



First Five Yuba

Strategic Plan

2011-2016



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Introduction

For more than a decade, California's First 5 programs have helped ensure that every child's earliest years are filled with opportunity. The programs were established in 1998, when voters approved Proposition 10. That proposition established a new tax on tobacco products to support services for young children 0 through 5 that promote early childhood development and school readiness. To ensure that the new funds were spent effectively, each of the 58 California counties established a First 5 Commission to coordinate programs and policies for this population.

The First Five Yuba Commission was formed in January 1999 and, since its inception, has been actively working to improve the lives of Yuba County children and their families. Yuba County is located in a relatively rural part of California's Central Valley, north of Sacramento. First Five Yuba has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county.

Overview of the Strategic Plan

Last year, First Five Yuba sought to update and streamline its strategic plan in order to make sure it was still meeting local needs as effectively as possible. To do this, the First Five Yuba Commission launched a strategic planning process to assess community perspectives related to funding priorities, as well as review and analyze current data related to its goals and strategies. What resulted is a strategic plan that blends relevant data, community priorities, and strategic thinking. The First Five Yuba Commission developed strategies and objectives that emphasized systems level change and long-term sustainable impact while also keeping in mind the reality of projected funding reductions.

Organization of the Strategic Plan Document

The First Five Yuba Strategic Plan begins with a brief overview of Yuba County, illustrating the county's current demographic trends, such as population estimates, income and poverty, and education. The remainder of the plan is organized by available data that is specific to the Commission's 2011-2016 result areas, strategies, and objectives.

Overview of First Five Yuba County

In FY 2009-10, the First Five Yuba Commission's major grantees provided direct services to over 8,000 children, parents, and guardians¹. Of the 8,000 served, 5,368 were children 0 through 5 and 2,904 were parents/guardians. Below is a sample of the services provided by funded programs in FY 2009-10:

- 24 parents and 23 children participated in 1-2-3 Grow;
- 445 Kits for New Parents were distributed;
- 214 families participated in Raising a Reader;
- 29 children received a health screening;
- 31 children received health insurance;
- 427 mothers and 143 high risk infants received a nurse home visit; and
- 95 women received breastfeeding support from an International Board Certified Lactation Consultant.

¹ First Five Yuba Commission 2009-2010 Evaluation Findings, Davis Consultant Network, November 4, 2010.

County Demographics

To meet the specific and unique needs of children and families in Yuba County, it is important to first understand the current demographic trends. This section presents secondary data to provide an overview of the socio-demographic make-up of the county including population, income, poverty, employment, and education.

Yuba County Overview²

Yuba County was founded in February 1850.³ The county is largely rural with a diverse landscape that includes thriving farmland, forested slopes, and the Yuba and Feather Rivers. Within Yuba County there are two incorporated cities - Marysville and Wheatland - and a number of communities that range in size from small, rural, geographically isolated hamlets (e.g., Camptonville and Oregon House) to urbanized, population centers (e.g., Linda and Olivehurst).

Population Trends

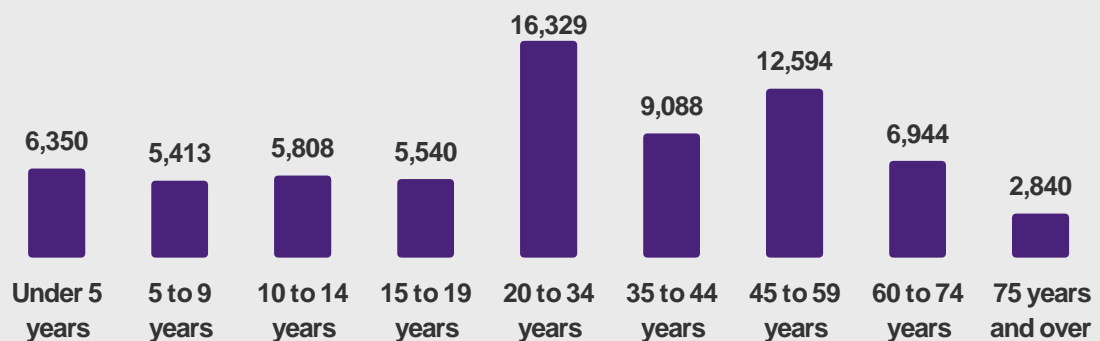
Yuba County experienced relatively slow growth between 1990 and 2000 with a modest increase of 1,991 residents. Between 2000 and 2009 the population increased by 12,706 residents, which was a dramatic change in comparison to the previous ten year period. In 2010, contrary to the previous trends, the population declined by 770 residents.

Exhibit 1. Yuba County 1990-2010 Population⁴

1990	58,228
2000	60,219
2009	72,925
2010	72,155

The graph below illustrates the age distribution of Yuba County's residents. Children 0 to 5 comprise approximately 9% of the Yuba County population.

Exhibit 2. Age Distribution of Yuba County Population, 2005 – 2009⁵



² Fulfills State Commission encouraged Planning Assessment.

³ www.co.yuba.ca.us/about.html

⁴ U.S. Census Bureau 2005-2009 American Community Survey 5 Year Estimates.

⁵ Ibid.

Race/Ethnicity and Primary Language

The racial composition of Yuba County has remained relatively static in the past five years. In 2005 – 2009 the population was comprised of 60.5% White, 22.5% Hispanic or Latino, 6.9% Asian, 2% Black or African American, 1.4% American Indian and Alaskan Native, 0.2% Native Hawaiian and Other Pacific Islander, 0.7% other and 5.8% two or more races⁶.

The majority of Yuba County residents speak primarily English at home. Twenty-four percent of residents reported speaking a language other than English at home, the majority of which were Spanish speakers⁷.

Households and Families

In 2005-2009, there were 24,000 households in Yuba County⁸. The average household size was 2.9 people. Families made up 72% of the households in Yuba County, which includes both married couple families (53%) and other families (19%). Nonfamily households, largely comprised of people living alone, made up 28% of all households in Yuba County.

Educational Attainment and School Enrollment

In 2005 – 2009, 78% of people 25 years of age and older had graduated from high school⁹. Twenty-seven percent had obtained a high school diploma or equivalency, 28% had some college but no degree, 10% had an Associate's degree, 9% had a Bachelor's degree and 4% had a Graduate or professional degree. The remaining 22% of Yuba County's population had less than a high school diploma.

The total school enrollment in 2005 – 2009 was 20,000. College or graduate school enrollment was 4,600. Approximately 2,000 children were enrolled in preschool and kindergarten and 14,000 children were enrolled in elementary or high school. In 2010, approximately 14.7% of public school students in Yuba County were enrolled in special education, which is 3.7% higher than the state average¹⁰.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

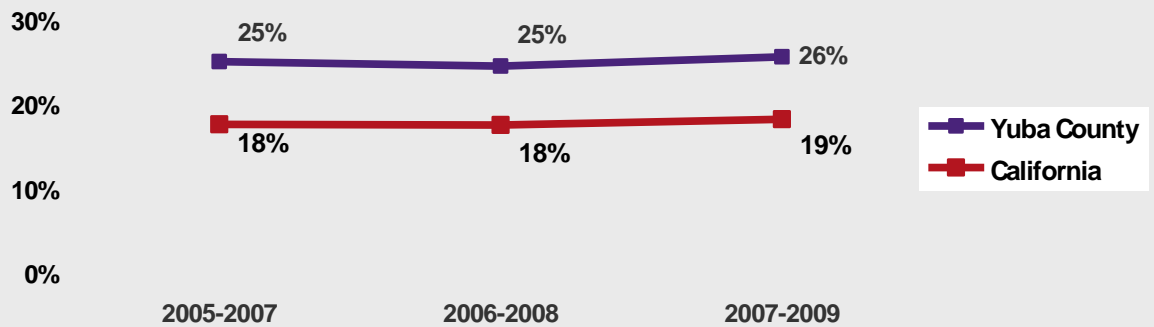
⁹ Ibid.

¹⁰ Kidsdata.org. <http://www.kidsdata.org/data/demographic/dashboard.aspx?dem=6&grp=31&vai=true&pf=1>. June 7, 2011.

Poverty

As seen in the Exhibit below, the percent of children living in poverty has been consistently higher than the state average. In 2007-2009, 26% of children in Yuba County were living in poverty compared to 19% statewide.

Exhibit 3. Children in Poverty, Yuba County and California, 2005-07 to 2007-09¹¹



In February of 2011, the State of California Employment Development Department reported that Yuba County's unemployment rate was 19.5%, which was 7.2% higher than the state average. The labor force was comprised of 27,400 people; 22,000 were employed and 5,300 were unemployed.

Free/Reduced Price Meal Programs

Household size and income criteria are used to determine eligibility for free or reduced price meal benefits. Additionally, children who receive Food Stamps, CalWORKs, Kinship Guardianship Assistance Payment Program, or Food Distribution Program on Indian Reservations benefits are automatically eligible for free meals regardless of the income of the household in which they reside. From 2007 to 2010 there has been a similar increase in both Yuba County and California relating to the percentage of students in kindergarten through the 12th grade enrolled in a free or reduced price meal program. During the 2009-10 school year 63.5% of students were enrolled in the program, compared to 55.9% statewide.

Exhibit 4. Percent of Students Enrolled in Free/Reduced Price Meal Programs, Yuba County and California, 2007-08 to 2009-10¹²

Free/Reduced Price Meal Program Participation	2007-08	2008-09	2009-10
Yuba County	56.5%	60.6%	63.5%
California	51.2%	53.8%	55.9%

¹¹ Kidsdata.org. Percentage of children 0-17 living in families with incomes below the federal poverty level. In 2009, a family of two adults and two children were considered living in poverty if their annual income fell below \$21,756.

¹² California Department of Education, Data Quest.

Data Related to First Five Yuba Priorities

Family Resource Centers

Yuba County operates five Family Resource Centers: ABC, Bear River, Camptonville, Harmony Health, and YCOE¹³. These centers, which are open to all families regardless of income, provide a convenient location to learn about available services and resources, meet other families, and participate in local community activities. Each Family Resource Center provides services and activities that are unique to the community it serves. Additionally, the Hmong Outreach Center, which operates similar to the abovementioned Family Resource Centers, provides culturally and linguistically appropriate mental health services to the Hmong population in Yuba County.

Mental Health

Data on the prevalence of serious mental illness/serious emotional disturbance is shown in Exhibit 5. As seen below, the number of clients served in Yuba and Sutter County was 4,216, which indicates that services are reaching approximately 66% of the target population¹⁴. This is higher than the statewide penetration rate (53%).

Exhibit 5. Penetration Rate of Serious Mental Illness/Serious Emotional Disturbance, Yuba/Sutter County and California, 2007-2008

	Target	Number Served
Yuba/Sutter County	6,400	4,216
California	1,013,853	535,812

Child Care Quality

The National Association for Family Child Care (NAFCC) defines accreditation facilitation projects as projects that support quality improvement efforts of child care centers, preschools, and other early childhood programs in many local communities and states and, in an effort to raise program quality, provide technical assistance and support to programs working on NAFCC Accreditation. NAFCC Accreditation is recognized as the highest indicator that a family child care program is a quality environment¹⁵.

- Three family child care providers are accredited in Yuba County. Providers are located at Beale AFB, Brownsville, and Marysville.
- Four child care centers are accredited in Yuba County including Beale Air Force Base Child Development Center, Lone Tree Preschool, Wheatland Child Development, and Yuba College Child Development Center.

¹³ <http://www.frcnetwork.net/>

¹⁴ Target numbers are based upon CPES Estimates of Need developed by Charles Holzer are based on trended 2000 Census data. The number of clients served was supplied by the Department of Mental Health’s Clients and Service Integration System and reflects both Medi-Cal and non-Medi-Cal clients, and services provided in the County/City/Mental health Plan program.

¹⁵ http://nafcc.org/index.php?option=com_content&view=article&id=70&Itemid=376

Child Care Availability

The Child Care Planning Council of Yuba and Sutter Counties (CCPC) funded the development of the *2007 – 2012 Needs Assessment of Child Care in Yuba and Sutter Counties*. Every five years the CCPC submits a child care needs assessment to the State Department of Education. The report identifies challenges related to the availability of and accessibility to quality, affordable child care options for Yuba County families and provides a basis for the distribution of funding for child care and development services. One of the important elements of the needs assessment is an analysis of the child care needs in Yuba County.

The tables below illustrate the supply and demand for subsidized child care in Yuba County by infant/toddler care, preschool part-time, and preschool full-time.

Exhibit 6. Yuba County Subsidized Child Care Supply and Demand

Type of Care	Supply of Child Care	Children Needing Care based on Parents in Workforce	Difference between Supply & Demand of Child Care by Age Group
Infant / Toddler	170	1,019	-849
Preschool, part-time	807	248	559
Preschool, full-time	303	638	-335

The 2010 E Center Community Assessment calculated the estimated need for child care by region/recruitment area using the estimated number of children living below 130% of the Federal Poverty Level and the availability of Head Start, Early Head Start, and other publicly funded services. As can be seen below, there is a significant need for preschool and infant/toddler care in Yuba County, especially in Olivehurst and Marysville.

Exhibit 7. Yuba County Head Start, Early Head Start, and Other Publicly Funded Child Care Supply and Demand by Location

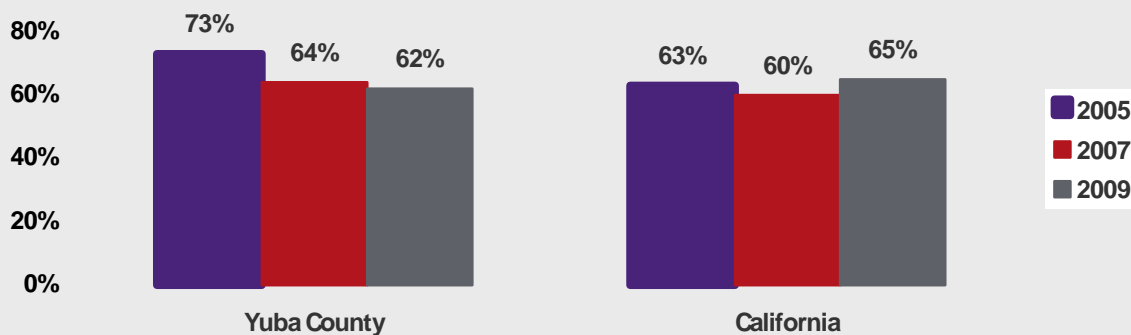
Region/Recruitment Area	Preschool		Infant/Toddler	
	Need	Available spaces	Need	Available spaces
Beverly Terrace	207	163	310	20
Challenge and other towns	85	44	127	0
Marysville	274	160	411	60
Olivehurst	614	373	921	20
Wheatland	95	60	143	0

With regard to services for migrant and seasonal farm working families, it estimated that there are 109 migrant children 0-4 and 592 seasonal children 0-4 in Yuba County. During the 2010-11 season, Migrant and Seasonal Head Start services were offered at one child development center (Sunrise) with only 20 available preschool slots.

Literacy

In Yuba County, the percent of children age 0-5 who are read to every day has decreased from 73% in 2005 to 62% in 2009. Additionally, 2009 was the first year that this percentage was lower than the state average (62% in Yuba County compared to 65% statewide).

Exhibit 8. Percent of Children Age 0-5 Who Are Read to Daily, Yuba County and California, 2005-2009¹⁶



Health Insurance: Medical and Dental Coverage

According to the California Health Interview Survey¹⁷, in 2009 approximately 98% of children 0 to 5 had health insurance. Approximately 56% of the children 0 to 5 were covered by private insurance, whereas 42% were covered by public insurance. Of the 42% with public insurance, 32% were covered by Medi-Cal.

Medi-Cal provides health insurance and long-term coverage to 6.5 million low-income children, their parents, elderly, and disabled people in California. While Medi-Cal provides health insurance coverage it does not guarantee access to health care and dental care services; physician participation in Medi-Cal is voluntary. The California HealthCare Foundation released a report that looked at physician participation in Medi-Cal in 2008. Per the report, California physicians were much less likely to have Medi-Cal patients (68%) in their practice than private insurance (92%) or Medicare patients (78%)¹⁸. While 90% of physicians were accepting new patients, only 57% were accepting new Medi-Cal patients. Furthermore, 25% of physicians were providing care to 80% of Medi-Cal patients. The data indicates that the estimated number of physicians serving Medi-Cal patients is below the estimates of the supply needed.

¹⁶ California Health Interview Survey.

¹⁷ <http://www.chis.ucla.edu/> (April 21, 2011)

¹⁸ Physicians Participation in Medi-Cal, 2008. California HealthCare Foundation. July 2010.

Data from the California Managed Risk Medical Insurance Board shows that as of June 2011, 1,759 families in Yuba County were enrolled in Healthy Families. Of the families enrolled, 40% are Hispanic/Latino and 24% are White. Additionally, data collected by First Five Yuba shows that as of June 2011, 16 children 0-5 were enrolled in Healthy Kids. Of those enrolled, 75% are Hispanic/Latino and 25% are White.

Exhibit 9. Enrollment in Healthy Families and Healthy Kids, Yuba County, June 2011		
	Healthy Families Enrollment	Healthy Kids Enrollment
Yuba County	1,759	16

Dental

Data from the 2007 California Health Interview Survey shows that at the time the survey was administered, 84% of children 0-5 had dental insurance compared to 82% statewide.

Exhibit 11. Percent of Children Age 0-5 Who Have Dental Insurance, Yuba County and California, 2007¹⁹	
	2007
Yuba County	84.3%
California	82.4%

In 2009, the percent of children age 0-5 who have never been to the dentist was 33%. This percentage is higher than the state, which was 27 percent in 2009.

Exhibit 12. Percent of Children Age 0-5 Who Have Never Been to the Dentist, Yuba County and California, 2009²⁰	
	2009
Yuba County	32.6%
California	27.3%

Health

In recent years, health practitioners have been actively raising awareness about the obesity epidemic in the United States. Data from the National Health and Nutrition Examination Survey (NHANES)²¹ indicate that the number of children and adolescents considered obese has been steadily increasing since 1963. The table below includes data from the NHANES and illustrates the percent of children 0-5 and 6-11 considered obese for three different time periods.

¹⁹ California Health Interview Survey.

²⁰ California Health Interview Survey. Asked of all children 3-11 years of age, and also asked of children 2 years of age who have teeth. Analysis only includes children 0-5 who fit these criteria.

²¹ Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 through 2007-2008. Ogden, Cynthia, Ph.D. and Carroll, Margaret M.S.P.H. June 2010.

Exhibit 10. Percent of Children Considered Obese, United States, 1963-65 to 2007-08

Age	1963-1965	1999-2000	2007-2008
2 - 5	3%	13.9%	16.9%
6 - 11	4.2%	14.8%	19.6%

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute, develop Health Rankings for each county in each state²². The Health Rankings are based on health factors (i.e., six health behavior measures, five clinical care measures, seven social and economic factor measures, and four physical environment measures) and health outcomes (i.e., mortality and morbidity). Counties in each state are ranked according to summaries of the measures, with one and two being the highest health rankings. Yuba County was ranked 52 out of the 58 California counties, indicating that children and families in Yuba County are among the least healthy in the state.

The new 2010 California County Scorecard of Children's Well-Being measures 26 core components of child well-being across California's 58 counties²³. One of the measures of well being is children who are in a healthy weight zone. For this indicator, California counties range from a low of 61% to a high of 80%. In Yuba County, 71% percent of children are in a healthy weight zone, compared to 29% that are not.

In addition, the State Board of Education has designated the FITNESSGRAM as the physical fitness test for students in California public schools²⁴. Public school students in grades five through seven are required to take the exam. The program is used to monitor changes in the physical fitness of California students. The program consists of six fitness areas, which are aerobic capacity, body composition, abdominal strength, trunk exterior strength, upper body strength, and flexibility. In the 2009-2010 academic year only 25% of 5th graders, 31% of 7th graders, and 33% of 8th graders met the healthy fitness zone. In addition, the California Center for Public Health Advocacy released a report in 2004 about the rise of the number of children that are overweight in California Assembly Districts²⁵. In 55 of the 80 Assembly districts, at least one in four children was overweight; between 18.2% and 23.2% of Yuba County children were overweight.

Teen Pregnancy

In a report conducted by the UC Davis Center for Regional Change, it was estimated that the economic costs of teen births was approximately \$82 million a year in the Capital Region²⁶. This estimate is based upon lost tax revenues, public assistance, child health care, foster care and involvement in the criminal justice system. As seen in Exhibit 13, although the percent of live births to teen mothers in Yuba County has steadily decreased since 2000, in 2009 10.5% of births were to teen mothers which was higher than the state average (9.1%).

²² <http://www.countyhealthrankings.org> (May 19, 2011)

²³ http://www.childrenow.org/subsites/publications/invest/scorecard10/scorecard10_home.htm (April 19,2011)

²⁴ <http://www.cde.ca.gov/ta/tg/pf/pftprogram.asp>. June 7, 2011

²⁵ http://www.publichealthadvocacy.org/research_pdfs/docs/policybrieffinal.pdf. June 7, 2011

²⁶ Healthy Youth/Healthy Regions, Informing Action for the 9 County Capital Region and Its Youth, UC Davis Center for Regional Change, July 2011.

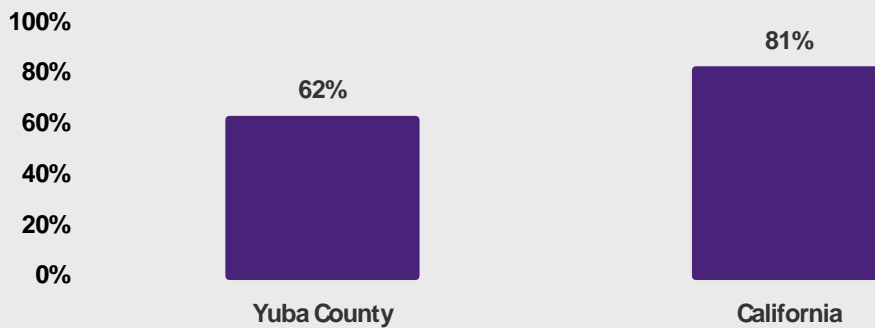
Exhibit 13. Percent of Live Births to Teen Mothers, Yuba County and California, 2000-2009²⁷



Prenatal Care

In 2009, the percent of infants whose mother received prenatal care in the first trimester of pregnancy was markedly lower than that statewide (62% in Yuba County compared to 81% statewide).

Exhibit 14. Infants Whose Mothers Received Prenatal Care in the First Trimester, Yuba County and California, 2009²⁸



Special Education

The percent of children age 0-5 who comprise the total special education enrollment in Yuba County and California has remained relatively consistent over the past five years. In 2009-10, the percentage in Yuba County was 10% compared to 12% statewide. In both Yuba County and California, the majority of children who are enrolled in special education have either a learning disability or speech/language impairment.

²⁷ State of California, Department of Public Health, Birth Records.

²⁸ Kidsdata.org

Exhibit 15. Children 0-5 as a Percentage of Total Special Education Enrollment, Yuba County and California, 2005-06 to 2009-10²⁹

	2005-06	2006-07	2007-08	2008-09	2009-10
Yuba County	9%	10%	11%	11%	10%
California	11%	11%	11%	11%	12%

Conclusion

Overall, as evidenced here, many Yuba County children and families struggle with economic and health-related challenges including low educational attainment, living in poverty, limited access to affordable child care, limited access to health care, and overall poor health. While this is the case, Yuba residents also enjoy living in a tight-knit community, a rural environment with relative access to urban areas, geographic diversity, and expansive countryside. First Five Yuba is aware of this important context and has engaged in a planning process that will result in a strategic plan that considers the multiple needs that children and families have alongside diverse community strengths and priorities. The next section explains First Five Yuba’s strategic planning process followed by a presentation of the result areas, strategies, and objectives that will guide First Five Yuba into the next five years and will make a difference in the lives of Yuba’s youngest residents.

²⁹ California Department of Education, Data Quest.

Strategic Planning Process

The strategic planning process began in September of 2010, and was guided by a Planning Committee comprised of Commissioners, staff, and community stakeholders. The role of the Planning Committee was to think critically about issues facing children 0 through 5 and their families in Yuba County and to prioritize how to address those needs. The Planning Committee oversaw the planning process; revised the First Five Yuba vision and mission statement; identified organizational strengths, weaknesses, opportunities, threats; and developed strategies, objectives, and indicators based on the following community and stakeholder input.

COMMUNITY & STAKEHOLDER INPUT

An essential component of the planning process included gathering input from the community and First Five Yuba stakeholders to gain a better understanding of issues facing parents and children 0 through 5; the demographic, economic, and political trends in Yuba County; and priority strategies for the four result areas. A survey, community meetings, and stakeholder interviews were used to gather input.

Survey

A survey was administered in the fall of 2010 to begin the development of strategies for each result area. The survey was available in both English and Spanish and a total of 277 surveys were completed (188 surveys were completed in English and 89 were completed in Spanish). Survey participants were asked to rank the importance of a range of strategies pertaining to the First Five Yuba County result areas. Participants could also identify and rank additional strategies not identified on the survey instrument. The top three prioritized strategies in each result area were then used as the foundation for obtaining input from community meeting participants and stakeholder interviewees.

Community Meetings

To ensure broad-based community participation in the strategic planning process, various strategies were utilized to alleviate transportation, language, child care, and location barriers. In order to solicit input from residents in different geographic regions of the county, community meetings were held in Marysville, Oregon House, West Linda, and Wheatland. To address language barriers, flyers advertising the meetings were produced in English, Spanish, and Hmong, and translation services were available upon request. In addition, one community meeting was conducted in Spanish. Child care was provided for each meeting to encourage attendance by parents and transportation vouchers were available to increase accessibility. A total of 41 community members attended the meetings.

The community meeting format consisted of a group conversation around the strategies for each result area and a prioritization exercise. As part of the facilitated conversation, community meeting participants were asked to provide feedback on potential strategies, programs, and services.

Stakeholder Interviews

To complete the community and stakeholder input process, twelve interviews were conducted with key leaders in the county. First Five Yuba staff drafted an initial list of 20 interviewees, and from that list, twelve interview participants were identified. Stakeholders included:

- Plumas Lake mom and business owner
- Beale Air Force Base
- Child Care Planning Council of Yuba and Sutter Counties
- Ampla Health, Women Infants and Children Program
- E Center Head Start Programs
- FREED Center for Independent Living
- GraceSource ABC Family Resource Centers
- Harmony Health Family Resource Center and Clinic
- Peach Tree Health Care
- Yuba Sutter County Department of Mental Health, Hmong Community Outreach Program
- Yuba County Health and Human Services Department, Children Services Division
- Yuba County Office of Education

Similar to the community meetings, stakeholder interviewees were asked to provide feedback on the strategies prioritized by survey respondents. They were also asked to identify additional strategies, as well as ideas about whom First Five Yuba should partner with to make a difference in the four result areas. For the most part, interviewees agreed with the areas prioritized by survey respondents, but also identified a few additional strategies.

Vision and Mission

The Planning Committee reviewed both the vision and mission in detail during the planning process. Initial discussion focused on the purpose of a vision and mission and the key ideas that needed to be reflected.

The committee emphasized an interest in a vision statement that was succinct and straightforward and that would express the role of First Five Yuba. After much reflection and discussion, the Planning Committee developed the vision statement below that articulates First Five Yuba's fundamental purpose and value.

Vision

All Yuba County children are *healthy* and *thriving in safe* and *nurturing family* environments and ready to succeed in their *educational* experiences.

Similar to the vision statement, the Planning Committee crafted a mission statement to articulate their strategic direction.

Mission

First Five Yuba will strategically support the use of community resources and services to enhance the development and well-being of children 0 through 5 and their families.

Result Areas, Strategies, and Objectives

The intent of this section is to provide a clear picture of First Five Yuba’s strategic direction for the next five years as expressed through result areas, strategies, objectives and indicators. The strategic direction is guided by four overarching result areas. For each result area there is a set of strategies—activities that will lead to the accomplishments of the result area- that were prioritized through the strategic planning process and are presented in order of importance. The work that will be done to achieve each strategy is described in the objectives. The indicators of success are preliminary metrics that will be used to determine the extent to which the objectives have been achieved. While the *strategies, objectives, and indicators* were derived from input through an extensive community engagement process, First Five Staff and Commissioners, the *result areas* reflect the four strategic result areas developed by First 5 California to align with the California Children and Families Act or Proposition 10³⁰.

The four overarching result areas for First Five Yuba are:

- 1. Improve Systems of Care**
- 2. Improve Family Functioning**
- 3. Improve Child Development**
- 4. Improve Child Health**

³⁰ Health and Safety Code section 130100 – 130158 establishes a program to implement The California Children and Families Act or Proposition 10 (Act). While the act emphasizes local decision-making, it also requires that the State define the results to be achieved by the Act. In order to comply with Health and Safety Code Section 130125(3)(c), First 5 California developed four strategic result areas to achieve school readiness for each of California’s children.

Result Area 1: Improve systems of care

Integrated, high-quality, consumer-oriented, culturally appropriate, and easily accessible programs and services are the basis for this result area. Additionally, the system of care result area is essentially the backbone of the other result areas: family functioning, child development, and child health. With this in mind, the Commission prioritized the following strategies related to Family Resource Centers, collaboration and service coordination, transportation, and services for children with special needs.

Strategy #1: Support Family Resource Centers to increase access to culturally appropriate services and to increase service coordination.

Objectives	Indicators of success
a. Support the development and delivery of culturally appropriate Family Resource Center services.	<ul style="list-style-type: none">Increased number of Family Resource Center services that are culturally and linguistically appropriate for the target population.Increased participation in Family Resource Center services by families with children 0 through 5.
a. Support the collaboration of services between Family Resource Centers and schools to ensure that there is coordination of services.	<ul style="list-style-type: none">Hold an annual meeting with one Family Resource Center and applicable schools.Increased number of Family Resource Centers with multi-service capabilities.Increased number of families who receive comprehensive information and referral services from a Family Resource Center.

Strategy #2: Collaboration with partners and service providers to ensure coordination of services.

Objectives	Indicators of success
a. Convene partners and service providers serving families with children 0 through 5 to identify strategies for the provision of services in high-need (e.g., low services, isolated) areas of the county.	<ul style="list-style-type: none"> ■ Increased delivery of services in geographically isolated areas of the county.
b. Convene partners and service providers to ensure appropriate outreach and messaging for programs and services underutilized by Yuba County families.	<ul style="list-style-type: none"> ■ Scheduled outreach and message delivery training.
c. Convene partners and service providers to discuss what services are being provided in Yuba County and by whom, to increase collaboration and decrease service duplication.	<ul style="list-style-type: none"> ■ Convene annual workshop for partners and service providers. ■ Updated comprehensive list of Yuba County services for families and children.

Strategy #3: Support transportation options for children 0 through 5 and their families to increase access to services.

Objectives	Indicators of success
a. Support the provision of transportation vouchers to available programs and services.	<ul style="list-style-type: none"> ■ Increased participation in programs and services.
b. Advocate at Unmet Transit Needs Hearings for increased transportation support and expanded transportation services.	<ul style="list-style-type: none"> ■ Testimony entered into the public record advocating for expanded transportation services.
c. Convene partner and service providers to identify informal methods (e.g., volunteer driver program, utilization of church vans for van pools, mobility management systems) to increase transportation for children 0 to 5 and their families.	<ul style="list-style-type: none"> ■ Mobilization of partner organization staff, community members, and local agency officials to brainstorm and analyze alternative transportation options.

Strategy#4: Support services for children 0 through 5 and/or their families with disabilities.

Objectives	Indicators of success
a. Increase awareness and access to programs for children with disabilities.	<ul style="list-style-type: none"> ■ Development and maintenance of a list of educational resources and referrals to mitigate access barriers for parents of children with disabilities.
b. Leverage resources in collaboration with partners to fund the construction of playground equipment at local parks for children with disabilities.	<ul style="list-style-type: none"> ■ New play area developed for children with disabilities.
c. Support the development of recreational programs for children with disabilities.	<ul style="list-style-type: none"> ■ Increase number of recreational programs accessible to children with disabilities.

Result Area 2: Improve family functioning

Successful and strong families are those who are able to provide for the physical, mental, and emotional development of their children. Children are dependent upon parents and/or caregivers for nurturing and interactions that shape the child’s view as an individual capable of interacting with the world. A child’s ability to develop successful relationships, solve problems, and handle responsibility, comes from an early foundation provided by parents and/or caregivers. Children are more likely to achieve a productive and rewarding life if they are encouraged to develop a strong self-concept from an early age. Strategies related to parent workshops/classes, free community events, and substance abuse/mental health services were identified by the Commission as priorities for improving family functioning in Yuba County.

Strategy #1: Support programs that aim to increase parent knowledge and build parental skills around child development and family success.

Objectives	Indicators of success
<p>a. Increase culturally appropriate parent education services and informational resources for parents of children 0 through 5. Services may include cooking and nutrition, adult education and literacy, how to read and play with young children, family literacy, parenting support for teenage mothers and fathers, and childhood development.</p>	<ul style="list-style-type: none"> ▪ Increased number of culturally and linguistically appropriate services and informational resources for parents of children 0 through 5. ▪ Increased utilization of services by parents of children 0 through 5. ▪ Parents demonstrate improvement in knowledge, behavior, and attitudes related to child development.
<p>b. Support parenting programs throughout the county - in convenient and accessible locations where residents already gather – in both the incorporated and unincorporated areas of the county. Example locations include community centers and churches.</p>	<ul style="list-style-type: none"> ▪ Expand locations of service provision. ▪ Increased utilization of services by parents of children 0 through 5.
<p>c. Support the formation of a coalition of service providers working with mono-lingual, non-English speaking populations (including Spanish and Hmong) to identify appropriate outreach and service locations to increase access to parent workshops and classes.</p>	<ul style="list-style-type: none"> ▪ Development and maintenance of a list of outreach and service locations to target and engage mono-lingual, non-English speaking families.

Strategy #2: Support free community events for families.

Objectives	Indicators of success
a. Support free community events (e.g., at Family Resource Centers) that also include an educational component for children 0 through 5 and their families.	<ul style="list-style-type: none"> ▪ Increased relationships and partnerships with community organizations and government officials. ▪ Increased participation in free community events by families of children 0 through 5.
b. Attend community events to educate residents about First Five Yuba and available community resources and programs.	<ul style="list-style-type: none"> ▪ Increased participation in First Five Yuba community events. ▪ Increased quality of relationships with community groups and local government staff/officials.

Strategy #3: Support child and parental mental and behavioral health.

Objectives	Indicators of success
a. Increase community awareness and access to mental and behavioral health programs for children and families.	<ul style="list-style-type: none"> ▪ FRCs and other community programs participate in trainings on how to help families access mental and behavioral health services. ▪ FRCs and other community programs know how to help families access mental and behavioral health services.
b. Advocate for the provision of substance abuse treatment and mental health programs in geographically isolated communities.	<ul style="list-style-type: none"> ▪ Increased relationships with substance abuse treatment and mental health program providers.
c. Support mental and behavioral health programs for parents of young children, including for post-partum depression.	<ul style="list-style-type: none"> ▪ Increased programs supporting parental mental and behavioral health. ▪ Parents demonstrate improved ability to care for their children.

Result Area 3: Improve child development

Child development is typified by a child learning and being ready for school. Therefore, it is critical to prepare a child to succeed in school. Access to high quality early education programs translates into a child's ability to create a healthy, fulfilling life. Problem solving and creative thinking skills are developed in early childhood education settings and nurtured through community and parental reinforcement. Continuing to provide services that help prepare children for school, increasing access to quality preschool programs, and increasing the availability of child care and preschool slots are the strategies that were prioritized by the First Five Yuba Commission under the improve child development result area.

Strategy #1: Support services that prepare children for school.

Objectives	Indicators of success
a. Support a range of services that prepare children 0 through 5 and their families for school (e.g. home visiting, kinder camp, family literacy programs, etc.).	<ul style="list-style-type: none">Increased number of and participation in school readiness services.Increased frequency and number of parent-child activities (e.g. singing songs, telling stories, reading, playing games, etc.).
b. Support the availability of child development behavioral specialist services to promote child school success.	<ul style="list-style-type: none">Child development behavioral services are available to children, families, and child development service providers.Families report usefulness of individualized behavioral support.Increased number of children who remain in their current child care or preschool setting.

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| c. Support family literacy activities and events. | <ul style="list-style-type: none"> ▪ Increased number of and participation in family literacy activities. ▪ Increased frequency and number of families singing songs, telling stories, and reading to their children. |
| d. Support activities that encourage parental involvement to prepare children for school. | <ul style="list-style-type: none"> ▪ Increased number of and participation in activities that encourage parental involvement in child's learning. |

Strategy #2: Support programs that improve child care and preschool quality.

Objectives	Indicators of success
a. Support ECE workforce development activities including continuing education programs for child care and preschool staff.	<ul style="list-style-type: none"> ▪ Increased number of and participation in continuing education programs for child care and preschool staff. ▪ Increased educational attainment of child care and preschool staff.
b. Support education and training for child care and preschool staff to work successfully with children with challenging behaviors.	<ul style="list-style-type: none"> ▪ Support workshops or trainings for child care and preschool staff.
c. Work with community partners (Children's Home Society of California, Child Care Planning Council of Yuba and Sutter Counties, etc.) to help family and non-traditional child care providers provide quality child care. This may include training, coaching, formal education, and information on how to access community resources.	<ul style="list-style-type: none"> ▪ Support assessments that lead to quality improvement action plans for licensed or license-exempt child care providers.

Strategy #3: Support programs that increase availability of child care and preschool spaces.

Objectives	Indicators of success
a. Support the increase of subsidized and non-subsidized spaces for children 0 through 5 in quality childcare and preschool programs.	<ul style="list-style-type: none"> ▪ Increased number of quality child care and preschool spaces.
b. Initiate conversation with Children's Home Society of California and Child Care Planning Council and other community partners to address preschool and child care availability needs.	<ul style="list-style-type: none"> ▪ Meeting with community partners to discuss preschool and child care availability needs.

Result Area 4: Improve the health of children

Children who are healthy in mind, body, and spirit grow up confident in their ability to live an enjoyable and productive life. Children’s health is dependent upon sufficient nutrition, health care, mental stimulation and feeling valued. Research on child development and the impact of early years demonstrates the importance of healthy nutrition and environments for child health. The First Five Yuba Commission prioritized the following strategies related to improving the health of children: promote healthy eating, increase access to oral health services, increase access to health care, and increase safe play areas.

Strategy #1: Support programs that promote healthy eating and physical activity.

Objectives	Indicators of success
a. Work with community partners to establish healthy eating and exercise programs.	<ul style="list-style-type: none"> Identification of community partners.
b. Develop childhood obesity educational materials for distribution to partners and parents.	<ul style="list-style-type: none"> Preparation of educational materials for distribution to parents.
c. Continue to support organized indoor and outdoor recreation programs for children 0 through 5.	<ul style="list-style-type: none"> Development of a list of potential locations and program sponsors.

Strategy #2: Support programs that increase access to oral health services.

Objectives	Indicators of success
a. Support oral health programs and services, including fluoridation of community water supply.	<ul style="list-style-type: none"> Increased access to fluoridated water. Improved dental preventive practices among dental care professionals. Increased number of children who went to the dentist or dental hygienist in the past year.
b. Survey dental offices to understand current availability of and barriers to providing preventive care for children 1 through 5. Conduct key informant interviews to assess current availability and potential solutions for emergency and general anesthetic dental services for children 0 - 5.	<ul style="list-style-type: none"> Development and maintenance of a summary report of barriers to service.
c. Work with Family Resource Centers to analyze the feasibility of adding a Dental Health Outreach worker – similar to Camptonville Family Resource Center position – to staff.	<ul style="list-style-type: none"> Development of a feasibility assessment.

Strategy #3: Support programs that increase children’s access to health care including enrollment in health insurance programs, access to clinics, and specialty care services.

Objectives	Indicators of success
a. Establish a task force that develops a plan for improving health access, including insurance enrollment, utilization, retention, and specialty care.	<ul style="list-style-type: none"> ▪ Support the implementation of recommendations from task force.
b. Work with Family Resource Centers to increase capacity for application and enrollment assistance.	<ul style="list-style-type: none"> ▪ Training and technical assistance to FRC staff on application and enrollment assistance services. ▪ Increase number of children with health insurance. ▪ Increase number of children accessing health care services.

Strategy #4: Support the provision of safe play areas.

Objectives	Indicators of success
a. Identify support to provide shade over playground equipment at local public parks or open school playgrounds.	<ul style="list-style-type: none"> ▪ Development of list of applicable grants. ▪ Increased sun-protected outdoor play areas.
b. Identify opportunities to create indoor safe play areas.	<ul style="list-style-type: none"> ▪ Development of a list of safe play indoor opportunities.

Appendix A

The implementation of the 2011-2016 First Five Yuba Strategic Plan must consider the following proposed 2011/12-2015/16 financial allocations.

		Proposed 2011-2012 Annual Budget	Proposed 2012-2013 Annual Budget	Proposed 2013-2014 Annual Budget	Proposed 2014-2015 Annual Budget	Proposed 2015-2016 Annual Budget
	Beginning Fund Balance 210 Trust (Endowment)	1,993,428	2,098,063	2,199,424	2,300,478	2,401,073
	Beginning Fund Balance 238 Trust	502,607	546,444	57,676	35,023	33,186
	TOTAL FUND BALANCE	2,496,036	2,644,507	2,257,099	2,335,501	2,434,260
Revenue						
Revenue	TOB Tax	883,258	817,162	795,893	773,902	742,946
	10% TOB Tax to 210 Endowment Trust	(88,326)	(81,716)	(79,589)	(77,390)	(74,295)
	SMIF Funds & Other Misc Revenue	1,400	1,300	1,200	1,100	1,000
	210 Trust Interest (Endowment) 50% Previous Year	15,845	16,077	17,861	19,663	21,434
	238 Trust Interest	17,641	14,438	13,156	16,545	20,927
	TOTAL REVENUE	3,325,854	3,411,768	3,005,620	3,069,321	3,146,272
Expenditures						
	Staff Salaries & Benefits	233,834	241,546	244,247	246,857	249,039
	Other Operating Expenses	65,205	65,558	66,210	66,872	67,541
	Sub-Total Administration	299,039	307,104	310,457	313,729	316,580
Improved Family Functioning	AmeriCorps	68,585	0	0	0	0
	Salvation Army Linked Project	8,775	0	0	0	0
	YCOE Baby Steps 0-5	11,510	0	0	0	0
	New Commission Initiative	0	0	0	0	0
	Improved Family Functioning Total	88,870	0	0	0	0
Improved Child Development	ECE Quality Improvement	69,283	68,261	0	0	0
	School Readiness	115,747	115,747	0	0	0
	First Steps Quality Childcare Improvement Project	8,462	0	0	0	0
	TCAEYC NAP SACC Project	28,150	28,150	0	0	0
	Camptonville 123 Grow/First Smiles	25,493	0	0	0	0
	Salvation Army Linked Project	8,775	0	0	0	0
	New Commission Initiative	0	0	0	0	0
	Improved Child Development Total	255,910	212,158	0	0	0
Improved Child Health	Healthy Kids Healthy Future	14,103	0	0	0	0
	Yuba County Recreation Coordinator	62,990	0	0	0	0
	First Smiles Countywide Training Program	9,567	0	0	0	0
	YCOE FRC Gas Cards	5,000	5,000	0	0	0
	Camptonville 123 Grow/First Smiles	10,926	0	0	0	0
	New Commission Initiative	0	0	0	0	0
Improved Child Health Total	102,585	5,000	0	0	0	
Improved Systems of Care	Yuba County Recreation Coordinator	26,996	0	0	0	0
	YCOE Baby Steps 0-5	11,510	0	0	0	0
	ECE Quality Improvement	29,693	29,255	0	0	0
	New Commission Initiative	0	0	0	0	0
Improved Systems of Care Total	68,198	29,255	0	0	0	
	Contingency Fund	479,823	0	0	0	0
	New Commission Initiative	0	550,000	340,000	300,000	300,000
	Sub-Total Program	995,386	821,412	365,000	325,000	325,000
	Evaluation	38,000	25,000	25,000	25,000	25,000
	TOTAL EXPENDITURES	1,332,425	1,153,516	700,457	663,729	666,580
	Projected Fund Balance (assuming 100% expenditure)	1,993,429	2,258,252	2,305,162	2,405,592	2,479,692

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First Five Yuba Commissioners	First Five Yuba Staff	Thank You!
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		Peach Tree Health Care
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		Yuba County Health and Human Services Department, Children Services Division
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