



Strategic Plan

2021-2024



Commissioners

Mary Wright, Chair
Sierra County Childcare Council

Laurie Marsh
Sierra County Mental Health Services Act
Coordinator

Sharon Dryden,
Sierra County Board of Supervisor

Anne Reugebrink,
Sierra County Tobacco Education

Andrea Ceresola-White,
Sierra-Plumas Joint Unified School District

Jessica Norman
Sierra Nevada Children's Services

Staff

Vacant
Executive Director

Kelly Champion
Business Manager

Contents

Background and Introduction	1
Sierra County Needs Assessment	3
County Characteristics	3
Demographic Profile	3
County Snapshot	5
Adverse Childhood Experiences	6
Consumer and Stakeholder Perspectives	8
Parent Identified Needs	8
Service Provider Input	8
SWOT Analysis	10
Identified Needs of Families with Young Children	11
Strategic Plan	13
Goals and Objectives	13
Strategies for Achievement	14
Evaluation Framework	15
Long Range Financial Plan	19
Fiscal Assumptions	19
3-Year Revenue and Expense Projections	20
Appendix	21
Appendix A: County Health Rankings and Roadmaps Data Sources	21
Appendix B: First 5 CA Result Area and Service Definitions	22
Result Area: Improved Family Functioning	22
Result Area: Improved Child Development	23
Result Area: Improved Child Health	23
Result Area: Improved Systems of Care	24

Background and Introduction

The First 5 Sierra County Children and Families Commission (herein referred to as First 5 Sierra) was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added taxes on cigarette and other tobacco products to fund early childhood health, development and education programs, family supports, and systems change efforts designed to improve services for young children and their families.

First 5 Sierra operates under the policy direction of the First 5 Sierra Children and Families Commission. It has an annual budget of approximately \$300,000 made up of Prop 10 funds. As a small county, First 5 Sierra is dependent on Small Population County Augmentation Funds (SPCFA) provided by First 5 California. Funds are used to provide services and make system improvements that support young children and families. The aim is to invest effectively in a network of prevention and early intervention supports for families with young children.

First 5 Sierra has established, as mandated by law, this strategic plan in order to effectively guide the Commission in its efforts to realize its **vision** and achieve its **mission**.

Vision

A vision statement provides a clear and compelling goal that serves to unify the actions of an organization and its stakeholders. The vision describes the future that everyone is working toward.

First 5 Sierra envisions a future where...

Children in Sierra County grow up in a community that supports optimal health, education, and well-being.

Mission

The mission defines the fundamental purpose for an organization to exist. It should serve to guide an organization throughout its existence, providing a compelling sense of purpose that is meaningful.

The mission of First 5 Sierra is to...

Effectively invest in early child development, family strengthening services, and systems change efforts.

Strategic Plan Requirements

Proposition 10 requires all county commissions to adopt an adequate and complete County Strategic Plan for the support and improvement of early childhood development within the county.

The strategic plan must include the following elements:

- 1. Goals & Objectives:**
A description of the goals and objectives to be attained.
- 2. Strategies for Achievement:**
A description of the programs, services, and projects to be provided, sponsored or facilitated.
- 3. Evaluation Framework:**
A description of how measurable results of such programs, services, and projects will be determined using appropriate and reliable indicators.

Activities sponsored with Proposition 10 funds are expected to focus specifically on children prenatal through age five and their families. Further, Proposition 10 has established four strategic results areas that each Commission should pursue:

Improved Family Functioning

Successful and strong families are those who are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon caregivers for survival and nurturing. It is the interaction of the parent or primary caregiver with the child that shapes the child's view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction.

Types of Investments Include: General Family Support • Targeted Intensive Family Services

Improved Child Development

The role of education in a child's later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in early childhood education settings and nurtured through community and parental reinforcement. The National Association of Elementary School Principals has stated that "better childhoods" would be the single greatest contributor to improvement in school achievement.

Types of Investments Include: Quality Early Learning Supports • Early Learning Programs

Improved Child Health

Children who are healthy in mind, body and spirit grow with confidence in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurture and guidance, mental stimulation, and live in families and communities that value them. The research on child development and the impact of the early years emphasizes the importance of children beginning life with healthy nutrition and healthy environments.

Types of Investments Include: General Health Education & Promotion • Home Visiting Services
Prenatal & Infant/Toddler Pediatric Support • Oral Health Education & Treatment • Early Intervention

Improved Systems of Care

Prop 10 included a mandate that strategic plans created by County Children and Families Commissions must show how each county will promote integration, linkage and coordination among programs, service providers, revenue resources, professionals, community organizations and residents. Further, services must be available in a culturally competent manner, embracing the differences in cultures and languages within the county. The system of children and family services should also recognize the challenges faced by families whose children have disabilities or other special needs, and work to make services more accessible to these families.

Types of Investments Include: Policy & Public Advocacy • Programs & Systems Improvement Efforts

Sierra County Needs Assessment

The following needs assessment was completed as a component of the strategic planning process. The following types of data were collected and analyzed:

- **Publicly Available Data:** Local, state and national statistics were collected in an effort to understand the conditions facing residents of Sierra County.
- **Consumer & Stakeholder Data:** Parent and service provider surveys were collected in 2018 to identify the needs and desires of families with young children living in Sierra County.
- **Organizational Data:** Commissioner perspectives around the strengths, weaknesses, opportunities, and threats facing the Commission were gathered as were their ideas about the most pressing issues that the Commission should address.

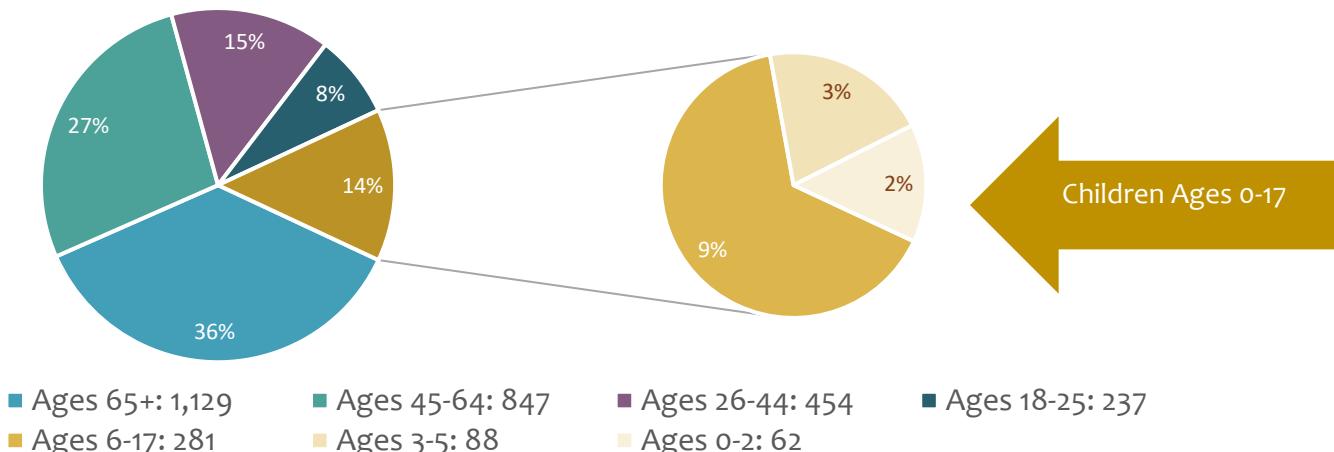
This data was combined and used to prioritize critical issues and to guide the development of corresponding goals and objectives.

County Characteristics

Sierra County is located in the North Eastern part of California. The county seat is Downieville, and the only incorporated city is Loyalton. According to the U.S. Census Bureau, Sierra County has 953 square miles of land area and 9 square miles of water area. The county is adjacent to Nevada County, CA on the south, Yuba County, CA on the west, Plumas County, CA on the north, Lassen County, CA on the northeast, and Washoe County, NV on the east.

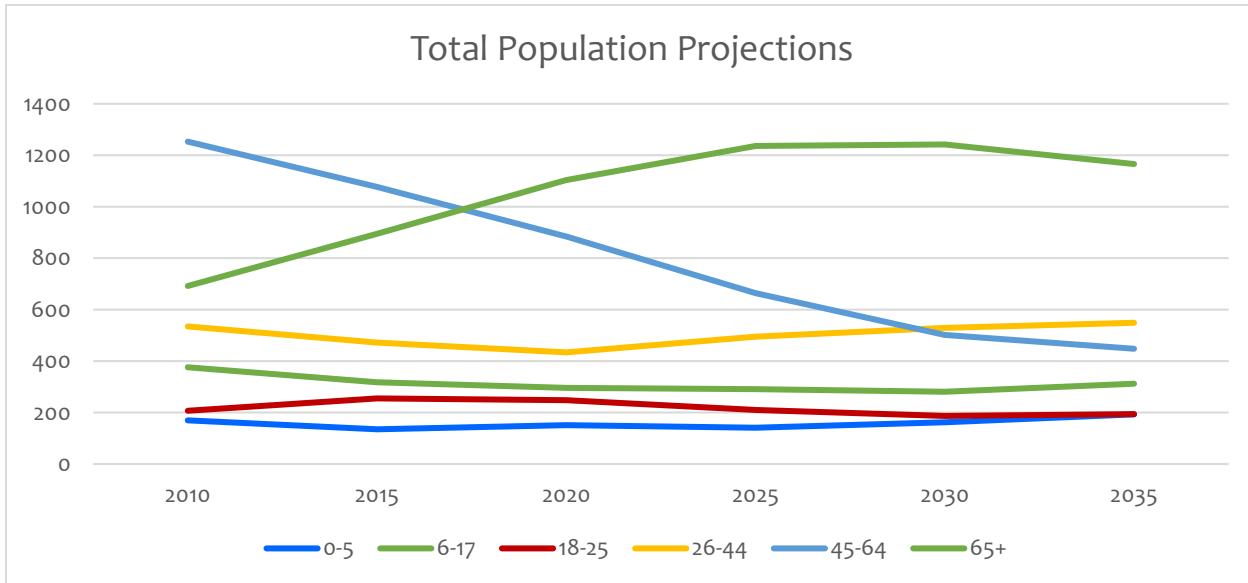
Demographic Profile

2021 population projections indicate Sierra County has a total of 3,098 residents.¹ Of the total population, individuals 65 and older make up the largest percentage of the population at 36%, followed by individual ages 45-64 which constitute 27% of the population. There are a total of 150 children between the ages of zero and five, who make up 5% of the total population.

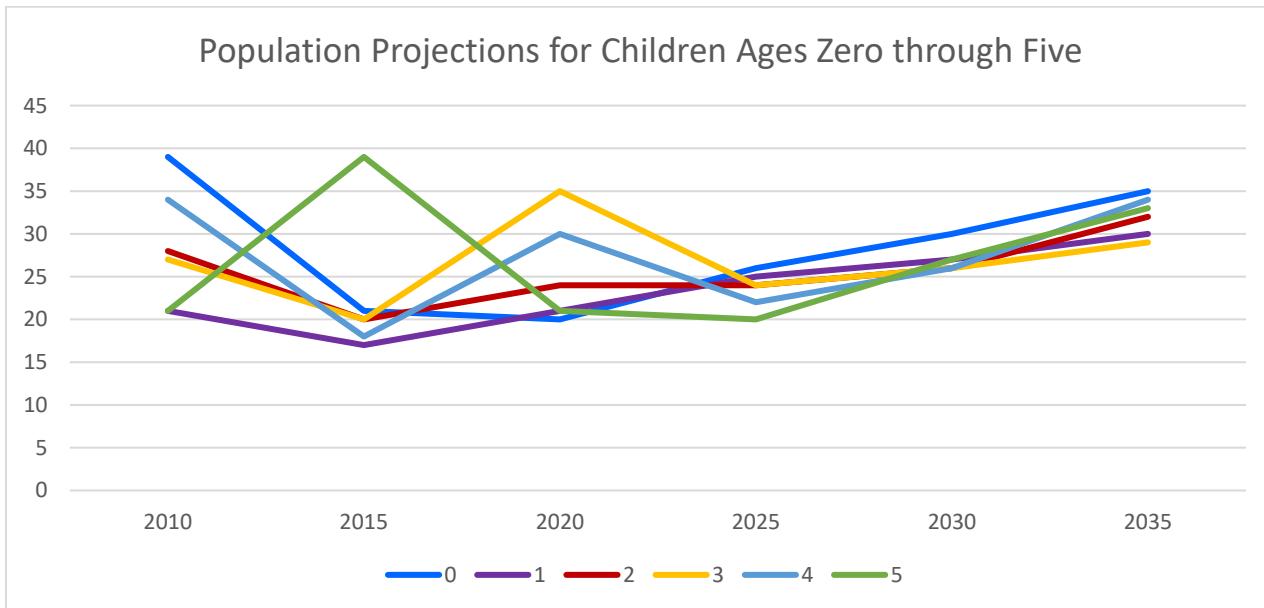


¹ California Department of Finance. P-2 County Population Projections by Ethnicity, Age, 2010-2060. <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>

The chart below shows population projections through 2035.² The largest portion of the population is expected to continue being age 65 and older. It should be noted that because Sierra county has such a small population base, that any shifts in the population can have a significant impact on the community and the infrastructure to support families.



To more specifically understand the target population of First 5 Sierra, the zero through five population projections are provided below.



The majority of Sierra County residents are White (86.5%), with the next most common groupings by racial or ethnic ancestry being Hispanic (9.2%).

² California Department of Finance. P-2 County Population Projections by Ethnicity, Age, 2010-2060. <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>

County Snapshot

The County Health Rankings measure the health of nearly all counties in the nation. Rankings help counties understand their current overall health, as well as measures that affect the future health of the community. The data is compiled using county-level measures from a variety of national and state data sources.

The table on the following page provides a snapshot of select data points to demonstrate how Sierra County compares to the state of California as well as the relationship to top US performers. The data represented in the chart are taken from 2020 Rankings, for which some of the measures have changed from previous years. It should be noted that rankings “are based on a model of population health that emphasizes many factors that, if improved, can help make communities healthier.”

	Conditions Facing Families	Sierra County	CA	Top US Performers
Quality of Life	Poor or Fair Health (percent of adults reporting fair or poor health) ³	17%	18%	14%
	Poor Physical Health Days (average number in past 30 days)	4.4	3.9	3.4
	Poor Mental Health Days (average number in past 30 days)	4.7	3.7	3.8
	Low Birth Weight (percent of live births with weight <2500 grams)	9%	7%	6%
Health Behaviors	Adult Smoking (percent of adults that smoke)	16%	11%	16%
	Adult Obesity (percent of adults that report a BMI >= 30)	19%	24%	26%
	Physical Inactivity (percent of adults age 20+ that report no leisure time physical activity)	26%	18%	19%
	Excessive Drinking (percent of adults who report heavy or binge drinking)	23%	18%	15%
Clinical Care	Uninsured (percent of population < age 65 without health insurance)	7%	8%	6%
	Primary Care Physicians (ratio of population to primary care physicians)	2,990:1	1,250:1	1,030:1
	Dentists (ratio of population to dentists)	1,500:1	1,150:1	1,210:1
	Mental Health Providers (ratio of population to mental health professionals)	600:1	270:1	270:1

³ It is important to note that County Health Rankings specifies that these data should not be compared to previous years. The site notes that: “Methodological changes in the Behavioral Risk Factor Surveillance System, which [...] were implemented in the 2016 Rankings, make comparisons with estimates prior to that release year difficult. In addition, current estimates are produced using sophisticated modeling techniques which make them difficult to use for tracking progress in small geographic areas.” Retrieved April 22, 2021 from: <https://www.countyhealthrankings.org/app/california/2021/rankings/sierra/county/outcomes/overall/snapshot>

	Conditions Facing Families	Sierra County	CA	Top US Performers
Social & Economic Factors	<p>Some College (percent of adults aged 25-44 years with some post-secondary education)</p> <p>Unemployment* (percent of population age 16+ unemployed)</p> <p>Children in Poverty* (percent of children under age 18 in poverty)</p> <p>Children in Single-Parent Households (percent of children that live in single-parent household)</p> <p>Median Household Income (The income where half of households in a county earn more and half of households earn less)</p>			
Basic Needs	<p>Severe Housing Problems (percentage of households with at least 1 of 4 problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities)</p> <p>Food Insecurity (percentage of population who lack adequate access to food)</p>			

The information provided above lends to an understanding that a number of co-existing factors are affecting Sierra County families. Families are struggling with financial security as indicated by a higher than statewide average in unemployment and the fact that 1 in 5 children are living in poverty. County residents are also struggling to get their healthcare needs met (physical, behavioral and dental). A fifth of county residents are uninsured and are limited in their access to primary care physicians, mental health practitioners or dentists.

To better understand the issues impacting children and families in Sierra County, Adverse Childhood Experiences, or ACEs, are explored in the next section.

Adverse Childhood Experiences

The impact of childhood experiences began to be widely recognized as the result of a joint study between the Centers for Disease Control (CDC) and Kaiser Permanente in the late 1990's. This study highlighted the negative effects of abuse, household challenges, and neglect on children later in life.

ACEs are categorized into three groups and defined in the following manner.⁴

Child Abuse

- **Emotional abuse:** A parent, stepparent, or adult living in the home swore at the child, insulted the child, put the child down, or acted in a way that made the child afraid that he or she might be physically hurt.
- **Physical abuse:** A parent, stepparent, or adult living in the home pushed, grabbed, slapped, threw something at the child, or hit the child so hard that there were marks or injury.
- **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than the child ever touched or fondled the child in a sexual way, made the child touch his/her body in a sexual way, attempted to have any type of sexual intercourse with the child.

⁴ These definitions are adapted directly from the CDC (Centers for Disease Control and Prevention, 2016).

Child Neglect

- **Emotional neglect:** No one in the family helped the child feel important or special, the child did not feel loved, people in the family did not look out for each other and feel close to each other, and the family was not a source of strength and support.
- **Physical neglect:** There was not someone to take care of the child, protect him or her, and take him or her to the doctor if needed, the child didn't have enough to eat, the parents were too drunk or too high to take care of the child and he or she had to wear dirty clothes.

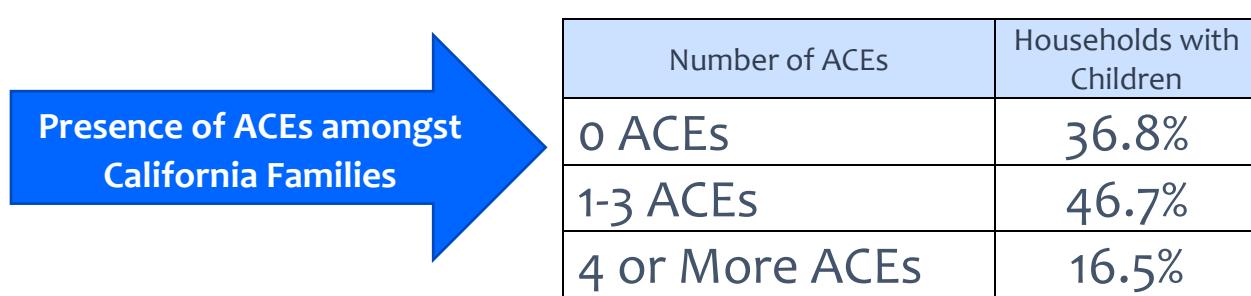
Household Challenges

- **Mother treated violently:** A mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by the father (or stepfather) or mother's boyfriend.
- **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.
- **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.
- **Parental separation or divorce:** The child's parents were ever separated or divorced.
- **Criminal household member:** A household member went to prison.

The number of ACEs in a child's life has been shown to increase the risk for a variety of health problems to include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Alcoholism and alcohol abuse • Chronic obstructive pulmonary disease (COPD) • Depression • Fetal death • Health-related quality of life • Illicit drug use • Ischemic heart disease (IHD) • Liver disease • Risk for intimate partner violence | <ul style="list-style-type: none"> • Multiple sexual partners • Sexually transmitted infection (STIs) • Smoking • Suicide attempts • Unintended pregnancies • Early initiation of smoking • Early initiation of sexual activity • Adolescent pregnancy |
|--|--|

While ACEs data is not available specific to Sierra County, statewide data helps to provide an understanding of the likely presence of these factors for families in the county.



Consumer and Stakeholder Perspectives

Parents of young children as well as the service providers who support them were solicited to provide input on how First 5 Sierra can best support families.

Parent Identified Needs

In 2018, 43 parents participated in a survey issues by First 5 Sierra. A summary of themes is provided below.

SERVICE EXPANSION REQUESTS: Parents identified a number of programs and services they would like to see implemented in Sierra County. Services identified included:

- **Family Activities:** A number of family identified the desire for family activities to include fun walk/run, social events that include music, art, sports, theater, biking and hiking. Additionally, there was a desire to have events in which older siblings could participate.
- **Playgroups:** Families identified playgroups as opportunities for children to develop social connections and social skills.
- **Recreational Activities:** Activities other than seasonal sports were identified as a need. Some survey respondents identified the need for a community/recreation center or a community pool.
- **Parent Supports:** Parent gatherings, respite and childcare sitters resource list development were offered as potential service expansion. Support for infant care and expanded 5-day a week daycare were also desired.

WISH LIST: Parents were asked to identify any program, service or capital investment they would like to see in the community, and included:

- **Recreational Investments:** Pools were by far the most requested investment. Additional recreational activities identified included swim lessons, sports, yoga and dance classes, and arcade/bowling.
- **Program Investments:** Programs to include summer programming, counseling, after school programming, summer lunch programs, music and foreign language instruction, lactation supports, and home visiting.
- **Infrastructure Projects:** Infrastructure projects included establishment of a community/recreation center, daycare center in Downieville, a children's interactive museum, and bike paths.

Service Provider Input

In 2018, 34 stakeholders participated in a survey issues by First 5 Sierra. A summary of themes is provided below.

COMMUNITY ASSETS: Stakeholders were asked to identify what was special about Sierra county. They identified the following:

- **Safe Place to Raise Children:** Sierra County is host to communities that know each other and help one another, schools that have small student to teacher ratio's and the natural environment offers recreational opportunities.

CHALLENGES AND BARRIERS: Challenges and barriers were identified by stakeholders to include:

- **Isolation:** Families may suffer from isolation that is caused by geography, or a lack of opportunities for people to connect.
- **Lack of Medical, Behavioral and Dental Health Providers:** There are a limited amount of physicians, counselors or dentists in the county leaving many struggling to get the care needed.
- **Limited Access to Basic Supplies:** Many residents have to travel to purchase basic living supplies as distributions sites are limited in Sierra County.

FAMILY NEEDS: Stakeholders identified what they perceived to be needs of families with young children living in Sierra County. They included:

- Infant care throughout county
- Preschool on west side of county
- Whole person healthcare
- Transportation (services & shopping)
- Social activities for children & parents
- Fatherhood engagement activities
- Recreational sites & activities
- Respite care / stress reduction
- Parenting education
- Economic supports
- Early intervention supports

PARTNERSHIP OPPORTUNITIES: Stakeholders were asked to identify ways in which First 5 Sierra can partner with other agencies to best support families with young children in Sierra County.

Opportunities identified included:

- First 5 can function as a community convener to support information sharing, cross-coordination, action planning and shared measurements.
- First 5 can seek out additional funding to fill gaps in services for families in Sierra County
- First 5 can establish a shared space for programming to take place
- First 5 can implement a community education campaign to enhance public awareness about resources available for families with young children

WISH LIST: Stakeholders were asked to identify any program, service or capital investment they would like to see in the community, and included:

- **Recreational Investments:** Pools, playgrounds, parks and community centers were identified.
- **Program Investments:** Programs to include home visiting, new parent bootcamp, summer recreational activities, wilderness challenges, art and music programs, tutoring and after school programming, parenting classes, healthcare and counseling services, and services for children with special needs. An all-inclusive family resource center was also identified which would be a “one-stop-shop for all families with no eligibility requirements.
- **Infrastructure Projects:** Infrastructure projects included Establishing a Preschool in Downieville, Libraries, and bike paths.

SWOT Analysis

The Commission participated in a SWOT analysis to identify the internal strengths and weaknesses of the organization as well as the external opportunities and threats that exist in the environment and may impact the organization's efforts. The results of this analysis are summarized below.

S	W	O	T
Strengths	Weaknesses	Opportunities	Threats
<p>Organizational strengths are the assets, resources, or capabilities that have the greatest positive impact on the success of the organization to achieve its mission.</p> <ul style="list-style-type: none"> Engaged Commissioners and committed Fiscal Manager Unrestricted funding stream to support families Strong financial positioning Flexibility in operations Effective at ensuring all children have access to ECE Strong connections to ECE providers 	<p>Organizational weaknesses are the aspects of the organization that may be hindering the ability of the organization to achieve its mission.</p> <ul style="list-style-type: none"> Staffing uncertainties Gaps in infrastructure (standardized process for adherence to policies and procedures, distribution of grant funding, and strategic evaluation efforts) Overlap in roles & responsibilities between Commission and staff Not all stakeholders have a clear understanding of Commission focus 	<p>Opportunities are the external or environmental factors that offer a genuine opportunity to benefit the organization.</p> <ul style="list-style-type: none"> State interest in expansion of home visiting services Increased awareness of the importance of trauma-informed care and ACEs impact on individuals Potential partnerships with Rec center, library, pool, and community hub Relationships built in a small community can lead to swift action, coordination and change efforts Revisions to SPCFA funding will require additional administrative efforts and impact partner reporting requirements 	<p>Threats are external conditions, trends, and other forces that could potentially impact the organization in some manner if not addressed.</p> <ul style="list-style-type: none"> COVID impacts on families and service providers Limited workforce (ECE, Commission Staffing) Limited number of services and service providers Low reimbursement rates for childcare providers Lack of community space for activities Geographic Isolation can make it hard to connect and serve families – especially on the west side of the county



Identified Needs of Families with Young Children

Key trends indicated by the data collected are summarized below, both for the County and specific to the target population of families with young children.

Issues Impacting all Residents

- **Access to Care:** One fifth of residents in Sierra County are uninsured, and the patient to provider ratio for primary care physicians, dentists, and mental health providers is much higher in Sierra County compared to the average Californian, limiting access to care. Additionally, there are no pharmacies in the county, affecting access to need prescription medications. A lack of access to counseling was also noted in the stakeholder survey.
- **Economic Security:** Residents in Sierra County tend to fare worse than the average Californian related to issues of economic security. Sierra County residents have lower median incomes and higher unemployment rates than the average Californian.
- **Basic Needs:** Rates of food insecurity are higher among Sierra County residents than the average Californian. The stakeholder survey indicated that groceries are expensive locally and transportation is also an issue.
- **Geographic Barriers/Challenges:** There is a concentration of services in certain areas, such as those services available in Loyalton that are not available elsewhere, or services are located outside of the County. Many residents have to drive long distances to access services such as groceries, childcare, healthcare, and other services and supports.

Issues Impacting Families with Young Children

- **Social Connections:** Stakeholder surveys found that there is a lack of social connections for new parents and a lack of community family events in Sierra County. When parents and caregivers have a supportive social network, they find it is often easier to care for their children and themselves compared with those who do not have such a network.
- **Parenting Education and Support:** Over half of respondents to the stakeholder survey said they could use help with their child's challenging behaviors and parenting classes and educational opportunities were suggested as a need for families in Sierra County.
- **Infant Childcare:** Childcare in the county is extremely limited, leaving families struggling to balance the need for a safe place to leave their children with their need to meet their basic needs.
- **Health and Safety Issues:** Safety and injury prevention are a major concern for families due to the dangers of the natural environmental. This is especially important in relationship to the drowning risk present for families living near the river.

Issues Impacting Children ages 0-5

- **Adverse Childhood Experiences (ACEs):** Children who experience adversity in their childhood can suffer numerous negative health outcomes later in life. While data on ACEs specific to Sierra County is not available, statewide data helps to provide an understanding of the likely presence of these factors for families in the county, with 46.7% of California households with children experiencing one to three ACEs.
- **Early Childhood Education and Child Care:** High-quality early childhood education has been shown to have lasting positive outcomes for children. Stakeholder surveys indicate that there is a lack of affordable and available infant care and childcare in Sierra County and a SWOT analysis completed by the Sierra County Children and Families Commission indicated that a lack and loss of childcare providers and low reimbursement rates are a threat. A lack of early childhood education and care can impact a family's ability to support their child's optimal development.
- **Recreational Opportunities:** Ninety-five percent of parents who responded to the survey felt that Sierra County needs more recreational opportunities for very young children. Recreation and play are critical for a child's health and helps to develop communication and life skills.



Strategic Plan

Goals and Objectives

This section describes the Commission's goals and timebound objectives that the organization will accomplish throughout the term of this plan in response to the identified needs of families with young children in Sierra County. These goals and objectives will serve as a roadmap for the Commission over the next three years.

Improved Family Functioning

Goal: Families in Sierra county will be resilient and able to support their child's optimal development.

Objectives:

- Parents of children birth through five use nurturing and positive strategies to guide and teach their child.
- Children live in safe and stable environments with access to resources.

Improved Child Development

Goal: All children birth through age 5 are stimulated to achieve their optimal potential.

Objectives

- Children birth through age five are cared for in high-quality early care and educational environments.
- Children enter school ready to learn.

Improved Child Health

Goal: Children in Sierra County will be socially, emotionally, and physically healthy.

Objectives

- Children receive early screening and intervention for developmental delays and other special needs.
- Children have access to recreational activities that support their social, emotional, and physical health.

Improved Systems of Care

Goal: Systems serving young children and their families will be coordinated and family centered.

Objectives:

- The Early Childhood Consortium will proactively identify, plan and support systems change efforts amongst family serving programs.
- Parents, providers, and community stakeholders will have an appropriate understanding and support for early childhood development and family strengthening activities.
- Services are responsive to the needs of children and families.

Strategies for Achievement

A brief description of Commission strategies is provided below.

Improved Family Functioning

Strategy: The Commission partners with the Sierra County Child Abuse Council (CAC) to promote strong family functioning.

Program/Service Investments:

- CAC Family Resource Center

Improved Child Development

Strategy: The Commission focuses a majority of its investments to improve child development through childcare and preschool programming as well as quality improvement efforts aimed at early childhood educators and programs.

Program/Service Investments:

- Daycare and Preschool (Ketchum Family Daycare and Toddler Towers)
- Sierra County ECE Quality Improvement Program and Supports

Improved Child Health

Strategy: The Commission support children's health by investing in screenings for developmental delays. It also provides funding for the distribution of health and safety items for children and prenatal vitamins for pregnant women. Lastly, the Commission supports enrichment and recreational activities for children.

Program/Service Investments:

- CAC Health & Safety Item Distribution (car seats, bike helmets, life jackets)
- Prenatal Vitamin Distribution
- Enrichment & Recreational Supports (Music Instruction, Reading Program, Swim Instruction)

Improved Systems of Care

Strategy: The Commission will serve as a community convenor and partner to identify, address, and monitor systems improvement efforts that are impacting family's access to comprehensive, coordinated, high-quality and consumer-focused care.

Investments:

- ECE Consortium Facilitator
- Educational Campaign(s)

COMMUNITY RESPONSIVE SUPPORTS

First 5 has been able to respond to community needs in a manner not typical of other government funding streams. Support for emerging needs as well as infrastructure projects allows the community to realize benefits for years to come. The Commission has set aside funding to support small community grants in an effort to be responsive to the needs of families as well as the service providers and systems that serve them.

Evaluation Framework

Outcomes have been established for each of the strategies that the Commission has committed to in this strategic plan.

Improved Family Functioning				
Goal: Families in Sierra county will be resilient and able to support their child's optimal development.				
Objective	Strategy	Performance Indicators	Tables and Charts	Outcome Indicators
Parents of children birth through five use nurturing and positive strategies to guide and teach their child. Children live in safe and stable environments with access to resources.	Provision of family strengthening activities through family resource center services.	Number of families participating in family strengthening activities through the family resource center	FRC participant demographics: age, race and ethnicity.	Increased protective factors in families with children ages 0 – 5.
			Number/type of services provided to families.	
		Number of families accessing FRC services with improved scores in three of the five protective factors domains (after having received at least 6 hours of services.)	Number/Percent of families that score higher within the family functioning/resiliency domain.	
			Number/Percent of families that score higher within the social and emotional support domain.	
			Number/Percent of families that score higher within the nurturing and attachment domain.	
Children live in safe and stable environments with access to resources.	Identification of need and referrals to community resources.	Number of families being linked to community resources.	Number/percent of families who receive a referral to a community service provider.	Increased accessibility of services /activities to parents of/and children ages 0 – 5.
			Number/type of referrals provided to families.	

Improved Child Development

Goal: All children birth through age 5 are stimulated to achieve their optimal potential.

Objective	Strategy	Performance Indicators	Tables and Charts	Outcome Indicators
Children birth through age five are cared for in high-quality early care and educational environments	Provision of quality improvement efforts for ECE providers and childcare/preschool sites.	Number of providers that are participating in quality improvement activities.	ECE provider participant demographics: age, race and ethnicity.	Increased number of early care and education programs and providers that are providing high quality care.
		Number of ECE sites that participate in QI Improvement efforts.	Number and type of improvement efforts that participants took part in.	
			Number and type of ECE sites participating in the IMPACT/QCC program.	
Children enter school ready to learn.	Provision of childcare and preschool programming	Number of children participating in daycare and preschool programming.	Number and type of improvement efforts that sites participated in.	Increased number of children who enter kindergarten ready to learn.
		Number of children who are adequately prepared for kindergarten entry.	Child participant demographics: age, race and ethnicity Average daily attendance for each Program site.	
			Pre/Post DRDP scores of children participating in preschool programs.	

IMPROVED CHILD HEALTH

Goal: Children in Sierra County will be social, emotionally, physically healthy.

Objective	Strategy	Performance Indicators	Tables and Charts	Outcome Indicators
Children receive early screening and intervention for developmental delays and other special needs.	Provision of developmental screenings within childcare and preschool settings.	Number of children who received developmental screenings.	Number/Percent of children who receive the Ages and Stages Questionnaire (ASQ) screening by the program. Number of children screened with the ASQ who scored above, at, and below cutoff in each developmental domain.	Increased number of children screened for a developmental delay prior to entering kindergarten.
		Number of children who received social-emotional developmental screenings.	Number/Percent of children who receive the Ages and Stages Questionnaire Social Emotional (ASQ:SE) screening by program. Number of children screened with the ASQ:SE who scored above, at, and below cutoff in each developmental domain.	
		Number of children participating in Imagination Library.	Child participant demographics: age, race and ethnicity. Number/type of services provided to children.	
Children have access to recreational activities that support their social, emotional, and physical health.	Provision of enrichment and recreational supports such as reading programming, music, and swim lessons.	Number of children participating in Music programming.	Child participant demographics: age, race and ethnicity. Number/type of services provided to children.	Increased number of children participating in recreational activities.
		Number of children participating in swim lessons.	Child participant demographics: age, race and ethnicity. Number/type of services provided to children.	

Goal: Systems serving young children and their families will be coordinated and family centered.

Objective	Strategy	Performance Indicators	Tables and Charts	Outcome Indicators
The Early Childhood Consortium will proactively identify, plan and support systems change efforts amongst family serving programs.	Facilitate the ECE Consortium to identify, address, and monitor systems improvement efforts.	Number of collaborative meetings held by the ECE Consortium.	Number of meetings facilitated by First 5 Sierra. Attendance records of ECE Consortium meetings.	Increased coordination amongst ECE and family strengthening programs.
		Number and type systems change issues identified and addressed.	Number of issues requiring improvement and description of change efforts.	
Parents, providers, and community stakeholders will have an appropriate understanding and support for early childhood development and family strengthening activities.	Implementation of a community education campaign focused on early childhood and family strengthening messaging.	Number of messages promoted throughout Sierra County around child development, child health and family strengthening issues of consideration.	Number and type of communication strategies utilized (website, social media, paper postings, posters, etc.)	Increased understanding of child development and factors that contribute to strong family functioning.
			Google analytics regarding website and social media engagement.	
Services are responsive to the needs of children and families.	Provide services in a manner that meets the needs of families with children ages 0-5.	Number of families accessing First 5 sponsored or supported services reporting satisfaction with the content, quality, and family centeredness of services.	Number/Percent of parents that agreed or strongly agreed that they received the assistance that they needed.	Increased quality of care provided to families of children ages 0-5.
			Number/Percent of parents that agreed or strongly agreed that their impression and interaction with staff has been positive.	
			Number/Percent of parents that agreed or strongly agreed that their overall satisfaction with services was very good.	

Long Range Financial Plan

The Commission is required to have a long-range financial plan. The financial plan guides the Commissions investments and ensures:

"The Commission will function within its annual allocation and maintain a sustainability fund that meets minimum fund balance requirements... Adjustments to annual budgets will systematically address increases or decreases in revenue, and adjustments to long-term fiscal plans will strategically address the sustainability of Commission operations and direct services."

The following principles provide the framework for implementation of this financial plan:

- The financial plan will be reviewed annually and updated, if necessary, to reflect actual revenue and expenditures at the end of each fiscal year. It may also be changed based on changes to the strategic plan.
- The financial plan will be used as the basis for the annual budget process.
- The Commission will maintain a fund balance of at least 10% of the annual budget to ensure fiscal stability and sufficient cash flow.
- The assumptions used in development of this plan will be consistently reviewed by staff and shared with the Commission to ensure there have been no changes to invalidate or change their effectiveness.
- Changes to this financial plan must be approved by the Commission.

Fiscal Assumptions

The heart of the financial plan is a set of assumptions about what is projected to occur in the future. Assumptions affecting the projected financial future of First 5 activities in Sierra County are outlined below.

Revenue Assumptions

- Prop 10 revenue projections are an estimate, based on the average revenue generated by month over the 18 months prior to plan establishment (July 2018 to December 2019).
- First 5 California Small Population County Funding Augmentation (SPCFA) is authorized and committed by First 5 California through June 30, 2024, with an option for a one-year extension.
- Interest earnings are based on an average return on previous years fund balance.
- Surplus and unused budget funds will rollover into the beginning fund balance of the next year and may be used to support responsive community grants or other Commission investments.

Expense Assumptions

- Administrative expenses will be no more than 35% of the total annual budget.
- Program allocations are stable in all line-items and will need to be adjusted if there are fluctuations in costs.

3-Year Revenue and Expense Projections

Long Range Financial Plan 2021-2024	2021-2022 Year 1	2022-2023 Year 2	2023-2024 Year 3
Revenues			
Prop. 10 General Revenues	\$18,000	\$17,000	\$16,000
SPCFA	\$271,698	\$271,698	\$271,698
IMPACT 2020	\$22,813	\$22,813	\$22,813
Quality Counts CA	\$11,685	\$11,685	\$11,685
Interest	\$10,000	\$10,000	\$10,000
Rental Income	\$9,000	\$9,000	\$9,000
Other	\$0	\$0	\$0
Total Revenues	\$343,196	\$342,196	\$341,196
Contribution from Fund Balance	\$0	\$0	\$0
Total Operating Funds for Budget Purposes	\$343,196	\$342,196	\$341,196
Expenses			
Administration	\$ 100,133	\$ 100,133	\$ 100,133
Evaluation	\$ 28,839	\$ 28,839	\$ 28,839
Program: Internal Supports	\$ 71,164	\$ 71,164	\$ 71,164
Child Development: Quality Improvement Efforts	\$ 32,555	\$ 32,555	\$ 32,555
Miscellaneous Internal Program Investments	\$ 38,609	\$ 38,609	\$ 38,609
Program: External Contracts	\$ 133,000	\$ 133,000	\$ 133,000
Family Strengthening: CAC Family Resource Center	\$ 20,000	\$ 20,000	\$ 20,000
Child Development: Childcare and Preschool Programming	\$ 70,000	\$ 70,000	\$ 70,000
Child Health: Health, Safety, Recreation & Enrichment Activities	\$ 18,000	\$ 18,000	\$ 18,000
Community Responsive Grants	\$ 25,000	\$ 25,000	\$ 25,000
Total	\$333,136	\$333,136	\$333,136
Fund Balance	\$196,036	\$205,096	\$213,156

Percentage in fund balance

59%

62%

64%

Appendix

Appendix A: County Health Rankings and Roadmaps Data Sources

	Conditions Facing Families	Year of data set used for this measure	Source
Quality of Life	Poor or Fair Health (percent of adults reporting fair or poor health)	2018	Behavioral Risk Factor Surveillance System
	Poor Physical Health Days (average number in past 30 days)		
	Poor Mental Health Days (average number in past 30 days)		
Health Behaviors	Low Birth Weight (percent of live births with weight <2500 grams)	2013-2019	National Vital Statistics System (NVSS)
	Adult Smoking (percent of adults that smoke)	2018	Behavioral Risk Factor Surveillance System
	Adult Obesity (percent of adults that report a BMI >= 30)	2017	US Diabetes Surveillance System
	Physical Inactivity (percent of adults age 20+ that report no leisure time physical activity)		
Clinical Care	Excessive Drinking (percent of adults who report heavy or binge drinking)	2018	Behavioral Risk Factor Surveillance System
	Uninsured (percent of population < age 65 without health insurance)	2018	US Census Bureau's Small Area Health Insurance Estimates (SAHIE)
	Primary Care Physicians (ratio of population to primary care physicians)		
	Dentists (ratio of population to dentists)	2019	Area Health Resource File/American Medical Association
Social & Economic Factors	Mental Health Providers (ratio of population to mental health professionals)	2020	CMS, National Provider Identification
	Some College (percent of adults aged 25-44 years with some post-secondary education)	2015-2019	American Community Survey, 5-year estimates
	Unemployment* (percent of population age 16+ unemployed)	2019	Bureau of Labor Statistics
	Children in Poverty* (percent of children under age 18 in poverty)	2019	Small Area Income and Poverty Estimates
	Children in Single-Parent Households (percent of children that live in single-parent household)	2015-2019	American Community Survey, 5-year estimates
Basic Needs	Median Household Income (The income where half of households in a county earn more and half of households earn less)	2019	Small Area Income and Poverty Estimates
	Severe Housing Problems (percentage of households with at least 1 of 4 problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities)	2013-2017	Comprehensive Housing Affordability Strategy (CHAS) data
	Food Insecurity (percentage of population who lack adequate access to food)	2018	Map the Meal Gap

Appendix B: First 5 CA Result Area and Service Definitions

The following service definitions are taken from the First 5 CA Annual Report Guidelines, pages 30-34 and are being provided to add context to the framework that all First 5 Commissions must adhere to.

Result Area: Improved Family Functioning

General Family Support: Programs providing short-term, non-intensive instruction on general parenting topics, and/or support for basic family needs and related case management, including meals, groceries, clothing, and temporary or permanent housing acquisition assistance. (Unplanned expenditures made in response to a community disruption such as a natural disaster should be reported under Emergency and Disaster Relief). General family support may include general playgroup programs that provide parents/caregivers with opportunities to engage, learn and play with their children. Playgroups are structured, intentional opportunities for parents and/or caregivers and their young children to engage, learn, and play to support the optimal development of the child, the social emotional needs of the family, and increase social connectedness. General family support may also include referrals to family services such as Family Resource Centers (FRCs) and other community resources. Core Operating Support includes staff, facilities, materials and other general operating costs associated with an organization's day to day functioning. Fatherhood programs also should be included here. In general, these programs are designed to provide less intense and shorter term ("lighter touch") support services and classes for families by paraprofessional staff (e.g., FRCs). Operational and support for family support agencies and/or networks should be reported here.

Program Models/Initiatives: Abriendo Puertas, Avance, Core Operating Support, Playgroups, Triple P Levels 2-3, Five Protective Factors

Targeted Intensive Family Support Services: Programs providing intensive and/or clinical services by a paraprofessional and/or professional, as well as one-to-one services in family support settings. Programs are generally evidence-based and designed to support at risk parents and families prenatally or with young children to increase knowledge and skills related to parenting and improved family functioning (e.g., counseling, family therapy, parent-child interaction approaches, and long-term classes or groups). This also is the category for reporting comprehensive and/or intensive services to special populations (i.e., homeless, teen parents, foster children, special needs).

Program Models/Initiatives: Incredible Years, Nurturing Parenting Program, Triple P Levels 4-5

Family Literacy and Book Programs: Programs promoting family literacy, parent-child book sharing, or book ownership for families with children ages birth to 5. The Kit for New Parents and Talk. Read. Sing.® may be included if these statewide efforts are locally modified to promote literacy, for example, by adding a children's book to the Kit, or using Talk. Read. Sing.® as a message for distributing books. California Reads Together is a new statewide effort under consideration at the time of this writing.

Program Models/Initiatives: Bookmobile, California Reads Together, Dolly Parton's Imagination Library, Habla Conmigo, Kit for New Parents, Little by Little, Potter the Otter, Raising a Reader, Reach Out and Read, Story Cycles, Talk. Read. Sing.® Local Model.

Result Area: Improved Child Development

Quality Early Learning Supports: Programs designed to enhance early learning programs such as professional development for early educators, or implementation and integration of services. This service category may include quality rating and improvement system (QRIS) investments as part of First 5 IMPACT and Quality Counts California.

This service category covers ECE settings work, most commonly by licensed care providers, but is also inclusive of alternative settings such as Family Resource Centers, Family Friend and Neighbor Care, Boys and Girls Clubs, and libraries. Non-ECE settings work should be reported under General Family Support.

This service category may include interagency collaboration, quality improvement supports, support services to diverse populations, and database management and development.

Program Models or Initiatives: Quality Counts California

Early Learning Program Direct Costs: Early learning programs for children 0–5 years old, with direct costs for First 5 county commissions, which may include preschool programs, kindergarten transition services, and early learning programs for all ages. Programs may include child related early literacy and Science, Technology, Engineering, and Math (STEM) programs; programs for homeless children; migrant programs; and similar investments.

Extra supports in early learning settings for homeless children, Federal Migrant or Tribal Child Care programs and children receiving Alternative Payment (AP) vouchers for childcare should be included here.

Program Models/Initiatives: Facility Grants, First 5 funded Preschool/Childcare Reimbursement, Summer Bridge Programs

Result Area: Improved Child Health

General Health Education and Promotion: Programs promoting children's healthy development, including nutrition, fitness, access to health/dental/vision insurance and health services. Programs also may focus on increased awareness of information about child safety seats, fire, safe sleep, and drug/alcohol/tobacco education.

Program Models/Initiatives: Nutrition/Breastfeeding, Safety Education, Smoking or Tobacco Cessation

Perinatal and Early Childhood Home Visiting: Home visiting is a primary service delivery strategy for inter-generational family centered supports. Home visiting services are provided in the home by qualified professionals with parents, prenatally and/or with children birth to age three. These voluntary programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, early intervention, and early learning supports for young children and their families. Their visits focus on linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching parents on learning activities that foster their child's development and supporting families during the pivotal window of pregnancy through early childhood.

Program Models/Initiatives: Early Head Start, Healthy Families America, Healthy Steps, HIPPY, Nurse Family Partnership, Parents as Teachers, Other MIECHV Approved, Welcome Baby, Local Model

Prenatal and Infant/Toddler Pediatric Support: Out-of-home programs that may include prenatal care and follow-up for healthy development-related services during the first three years of a child's life. These programs are designed to improve the health and well-being of women during and after pregnancy, and the infant or young child by a paraprofessional and/or professional outside of the family home, including, but not limited, to pediatric or clinical environments. Programs may provide comprehensive support, including parenting education, health information, developmental assessments, providing referrals, and promoting early learning.

Program Models/Initiatives: DULCE, Healthy Steps, Local Model

Oral Health Education and Treatment: Programs providing an array of services that can include dental screening, assessment, cleaning and preventive care, treatment, fluoride varnish, and parent education on the importance of oral health care. This may include provider training and care coordination of services.

Program Models/Initiatives: County commissions may describe local efforts

Early Intervention: Programs providing screening, assessment, and diagnostic services, including referrals or follow-up to needed services. Programs including early intervention or intensive services to children with disabilities and other special needs, or at-risk for special needs, should be included here. May include strategies targeting language and communication skills, social and emotional development, developmental delays, and related parent education. Developmental playgroups are specifically intended for children who have been identified as at-risk for developmental delays. Additionally, the playgroup staff are trained to support each child's specific early intervention goals. Mental Health Consultations in ECE settings should be included here. "Special Needs" refers to those children who are between birth and five years of age and meet the definition provided in Appendix D of the Annual Report Guidelines.

Program Models/Initiatives: Care Coordination and Linkage, Developmental Playgroups, Mild-to-Moderate Supports

[Result Area: Improved Systems of Care](#)

Policy and Public Advocacy: Policy and Public Advocacy includes community awareness, public outreach and education on issues related to children 0–5 and their families. This also should include work focused on policy change, work with local and statewide stakeholders, policy development, and related efforts. Town Halls should be reported here.

Program Models/Initiatives: Resilient Families and Communities, Child Health, Early Learning, Revenue Sustainability

Program and Systems Improvement Efforts: Efforts to improve service quality, connections between programs, infrastructure support, and professional development. This also may include activities such as strategic planning, business planning, grant writing workshops, sustainability workshops, and assistance in planning and promoting large community conferences or forums. These improvement efforts should result in improved outcomes for children ages 0–5 years of age.

For example, Help Me Grow system efforts should be reported here under Early Identification and Intervention. Improvements could be geared toward creating a well-trained workforce with shared professional standards and competencies, creating strong and effective linkages across system components, or leveraging funding to sustain the system of care. Database management and other cross-agency systems evaluation support should be reported here.

Program Models/Initiatives: Early Identification and Intervention, Family Resiliency, Health Systems, Place-Based, Trauma Informed Care/ACEs

Emergency and Disaster Relief: An unplanned expenditure that is made in response to a community disruption resulting from local, regional, or statewide events such as fires, earthquakes, floods, widespread illness (epidemic, pandemic), or riots. Direct materials or support may include addressing immediate needs of individuals or communities for items such as diapers, clothing, food, shelter, transportation, childcare, and lost wages. Coalition building means funding that is used in concert with other philanthropic, government, and business partners to support broader emergency response systems efforts.

Program Models/Initiatives: Direct Material Support, Coalition Building