

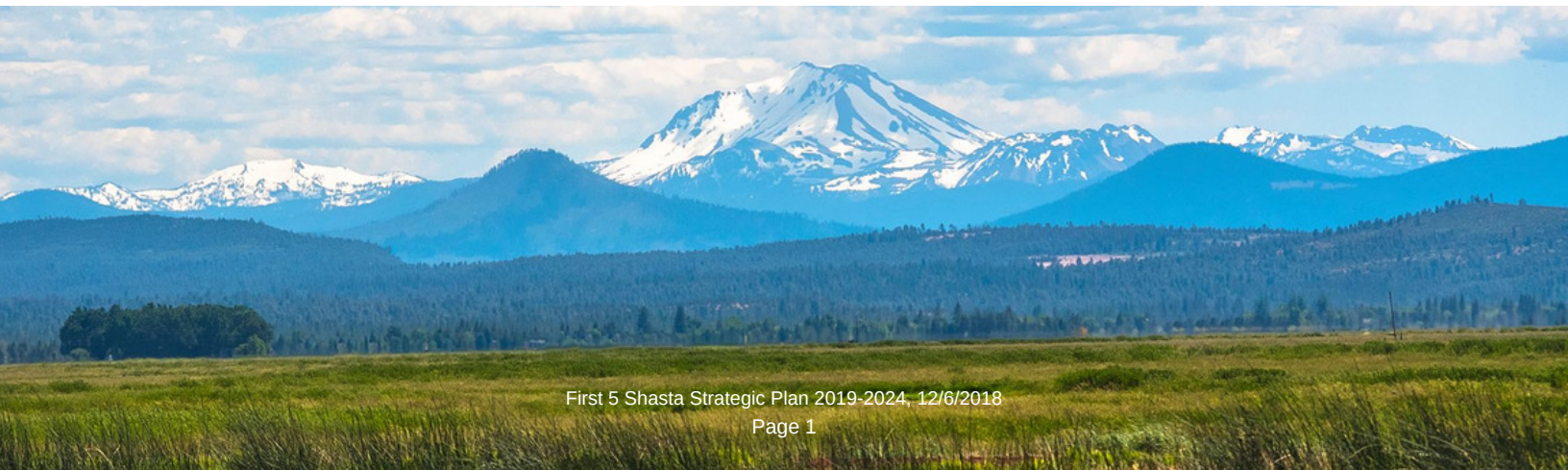


# Strategic Plan 2019-2024



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## Strategic Plan At A Glance

### Vision

Shasta County is a resilient community with strong families where young children thrive.

### Mission

Working in partnership with the community to promote, support and improve the early health, development, and learning of children from the prenatal stage through five years of age.

### Goals & Objectives

<b>Goal 1:</b> Resilience is built and Adverse Childhood Experiences (ACEs) are reduced and prevented in the Shasta County 0-5 population	1.1 Increase community awareness of the impact of ACEs and ways to prevent ACEs and build resilience in young children. 
	1.2. Advocate for systems change that helps prevent ACEs and builds resilience in young children and their families and communities, and supports the coordination and provision of trauma-informed preventive and treatment services to high-risk and affected families. 
<b>Goal 2:</b> All children 0-3 in Shasta County have healthy beginnings and optimal development	2.1. Support programs that provide prevention and early intervention services, especially prenatal care, developmental screenings, and support to parents and caregivers during the first few months of a child's life, and programs that foster healthy development for infants and toddlers.  
	2.2. Increase access to safe, fun, and enriching spaces for families to build social connections and provide educational experiences for their children. 
	2.3. Support education for parents and caregivers that increases awareness and understanding of the knowledge, skills, and resources that can help support their child's optimal development.  
	2.4. Advocate for increased streamlining of services and coordinated referrals for needed screenings and services. 
<b>Goal 3:</b> All children will be prepared for and enter school ready to learn	3.1. Support education for parents and caregivers of children 0-5 that increases awareness and understanding of the knowledge, skills, and resources they need to support their child's academic, social, and physical development in preparation for learning in school and other high-quality learning environments. 
	3.2. Advocate for the accessibility, affordability, and quality of preschool in Shasta County. 



Systems Change



Family Strengthening

## Indicators of Success



\* Key ACEs to be measured include substantiated abuse and substantiated neglect, neonatal abstinence syndrome, protective factors (as data is available), calls for domestic violence, witnessing domestic violence in the home when under 18 (if survey on this is repeated, and children living with someone with a serious drug or alcohol problem [as data is available])

# Introduction

## Background

The first five years of a child's life are a critical developmental window that sets the stage for learning and behavior throughout a child's lifetime. The early years of a child's life are the most active period for establishing new neural connections.<sup>1</sup> Research has shown the vital link between the nature of a child's early experiences and their brain development, and the clear value of rich learning and development experiences for young children. These experiences shape a child's social, emotional, and cognitive development, and ultimately, shape their physical and emotional health later in life. Investments in early child development also yield some of the greatest returns to society through reduced social welfare costs, a healthier population, and a more skilled workforce.

## Proposition 10: The California Children and Families Act

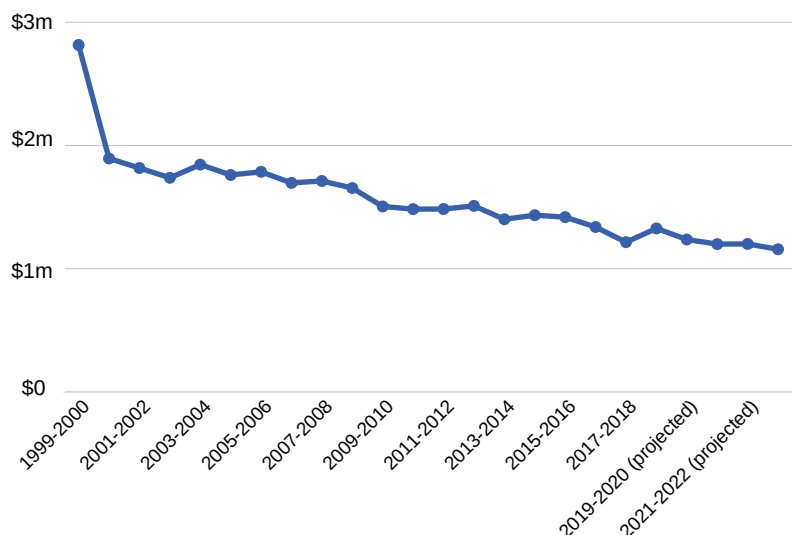
The passage of Proposition 10 (the California Children and Families Act) in 1998 established a new revenue stream dedicated to enhancing and improving the lives of California's youngest residents. Proposition 10 added a 50 cent tax on all tobacco products to fund early childhood health and development, parent education, and other programs that improve services for children ages 0-5 and promote systems change.<sup>2</sup>



First 5 Shasta is one of 58 California county commissions to receive and invest Proposition 10 revenues in programs, activities, and services that benefit young children. Local counties receive Proposition 10 funding based on the number of babies born in that county each year. In addition, Proposition 10 provides funding for a state-level commission, First 5 California. The First 5 Network consists of First 5 California, the 58 California county commissions, and the First 5 Association, a nonprofit membership organization that advocates for and works with county commissions.

Across the state, the First 5 Network is a significant funder of early care and education efforts; has extensive partnerships with families, nonprofits, government agencies, businesses, and other key influencers; and provides expertise on early childhood.

The amount of funding First 5 Shasta has received through Proposition 10 has steadily declined since 1998 due to declining tobacco tax revenue, as shown in the chart to the right.

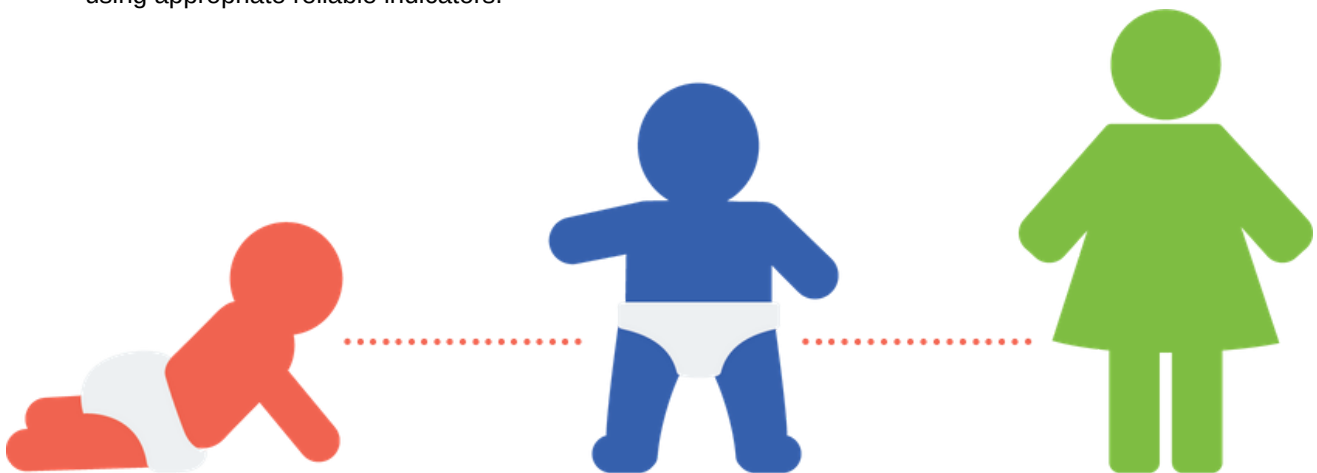


## First 5 Shasta Strategic Planning

First 5 Shasta engaged in a process throughout 2018 to develop the 2019-2024 strategic plan. First 5 Shasta formed a strategic planning workgroup that included First 5 Shasta staff, Commission members, and individuals from the community and grantee organizations. The workgroup met three times in person during 2018, and also provided input on content via phone calls, email, and online surveys. In addition, First 5 Shasta gathered input from the broader Shasta County community through four mechanisms:

- A series of in-depth interviews with 9 leaders of partner organizations and grantees
- An online public survey available to all members of the community that gathered 90 responses
- Input from a series of 10 discussions held by organizations, collaboratives, and other groups in the community, submitted via an online survey
- A public input session held at one of the First 5 Shasta Commission meetings

Proposition 10 contains a requirement for county commissions to adopt a strategic plan “for the support and improvement of early childhood development in the county.” The proposition further specifies that the “county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators.”

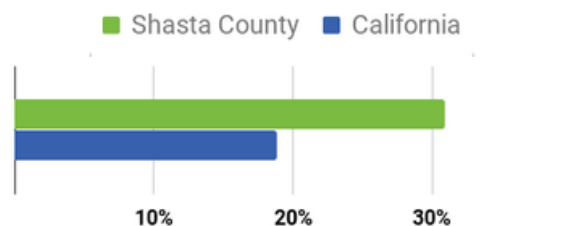


## Selected Shasta County Population Data

The following two pages contain key data on the Shasta community as a whole and the experience of young children and their families in Shasta County. These data relate to many of the considerations raised throughout the strategic planning process that informed development of this strategic plan.

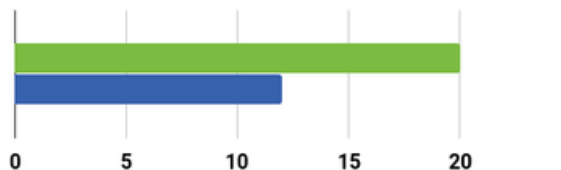
### Federal Poverty Rate:

30.9% of Shasta County children under 5 are below the Federal Poverty Level (less than \$25,100 for a family of 4), compared to a state average of 18.8% (2017).<sup>3</sup>



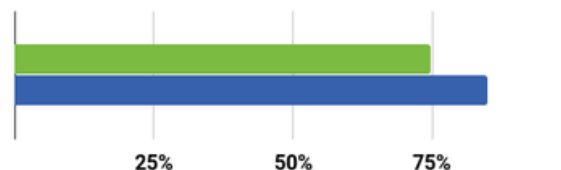
### Drug Overdose Rate:

From 2014-2016 there was a drug overdose mortality rate of 20 per 100,000 people in Shasta County compared to 12 per 100,000 for the state overall.<sup>4</sup>



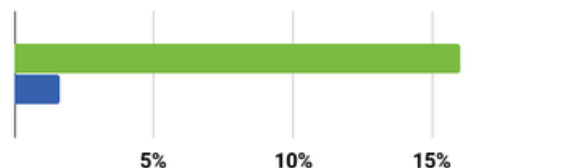
### Prenatal Care:

In 2016, only 74.8% of infants had mothers who received prenatal care in the first trimester, compared to 85% statewide.<sup>5</sup>



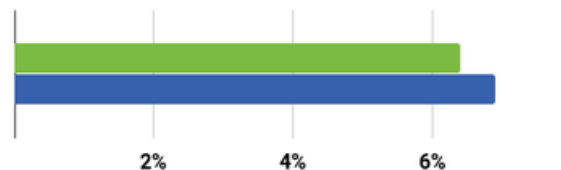
### Maternal Risk Factors:

In 2016, 16% of mothers smoked tobacco (considered a maternal risk factor) during their pregnancy, compared to 1.6% statewide.<sup>6</sup>



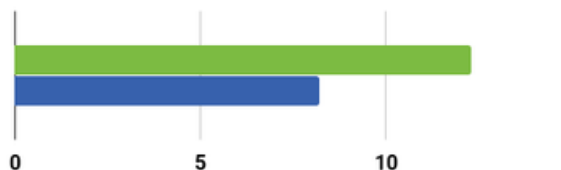
### Birthweight:

6.4% of infants born in Shasta County in 2016 were born at low birthweight compared to 6.9% statewide.<sup>7</sup>



### Child Abuse and Neglect:

Shasta County's rate of substantiated child abuse and neglect (12.3 per 1,000 children) was 1.5 times the state average (8.2 per 1,000 children) in 2015.<sup>9</sup>



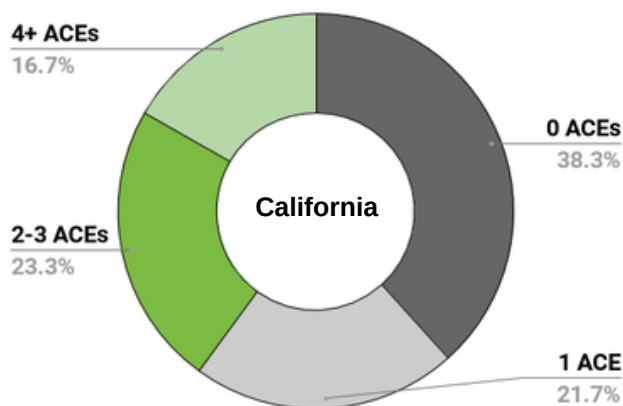
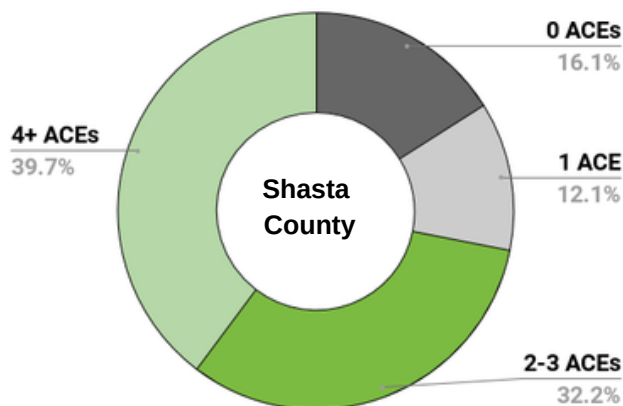
### Neonatal Abstinence Syndrome:

From 2013-2015, Shasta County experienced the highest rate of neonatal abstinence syndrome (infant withdrawal from exposure to narcotics) in the state.<sup>8</sup>

### Adverse Childhood Experiences (ACEs):

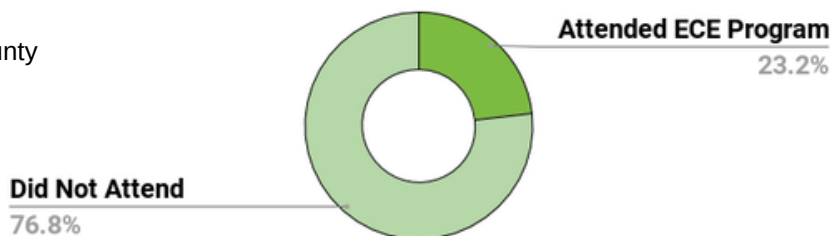
A 2012 ACEs study by the Shasta County Health and Human Services Agency found that the Shasta County rate of having 4 or more ACEs (39.7%) was more than twice the state average (16.7%). This study also assessed the frequency of certain commonly reported ACEs (e.g., sexual abuse, family substance abuse, etc.) and found that county rates were substantially higher than state averages for each of these ACEs.

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### Preschool Participation:

In 2015 and 2016, only 23.2% of Shasta County 3-5 year olds attended at least ten hours of preschool, nursery school, or Head Start per week, compared to 27.8% statewide.<sup>11</sup>



### Chronic Absenteeism in Preschool and Kindergarten:

41.5% of Shasta County 4 year olds in preschool are chronically absent (or miss 10% or more of the school year for any reason). Four year olds who are chronically absent in preschool are more than four times more likely to be chronically absent in kindergarten than are 4 year olds who were not chronically absent in preschool. Of chronically absent kindergarteners, 31.8% are chronically absent in first grade.<sup>12</sup>

## Vision and Mission

### Vision

Shasta County is a resilient community with strong families where young children thrive.



### Mission

Working in partnership with the community to promote, support and improve the early health, development, and learning of children from the prenatal stage through five years of age.

## Priorities for Funding

In this strategic plan, First 5 Shasta will have a dual focus on investments in systems that support children and families and on investments in direct services. This section outlines the priorities that First 5 Shasta will consider to inform funding decisions. The list below includes overarching priorities for consideration across all funding decisions, as well as priorities specific to funding direct services or systems change investments.

### Overarching Priorities for Funding

First 5 Shasta invests in programs and projects that:

- Are evidence-based<sup>13</sup> (with the exception of a small amount of funding set aside for innovation)
- Are prevention- or early intervention-focused
- Demonstrate a positive return on investment (or are likely to, for innovative programs)
- Create equity and reduce disparities
- Have leveraging potential (ability to mobilize other resources)
- Are collaborative
- Address First 5 Shasta strategic goals and key priorities
- Address social determinants of health
- Have strong past performance on First 5 Shasta grants (if applicable)



### Priorities Specific to Investing in Direct Services

First 5 Shasta invests in direct service programs and projects that:

- Are supported and trusted by target populations
- Maximize community benefit (balance addressing key community needs and numbers served)
- Will effectively serve people from a range of diverse backgrounds, including but not limited to different income and ability levels, geographies, races, ethnicities, religions, cultures, sexual orientations, gender identities and/or expressions, and family structures (e.g., multigenerational)

### Priorities Specific to Investing in Policy or Systems Change

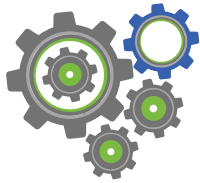
First 5 Shasta invests in policy or systems change programs and projects that:

- Build community or organizational capacity
- Have a high likelihood of impacting systems or policies
- Bring new or critical partners to the table
- Build on existing community strengths and networks
- Streamline or coordinate efforts within the community

## Goals, Objectives, Strategies, and Indicators of Success

First 5 Shasta has identified three goals it would like to focus on during the course of this strategic plan and corresponding objectives, strategies, and indicators of success. In addition, First 5 Shasta also identified two cross-cutting themes that exist across the three goals: family strengthening and systems change.

**Family strengthening** could include parent and caregiver education, parental supports, and support for preventing and addressing ACEs so parents can adequately support and advocate for their child's health and development.



**Systems change** efforts seek to improve the efficacy of the systems of care serving children and families in Shasta County through coordination, advocacy, helping organizations grow their capacity, reducing silos and duplication, aligning agencies and providers, creating more flexible funding, or supporting innovation and continuous learning.

This strategic plan describes various strategies that First 5 Shasta will engage in to achieve their goals and objectives. A number of these strategies will involve First 5 Shasta providing support to other organizations or efforts. This support could take a variety of forms in order to promote change in the community, and may include advocacy, promotion of innovation and learning, strategic communications and awareness-building, funding, convening, education, and collaboration.

In the coming years during this strategic plan, First 5 Shasta will decide which of these roles they would like to play in supporting organizations and efforts in response to specific issues and needs in the community.



## Goal 1: Resilience is built and Adverse Childhood Experiences (ACEs) are reduced and prevented in the Shasta County 0-5 population

### Objectives and Strategies



**Objective 1.** Increase community awareness of the impact of ACEs and ways to prevent ACEs and build resilience in young children.

#### Strategies:

- Ensure relevant service providers receive ACE Interface training <sup>14</sup>
- Provide education and support around building resilience at individual and community levels
- Support public events and speaker opportunities to raise ACE awareness
- Incorporate questions around ACE knowledge, training, organizational practice, and utilization of appropriate curricula into grantmaking processes



**Objective 2.** Advocate for systems change that helps prevent ACEs and builds resilience in young children and their families and communities, and supports the coordination and provision of trauma-informed preventive and treatment services to families.

#### Strategies:

- Advocate for universal ACE screening in medical settings
- Support integration of trauma-informed preventive and treatment services into existing and newly funded programs for parents, children, and caregivers, as appropriate
- Partner and collaborate to address social determinants of health and build resilience in our communities

### Indicators of Success

The list of indicators for Goal 1 includes a mixture of output-focused indicators that would measure shorter-term outputs and outcome-focused indicators that would measure longer-term change in Shasta County. This reflects the fact that efforts to reduce and prevent ACEs in Shasta County are in an early stage, with many important intermediary steps that need to be taken to make long-term progress. Indicators include, but are not limited to:

- Number of service providers offering trauma-informed services
- Number of organizations with staff completing ACE Interface training
- Number of organizations offering a Protective Factors survey to parents/caregivers
- Increased Protective Factors (as demonstrated by results of Protective Factors survey)
- Reduced ACE score of children 0-5 as reported by parents
- Reduced rates of key ACEs in the community:
  - Substantiated abuse and substantiated neglect
  - Neonatal abstinence syndrome
  - Calls for domestic violence
  - Witnessing domestic violence in the home when under 18, as data is available
  - Children living with someone with a serious drug or alcohol problem, as data is available



Systems Change



Family Strengthening

## Goal 2: All children 0-3 in Shasta County have healthy beginnings and optimal development

### Objectives and Strategies



**Objective 1.** Support programs that provide prevention and early intervention services, especially prenatal care, developmental screenings, and support to parents and caregivers during the first few months of a child's life, and programs that foster healthy development for infants and toddlers.



#### Strategies:

- Support organizations providing prenatal education and care to women and families
- Support postpartum support services and programs
- Support Help Me Grow<sup>15</sup> (HMG) partners in the implementation of HMG
- Support and expand the number of organizations that are breastfeeding-friendly
- Support early prevention and intervention programs



**Objective 2.** Increase access to safe, fun, and enriching spaces for families to build social connections and provide educational experiences for their children.

#### Strategies:

- Promote and create supportive social opportunities for parents/caregivers with young children
- Provide financial support and high-quality literacy materials to story time and playgroups, with a focus on early literacy and social emotional development
- Provide a platform and support to promote partner agencies' activities and events for families with young children



**Objective 3.** Support education for parents and caregivers that increases awareness and understanding of the knowledge, skills, and resources that can help support their child's optimal development.



#### Strategies:

- Educate families on developmental milestones for young children, the importance of developmental screening, and how to access the Help Me Grow Shasta system
- Continue partnering with Quality Counts North State<sup>16</sup> to provide education for early care providers to increase their knowledge, skills, and resources to support the optimal development of children, including education and support regarding family engagement techniques
- Support home visiting programs for new parents and caregivers, especially for families with children at greater risk for ACEs
- Utilize Strengthening Families data to inform service delivery



**Objective 4.** Advocate for improved access to and coordination of services and referrals for needed screenings and services.

#### Strategies:

- Educate key stakeholders about the Help Me Grow System and how they could incorporate developmental screenings into their services
- Incorporate developmental screenings and referrals into Quality Counts activities

### Indicators of Success

- Increased percentage of women initiating prenatal care in the first trimester and follow-up care after birth
- Increased percentage of babies born in Shasta County at normal birthweight
- Increased percentage of 3 year olds receiving developmental screenings and appropriate developmental resources



Systems Change



Family Strengthening

## Goal 3: All children in Shasta County will be prepared for and enter school ready to learn

### Objectives and Strategies



**Objective 1.** Support education for parents and caregivers of children 0-5 that increases awareness and understanding of the knowledge, skills, and resources they need to support their child's academic, social, and physical development in preparation for learning in school and other high-quality learning environments.

#### Strategies:

- Increase parent and caregiver awareness and understanding of the importance of kindergarten and ways to support their child's readiness for school (such as importance of regular attendance and completing necessary forms and paperwork, etc.)
- Identify target areas/school districts with a history of low enrollment and/or chronic absenteeism and work with partners to identify promising practices and collaborate to help families address challenges
- Continue to partner with collaboratives (e.g., Reach Higher Shasta and Strengthening Families) and support their efforts to engage the community about the importance of kindergarten, school attendance, and strong school/teacher relationships
- Make Parent Cafe-type support groups available and geographically accessible



**Objective 2.** Advocate for the accessibility, affordability, and quality of preschool in Shasta County.

#### Strategies:

- Continue partnering with Quality Counts to increase quality across all early care and education settings
- Support programs that encourage family engagement and promote school readiness, enrollment, and regular attendance
- Encourage parent/caregiver participation in school events and parent/caregiver engagement with teachers to build strong relationships

### Indicators of Success

- Increased kindergarten readiness, as measured by the Kindergarten Readiness Snapshot (KRS)
- Increased regular kindergarten attendance (school data on the number of students initially enrolled compared to average daily attendance at the end of the first term)
- Use of data comparing success of students who attended early care and education settings to those who did not attend early care and education settings



Systems Change



Family Strengthening



## Transition Approach

The adoption of a new strategic plan will likely result in changes to First 5 Shasta's funding investments, with some programs receiving continued funding and others needing to identify alternate funding strategies. First 5 Shasta will conduct a six-month transition period at the beginning of this strategic plan period (January - June 2019) to support this transition. During this period, First 5 Shasta will work with grantees to explore strategies for the sustainability of their programs. These strategies could include identifying new funding sources or finding opportunities for collaboration with partners to leverage resources and continue work. First 5 Shasta may also decide to continue funding programs where no viable alternative strategy is available.

## Evaluation

First 5 Shasta is committed to evaluating the effectiveness of their investments across Shasta County. First 5 Shasta will work with the First 5 Shasta Evaluation Committee to develop an evaluation plan to inform ongoing program practices and systems change efforts, and evaluate program and systems change outcomes. First 5 Shasta's evaluation is driven equally by program improvement and accountability.

First 5 Shasta evaluation seeks to:

- Guide program implementation and ongoing improvement
- Communicate key findings and best practices for supporting children ages 0-to-5 while acknowledging the value of early childhood investment
- Inform decision-making
- Provide accountability and visibility regarding use of First 5 Shasta funds

## Analysis

First 5 Shasta's evaluation is designed to answer research questions at three levels of analysis:

- **Program:** Support grantees' evaluation capacity, document the substance and value of their work, and identify lessons learned about what works and what could be improved
- **Initiative:** Assess cumulative impacts of multiple programs focused on similar results and measure the effectiveness of the Commission's investment in areas of concentrated funding
- **Community:** Monitor specific indicators of the health and well-being of the broader community that can be reasonably expected to improve over time as a result of the aggregate impact of First 5 Shasta as well as complementary efforts by other funders and community initiatives

## Endnotes

- 1 Center on the Developing Child, Harvard University. *Brain Architecture*.
- 2 The statutes contained in Proposition 10 can be found here:  
[http://www.ccfc.ca.gov/pdf/about/organization/policy/about\\_legislation\\_prop\\_10.pdf](http://www.ccfc.ca.gov/pdf/about/organization/policy/about_legislation_prop_10.pdf)
- 3 U.S. Census Bureau, American Community Survey 1-Year Estimates 2017, S1701.
- 4 County Health Rankings & Roadmaps. *Additional Measures: Drug Overdose Deaths, 2014-2016*.
- 5 Centers for Disease Control and Prevention. *Natality*. 2016.
- 6 Ibid.
- 7 Ibid.
- 8 California Office of Statewide Health Planning and Development. *Patient Discharge Data*. 2013-2015.
- 9 Webster, D., et al. *Child Welfare Services Reports for California*. U.C. Berkeley Center for Social Services Research. June 2016; Annie E. Casey Foundation, KIDS COUNT. July 2016.
- 10 County of Shasta Health and Human Services Agency. *Heard about ACEs? Shasta County Adverse Childhood Experiences Effort*. 2018. (PowerPoint); *ACE Study* (Webpage).  
California Health Interview Survey. *Attends preschool, nursery school, or Head Start at least 10 hrs/wk, Age in years (3-5), Pooling 2015, 2016*  
Shasta County Office of Education and Reach Higher Shasta. *School Absenteeism Summit* (PowerPoint).
- 12 September 17, 2018.  
Evidence-based programs include those with positive evaluation results that may or may not reach the standard for more formal evidence-based results.  
The ACE Interface Train the Master Trainer Program is designed to support rapid dissemination of ACE and resilience science, and promote understanding and application of the science to improve health and well-being across the lifespan. A sponsoring organization will hold a three-year license for use of ACE Interface materials, select the cohort of up to 25 people to become Master Trainer/Coaches, and host the two-day Master Trainer course.
- 15 Help Me Grow connects families with children ages 0-8 to a local system that supports them in learning about their children's developmental needs, connects them to appropriate resources and services, and provides access to developmental screening.  
Quality Counts North State is a grant-funded consortium with the goal of increasing the quality of early care and education across California's North State (Glenn, Lassen, Modoc, Shasta, Tehama, and Trinity counties) by convening partnerships, leveraging and providing quality improvement resources, and advocating for and implementing systems change.
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## Acknowledgments

First 5 Shasta would like to thank everyone who participated in the development of the 2019-2024 Strategic Plan, including the individuals listed below.

### Strategic Planning Workgroup

- Wendy Dickens, First 5 Shasta
- Elizabeth Poole, First 5 Shasta
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- Deborah Peel, First 5 Shasta
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- Cindy Vogt, First 5 Shasta Commission
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- Anna Tracy, Shasta Libraries
- Jane Wilson, Community Member
- Cindy Dodds, Tri County Community Network

### First 5 Shasta Commission

- Cindy Vogt, Chair, California Heritage Youth Build Academy
- Joe Ayer, Vitalant
- Kathy Barry, Shasta County Board of Education
- Steve Morgan, Shasta County Board of Supervisors
- Karen Ramstrom, DO, MSPH, Shasta County Health and Human Services Agency, Public Health
- Erin Salazar, Turtle Bay Elementary School
- Dianna Wagner, Shasta County Health and Human Services Agency

### Others

The individuals who participated in interviews, facilitated group conversations, or completed the First 5 Shasta public survey to inform this strategic plan.

The Glen Price Group (GPG) for facilitating the strategic planning process and plan development.

Cover photo and photos on pages 1 and 5 by Cory Poole.