES
TO INFORM THE STRATEGIC PLAN**

Data sources are listed in the appendix.

Geography and Demographics

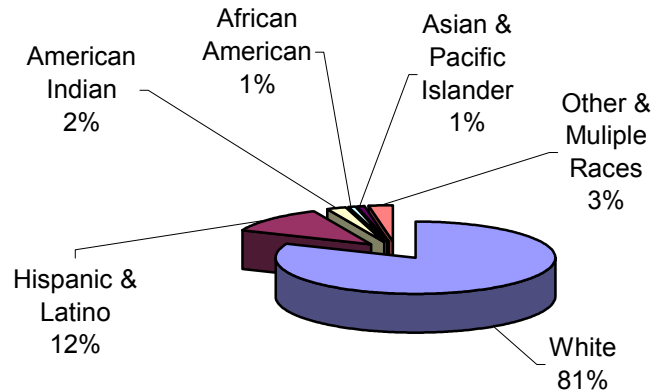
- Tuolumne County is a rural county located along the western slope of California’s Sierra Nevada mountain range. The county occupies 2,234 square miles of foothill and mountain terrain, with 76% of the total acreage of the county in public land.
- Tuolumne County has a widely dispersed population of 56,000. There is one small incorporated city (Sonora, population 4,500). The remaining population is scattered in small communities and subdivisions throughout the county. (Approximately 4,000 individuals are incarcerated at a state prison located in the county).
- Between 1992-2002, the natural population increase (births minus deaths) in Tuolumne County was negative, with more deaths than births. Therefore, net migration into the county accounted for all of the growth in the population of the county. Although a large proportion of the individuals who move into the county are retirees, there is also a steady influx of families who move to the county.



- The number of births in Tuolumne County in 2002 was 442. In the five years between 1997 and 2002, there was a 5.35% decrease in births in Tuolumne County, as compared to an increase of 1.0% in California. In the last ten years (1992-2002), the birth rate has fluctuated between 427 and 492 births annually.
- The population change for children, under age 5 in Tuolumne County, between 1990 and 2000 was a decrease of 11.4%. During that time period, the birth rate decreased by 25% (from 566 births to 427 births annually). Therefore, families moving into the county moderated the decrease in the number of young children. This has ramifications for FIRST 5 funding, which is allocated to the county based on birth rates.
- The age distribution in Tuolumne County differs from the state as a whole, with our county having fewer young children and a higher proportion of older residents. The percent of persons under 5 years old in 2000 in Tuolumne County was 4.5% compared to 7.3% for the state. The percentage of persons 65 years of age and older was 18.5% in Tuolumne County as compared to 10.6% for the state.

- In 2000, there were 2,466 children up to age 5 living in the county. The age distribution was pretty evenly distributed, with a notably higher percentage of 4 year olds, reflecting the decline in birth rates. The ethnicity of these children was as follows:

- 81.2 % White
- 12.0 % Latino
- 2.3 % American Indian
- 0.7 % African-American.
- 0.8 % Asian & Pacific Islander
- 2.9 % Other & Multiple Races



These percentages differ slightly from the general population ethnic percentages. The biggest difference is that the percentage of Latino infants and young children is 3.3% higher than the total population percentage, reflecting a higher birthrate in this population.

- Tuolumne County is beginning to slowly reflect some of the demographic shifts that the rest of the state has already experienced. In the five years between 1996 and 2001, the ethnic percentages of children born in the county changed slightly, with a 4.6% decrease in the percentage of newborns in the White ethnic group and a corresponding rise in the percentage of newborns in other ethnic groups, mostly Hispanic (3.8%). This seems to be a slowly continuing trend. There has been a slight rise in the American Indian birthrate (0.6%), although the numbers are too low to see a trend.
- 94.2% of the households in the 2000 census reporting speaking English at home (as compared to 60.5% of households statewide). School data for 2002-2003 indicates that less than 1% of the K-12 school population is characterized as English Learners; of these, the most common primary language is Spanish. Service providers are experiencing a larger number of participants that need translation services, however these numbers are still so low that the economy of scale makes it difficult to design a cost effective approach.

Summary points for First 5 Planning: As birth rates decline or stabilize, First 5 revenues will decline, in light of the increasing birth rate in other counties. However, families with young children continue to move into the county. With a rising number of residents who are retirees on fixed incomes, there may be less support for publicly funded services and supports for young families. There is a steadily rising number of Spanish-speaking families in the community; however, economy of scale still makes translation services difficult for many agencies.

Family Economics Indicators

- On average, families in Tuolumne County have lower per-capita income than the average California family, especially in the winter months. This reflects a local service-based economy, with many jobs that do not provide family self-sufficiency wages. The unemployment rate rose in 2002, as it did throughout California. Unemployment rates are often higher than the state average in the winter months, reflecting slow-downs in construction, fire fighting, and other weather-sensitive jobs.
- Housing costs in the county have risen dramatically in the last five years, and there is a shortage of low-income housing and moderately-priced real estate.
- Government is the largest employer, accounting for 28% of the employment, primarily local education, city and county government (and includes Indian tribal government). The second largest employment sector is in retail trade, primarily in the accommodations and food service industries. Job losses are occurring in manufacturing, while gains have been made in government, construction, educational and health services.
- Fewer young adults in Tuolumne County (65.9%) have graduated from high school than the California average (70.7%), and fewer (21.4%) are enrolled in college or graduate school than the California average (35.4%). (Year 2000 data)
- The median family income, in the year 2000, for families with children under 18 years was \$42,674. The median income for female householders with their own children under 18 years was \$17,074. Both of these are below the state median incomes for those categories. In 1999, Tuolumne County exceeded the state averages for families with children under age 5 living below the poverty level, with 20.3% of all families with children under 5 (or 384 families) living below the poverty level. This rate rose to 51.4% (or 169 families) for families with children under 5 who were living in a household with only a female householder.
- In 2003, 48% of the women receiving prenatal care in the county had their care paid for through Medi-Cal. The average percentage for Med-Cal births in the county for the last 10 years is 50%.
- In November 2004, there were 1,750 CalWORKS recipients in Tuolumne County, 344 of which were children 5 years of age or younger. 77% of adult CalWORKS recipients are women, and the ethnic breakdown of recipients matches the county demographics.
- A point-in-time survey of the homeless population in Tuolumne County done in January 2004 revealed that 48% of the homeless were women (a much higher percentage than represented in counties of similar size) and that over one-third of the identified 344 homeless people were children. Almost half of the homeless adults admitted regular drug or alcohol use, and over half reported being involved in the mental health system. Over 80% reported being disabled. Twenty percent reported living outside in January, a very cold, wet month in

Tuolumne County. It is likely that homeless children are being exposed to high rates of substance abuse, mental illness, extreme poverty and instability.

Summary points for First 5 Planning: Many families with young children struggle to make ends meet in the county, and there are a significant number of families that rely on public assistance for medical care, child care, and job training. Families with only one parent are at greater risk of economic difficulties. Wage levels are not increasing at the rate of housing costs, and low-income housing is scarce. As a result, many families are one paycheck away from homelessness. Although the job growth in the county is occurring in areas that require higher education, there is still a lower rate of high school graduation and college enrollment than the state average.

Child Health Indicators

- The percentage of low weight and very low weight births to residents of Tuolumne County are lower than state percentages and come close to the National Year 2000 Objectives.¹
- The percentage of women seeking early prenatal care was 87.9% in 2001, higher than the state average and coming close to the National Year 2000 Objective of 90%. Almost 9 out of 10 pregnant women received prenatal care during their first trimester of pregnancy.
- In 1999- 2001, an average of 3-4 Tuolumne County families/year experienced the loss of their infants less than one year of age from death. Although infant mortality rates are higher than the state average in 2000 and 2001, the numbers are too low to make this rate difference significant.¹
- In the years 1999 and 2003, an average of 42 children per year were born to teen mothers in Tuolumne County, with 25% of these births to teens under 18 years of age. These rates are almost half than the California average, and a significant reduction from the county rates in earlier years.
- At time of hospital discharge in 2000, 65% of women were exclusively breastfeeding, and 88% were doing some breastfeeding. These rates are both higher than the state average rates.
- In the year 2002, 87.1% of children entering Kindergarten had their immunizations; and 94.3% in licensed child care settings were up to date on their immunizations. The kindergarten rate is slightly lower than the state average of 92.3%, the child care center rate is the same as the state average.
- 8 children ages 0-17 were discharged from the hospital for asthma in Tuolumne County in 2001, which was about half the rate as shown in many San Joaquin Valley counties.

¹ Actual numbers of LBW and VLBW births and infant mortalities are very low, making confidence intervals large. This makes comparisons to state and national rates difficult.

- 41.9% of children ages 0-5 received Child Health and Disability Program (CHDP) Services in 1998-1999. 30.5% of children ages 0-5 were enrolled in the Medi-Cal program in 2002. Both of these rates are lower than the state average.
- Childhood obesity indicators for children age 2-5 are lower in Tuolumne County (11.3%) than statewide (16%). (Data from CHDP services in 2001.)
- The percentage of children ages 0-3 enrolled in Department of Development Services Early Start Program in 2000 was 2.0%, which is a higher rate than the state average of 1.2%. The Early Start program provides early intervention services to infant and toddlers from birth through 36 months who have developmental delays. This higher percentage is also seen in adjoining Sierra Counties, which may reflect the ability of smaller counties to better identify and serve children with developmental delays, rather than having a higher percentage of children in the population with those delays.
- Many working families with low incomes make too much to qualify for Medi-Cal, but not enough to afford private insurance coverage. Many of these parents are not accessing insurance from the Healthy Children program. The most recent community data on this is from 1999, from a phone survey of 359 parents of young children, which revealed that 32% of the families had no medical insurance for their children, and that 11% of the children in the families surveyed had never had a dental check up.
- The Prenatal Assessment Project, which surveyed a total of 444 women over a period of 2 years, representing approximately half of the births during that period, found the following results at the end of September 2003:
 - 48% of pregnant women are not married
 - 26% have not had dental care for 3 or more years
 - 64% did not take vitamins before getting pregnant
 - 58% planned the pregnancy
 - 65% have Medi-Cal or Medi-Cal pending
 - 23% are currently smoking
 - 51% are currently exposed to second hand smoke
 - 3% admit to current street drug use
 - 20% have a family member with drug or alcohol issues
 - 8% have been physically hurt by someone in the last year
 - 21% have taken medication for emotional problems, and 14% have planned or attempted suicide

Summary points for First 5 Planning: The county has strong maternal and child health indicators in a variety of areas, including good access and utilization of early prenatal care, good breastfeeding rates at hospital discharge, low teen pregnancy rates, low rates of low-weight births, and good identification (and referral to services) of children with developmental delays. There is room for improvement in immunization rates for children who do not attend child care centers. Asthma and childhood obesity, while present, are not indicated at high rates. Over one-third of young children are enrolled in MediCal, and a higher percentage are utilizing CHDP

services. Over half of the births in the county are paid for through MediCal, and there are still gains to be made in the areas of health and safety of pregnant women. Lack of medical and dental insurance for working families is a problem.

Family Functioning Indicators

- The county's Perinatal Drug and Alcohol Program is linked to Dependency Drug Court, and provides treatment for about 250 individuals a year. The program works with both mothers and fathers who have drug or alcohol problems (and many of whom have co-occurring mental health disorders), providing behavioral health treatment and after care support.
- Tuolumne County has a high rate of substantiated cases of child abuse and neglect for children ages 0-17 in the year 2002. The rate is over double that of the state average. This may reflect that our community members have a higher level of comfort and familiarity with Child Welfare Services (CWS), which results in a larger number of referrals. CWS offers frequent training sessions for mandated reporters in the community at no charge, tailoring them to meet the needs of specific agencies. In 2003, there were 142 substantiated cases for children up to age 5, and 115 inconclusive cases.
- In 2003, there were 64 children up to age five in foster care, which represents 42% of all the children that were in foster care. At a point-in-time survey on January 1, 2004, 51% of children in foster care were placed with all of their siblings and 71% were placed with some or all of their siblings. Foster homes are the primary placement for the majority (63%) of children removed from their homes, with relative care the second most common placement (31%).
- There were no fatalities from unintentional or intentional injuries for children up to age 4 in 2002. Four children were hospitalized due to injuries; 2 of these were due to assault, abuse and neglect.
- The rates for domestic violence-related calls for assistance in 2001 were lower than the state average. However, in that same year, a community assessment revealed there was widespread agreement by the public that domestic violence is a problem in Tuolumne County. Law enforcement receives approximately 200 domestic violence calls annually, and the Mountain Women's Resource Center receives approximately 500 calls annually. The center sheltered 204 adults and children last year and participated in an emergency response for 62 clients.

Summary points for First 5 Planning: There is a strong community response to childhood abuse and neglect, which may account for the high rates of substantiated child abuse cases. Domestic violence is a community problem, as is substance abuse, both of which contribute to child abuse and neglect. The number of women with children that are homeless in the county, and the indicators for health risks in pregnant women are also linked to substance abuse.

Early Childhood Education Indicators

- Tuolumne County has a strong enrollment record of children eligible for Head Start, serving approximately 85% of the eligible population. There are waiting lists for the Head Start sites in Sonora, Soulsbyville, Shaw's Flat and Jamestown, and openings in the half-day Tuolumne program, reflecting the need for full-day care slots closer to where families live and work.
- Although there are surplus care resources for pre-school children (ages 2-5), there is a significant shortage of care options for infants and school age children, and for care during nontraditional hours.
- The cost of child care is prohibitive for many Tuolumne County families. The average cost of full day care for one child in 2003 was \$5,000. Parents would have to earn \$50,000/year in order to make full-time child care for one child a truly affordable option (using 10% of income as a measure of affordability). This annual income is well above the annual household income of most parents with young children, and significantly above the family income of single parent households.
- There is an acute shortage of child care subsidies for low-income families, with 108 eligible children on a waiting list for subsidized care.

Summary points for First 5 Planning: There is a demand for affordable, quality, child care in geographic areas where most young families live and work.

Planning Activities

The Commission participated in an extensive planning process in FY 02-03, to inform the strategic plan and future funding allocations. They developed and approved a financial plan, conducted a community survey, considered input from community service providers (including those serving on the Commission and as Ex-Officio Members), and developed a three-year funding strategy.

The community survey, which was conducted in the Fall of 2003, had 327 respondents. These included both staff and clients at eleven organizations that provide a wide range of services to families with young children, as well as other service providers accessed through community collaborative groups. The survey focused on two areas of interest: (1) how well did community members recognize current First 5 funded programs; and (2) how did community members rank the importance of the different service strategies that being currently funded by FIRST 5, and what ideas were there for additional strategies?

The responses showed a strong community support for the strategies that were currently being funded. Respondents reported that, in light of limited and diminishing resources, they supported continued funding for existing strategies and programs that were successful rather than funding new programs.

The survey results were used to assess the level of community support for current Commission funding, and to plan for future funding strategies. The service strategies ranked by at least 80% of respondents as “absolutely necessary” or “important” are noted in the later descriptions of funded strategies, in this plan, as the “highest ranking strategies from survey results.”

Funding Categories and Mechanisms

In the years covered under this plan, the FIRST 5 Tuolumne Commission will fund programs that promote family functioning, access to quality early care and education, and access to health and social services. These programs will be funded from a variety of revenues, including State Commission School Readiness funds, State Commission Child Care Retention Incentive funds, and local Commission tobacco tax revenues (some of which are matched against the state funding).

The Commission allocates funds under a variety of mechanisms, which include:

- Multi-year grants;
- Community Grants (Small and Micro), with limits of \$25,000 and \$1,000 respectively;
- Matching Funds for Capital Grants (with a 10:1 cash match requirement);
- Targeted Initiatives with State Matching Funds, such as School Readiness and Child Care Retention Incentive Programs;
- Commission-run programs, such as the Dental Help Fund and distribution of Kits for New Parents; and
- Support for operations, such as administration, contract management and other program-related activities, evaluation, planning and outreach.

Areas of Priority For Funding

The following priority areas for funding in Tuolumne County hold equal weight in funding allocation decisions and are consistent with the goals, objectives and anticipated outcomes of the plan.

- Behavioral health intervention, including substance abuse prevention, intervention and treatment for parents of young children
- Behavioral and psychosocial issues for young children and their caregivers
- Parent education
- Safe home environments
- Access to quality childcare and early childhood education
- Healthy, safe and high quality early childhood education environments
- Access to medical and dental health services
- Improved systems of care

Planning for Future Investments

The Commission sets aside a small amount of discretionary contingency funds every year to allow for flexibility in funding decisions. In FY 04-05, the Commission created a reserve fund

of \$500,000 to draw from in future years, so that the Commission can continue to sustain a meaningful level of funding for key community programs in the face of a steady projected decline in tobacco tax revenues. A 7-year financial plan (FY 04-05 through FY 10-11 with a long term forecast through 3 additional years) has been adopted, and is included as a component of this strategic plan. The financial plan, which will be updated annually, forecasts that the reserve funds will begin to be drawn against in fiscal year 2010-2011.

During the period of this strategic plan, the annual expenditures of the Commission will exceed the annual incoming revenues, as the Commission draws against the accrued tobacco tax funds from previous years.

DESIRED RESULTS, OUTCOMES, INDICATORS, SERVICES

To identify programs that are totally or partially funded under the School Readiness Initiative, either with state funds, local matching funds or both, the following icon will be used:



RESULT AREA #1: IMPROVED FAMILY FUNCTIONING

Outcome #1:

FIRST 5 funds will be invested to fill identified service gaps and/or to enhance the coordination or capacity of existing services which promote improved family functioning in the areas of:

- a. Self-sufficiency and basic needs provision;
- b. Improvement of skills and knowledge about parenting, child development, and/or home environments supportive of cognitive development;
- c. Family Literacy;
- d. Improvement in behavioral health status for young children and their families;
- e. Reduction of trauma and crisis;
- f. Persistence in drug and alcohol recovery treatment.

Indicators will be chosen to fit funded programs and will include:

- Service-level indicators (participation/persistence of parents in services)
- Outcome-level indicators (observed or measured changes in family stability or skills, self-reported skill gains in specific areas, pre-and post- tests, validated scales, etc.)

Areas of Priority for Funding will be to address the most critical service gaps or to sustain or expand key, critical, and successful programs in the areas of:

- Parent education
- Behavioral and psychosocial issues for young children and their caregivers
- Behavioral health intervention, including substance abuse prevention, intervention and treatment for parents of young children
- Safe home environments

Highest ranking strategies from survey results:

- Center-based comprehensive services and transportation
- In-home parenting and support
- Skill building for victims of domestic violence, sexual assault
- Case Management at Homeless Shelters
- Family Resource Centers
- Behavioral Health resources for young children
- Therapy after trauma events

Current funded strategies for the second cycle ending in FY 06-07:



A-TCAA Family Learning Centers (\$300,000 over three years through FY 06-07)

This program promotes healthy family functioning through the operation of two center-based programs that provide classes in family literacy, GED preparation, life skills, parenting skills, and healthy living. Transportation and on-site child care are provided to participants. Children of preschool age are enrolled and transported to Head Start. Services to families include on-site mental health and health care practitioners, and on-site visits from a number of community organizations to provide education on topics such as domestic violence, sexual assault, drug and alcohol recovery, safe child-care issues, and parenting education. This program will link closely with the First 5 Friendship School in cross-referring and joint case management with families, and will receive training for teachers to address behavioral health issues in young children served by the program. The program will also assist in the design and distribution of ECE curriculum backpacks for the School Readiness program.



ICES Raising Healthy Families (\$267,200 over three years through FY 06-07)

The program promotes healthy children and improved family functioning through comprehensive case management/home visiting services for families with young children who are at risk for child abuse or other child health issues and through provision of age-specific classes in parenting for parents with young children. This program will link closely with the Transitions Program to refer to the Child Find Screenings, to provide curriculum at home visits, and to provide specific parent training in behavioral intervention at home visits that mirrors what the child experiences in the Friendship School classroom. The program will also assist in the distribution of ECE curriculum backpacks for the School Readiness program.



A-TCAA Shelter Case Management (\$25,000 over three years through FY 08-09)

Families living at the Transitional and Emergency homeless shelters in Sonora and Tuolumne will receive case management services to assist them in making progress toward their goals for family stability. Families with pregnant women and children age five and under will have priority for openings at the Transitional Shelter.



Kings View Behavioral Health Svcs (\$76,102 over three years through FY 06-07)

This program provides intensive behavioral health services to young children diagnosed as severely emotionally disturbed, and to their families. This program will link closely with the First 5 Friendship School to jointly refer and serve children with social and emotional difficulties.



MWRC- Family Counseling (\$117,373 over three years through FY 06-07)

This program provides counseling to pregnant teens and to families with young children (who are at high risk of child abuse) that have been referred for family counseling services from other agencies for issues other than severe emotional disturbances.

Kits for New Parents: (\$500/year through FY 06-07)

First 5 arranges for distribution of the kits to prenatal providers, hospital birth centers and

midwives and visiting nurses. The funding allocation covers the costs of additional items in the kits, including a medical book and a resource directory.

Media Grant: (\$5,000 annually through FY 07-08)

The YES Partnership will publish a monthly Family Page in the local newspaper that highlights articles of interest to parents of young children, in the areas of health, safety, child development and early education.

Measurable Outcomes:

Program participants will demonstrate gains in:

- *Family stability across a wide range of domains*
- *Age-appropriate child development and functioning*
- *Parenting skills*
- *Parent-Child Interactive Literacy*
- *Active links to drug and alcohol recovery groups, health services, preschool services*
- *Improvements in behavioral health status, or movement toward positive change*
- *Knowledge of how to prepare affordable and healthy food for young children*

An RFP for 4-year grants to begin in FY 07-08 (including School Readiness services) has been released; decisions on funding will be made in the Spring of 2007.

RESULT AREA #2: IMPROVED CHILD DEVELOPMENT

Outcome #2:

FIRST 5 funds will be invested to fill identified service gaps and/or to enhance the coordination or capacity of existing services which promote improved child development through:

- a. *Access to licensed (and legally licensed exempt) and accredited child care facilities to meet parent's identified needs (such as quality, location, time availability and age-specific needs).*
- b. *Building the capacity of child care providers/early childhood educators to provide healthy and safe environments and high quality care;*
- c. *Access to screening and intervention for developmental delays, behavioral issues, and other special needs.*
- d. *Capacity to identify and serve children with special needs (including behavioral issues) in childcare and early childhood education settings.*

Indicators will be chosen to fit funded programs and will include:

- *Service-level indicators (e.g. participation of providers in educational opportunities or capacity building opportunities)*
- *Outcome-level indicators (e.g. more licensed child care slots or more existing slots shifted to address key areas of need; participation of children with special needs in ECE settings who had not been previously enrolled/retained, self-reporting by ECE professionals of skills learned and implemented in their ECE settings.)*

Areas of Priority for Funding will be to address the most critical service gaps or to sustain or expand key, critical, and successful programs in the areas of:

- Access to quality childcare and early childhood education
- Healthy, safe, and high quality early childhood education environments
- Behavioral and psychosocial issues for young children and their caregivers

Highest ranking strategies from survey results:

- Behavioral Health resources for young children
- Reading Programs

Current funded strategies for the second cycle ending in FY 06-07:



Transitions/School Readiness (\$686,509 local and state funds over 3 years through FY 06-07)

The *Transitions* program addresses early screening through Child Find Screenings throughout the county to identify delays in physical, mental or social-emotional development in young children. The program addresses early intervention for social/emotional issues through a Therapeutic Preschool/Kindergarten intervention (“FIRST 5 Friendship School”) for children that have behavioral problems that are putting them at high risk of expulsion/withdrawal from preschool settings, day care settings, and kindergarten classrooms. In addition the program provides on-site consultation services to early childhood educators and kindergarten teachers in the areas of behavioral intervention and in addressing other special needs that are not severe enough to warrant an individual educational plan (IEP). The program links early childhood educators and kindergarten teachers in training and curriculum development. The program links with ICES Raising Healthy Families to provide in-home training to parents on the behavioral modification techniques used in the classroom. In addition, parents participate in specific group classes. The program also links with a variety of community agencies (ICES Raising Healthy Families, A-TCAA Family Learning Centers, Jamestown Family Resource Center) to provide ECE curriculum materials to young children to promote family engagement in school readiness.

ICES Child Care Quality Improvement/CARES (\$358,476 through FY 07-08; 2/3rds in local funds, 1/3rd in state funds)

The program’s goals are to increase the number and percentage of child care providers in the community who are permitted and permit-eligible based on the Child Care Permit Matrix. One objective is to retain qualified providers in the child care field, and a major activity in this program is to provide stipends to eligible providers. One key focus will be to engage providers in the School Readiness districts to participate in training. In the cycle beginning in FY 05-06, outreach will begin to Family, Friend and Neighbor Child Care Providers.

Micro Grants and 1-time Small Community Grants provide safety improvements and enrichment projects at local child care provider centers and family child care homes.

Measurable Outcomes:

Program participants will demonstrate gains in areas specific to program strategies:

- (1) More children will be successful in ECE and Kindergarten settings
- (2) Caregivers will gain skills that will enable them to more effectively serve children in their care, including children with social/emotional disturbances.
- (3) Child care settings will be safer, retention of qualified staff will be greater, and child care providers will have more training.

An RFP for 4-year grants to begin in FY 07-08 (including School Readiness services) has been released; decisions on funding will be made in the Spring of 2007.

RESULT AREA #3: IMPROVED HEALTH.

Outcome #3:

FIRST 5 funds will be invested to fill identified service gaps and/or to enhance the coordination or capacity of existing services which promote improved health for pregnant women and for children up to age five through:

- a. Access to preventative health care and primary health care through reduction of barriers or by strengthening systems of care;
- b. Access to preventative dental care and to dental services through reduction of barriers or by strengthening systems of care;
- c. Reduction in exposure to environmental (or prenatal) tobacco smoke;
- d. Improved nutrition and physical activity.

Indicators will be chosen to fit funded programs and will include:

- Service-level indicators (participation of parents in services)

Outcome-level indicators: service access data will also serve as outcome data (access is an outcome); other outcome data such as observed or self-reported skill gains or behavior changes.

Areas of Priority for Funding will be to address the most critical service gaps or to sustain or expand key, critical, and successful programs in the areas of:

- Access to medical and dental health services

Highest ranking strategies from survey results:

- Dental Screening and Crisis Dental Treatment
- Abduction, or other safety-related issues

Current funded strategies for the second cycle ending in FY 06-07:



Smile Keepers (\$60,720 over three years through FY 06-07)

This program provides oral health screenings and fluoride varnish at WIC clinics, preschools and other early childhood settings. In addition, it provides parent education at childbirth classes, immunization clinics and other educational settings for parents of young children.



Dental Help Fund (\$10,000/year through FY 10-11)

The Dental Help Fund will directly enable young children without insurance to receive critical care dental treatment. Funds will cover costs that serve as barriers to parents, including anesthesia, co-payments, and other non-covered costs. A Dental Task Force will continue to meet to plan how to best coordinate services and to link to the State Commission’s training opportunities in Oral Health.



Healthy Families Enrollment (\$48,215 through 2007)

Two agencies will coordinate to conduct Healthy Families outreach and enrollment in Tuolumne County, and will train Community Application Assistants for sustainability of enrollment efforts.

Measurable Outcomes

Program participants will demonstrate gains in:

- *Direct linkages to oral health provision*
- *Age-appropriate development and functioning*
- *Enrollment and retention in insurance programs*

An RFP for 4-year grants to begin in FY 07-08 (including School Readiness services) has been released; decisions on funding will be made in the Spring of 2007.

RESULT AREA #4: IMPROVED SYSTEMS OF CARE

Outcome #4:

FIRST 5 funds will be invested to enhance the coordination or capacity of organizations to improve systems of care for pregnant women and for children up to age five. These enhancements will lead to:

- a. *Service integration;*
- b. *Access to services, especially in underserved areas, and to populations with identified barriers to access and/or indicators of poor family health and functioning.*
- c. *Cultural competence in service provision.*

Indicators will be chosen to fit funded programs and will include documentation of changes in service coordination, capacity, or integration, leading to enhanced access to services.

Improved Systems of Care is a Priority for all Multi-Year Grantmaking.

Current funded strategies for the second cycle ending in FY 06-07:

RIDE Immunization Registry Provider Assistance (\$17,947 through FY 2007)

This project assists local medical providers with entering a backlog of client immunization records into the RIDE registry, and provides training to medical office staff on how to use the system for ongoing data inputting and for sending recall notices to parents.

Head Start Spanish Language Translation (\$8,445/year through 2006)

Spanish translation services are provided to non- or limited- English speaking children and families enrolled in center-based or home-based Head Start in Tuolumne County.

AmeriCorps Coordination Support (\$15,025 through 2009)

First 5 supports the coordination costs of a regional AmeriCorps grant with the First 5 Association and Prevent Child Abuse California, for a three year period, for seven AmeriCorps members working at five sites in Tuolumne County, providing services linked to First 5 result areas.

In addition, multi-year funded programs have addressed service integration, access and cultural competence in a variety of ways, including:

- services provided through home visits;
- transportation services provided to service sites and other community sites;
- outreach to Hispanic families;
- parenting classes provided in the Spanish language;
- coordinated and integrated case management and service provision; and
- shared resources towards service provision for families.

Programs will Demonstrate Measurable Outcomes in the areas of service integration, access and/or service capacity building, and cultural competence in service provision.

OPERATIONS

Staffing

The Commission is committed to awarding the maximum amount of funds to community projects directly benefiting young children, while ensuring that there is adequate staffing to ensure efficient fund disbursement, monitoring, accountability systems, and long-term planning.

The Commission has determined that the most cost-effective and workable staffing structure for the administration and evaluation of the program is to contract out the duties of a full time Executive Director and part-time support staff (50%) to the Commission.

The major activities to be completed by these contractors in FY 2006-2007 are as follows:

Commission Operations Support:

- Setting agendas for monthly Commission meeting, posting public notice for meetings, and providing written minutes for approval;
- Further development of policies and procedures for the Commission;
- Ensuring a timely response to all legislative requirements, such as conformance to all laws, ordinances, and reporting requirements;
- Facilitating training opportunities, as appropriate, for Commissioners;
- Maintaining records.

Grant Applications, Awards and State and Local Initiatives:

- On-going administration of the grant application and award process for all funding categories.
- Administering State Initiatives: School Readiness, Child Care Provider Retention Initiative and the Kits for New Parents;

Fund Leveraging:

- Exploring state, federal and private sources of funding for projects identified as priorities for the Commission.

Contract Awards and Monitoring:

- Funding award notification, contract preparation and negotiation;
- Quarterly contract monitoring;
- Fiscal tracking and reporting, including authorizing release of funds

Evaluation:

- Ongoing technical assistance to the awarded projects for both the local and the state evaluation;
- Continued development of evaluation instruments that can be used across projects, and data collection, analysis and reporting to the Commission;

- Reporting to the State Commission on evaluation findings.

Communication:

- Outreach, media and marketing, including ongoing management of the website and linkage with the State Commission’s regional media consultants;
- Providing leadership in convening community planning groups, as appropriate;
- On-going communication with the State Commission, the First 5 California Association and the technical assistance providers;
- Active participation, as appropriate, on statewide committees and workgroups.

Strategic Planning and Addressing Sustainability:

- On-going strategic planning and preparation of plan updates;
- On-going long-term forecasting and planning for a 10-year sustainable funding strategy.

Funding Criteria and Approach

All funds will be allocated through a systems outlined in the Policy and Procedure Manual. Generally, funds are allocated through a competitive award process, although the Commission retains the right to operate its own programs. All competitive grant categories have application processes, with a scoring rubric provided for applications requesting over \$1,000. A three-person review team will score the proposals. The scoring rubric, which serves as the initial evaluation tool for all proposals, awards points for the following criteria:

- the demonstrated need for the proposed services in Tuolumne County;
- the responsiveness to the Strategic Plan’s objectives, outcomes and priority areas;
- the soundness of the project design;
- the number of children ages 0-5 that will be impacted;
- the degree to which the proposed project improves access to services, including both physical access and cultural access;
- the potential for long-term impacts on young children’s healthy development;
- the degree to which community services are integrated;
- the degree to which the applicant has made an effort to access all other available resources;
- the degree to which the applicant shows the willingness and capacity to provide evaluation data; and
- the quality of the budget planning and the organizational capacity of the applicant.

Proposals that receive a minimum score will be further reviewed by the review team, who will request additional information, as needed, and will provide a recommendation on funding to the

Commission. The Commission will consider this recommendation, along with additional requested information from applicants, when they make their funding decision. All decisions regarding intent to award funds and contract approval are made at open, public meetings.

The grant application materials will outline the specifics of the application and proposal scoring process. This will include language that clearly states that all revenue allocations from the First 5 Tuolumne County Trust Fund shall be used only to supplement existing levels of service and not to supplant or fund existing levels of service, including services funded with state or local General Fund money. All Commission decisions on funding allocations will comply with the provisions of the Political Reform Act.

Project Monitoring and Evaluation

Service benchmarks are integral to all grant contracts, and an evaluation plan is part of every contract over \$1,000. All funded projects (over \$1,000) will be required to submit quarterly benchmark reports and fiscal expenditure reports and an annual outcome evaluation.

The Strategic Plan's desired results and outcomes are designed to promote change in Tuolumne County in two areas:

1. Improved service capacity in the community and improved access to services for families; and
2. More children undergoing healthy development in safe environments as a result of these system changes.

In order to demonstrate that these changes are occurring, the Commission has designed the following evaluation strategy.

- All contracts awarded (over \$1,000) will require detailed reporting and evaluation.
- The Commission will require projects to collect and report both process and outcome data annually to demonstrate progress toward outcomes.
- The Commission will provide technical assistance on evaluation requirements to all projects from start-up on, will assist all projects in developing appropriate and realistic evaluation instruments, and will check in with each project quarterly to ensure that data is being collected consistently and correctly.
- The Commission will work with the state-level evaluators to provide a seamless data flow from funded projects to the state data collection system.

FINANCIAL PLANNING AND LONG TERM FORECASTING

A updated seven-year financial plan, for FY 04-05 through FY 10-11, (and a financial forecast for an additional 3 years) was approved in June 2006 and updated in October 2006. The financial plan is attached, as part of this strategic plan, and will be updated annually no later than June of each fiscal year.

The financial plan includes an interest-bearing reserve fund of \$500,000 established in FY 04-05. It is anticipated that the Commission will begin to draw against this reserve fund beginning in FY 2010-2011, when projected state allocations have dropped significantly, and the beginning fund balance is at \$133,631. The intent behind establishing a reserve fund is to allow for a moderate and steady granting level in the community through the year 2012-2013. At that time there will only be a reserve slightly larger than anticipated future annual spending.



Seven Year Financial Plan

FY 04-05 Through FY 10-11

and long-term forecast through FY 13/14



INTRODUCTION

First 5 Tuolumne County's Seven Year Financial Plan is designed to provide a framework for investing funds from the Children and Families Trust Fund.

The Financial Plan was developed to:

- Evaluate the Commission's capacity to fund programs over a seven-year period;
- Analyze and test various funding scenarios;
- Develop a framework to guide strategic planning and annual budgeting.

The plan does not authorize or appropriate the spending of any funds to specific programs or agencies. It does not replace the annual budget. It does provide a framework to assist the Commission in evaluating future investments in specific initiatives and funding cycles.

BACKGROUND

First 5 is funded through a fifty cents tax on tobacco that is collected by the State of California, under the provisions of Proposition 10, the Children and Families Act of 1998. After a portion is used to backfill Proposition 99 funds, 20% of the revenue goes to the State Commission (First 5 California), and the remaining 80% is redistributed to all California counties based on their proportionate share of statewide births. Statewide tax revenue collections began in January 1999.

The Tuolumne County Commission held its first meetings in 1999 and adopted its first Strategic Plan in July 2000. By the Prop 10 enabling legislation, the Commission could not authorize any spending (beyond those costs associated with development of the first Strategic Plan) until the plan was approved. Once the Plan was approved, there was a period of time where initial grant-making systems were developed. As a result, the Commission received almost two years of funding prior to making its first funding awards.

The first Strategic Plan encompassed a 4-year period, through FY 03-04. The Strategic Plan included a variety of categories of local competitive funding, state partnership opportunities (such as the Child Care Provider Retention Initiative, and the School Readiness Initiative), and local targeted initiatives for Oral Health and Child Care Safety. The total amount of funds that were awarded during the first funding cycle exceeded the annual tobacco tax revenue during that period, and some of the grant expenditures were partially funded through accrued revenue from 1999 – 2000.

The second funding cycle is from July 1, 2004 through June 30, 2007. The fund balance accumulated during the first two years of the tax levy will be drawn down to provide additional funding for the grants and initiatives funded in this cycle.

A third funding cycle will begin in July 2007, and will be for 4 years, through June 2011. The four year cycle coincides with the new School Readiness 4-year cycle which will also be funded during that time period. This cycle will also depend on a draw-down of the accumulated fund balance to support the planned expenditures.

FUNDING STRATEGY

This plan presents a spending plan for seven years, through June 2011, and makes a forecast of expenditures and revenues through June 2014. The spending plan is based on a strategy chosen by the Commission in the Fall of 2003; to spend down the fund reserve in a moderate fashion. The current plan predicts a fund reserve of 2 times the amount of annual tax revenues, by the end of the FY 09-10. The 4-year funding cycle which begins in FY 07-08 shows a average annual reduction of 13% in funding level from the previous cycle, reflecting an adjustment to the diminishing fund reserve.

REVENUE ASSUMPTIONS FOR THE PLAN

The Commission's annual revenue forecast is driven by five factors: (1) total tobacco tax sales collections; (2) Tuolumne County's share of statewide births; (3) additional allocations provided to rural counties by the State Commission; and (4) partnership grants with the State Commission. All factors have the potential to decline in the next ten years and negatively impact the Commission's annual revenue stream:

- Tobacco sales tax revenue declined 16% in the four years from FY 99-00 and FY 03-04 (an average annual drop of 4%). The decline leveled off in FY 04-05 and FY 05-06. The projected rate of decline used in this Plan is 3.5%, which is similar to the rate that the State Commission uses in long term forecasting. Two factors affect this decline rate: reduction in tobacco sales tax statewide (due to reduced levels of tobacco use, and/or increased level of non-taxed tobacco sales), and the amount of Proposition 99 backfill which the Board of Equalization determines each year. The backfill is currently based on a formula which is somewhat predictable. Reduction in taxed tobacco sales is somewhat unpredictable and based on a variety of social, economic and political factors. The assumption is made that the Commission will keep a close watch on revenue changes, and will adjust the plan accordingly.
- Tuolumne County's birthrate has fluctuated between a drop of 3% and a gain of 6% in the years between 1999 and 2003. Therefore, it is difficult to predict trends. However, the actual data does not support the 2% anticipated growth rate predicted by the Ca. Dept. of Finance projections used by the state Commission in their forecasts. It is anticipated that the birth rate increase in Tuolumne County will lag behind many other counties in the state, and may be better estimated at 1%. However, because of the unpredictability of the county's birthrate, the birthrate percentage has not used as a separate factor in predicting revenues. The 3.5% decrease rate used for planning will be adjusted, as needed, in future planning, to account for birth rate percentage impacts.
- The State Commission has been providing an annual augmentation to support small county operations, which has allowed the Commission to free up tax revenues for programs. The rationale for this allocation was to address the administrative burden on small counties, who must use a proportionately greater share of their tax revenues to provide basic operations, including administrative services, planning, outreach, and evaluation. The State Commission has committed to continuing these augmentations through FY 07-08 for eligible counties. Tuolumne County is eligible for \$105,744/year, which has constituted 15% of the Commission's revenue in the current cycle. The long-term forecasting for this plan assumes that the small county augmentations will continue

after fiscal year 2007-2008. This assumption is based upon the history of State Commission support and acknowledgement of the economy of scale issues that small counties face.

- The State Commission provides opportunities for matching grants with counties. The two areas that First 5 Tuolumne has been able to partner in are School Readiness (which provides \$1.25 for every dollar invested by the Commission) and a Child Care Provider Retention program (which provides one dollar for every two dollars invested by the Commission). These state matching funds have provided 24% of the total revenue stream in the current funding cycle, funds which have been dedicated entirely to local granting. The plan assumes that School Readiness state funds will be available through Cycle 3, and that the Child Care Retention funds will be available through FY 07-08; both assumptions are based on the latest information available from the State Commission.
- Interest earnings are assumed at 2.5%. This rate was provided by the Tuolumne County Auditor's Office. The interest accrued is directly related to the fund balance and the revenues received and will decline as both of these factors decline. In addition, state matching funds are now provided fully or partially on a reimbursement basis, allowing little capacity for interest earning.

EXPENDITURE ASSUMPTIONS

- Expenditures for FYs 04-05 through 10-11 include the following grants, initiatives and set-asides:
 - Funding for local projects through FY 06-07:
 - 3-Year Grants
 - Community Grants
 - Capital Matching Grants
 - Oral Health Access Initiative
 - Kits For New Parents
 - Media
 - Funding for State Partnerships
 - School Readiness Initiative- Round 1 and 2 (through FY 11-12)
 - CARES (Partnership with State Commission) through FY 07-08
 - A new local granting cycle to begin in FY 07-08, with specified set-asides for 4-year grants, community grants, capital grants, and Dental Help Fund.
 - Contingency Fund for flexibility in funding decisions
- A slight inflationary allowance was made for operations, at 2% per year.
- No provision was made for continuation of any specific project or initiative that has not been approved by Commission action.

- The long term forecasting for this plan assumes that, in the event of small county augmentations being no longer awarded, that operational costs and program costs will decrease accordingly.

PLAN OBJECTIVES

The Financial Plan has four main objectives.

Objective 1: Ensure that funds are available to allocate for current contracts, Intent to Award Decisions, initiatives and set-asides.

Strategy: The plan includes all current commitments and assumes full funding level for all set-asides for planned grant categories.

Objective 2: Prepare for the reality of declining revenues. Maintain a fund balance adequate for a reasonable level of funding in the future as annual tax revenues decline.

Strategy: The Financial Plan was developed on the assumption that the Commission would want to have a positive fund balance, and that the balance at the end of the each funding cycle should be close to twice the amount of the anticipated annual tax revenue at that time. This strategy ensures that the Commission can plan proactively for granting funds, can maintain a level of funds adequate to meet its obligations (in light of the time lag for revenue disbursement from the state), and can buffer the effect of significant funding reduction in the community in future years.

Objective 3: Allow for flexibility, by setting aside funds for emerging issues and leveraging, at a level adequate to provide for unexpected funding opportunities.

Strategy: A small contingency category for flexibility in funding decisions has been included in the seven year plan; however, the ability of the Commission to set aside funds for emerging issues or leveraging is reduced in the next cycle, as the fund balance is being steadily drawn down. Although the reserve fund can be drawn against if the Commission chooses to prioritize an emerging issue and to reduce the amount of reserve funds available for utilization in future years, this will significantly impact future investments.

Objective 4: Identify future planning issues for the Commission.

Strategy: The financial plan is focused on seven years, but also forecasts out for 3 additional years. This provides a better picture of forecasted changes in revenues, and allows the Commission time to look ahead and strategize how best to address the impact of declining Proposition 10 revenues in the county.

FINANCIAL PLANNING PROCESS

The plan will be reviewed, amended as needed and adopted annually. This will be done concurrently with the budget development process for the next fiscal year.

COMPREHENSIVE TEN YEAR OUTLOOK

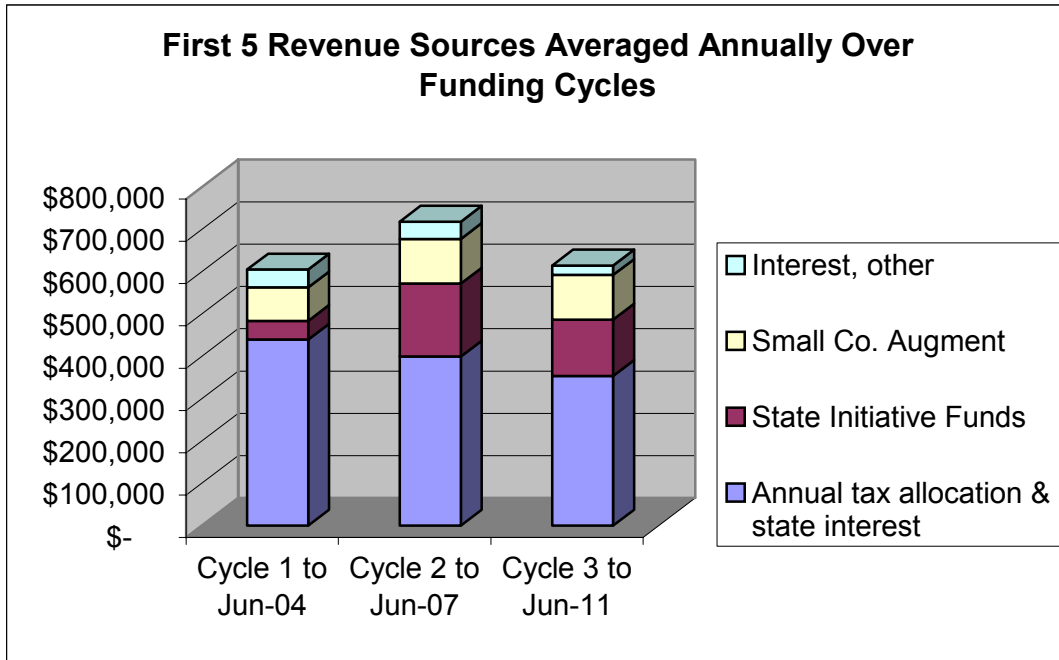
The accrued tax revenues since 1999 have been, and will continue to be very instrumental in making a difference in the lives of children in our community. For example, the revenue reserve has allowed the Commission to make a long-term commitment to partnerships with the State Commission, through the School Readiness Initiative, and the CARES project, and to commit to multi-year granting cycles for local grantees. If the revenues drop at a gradual rate of 3.5% a year, and if the small county augmentations are continued, the Commission will be able to continue to support a comprehensive granting strategy. However, at the end of the seven year cycle, the Commission will begin to draw down the reserve fund to support community granting as well as School Readiness projects.

A ten year financial analysis indicates expenditures must be gradually decreased in future funding cycles. The plan has demonstrated the need for the Commissioners to address the following questions:

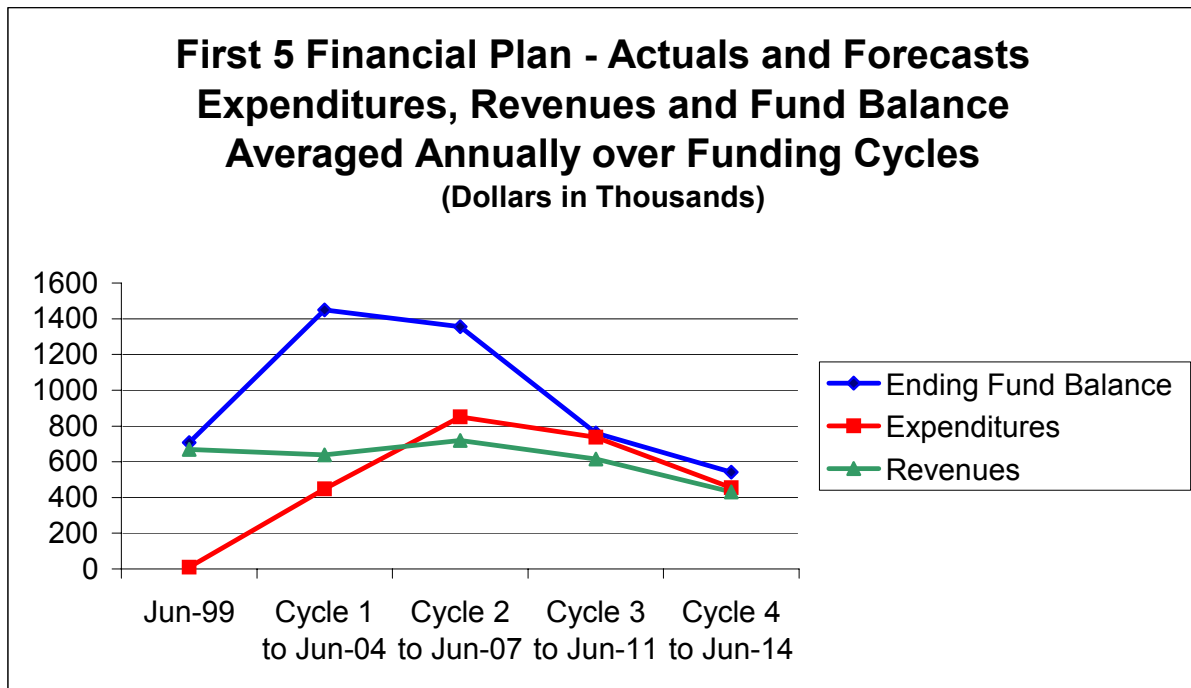
- What critical needs will no longer be met when First 5 grants come to an end?
- What funded programs have shown the best evaluation results?
- What are the limited priority areas that the Commissioners wish to impact in the next 10 years, and what is the best way to make a long-term impact in these areas?

With foresight and careful planning, strategies can be put in place to make this transition smooth and efficient, with a focus on investing fewer funds more strategically to impact priority areas.

Revenue History and Forecasts – by Type



Anticipated Revenues, Expenditures and Fund Balance (Including actual figures from prior years, and forecasts for future years.)



FIRST 5 TUOLUME COUNTY COMMISSION 7-YEAR FINANCIAL PLAN AND 10-YEAR FORECAST

Update October 25, 2006	<i>Actuals</i> FY 04-05	<i>Actuals</i> FY 05-06	<i>Aug Budget</i> FY 06-07	<i>forecast</i> FY 07-08	<i>forecast</i> FY 08-09	<i>forecast</i> FY 09-10	<i>forecast</i> FY 10-11	<i>forecast</i> FY 11-12	<i>forecast</i> FY 12-13	<i>forecast</i> FY 13-14
Beginning Op. Fund Bal, adjusted	1,469,032	1,018,637	951,425	536,790	379,743	259,545	133,631	580,301	568,955	546,006
Beginning Reserve Fund Balance	-	505,249	522,303	535,322	548,705	562,423	576,483	-	-	-
Total Beginning Balance	1,469,032	1,523,886	1,473,728	1,072,112	928,448	821,967	710,114	580,301	568,955	546,006
Revenues										
Annual Projected Allocations	396,404	405,755	386,000	372,490	359,453	346,872	334,731	323,016	311,710	300,800
School Readiness Funds	178,987	81,166	56,356	125,000	125,000	125,000	125,000	-	-	-
State CARES Funds	26,171	20,103	30,883	31,861	376	-	-	-	-	-
SMIF Interest	8,350	-	2,600	447	431	416	402	388	374	361
Small County Augmentation	105,743	105,743	105,743	105,743	105,743	105,743	105,743	105,743	105,743	105,743
Interest on operating funds	32,663	33,474	20,571	13,420	9,494	6,489	3,341	14,508	14,224	13,650
Interest on Reserve Balance	5,249	17,054	13,019	13,383	13,718	14,061	14,412	-	-	-
Other (Regional TA, etc.)	35,118	85,756	1,742							
Total Anticipated Revenues	788,685	749,051	616,914	662,344	614,214	598,580	583,629	443,654	432,051	420,555
Draw From Reserve Fund (July)	-	-	-	-			590,895			
Expenditures										
Operations	112,614	122,569	141,757	144,592	147,484	150,434	153,442	150,000	150,000	150,000
Grant Cycles										
Multi-Year Large Grants	294,420	236,721	327,775	250,000	250,000	250,000	250,000	-	-	-
Child Care Qual Imp/Retention	78,514	60,310	92,649	95,583	41,128	40,000	40,000	-	-	-
School Read. state & local match	180,414	209,865	252,282	225,000	225,000	225,000	225,000	-	-	-
Community Grants	15,687	69,752	101,825	45,833	42,083	30,000	30,000	-	-	-
Capital Grants	-	-	75,000	25,000	-	-	-	-	-	-
Dental Help Fund	9,519	8,733	10,000	10,000	10,000	10,000	10,000	-	-	-
Other Granting/Programs	42,663	91,259	7,242	5,000	-	-	-	-	-	-
Future Granting								300,000	300,000	300,000
Contingency Funds		-	10,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000
Total Anticipated Expenditures	733,831	799,209	1,018,530	806,008	720,695	710,434	713,442	455,000	455,000	455,000
Transfer to Reserve Fund	500,000	-	-	-	-	-	-	-	-	-
Ending Operating Balance										
Ending Operating Balance	1,018,637	951,425	536,790	379,743	259,545	133,631	580,301	568,955	546,006	511,561
Ending Reserve Balance										
Ending Reserve Balance	505,249	522,303	535,322	548,705	562,423	576,483	-	-	-	-
Total Ending Balance	1,523,886	1,473,728	1,072,112	928,448	821,967	710,114	580,301	568,955	546,006	511,561
<i>balance as percent of tax revenue only</i>			278%			205%	173%		175%	170%
Expenditures over Revenues	(54,854)	50,158	401,616	143,664	106,481	111,853	129,813	11,346	22,949	34,445

APPENDIX

Data sources:

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(Report provided by the Tuolumne County Department of Social Services)

California Dept. of Finance, Demographic Research Unit, www.dof.ca.gov

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California Maternal and Child Health Data Book, May 2002, Tuolumne County. California Department of Health Services Maternal and Child Health Branch, Epidemiology and Evaluation Section.

California State Employment Development Department, Labor Market Information Division. <http://www.calmis.ca.gov/file.lfminth.tuolupr.txt> (*County snapshots*)

Center for Health Statistics: <http://www.dhs.ca.gov/hisp/chs/Ohir/vssdata/Tables.htm>

Child Welfare Services Reports for California: <http://cssr.berkeley.edu/CWSCMSreports/>

Children in Jeopardy: A Sourcebook for Community Action. Child Health and Well-Being Indicators in the Central California Region. Petra Sutton, Ph.D., Hernandez, V; Perez, M, Curtis, K. California Children's Institute, California State University, Fresno. April 2004
<http://www.csufresno.edu/ccchhs/CI>

Family Health Outcomes Project, <http://www.ucsf.edu/fhop/>

Homeless Needs Assessment, Tuolumne County, January 2004. Prepared by Sergei Shkurkin and Associates LLC for the Tuolumne County Board of Supervisors.

Infant Child Enrichment Services: phone conversation to ascertain child care issues and needs, numbers for subsidized care waiting list, average cost of full-time childcare.

Legal Services of Northern California: <http://www.lsn.net/statistics.html#CALSTATS>

Mountain Women's Resource Center: *Domestic Violence Report 02-03*

Tuolumne County Health Department: *Prenatal Assessment Project, Report for September 2003*

U.S. Census Bureau, Census 2000 and Census 1990; www.census.gov