FIRST 5 PLUMAS

Plumas County Children and Families Commission

Strategic Plan
2005-2008

270 Hospital Road Quincy, CA 95971 Telephone: (530) 283-6159 Fax: (530) 283-6425
Email: first5plumasev@psln.com

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EXECUTIVE SUMMARY

The Plumas County Children and Families Commission adopted its first Strategic Plan in July 2000 to set priorities and to guide funding decisions through 2003. In 2004 the Commission revised the Strategic Plan based on evaluation, the 2001 school readiness assessment, demographic and child status data, an assessment of funded projects, and a rating of areas important to the health and wellbeing of Plumas County's children prenatal to age 5 and their families.

This plan establishes a structured framework for identifying the Commission's goals, outcomes, and objectives as they relate to four focus areas, or strategic results, established by the First 5 California. The plan identifies the funding guidelines and programs that have been selected to achieve desired outcomes through 2005 and serves as guidance to the Commission's future planning and ongoing action. The plan provides the strategic framework the Commission can use to support meaningful change for children prenatal to 5 and their families.

First 5 Plumas Vision Statement

Plumas County children will thrive in supportive, safe, nurturing, and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.

Mission

First 5 Plumas will provide a comprehensive system of early childhood development services, on a countywide basis, to all children prenatal to age five. Through the integration of health care, quality child care, and parent education, children will be provided with the support necessary to ensure that they are healthy, resilient, well adjusted, and ready to learn when they enter kindergarten.

Focus Areas

- Children are healthy.
- Families are strong.
- Children are ready for schools and the community and schools are ready for children.
- Systems are integrated.

To achieve its mission, the Commission identified nine outcomes, each with stated objectives. Each objective has associated measurable indicators that will be used to evaluate funded programs' success.

Outcomes

1. Children are born healthy.
2. Children stay healthy and well nourished.
3. Children live in healthy and safe environments.
4. Children live in home environments supportive of optimal cognitive development.
5. Children have access to high quality early care and education experiences.
6. Children enter kindergarten ready for school.
7. Children receive early screening/intervention for developmental delays, disabilities, and other special needs.
8. Programs are provided in ways that reduce disparities across cultures, ethnicities, disabilities, income levels, and geographic areas.
9. Schools are ready for children.

Plumas County Commissioners identified 11 goals for achieving improved conditions for children and families in Plumas County.

1. Ensure that all pregnant women, including pregnant teens, will receive prenatal services and education.
2. Build capacity of oral health services for children ages 0-5.
3. Increase access to medical services and insurance coverage for children ages 0-5 and their families.
4. Build capacity of mental health services for children ages 0-5 and their families.
5. Build capacity for children ages 0-5 and their families to recreate.
6. Increase educational opportunities for parents/caregivers and providers through integrated and consistent models of training.
7. Build capacity of full day and year preschool for children ages 3-5.
8. Build capacity of infant and toddler childcare, especially during odd hours.
9. Increase access to early intervention health screening and services for children ages 0-3, with an emphasis on children with special needs/disabilities.
10. Expand services to infants and children ages 0-5 with special needs and/or disabilities.
11. Develop a strong collaboration between early childhood education and public schools.

I. PROPOSITION 10

1. Proposition 10 History

In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" Initiative, which became effective on January 1, 1999. The act levies a tax on cigarettes and other tobacco products in order to provide funding for early childhood development programs. The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and to give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax are used for the following purposes:

- To create a comprehensive and integrated delivery system of information and services to promote early childhood development;
- Provide funds to existing community based programs or establish new ones that focus on parenting education, child health and wellness, early care and education, and family support services; and
- Educate Californians via a statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Tobacco tax revenues are accumulated in a designated Trust Fund to meet the needs of children ages prenatal to five throughout the state. Of the almost $700 million per year placed in the First 5 California trust fund, 80 percent is allocated to the 58 counties according to the live birth rate of each county. The remaining 20 percent is directed to statewide programs, research, and media campaigns.

2. Brain Development and Young Children

Proposition 10 is based on new information about brain development which emphasizes the key role parents and caregivers play in the development of young children. Although a wide range of individuals and institutions impact the health and well being of young children, the role of parents is paramount. By providing children between the ages of birth and five with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

During the first three years of a child's life, the early physical architecture of a child's brain is established. Research has proven a number of important points:

- At birth, the brain is remarkably unfinished. The parts of the brain that handle thinking and remembering as well as emotional and social behavior are very underdeveloped.
- In the early years, a child develops basic brain and physiological structures upon which later growth and learning are dependent.
- The brain operates on a "use it or lose it" principle. The child develops many emotional and social abilities by learning to use skills that form the basis of successful social functioning.
- The brain matures in the world, rather than in the womb; thus young children are deeply affected by their experiences.

- A child's relationships with parents and other important caregivers; the sights, sounds, smells, and feelings they encounter; and the challenges they meet affect the way a child's brain develops.

The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are interrelated. Progress in one area affects progress in the others. This means we must pay attention to all of the needs of children, including:

- Physical development: meeting children's basic needs for protection, nutrition and health care.
- Cognitive development and social-emotional development: meeting children's basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

3. First 5 California Initiatives

Plumas County participates in two of the several initiatives sponsored by First 5 California: School Readiness and Comprehensive Approaches to Raising Educational Standards (CARES) For the Early Learning Workforce (Formerly the Matching Funds for Retention Incentives for Early Learning Staff).

School Readiness is the primary initiative for First 5 California, a state and county commission matching funds program, with a $413 million allocation to establish local School Readiness programs. Its overarching goal is to close the education achievement gap in priority schools and their communities.

The School Readiness Initiative engages families, community members, and educators in the work of preparing children for school. School readiness as defined by the National Education Goals Panel (NEGP) covers three aspects of a child's life: children's readiness for school; schools' readiness for children; and family and community supports and services that contribute to children's readiness for school success.

School Readiness includes five essential and coordinated elements:

- Early care and education (ECE)
- Parenting and family support services
- Health and social services
- Schools' readiness for children/school capacity
- Program infrastructure, administration, and evaluation

Children's readiness for school can be observed by:

- Physical health and well being

- Mental health and emotional well being
- Language and communication skills
- Interest in and curiosity for learning
- Social, emotional, cognitive and motor skills

A schools' readiness for children is demonstrated by:

- A smooth transition between home and school
- Continuity between early care and education programs and elementary grades
- A student-centered environment focused on helping children learn
- A commitment to the success of every child
- Approaches that have been shown to raise achievement for each student
- A willingness to alter practices and programs if they do not benefit children
- Assuring that students have access to services and supports in the community

The family and community supports and services that contribute to children's readiness for school success are achieved by:

- Access to high-quality and developmentally appropriate early care and education experiences
- Access to training and services that support parents as their child's first teacher and promotes healthy families
- Prenatal care, nutrition, physical activity and health care that children need in order to arrive at school with healthy minds and bodies, and to maintain mental alertness

School readiness can be achieved when (1) children are healthy, (2) families are strong, (3) children are ready for school, and (4) the service system is integrated. These requirements have become the four focus areas for First 5 California.

Comprehensive Approaches to Raising Educational Standards (CARES) For the Early Learning Workforce (Formerly the Matching Funds for Retention Incentives for Early Learning Staff). To address the statewide need for an educated and stable early learning workforce, First 5 California Children and Families Commission (starting in Fiscal Year 2000/2001) conducted a five-year matching fund pilot program aimed at reducing turnover and promoting professional development. During the five years of this project, 47 County Commissions joined the effort to support local programs addressing professional development and retention of family child care providers and center teaching staff and directors through financial incentives tied to educational achievement.

Continuing and modifying the CARES project will allow the Commission to build on the organizational infrastructure and positive momentum of CARES programs throughout the state to:

- Systematically enhance the professional development level of the workforce (beyond retention) through increased education and professional development across the entire continuum, those with no formal training to those seeking advanced degrees: Family, Friend, and Neighbor (FFN) Support Track, Entry

Track, Permit Track, Degree Track, and MA/Credential/ Post-Graduate Track, thereby supporting quality for children birth to five regardless of the care setting

- Build a well-educated and culturally and linguistically diverse workforce that can support Preschool for All (PFA) and adopt recommendations from the proposed Workforce Development Blue Ribbon Committee.
- Link to or provide multi-lingual support (e.g., outreach, bilingual classes, course advising, book subsidies) in order to maintain the diversity of the workforce while increasing education and professional development requirements.

II. PLUMAS COUNTY COMMISSION

1. Introduction

Proposition 10 required that each of California's 58 counties adopt an ordinance establishing the county's Children and Families Commission. The duties of each Commission include:

- Evaluating the current and projected needs of young children and their families,
- Developing a strategic plan that promotes a comprehensive and integrated system of early childhood development services that addresses community needs,
- Determining how to expend local monies available from the First 5 California Trust Fund, and
- Evaluating the effectiveness of programs and activities funded in accordance with the strategic plan.

The Plumas County Children and Families Commission's purpose according to its bylaws is accomplished through the establishment, institution, and coordination of appropriate standards, resources, and support of integrated and comprehensive programs identified by the Proposition 10 legislation including parent education and support services, childcare and early education, and health and wellness under Plumas County Ordinance Number 98-908.

The Commission provides the support and foundation upon which service providers, schools and other members of our community can help ensure that children are healthy, families are strong, children are ready to learn by the time they reach kindergarten, and services are integrated. All of the Commission's work and efforts revolve around children prenatal to age five and their families. The aim is to always put families and children first.

The Commission fulfills its role by funding projects that further the four focus areas. The Commission uses a team approach that emphasizes mutual support between the staff and commissioners. The Commission measures their impact and approach to ensure their actions are effective and consumer friendly. Evaluation of impact includes periodic measurement of key indicators and a survey of the satisfaction that community members have with the decisions and investments made by the Commission.

2. Vision

Plumas County children will thrive in supportive, safe, nurturing and loving environments enter school healthy and ready to learn, and become productive, well-adjusted members of society.

3. Mission

The Plumas County Children and Families Commission will provide a comprehensive system of early childhood development services, on a countywide basis, to all children pre-natal to age five. Through the integration of health care, quality child care, and parent education, children will be provided with the support necessary to ensure that they are healthy, resilient, well adjusted, and ready to learn when they enter kindergarten.

4. Guiding Principles

The Commission uses equally valued principles to guide their actions and interactions.

- Be fair and open in decision-making.
- Be accountable to the public for achieving planned outcomes.
- Be guided by community input.
- Promote and fund high quality programs and services.
- Promote programs that are culturally competent and linguistically appropriate.
- Promote integration of services.
- Focus on sustainability.
- Address unique needs specific to identified gaps in service.
- Respect and value all equally.
- Leverage funds to maximize community resources and program support
- Focus on policy level issues and decisions.

5. Commission Staff and Organization

The founding Plumas County Children and Families Commission (PCCFC) initially included five Commissioners. Four additional members were selected after an extensive outreach to potential candidates. Seven well-qualified candidates applied. From these applicants, the five Commission members carefully reviewed the applications and recommended four candidates to fill vacancies designated for community members. The Board of Supervisors appointed the members based on the Commission's recommendations on May 9, 2000.

The PCCFC is comprised of nine (9) members who are residents of Plumas County and appointed by the Board of Supervisors. They serve two-year terms and can be reappointed to subsequent terms. All are volunteers.

The PCCFC currently has one funded staff position, the Executive Director. The Executive Director (ED) is responsible for providing staff support to the Commission for meetings, recruitment, training, and committee work groups, and directing the Commission in implementing the Strategic Plan, including ongoing planning, annual revisions and public hearings. The ED provides oversight of the Fund Allocation Process and contract management related to those funds. The ED is responsible for fiscal management of the Commission and monitors necessary state, local, and regional

activities. Other roles include providing general administration, staff management, and website development and maintenance.

Through a Memorandum of Understanding (MOU) with the County of Plumas, the Plumas County Public Health Agency provides the Commission fiscal and administrative support services.

6. County Priorities

The School Readiness Initiative is the overarching priority for First 5 Plumas with support and enhancement from other county initiatives and funding priorities. The Oral Health Project improves health; Special Needs projects increase support to children and prepare schools for children; CARES builds and maintains early care and education capacity. Most projects have a home visitation component.

The Plumas County School Readiness Program provides the cornerstone for First 5 Plumas' funded programs and is the key funding priority for the Commission. The PCCFC, school leaders, early care and education providers, parents, and community organizations in Plumas County share a common goal of ensuring that children enter school able and ready to learn. A School Readiness Plan has been developed that builds on the existing countywide infrastructure and services, and responds to local needs, using strategies that are based on current research and promising practices. The PCCFC School Readiness Plan will increase and support the capacity of Plumas County schools to promote and nurture children's overall growth and development, as well as provide the support necessary for families to prepare their children for school success.

The Plumas County School Readiness Program utilizes a home visitation approach to deliver services to high-risk families, children with special needs/disabilities and their families, and Native American families and Latino families. Home visitation is a successful model in rural communities and is a response to overcoming geographic and transportation barriers to health access. The Home Visitation Program will continue to be a funding priority through 2007.

Two Plumas Unified School District sites were identified to coordinate the home visiting program and partners with First 5 Plumas to implement and link services in their communities. In Portola, a Bilingual Family Advocate is based at the Nevada Head Start site and the Sierra Valley Even Start, and in Indian Valley, a Family Advocate is based at the Community Resource Center and Greenville Elementary School. The First 5 Plumas Program Coordinator provides operational support to the School Readiness programs and services including the Home Visitation Coalition. An Early Childhood Educator/Teacher Workgroup and a Special Needs/Disability Workgroup were developed to strengthen linkages between schools and parents, and early childhood educators and elementary school teachers.

To fully capture the impact of Plumas County School Readiness services on children, families, schools and the community, a First 5 California statewide School Readiness evaluation will be implemented in coordination with local evaluation activities. Based on the *Results Accountability Model*, the evaluation will demonstrate program effectiveness and function as a tool for program improvement.

Oral Health In 2004, the First 5 Plumas Commission committed $150,000 over the next three years to the Plumas Sierra Children's Oral Health Project, targeted to low income, uninsured children and their families in Plumas and Sierra counties with a focus on Hispanic and Native American children. The project will create a comprehensive multi-disciplinary system of care that would increase family access to culturally and linguistically appropriate education, prevention and treatment services, and ensure positive long-term oral health outcomes. The Plumas Sierra Dental Coalition submitted a Communities First proposal to The California Endowment in October 2004 and was awarded $390,000 in March 2005.

Special Needs The Early Intervention Program will be entering its fifth year of funding and special needs remain a funding priority in 2005-06. The program provides screenings for 0-3 year olds with developmental delays and home visitation support, education, and information to their families. The program will be evaluated locally in 2005-2006, which will include a cost-benefit analysis of the possible reduction in required special needs services from kindergarten through third grade. The First 5 Northeastern Region counties are discussing a special needs teleconferencing project.

CARES is an ongoing funding priority. The Plumas County Child Care Retention and Incentive Program blend Proposition 10 and AB212 funds through a single application process. During 2004-2005, 40 of 41 applicants received stipends and professional growth advising through the program. The base minimum stipend award was $ 817.33 and the largest stipend awarded was $1,027.33. Center-based and family childcare staff was awarded $100 for using a language other than English; center-based directors were awarded $50 for participating in an orientation and providing technical assistance for center-based staff; and family child care providers were awarded $50 for allowing a home-based training with the program coordinator and School Readiness program staff.

7. Accomplishments to Date

In 2004-2005, First 5 Plumas funded projects to enhance children's readiness for school, strengthen families, improve the health of children, and integrate the health and social services system. First 5 Plumas funded 15 projects for a total of $395,844. First 5 Plumas funded direct service programs utilizing a variety of modalities (in order of highest frequency): home visits, public/community events, class/workshops, in-person consultations/services, case management, mailing/distribution of materials, and phone consultations.

Accomplishment Highlights

- Funded 13 programs to increase parents' knowledge and skills to provide children with safe, healthy, and nurturing homes.
- Reached 430 children ages 0-5, including 32 children with special needs, in 225 families living in all four population centers of Plumas County.
- New Born House Calls delivered the Kit for New Parents to 80 percent of expectant parents.
- Home visitation hired a bilingual nutrition/lactation consultant.
- Provided Early Learning Kits to 22 families with children ages 2-3 through home visitation services.
- Early Intervention Services - PUSD served 29 infants and 33 parents.
- Developed the Plumas County Child Care Retention/Incentive program to provide education, training, rewards for child care providers
- Funded a school readiness bilingual family advocate through the Plumas Unified School District
- Committed $150,000 over three years to the Plumas Sierra Children's Oral Health Project
- Funded a multi-media campaign to increase awareness of brain development, oral health, breastfeeding and other relevant issues.
- Plumas Sierra Dental Coalition, in partnership with First 5 Plumas and Sierra Commissions, finalized a comprehensive plan in 2004 to address oral health needs of children ages 0-12.
- Plumas Sierra Dental Coalition submitted a Communities First grant through the California Endowment in October 2004 and was awarded $590,000 in March 2005.

8. Current First 5 Plumas Projects

The following chart identifies Commission funded projects from 2003-2005 and the focus area it is designed to impact.

Current First 5 Plumas Projects				
Project Description	Children are Healthy	Families are Strong	Children are Ready for Schools	Integrated Quality Service Systems
CARES- Child Care Retention Incentive Program Provide program coordination and technical assistance to program participants.			✓	
Early Intervention Project/PUSD PUSD Special Education Teacher provides screenings for 0-3 year olds with developmental delays and home visits to their families.	✓	✓	✓	✓
Healthy Touch Infant Massage Program Sierra Cascade Family Opportunities (SCFO) Healthy Touch Program provides infant massage classes for parents and breastfeeding support.	✓	✓	✓	✓
Indian Valley Family Advocate - PUSD PUSD family advocacy services, home visitation and kindergarten transition activities in Indian Valley	✓	✓	✓	✓
Early Childhood & Family Education Project Roundhouse Council Indian Education Center provides early care and education services to Native American children ages 3-5 in Indian Valley.	✓	✓	✓	✓
New Born House Calls Distribution of the Kit for New Parents, coordination of existing home visiting programs through the Home Visitation Coalition, and distribution of school readiness materials through home visits to families with children prenatal through age 3.	✓	✓	✓	✓
Raising A Reader Program Program development, implementation, and fund development for Raising A Reader.		✓	✓	✓
Portola Bilingual Family Advocate - PUSD Early childhood education through home visitation for 3-5 year olds and their families in Eastern Plumas County.	✓	✓	✓	✓
Kindergarten Roundup School nurse coordinates and implements Kindergarten Roundup	✓		✓	✓
Plumas County Oral Health Project Screening, prevention, education and treatment	✓		✓	✓
Media Campaign Public education and outreach on the four focus areas of school readiness	✓	✓	✓	✓

Current First 5 Plumas Projects				
Project Description	Children are Healthy	Families are Strong	Children are Ready for Schools	Integrated Quality Service Systems
Mini Grants One time events, new projects, consumable materials or enhancement of existing services	✓	✓	✓	✓
Early Childhood Education Consultant Technical assistance and training to School Readiness programs			✓	✓

9. Strategic Plan Revisions and Assessments

The Plumas County Children and Families Commission adopted its first Strategic Plan in July 2000. The plan was used to set priorities and to guide funding decisions from 2000 to 2002. At the end of 2001, after funding five programs, the Commission evaluated its first strategic planning process, identifying strengths and areas of the plan that could be improved. The Commission also decided to develop and implement a School Readiness Initiative. The Plumas County School Readiness planning group was established to engage in a six-month intensive planning process and extensive needs assessment, which resulted in a Plumas County School Readiness Plan.

This strategic plan builds upon an evaluation of the Commission's first strategic plan; information from the school readiness assessment; a review of demographic and child status data; an assessment of funded projects; and a rating of areas that are important to the health and well being of Plumas County's children and families.

This plan establishes a structured framework for identifying the Commission's goals, outcomes, and objectives. The plan identifies the funding guidelines and programs that have been selected to achieve desired outcomes from 2003-2005. The Commission is currently undertaking an evaluation on the impact of First 5 Plumas funding. Child and family outcomes are being tracked to provide evidence regarding changes in the status of children and families served by First 5 Plumas funded programs; the status of Plumas County children 0-5 and their families; and the overall effectiveness and performance of the Strategic Plan. The evaluation will interpret data on the quality, quantity, and costs of programs and services supported by the Commission. Quarterly reports are submitted to the Commission, First 5 Plumas staff and grantees for analysis, review and program improvement. The results of the evaluation; community, grantee and provider input; and external demographic data and research results will serve as guidance to the Commission's future planning and ongoing action. First 5 Plumas will use the results of this planning process to deploy its funding to support meaningful change for children 0-5. Funding decisions made by the Commission will be grounded in the strategic choices identified in this plan.

III. STRATEGIC FRAMEWORK

1. Definitions

The following definitions are used throughout this document.

Focus Area**:** General areas of concern and interest. These are the strategic results established by the State Commission.

1. Healthy children – Improved child health: Ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period to age five
2. Strong families – Improved family functioning: Support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children
3. Children learning and ready for schools – Improved child development: Ensure early care and education opportunities for all children to maximize their potential and succeed in school
4. Integrated, accessible, and culturally appropriate services – Improved systems for families: Ensure access to a quality child and family support services delivery system

Outcome: The desired condition of wellbeing for children, families, communities /or institutions.

Examples:
- Children are born healthy.
- Children have normal birth weight.

Objective: A description of the desired change that is measurable and leads to the achievement of an outcome.

Examples:
- Increase the number of mothers who receive early and ongoing prenatal care
- Decrease the use of alcohol, tobacco, and other drugs during and after pregnancy

Indicators: A specific measure or benchmark of the desired change for which data is available, which helps quantify the achievement of the outcome.

Examples:
- Number of women obtaining prenatal care during first trimester
- Number of women in adequate care plus
- Rate of infant mortality
- Number of births at low birth weight

Commission Goals: Broad statement of purpose that provides direction toward achieving a desired outcome

Examples:
- Build capacity of full day & year preschool for children ages 3-5
- Increase the access to medical services and insurance coverage for children ages 0-5 and their families

Funded Programs: Programs funded by First 5 Plumas

Activity: A service or activity that is provided to achieve one or more outcomes.

Examples:
- Distribution of Kits for New Parents
- Community events, celebrations, or fairs

Strategy: A grouping of activities designed to achieve outcomes. First 5 California defines five strategies:

1. Direct Services: Services delivered to individuals or groups of children ages 0-5, their parents, and other family members by a service provider or volunteer. (Case management, home visiting)
2. Community Strengthening Efforts: Information and resources provided directly or indirectly to large groups of children, parents, or other related community members. (Media campaigns, community networks)
3. Provider Capacity Building/Support: Provider training, professional development, or information sessions, which include workshops, classes, mentoring, consultation and other methods to build providers' knowledge, skills, and organizational systems in order to work more effectively with children and families. (Cultural diversity training, incentives or stipends)
4. Infrastructure Investments: Facilities and capital improvements and/or the purchase of equipment/materials that cost more than $5,000.
5. Systems Change Support Activities: Efforts to support improvement in the systems caring for young children and their families.

2. Focus Areas, Outcomes and Objectives

For each of the four Focus Areas, the Commission identified desired outcomes and objectives. The following section lists each focus area, its associated outcomes, and objectives.

Focus Area 1: Children are Healthy
Improved child health: ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period to age five.

Outcome 1. Children are born healthy

Objective 1. Improve prenatal and maternal nutrition and health status

Objective 2. Improve postnatal infant health status

Objective 3. Fewer teens become pregnant and have babies.

Objective 4. Reduce use of tobacco, drugs, and alcohol during pregnancy

Outcome 2. Children stay healthy and well nourished

Objective 5. Increase the percentage of children receiving preventive and ongoing health, mental health, and dental care

Objective 6. Decrease the number of children living with secondhand smoke

Objective 7: Improve the physical, mental, and emotional health of children

Focus Area 2: Families are Strong
Improved family functioning: support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children.

Outcome 3. Children live in healthy and safe environments

Objective 8. Increase parental knowledge and capacity to provide effective and nurturing newborn and infant care

Objective 9. Increase parental knowledge of healthy dietary and physical activity practices

Objective 10. Increase parental knowledge of child development and improved parenting skills

Objective 11. Reduce parental tobacco and other substance abuse

Objective 12. Reduce child abuse and domestic violence

Outcome 4. Children live in home environments supportive of optimal cognitive development

Objective 13. Increase parental capacity to provide nurturing and positive emotional support to their children

Objective 14. Increase access to and availability of family support services

Focus Area 3: Children are ready for schools
Improved child development: Ensure early care and education opportunities for all children to maximize their potential and succeed in school

Outcome 5. Children have access to high-quality early care and education experiences

Objective 15. Increase the quality of early childhood education (as defined by provider training, adult to child ratios, group size, lack of staff turnover, physical facility)

Objective 16. Increase availability of licensed childcare and preschool

Objective 17. Increase access to quality early childcare among infants and toddlers with developmental delays and special needs

Outcome 6. Children enter kindergarten ready for school

Objective 18. Increase the number of children entering kindergarten deemed “ready for school”

Outcome 7. Children are screened for special needs, and receive appropriate intervention and child development services.

Objective 19: Increase the number and percentage of children receiving early screening/intervention for developmental delays, disabilities, and other special needs

Focus Area 4: Integrated Quality Service System
Improved systems for families: Ensure access to a quality child and family support services delivery system.

Outcome 8. Programs are provided in ways that reduce disparities across cultures, languages, ethnicities, disabilities, income levels, and geographic areas

Objective 20: Provide access to services for families and children representative of the geographic, ethnic, ability and income levels in Plumas County.

Objective 21. Increase the number of programs that provide services that are culturally competent

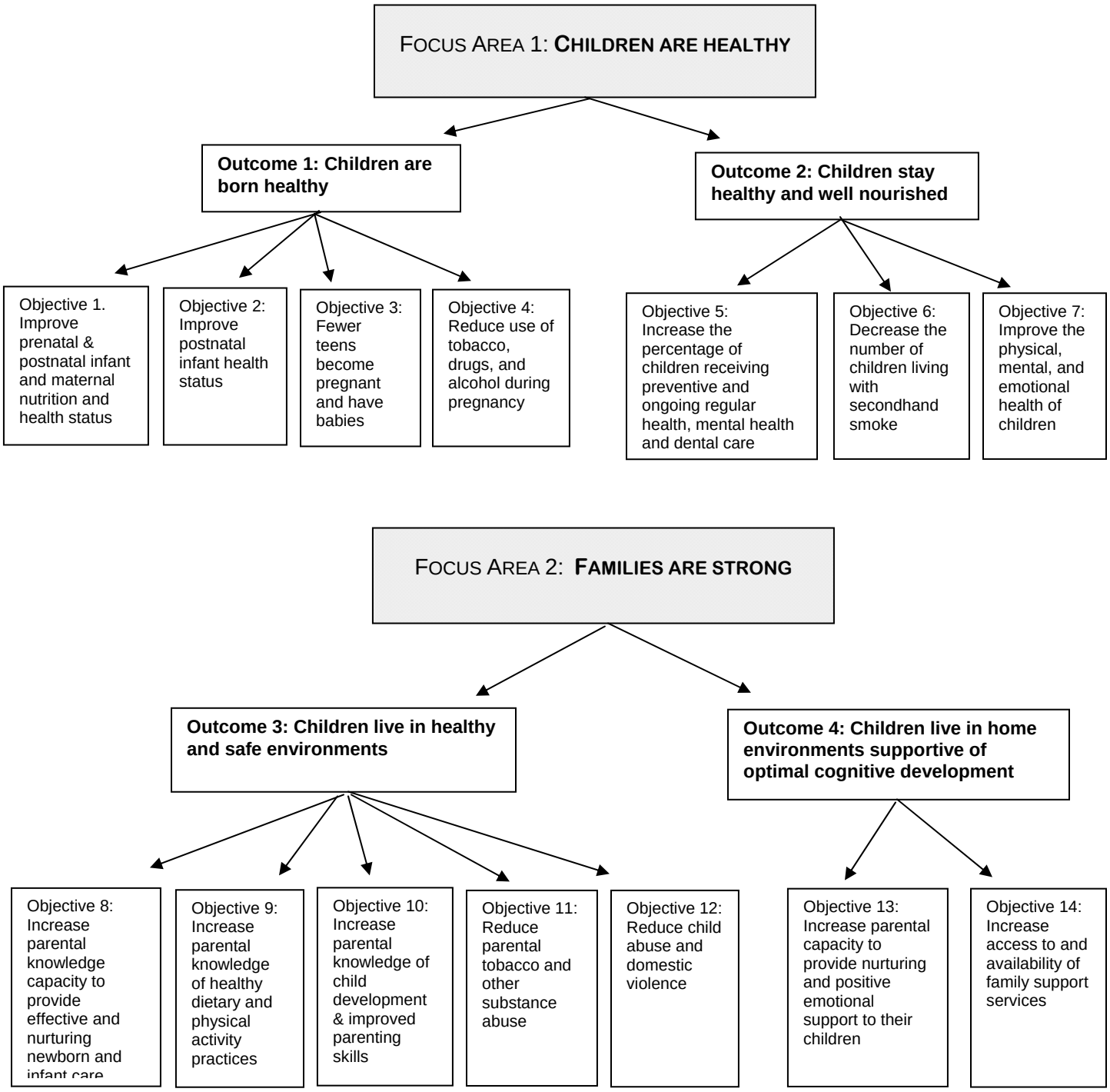
Outcome 9. Schools are ready for children

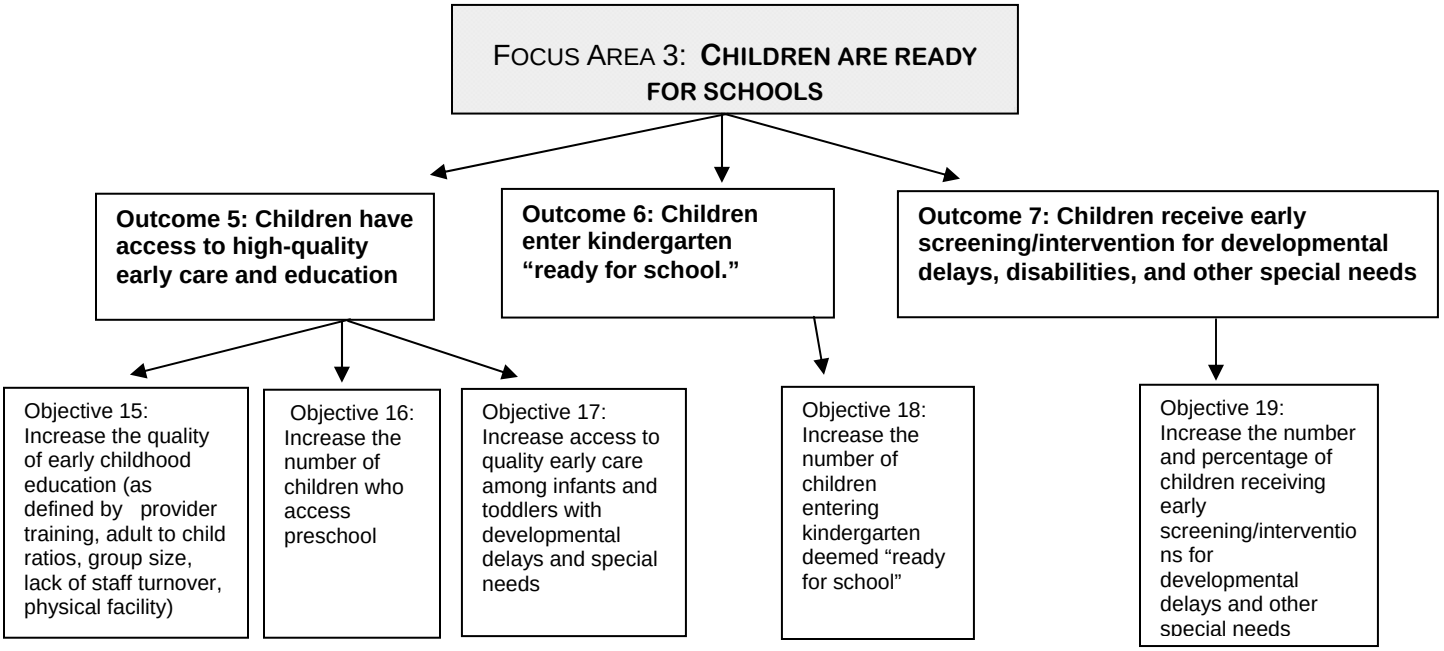
Objective 23. Increase collaboration among early care and education providers, kindergarten teachers and schools

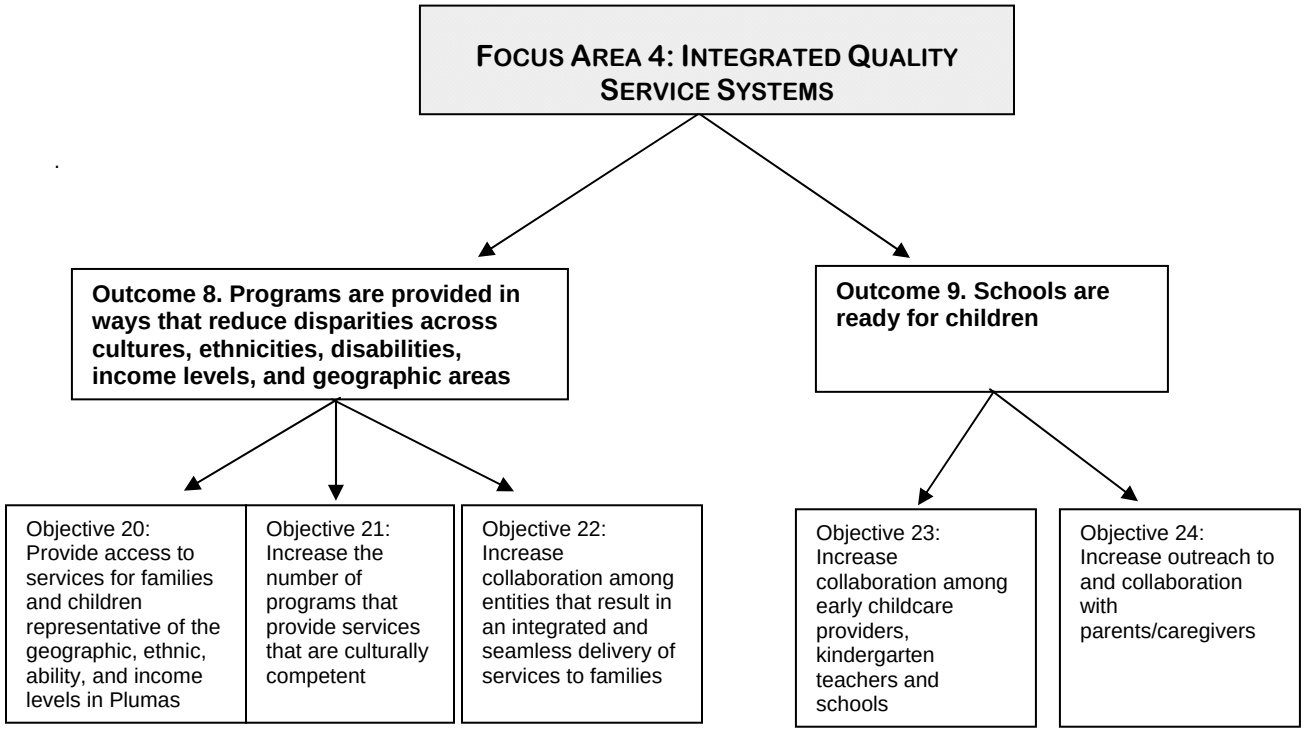
Objective 24. Increase outreach to and collaboration with parents/caregivers of children

3. Focus Areas, Outcomes, and Objectives

The following chart summarizes the focus areas, outcomes, and objectives.




FOCUS AREA 3: CHILDREN ARE READY FOR SCHOOLS
Outcome 5: Children have access to high-quality early care and education
Outcome 6: Children enter kindergarten "ready for school."
Outcome 7: Children receive early screening/intervention for developmental delays, disabilities, and other special needs
Objective 15: Increase the quality of early childhood education (as defined by provider training, adult to child ratios, group size, lack of staff turnover, physical facility)
Objective 16: Increase the number of children who access preschool
Objective 17: Increase access to quality early care among infants and toddlers with developmental delays and special needs
Objective 18: Increase the number of children entering kindergarten deemed "ready for school"
Objective 19: Increase the number and percentage of children receiving early screening/interventions for developmental delays and other special needs


FOCUS AREA 4: INTEGRATED QUALITY SERVICE SYSTEMS
Outcome 8. Programs are provided in ways that reduce disparities across cultures, ethnicities, disabilities, income levels, and geographic areas
Outcome 9. Schools are ready for children
Objective 20: Provide access to services for families and children representative of the geographic, ethnic, ability, and income levels in Plumas
Objective 21: Increase the number of programs that provide services that are culturally competent
Objective 22: Increase collaboration among entities that result in an integrated and seamless delivery of services to families
Objective 23: Increase collaboration among early childcare providers, kindergarten teachers and schools
Objective 24: Increase outreach to and collaboration with parents/caregivers

IV. FUNDING FRAMEWORK

1. Overall Funding Framework

Based on a review of past accomplishments and funding decisions, input from the community on current strengths and opportunities, and an analysis of current community data, the Plumas County Child and Family Commission developed a framework that links the outcomes and objectives identified in each focus area to funding goals and funded programs.

2. Funding Guidelines

In addition to the Commission's guiding principles, the Commission is committed to conducting an open, fair, and flexible funding process with an eye toward community capacity building in order to make good ideas fundable and sustainable. The Commission will make funding decisions based upon clear criteria, compelling community needs, and the relationship of each proposal to First 5 Plumas' purpose and desired outcomes. The Commission will fund programs and services that are:

- Culturally competent and linguistically appropriate
- Family centered
- Inclusive of children from diverse backgrounds and abilities.

3. Commission Goals

The Commission has identified 10 goals to achieve improved conditions for children and families.

1. Ensure that all pregnant women will receive prenatal services and education, including pregnant teens
2. Build capacity for oral health services to children ages 0-5
3. Increase the access to medical services and insurance coverage for children ages 0-5 and their families
4. Build capacity for mental health services for children ages 0-5 and their families
5. Increase educational opportunities for parents/caregivers and providers through integrated and consistent models of training
6. Build capacity for children ages 0-5 and their families to recreate
7. Build capacity of full day & year preschool for children ages 3-5
8. Build capacity of infant and toddler childcare, especially during odd hours
9. Increase access to early intervention health screening and services, including children with special needs/disabilities with an emphasis for children ages 0-3
10. Expand services to infants and children ages 0-5 with special needs and/or disabilities

4. Focus Areas, Outcomes, Goals and Funded Programs

The funding framework links funded programs to Commission goals for each outcome.

Focus Area 1: Children are Healthy

Outcome 1. Children are born healthy

Goal 1: Ensure that all pregnant women will receive prenatal services and education, including pregnant teens

Funded Programs:

- New Born House Calls

Goal 9: Increase access to early intervention health screening and services, including children with special needs/disabilities with an emphasis for children ages 0-3

Funded Programs:

- Early Intervention Project/PUSD
- Healthy Touch Infant Massage Program

Outcome 2. Children stay healthy and well nourished

Goal 2: Build capacity for oral health services to children ages 0-5

Funded Programs:

- Plumas County Oral Health Project

Goal 3: Increase the access to medical services and insurance coverage for children ages 0-5 and their families

Funded Programs:

- Early Intervention Services/PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Portola Bilingual Family Advocate - PUSD
- Kindergarten Roundup
- Plumas County Oral Health Project

Goal 4: Build capacity for mental health services for children ages 0-5 and their families

Funded Programs:

- New Born House Calls
- Healthy Touch
- Early Intervention Services

Focus Area 2: Families are Strong

Outcome 3. Children live in healthy and safe environments

Goal 5: Increase educational opportunities for parents/caregivers and providers through integrated and consistent models of training

Funded Programs:

- Early Intervention Services/PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Portola Bilingual Family Advocate - PUSD

Goal 6: Build capacity for children (0-5 years) and families to recreate

Funded Programs:

- Mini-Grants

Outcome 4. Children live in home environments supportive of optimal cognitive development

Goal 5: Increase educational opportunities for parents/caregivers and providers through integrated and consistent models of training

Funded Programs:

- Early Intervention Services - PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Portola Bilingual Family Advocate - PUSD

Focus Area 3: Children are ready for schools

Outcome 5. Children have access to high-quality early care and education experiences

Goal 7: Build capacity of full day & year preschool for children ages 3-5

Funded Programs:

- CARES Child Care Retention Incentive Program

Goal 8: Build capacity of infant and toddler childcare, especially during odd hours

Funded Programs:

- CARES Child Care Retention Incentive Program

Goal:

- Early Intervention Services - PUSD
- Indian Valley Family Advocate
- Early Childhood and Family Education Project
- Portola Bilingual Family Advocate - PUSD

Outcome 6. Children enter kindergarten ready for school

Goal: 11. Develop a strong collaboration between early childhood education and public schools.

Funded Programs:

- Early Intervention Services - PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Raising A Reader Program
- Portola Bilingual Family Advocate - PUSD
- Kindergarten Roundup
- Plumas County Oral Health Project

Outcome 7. Children receive early screening/intervention for developmental delays, disabilities, and other special needs

Goal 9: Increase access to early intervention health screening and services, including children with special needs/disabilities with an emphasis for children ages 0-3

Goal 10: Expand services to infants and children ages 0-5 with special needs and/or disabilities

Funded Programs:

- Early Intervention Services - PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Raising A Reader Program
- Portola Bilingual Family Advocate - PUSD

Focus Area 4: Integrated Quality Service System

Outcome 8. Programs are provided in ways that reduce disparities across cultures, ethnicities, disabilities, income levels, and geographic areas

Goal 9: Increase access to early intervention health screening and services, including children with special needs/disabilities with an emphasis for children ages 0-3

Goal 10: Expand services to infants and children ages 0-5 with special needs and/or disabilities

Funded Programs:

- Early Intervention Services - PUSD
- Healthy Touch Infant Massage Program
- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- New Born House Calls
- Portola Bilingual Family Advocate - PUSD

Goal: 11 Develop a strong collaboration between early childhood education and public schools.

Funded Programs:

- Raising A Reader Program
- Kindergarten Roundup
- Plumas County Oral Health Project

Outcome 9. Schools are ready for children

Goal: None

Funded Programs:

- Indian Valley Family Advocate - PUSD
- Early Childhood and Family Education Project
- Raising A Reader Program
- Portola Bilingual Family Advocate - PUSD
- Kindergarten Roundup

5. Funded Programs by Objectives

The following chart demonstrates the objectives that are being addressed by each of the funded programs.

Outcomes and Objectives	Funded Programs										
	CARES Childcare Incentive Program	Early Intervention Services - PUSD	Healthy Touch Infant Massage and Breastfeeding Support	Indian Valley Family Advocate	Early Childhood and Family Education Project	New Born House Calls and Early Learning Kits	Raising A Reader Program	Portola Bilingual Family Advocate - PUSD	Kindergarten Roundup	Plumas County Oral Health Project	ECE Consultant
Focus Area 1: Children are healthy											
Outcome 1: Children are born healthy											
Objective 1: Improve prenatal and maternal nutrition and health status		X	X	X	X	X					
Objective 2: Improve postpartum infant health status		X	X		X	X					
Objective 3: Fewer teens become pregnant and have babies											
Objective 4: Reduce use of tobacco, drugs, and alcohol during pregnancy		X	X		X						
Outcome 2: Children stay healthy and well nourished											
Objective 5: Increase the percentage of all children receiving preventive and ongoing regular health, mental health, and dental care		X	X	X	X	X		X	X	X	
Objective 6: Decrease the number of children living with secondhand smoke		X	X	X	X	X	X	X	X	X	
Objective 7: Improve the physical, mental, and emotional health of children		X	X	X	X	X		X	X	X	

FIRST 5 Plumas Strategic Plan
2005-2008

Outcomes and Objectives	Funded Programs										
	CARES Childcare Incentive Program	Early Intervention Services - PUSD	Healthy Touch Infant Massage and Breastfeeding Support	Indian Valley Family Advocate	Early Childhood and Family Education Project	New Born House Calls and Early Learning Kits	Raising A Reader Program	Portola Bilingual Family Advocate - PUSD	Kindergarten Roundup	Plumas County Oral Health Project	ECE Consultant
Focus Area 2: Families are strong											
Outcome 3: Children live in healthy and safe environments											
Objective 8: Increase parental knowledge and capacity to provide effective and nurturing newborn and infant care		X	X			X					
Objective 9: Increase parental knowledge of healthy dietary and physical activity practices		X	X	X	X	X		X			
Objective 10: Increase parental knowledge of child development & improved parenting skills	X	X	X	X	X	X		X			
Objective 11: Reduce parental tobacco and other substance abuse		X	X	X	X	X		X			
Objective 12: Reduce child abuse and domestic violence	X	X	X	X	X	X	X	X			
Outcome 4: Children live in home environments supportive of optimal cognitive development											
Objective 13: Increase parental capacity to provide nurturing and positive emotional support to their children		X	X	X	X	X		X			
Objective 14: Increase access to and availability of family support services		X	X	X	X	X		X			

FIRST 5 Plumas Strategic Plan
2005-2008

Outcomes and Objectives	Funded Programs										
	CARES Childcare Incentive Program	Early Intervention Services - PUSD	Healthy Touch Infant Massage and Breastfeeding Support	Indian Valley Family Advocate	Early Childhood and Family Education Project	New Born House Calls and Early Learning Kits	Raising A Reader Program	Portola Bilingual Family Advocate - PUSD	Kindergarten Roundup	Plumas County Oral Health Project	ECE Consultant
Focus Area 3: Children are ready for schools											
Outcome 5: Children have access to high-quality early care and education											
Objective 15: Increase the quality of early childhood education (as defined by provider training, adult to child ratios, group size, lack of staff turnover, physical facility)	X						X			X	
Objective 16: Increase in the number of children who access preschool	X			X	X			X			
Objective 17:Increase access to quality early childcare among infants and toddlers with developmental delays and special needs	X	X		X	X		X	X			
Outcome 6: Children enter kindergarten "ready for school."											
Objective 18: Increase in the number of children entering kindergarten deemed "ready for school"	X	X	X	X	X	X	X	X	X	X	X
Outcome 7: Children receive early screening/intervention for developmental delays, disabilities, and other special needs											
Objective 19:Children receive early screening/intervention for developmental delays, disabilities, and other special needs		X	X	X	X	X	X	X	X		

FIRST 5 Plumas Strategic Plan
2005-2008

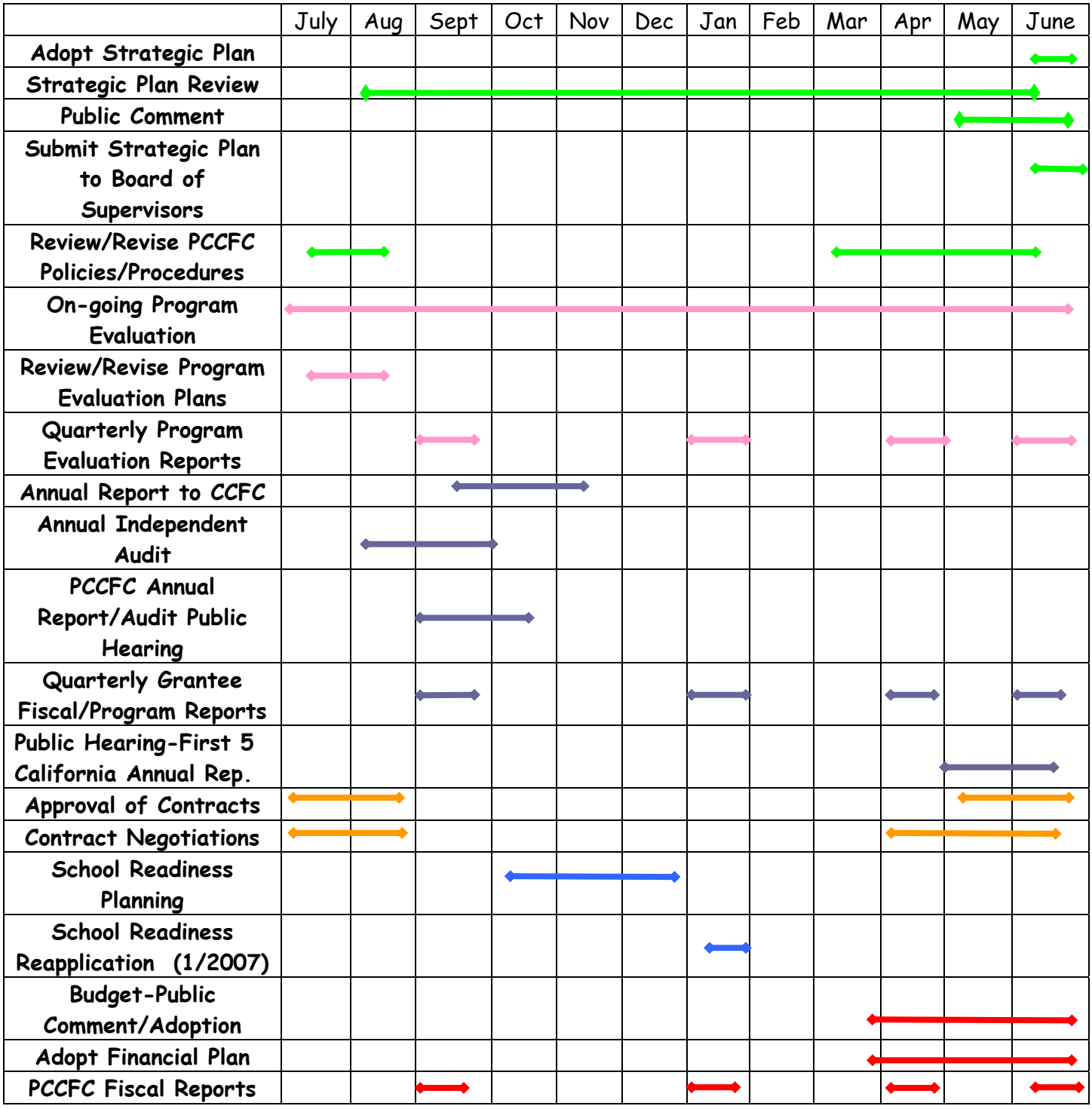
Outcomes and Objectives	Funded Programs										
	CARES Childcare Incentive Program	Early Intervention Services - PUSD	Healthy Touch Infant Massage and Breastfeeding Support	Indian Valley Family Advocate	Early Childhood and Family Education Project	New Born House Calls and Early Learning Kits	Raising A Reader Program	Portola Bilingual Family Advocate - PUSD	Kindergarten Roundup	Plumas County Oral Health Project	ECE Consultant
Focus Area 4: Integrated Quality Service Systems											
Outcome 8. Programs are provided in ways that reduce disparities across cultures, ethnicities, disabilities, income levels, and geographic areas											
Objective 20: Provide access to services for families and children representative of the geographic, ethnic, ability, and income levels in Plumas County		X	X	X	X	X	X	X	X	X	
Objective 21: Increase the number of programs that provide services that are culturally competent		X			X	X	X	X		X	
Objective 22: Increase collaboration among entities that result in an integrated and seamless delivery of services to families		X	X	X	X	X	X	X	X	X	
Outcome 9. Schools are ready for children											
Objective 23: Increase collaboration among early care & education providers, kindergarten teachers and schools		X							X		
Objective 24: Increase outreach to and collaboration with parents/caregivers of children				X	X		X	X	X		

6. Types of Funding

First 5 Plumas uses the following funding mechanisms to improve outcomes for children and families.

Funding Mechanism	Description	Advantages
Mini Grant	Covers small purchases ($1,000 to 5,000) or other one time expenses to improve or expand services	Allows broad community access to First 5 Plumas funding
Direct Service Grant	Covers new or expanded services directly serving children 0-5 and their families	Provides immediate, tangible benefits to children and their families. Can impact a large number of people through a few grants
Community Education & Capacity Building	Covers costs of specific programs or activities for community education & development	One time expense can have long term benefit Can engage and impact whole communities
Provider Capacity Building and Technical Assistance	Covers cost of addressing defined areas of technical, administrative or operational improvement to enhance provider capabilities	One time expense can have impact on capacity and sustainability among individual providers or across provider systems
Professional Services	Covers costs of professional services contracts for one time or on-going Commission efforts	Flexibly integrates expertise on an as needed basis

7. Funding, Planning and Reporting Cycles



Green-Strategic/Fiscal Planning Pink-Evaluation Light Blue-School Readiness
Dark Blue-Annual Report/Audit/Program Reports Red-Financial Planning/Fiscal Reporting
Gold-Funding Process

8. Financial Plan-Document Inserted

V. EVALUATION FRAMEWORK

The evaluation framework is an overview of methods and tools First 5 Plumas uses to evaluate the effectiveness of its investments in programs and services. Evaluation is important to help prioritize future funding decisions, identify promising practices and lessons learned, and to report to the public. Defining the desired outcomes can inform the planning and design of high quality programs and services to specifically address the goals of the Commission. Evaluating the success of First 5 Plumas investments includes two major components, program implementation and achievement of desired outcomes.

Evaluation Work Plan Programs are evaluated at different intervals based on length of funding and program duration. Evaluation of the Retention and Incentives program (CARES) was completed March 2005. A comprehensive combined evaluation of the three home visitation programs funded from 2002 to the present, Early Intervention Services –PUSD, Healthy Touch Infant Massage Program – SCFO, and Newborn House Calls – Plumas County Public Health Agency, will be completed during 2005-2006 program year. Ongoing data collection and analysis for ongoing monitoring and program quality improvement will continue on other programs as set forth in a table of evaluation work to be developed.

Confidentiality of participants is ensured through a strict confidentiality agreement that is signed by Commission staff as well as funded program staff and administrators. Personal identifying information about individuals is not provided to the First 5 Plumas or First 5 California commissions' staffs.

Program Implementation evaluation examines how well First 5 Plumas programs are conducted. Questions to be answered about implementation are:

- What services are being funded by First 5 Plumas?
- Who is receiving services?
- Are the services offered of high quality?

A local evaluation consultant is contracted to perform comprehensive evaluation services that include qualitative data collection and to provide technical assistance to Commission and funded program staff. Additionally First 5 Plumas adopted use of the Prop 10 Evaluation Data System (PEDS online data system, developed by SRI and CS&O, in fall 2003. The data provided by all funded programs allows First 5 Plumas to assess the types, frequency, duration and intensity of services offered to families in Plumas County. It also provides the Commission demographic information including age, ethnicity, special needs status and geographic area related to participants and funded services.

Outcome evaluation examines whether programs are achieving the desired outcomes for children and families. The outcomes identified by First 5 Plumas have been described in section III of this strategic plan. Indicators to measure these outcomes are listed below. Questions to be answered about outcomes include:

- Are funded services helping children and families reach the desired outcomes?
- How is the wellbeing of children and families in Plumas County changing over time?

Data used to determine implementation and achievement of outcomes comes from a number of sources. First 5 Plumas Commission and funded programs staff provide these resources for evaluation purposes:

- *Program data* – This information is collected by First 5 Plumas funded agencies to quantify services offered and report on the implementation of the program. Funded programs are required to provide quarterly reports to the Commission on progress of the contract scope of work and deliverables. A component of this report is service counts provided in hard copy and entered in the PEDS online database. Additional information on the program and outcomes is included in the narrative section of the quarterly report. These reports form the backbone of implementation contract compliance monitoring.

- *Core Participant Data* – Families receiving intensive services (3 or more contacts a month) are requested to participate in a survey of intake and follow-up questions every six months to gauge their wellbeing. These answers are tracked over time to determine whether involvement in First 5 Plumas funded programs has improved conditions for families and children. Most of these questions are directly related to the outcomes specified by First 5 Plumas. The advantage of this data is that it is a direct measurement of outcomes for families who are directly participating in First 5 on an ongoing basis. The disadvantage is that it is collected only for a relatively small number of clients. First 5 Plumas is providing training to funded programs to increase the number of families offered an opportunity to participate in this level of service.

- *Kindergarten Entry Profile* – This is an assessment of the developmental mastery of incoming kindergarten students in Plumas County. Kindergarten teachers complete a Modified Desired Results Developmental Profile (MDRDP) on each incoming student during the first 8 weeks of class. Collaboration between First 5 Plumas and Plumas Unified School District allowed the MDRDP to be completed for all entering PUSD students in fall 2004. SRI staff conducted Phone interviews with parents of incoming Greenville and Portola kindergarteners. The advantage of this data is that it is comprehensive and measures development of children throughout the county. Since it is collected locally, PUSD and First 5 Plumas can develop the schedule and frequency of collection. The disadvantage of this data is that the phone survey may only be completed bi-annually by SRI.

- *County and State Data* – Data on children and families is routinely collected by local and state agencies. Some of this data is very useful as indicators of the wellbeing of children and families in the county, and can be used to track changes. Other data may be collected by organizations on an as-need basis. Advantages of this data are that it allows comparisons of characteristics of children in Plumas County to others in the state and nation. Disadvantages of

this type of data are that it is not collected on a time schedule that necessarily fits with First 5 Plumas needs. Data from statewide surveys (such as smoking rates) also may not be available for Plumas County, where often too few participants are located.

- *Report Card* – The Commission developed a report card assessing the status of child health, development, and family functioning in 2002 during its strategic planning process. The report card identifies 12 indicators of child wellbeing using a combination of state, county, and program data. The report card is intended to identify the trends for children and families in Plumas County.

- *Program Evaluations* – These are comprehensive examinations of specific programs funded by First 5 Plumas. Typically outcomes and indicators specific to the program are analyzed using data collected by the program, existing data from county or state sources, and new data. New data typically includes participant program satisfaction to judge the quality of services provided.

Indicators Evaluation indicators are descriptions of objective data to be used to determine whether programs have achieved implementation and outcome results. Indicators are specific measures or benchmarks used to help quantify the achievement of the goal (e.g. number of children entering school fully immunized). The tables below list the indicators to be used to determine whether an outcome has been achieved.

FOCUS AREA 1: CHILDREN ARE HEALTHY

Objective #	Indicator	Pro-gram data	Core Parti-cipant Data	Kgar-ten Entry Profile	County/ State Data	Report Card
Outcome 1. Children are born healthy						
1. Improve prenatal / maternal nutrition and status	# and % of live births in which mothers received late or no prenatal care				X	X
	# and % of births at low birth weight		X		X	X
2. Improve postnatal infant health status	Infant survival rate				X	X
	# and % of families served by postpartum/ neonatal home visitation programs	X				
	# and % of mothers initiating breastfeeding	X	X		X	X
3. Fewer teens become pregnant and have babies	# and rate of births to teenage mothers				X	X
	# and % of teenage births within 24 months of a previous birth				X	
4. Reduce use of tobacco, drugs and alcohol during pregnancy	# and % of women with a positive screen for alcohol or drugs during delivery				X	
	# and % of babies treated for complications due to maternal alcohol and other drug use				X	

The indicators include both outcome-based data (for objective 2, the infant survival rate) and implementation based data (for objective 2, the number of postpartum and neonatal service contacts being delivered by programs).

Columns to the right of each indicator identify the source of the data. Data currently collected is designated by an **X**. Indicators for which data has not been collected are designated with a shaded **X**. Some of the indicators are for objectives not currently funded, but of interest to First 5 Plumas. Other data will be collected when specific program evaluations are conducted for that objective.

Outcome 2. Children stay healthy and well nourished.						
5. Increase the percentage of children receiving preventive and ongoing health, mental health, and dental care	# and % of children who have health / dental insurance		X		X	
	# and % of children with a medical home		X	X		
	# and % of children 3 and older who get dental exams		X			
	# and % of children with no dental caries at age 5				X	
	# and % of children who receive recommended checkups by age 2		X		X	X
	# and % of children who receive recommended vaccines for their age		X		X	X
	Availability of pediatric health services	X			X	X
6. Decrease number of children living with secondhand smoke	# and % of children who live in households where adults smoke	X				
	# and % of adults who smoke		X		X	
7. Improve the physical, mental, and emotional health of children	# and % of children with expected weight for their age	X			X	
	# and % of children whose parents rate them as in very good or excellent health			X		
	# and % of children who participate in physical activities	X				

FOCUS AREA 2: FAMILIES ARE STRONG						
Outcome 3. Children live in healthy and safe environments.						
8. Increase parental knowledge and capacity to provide effective and nurturing newborn / infant care	# and % of families in the county served by home visitation programs focused on new born and infant care	X				
9. Increase parental knowledge of healthy dietary and physical activity practices	# and % of children with expected weight for their age	X			X	
	# and % of children whose parents rate them as in very good or excellent health			X		
	# and % of children who participate in physical activities	X				

Objective	Indicator	Program data	Core Participant Outcome Data	Kinder-garten Entry Profile	County/ State Data	Report Card
10. Increase parental knowledge of child development & improved parenting skills	# and % of families served by parenting and child development home visitation programs	X				
	# and % of families participating in early learning activities	X				
	# of family literacy programs in the community and # of families participating	X				
	# and % of parents taking parenting skill classes focused on supporting child development	X				
11. Reduce parental tobacco / substance abuse	# and % of parents who smoke and/or use drugs	X			X	
12. Reduce child abuse and domestic violence	# and % of children with substantiated or confirmed (open) cases of child abuse				X	
	# and % of child maltreatment in which there is a recurrence within a six month period				X	
	# and % of child abuse reports received by Plumas CPS				X	X
	# a of children removed from their homes				X	

Outcome 4. Children live in home environments supportive of optimal cognitive development						
13. Increase parental capacity to provide nurturing and positive emotional support to their children	# and % of parents who report reading to their children		X			
	Educational attainment for Plumas county mothers (at child birth)				X	X
	# and % of parents receiving treatment for depression or other mental health problems				X	
	# and % of parents receiving treatment for alcohol / substance abuse				X	
Objective #	Indicator	Program data	Core Participant Outcome Data	Kinder-garten Entry Profile	County/ State Data	Report Card
14. Increase access to and availability of family support services	# and % of families who receive enhanced case management services to meet their basic needs	X				
	# and % of families who receive support services through family resource centers	X				
Outcome 5. Children have access to high-quality early care and education experiences						
15. Increase the quality of early childhood education	# of providers participating in training and professional development	X				
	# of providers offering high quality environment as indicated by ECERS and FICERS assessments				X	
16. Increase availability of licensed childcare and preschool	# of licensed center/ family childcare spaces per 100 children				X	X
	# of Head Start/state preschool slots per 100 low income children				X	X
	# and % pf children who attend preschool, pre-K, or Head Start program by kindergarten entry	X		X		
	# of providers offering care during non-traditional hours				X	X
17. Increase access to quality early childcare among infants and toddlers with developmental delays and special needs	% of children with special needs enrolled in Head Start and state preschool	X			X	
	# of children with special needs enrolled in PUSD's special day preschool				X	
	% of children with special needs who receive quality child care				X	
	# and % of providers trained to care for children with special needs	X				

Outcome 6. Children enter kindergarten ready for school						
Objective #	Indicator	Program data	Core Participant Outcome Data	Kinder-garten Entry Profile	County/ State Data	Report Card
18. Increase in the number of children entering kindergarten deemed "ready for school" by their teachers.	# and % of children entering kindergarten ready for school as determined by the MDRDP assessments and phone interviews			X		
	# and % of children retained in first grade				X	
	State standardized test scores in 2nd grade for reading and math				X	
	# of students participating in school linked transition/school readiness activities	X				
Outcome 7. Children are screened for special needs, and receive appropriate intervention and child development services.						
19. Increase in the number and percentage of children receiving early screening/intervention for developmental delays, disabilities, and other special needs	# and % of children under age three who receive a developmental screening by a primary care provider		X			
	# and % of primary care providers who use developmental screenings on all children under age 3				X	
	# and % of children with disabilities who receive developmental services by kindergarten entry	X			X	
	# and % of children identified as having special needs by kindergarten entry	X			X	
	# of support and training programs for education providers	X			X	X
	# of training sessions for education providers	X			X	X

Outcome 8. Programs are provided in ways that reduce disparities across cultures, languages, ethnicities, disabilities, income levels, and geographic areas							
Objective #	Indicator	Program data	Core Participant Outcome Data	Kinder-garten Entry Profile	Program Evalua-tions	County/ State Data	Report Card
20: Provide access to services for families and children representative of the geographic, ethnic, ability and income levels in Plumas County.	% of children and families served by funded programs from each ethnic, language, geographic, ability and income level	X		X			
21. Increase the number of programs that provide services that are culturally competent	# of programs that provide culturally competent services.	X					
22. Increase collaboration among entities that result in an integrated and seamless delivery of services to families	# of collaborative programs developed and maintained	X					
Outcome 9. Schools are ready for children							
23. Increase collaboration among early childcare providers, kindergarten teachers and schools	# of Kindergarten transition activities and programs offered	X					
	# of collaborative programs and activities developed between early childcare providers, K teachers and schools	X		X			

VI. APPENDIX

1. SITUATIONAL ANALYSIS

Understanding the unique aspects of Plumas County and its residents is integral in revising the strategic plan in a manner consistent with serving the interests of children 0 to 5 and their families. This situational analysis endeavors to share important information about Plumas County, which was considered by the Commission in selecting their goals.

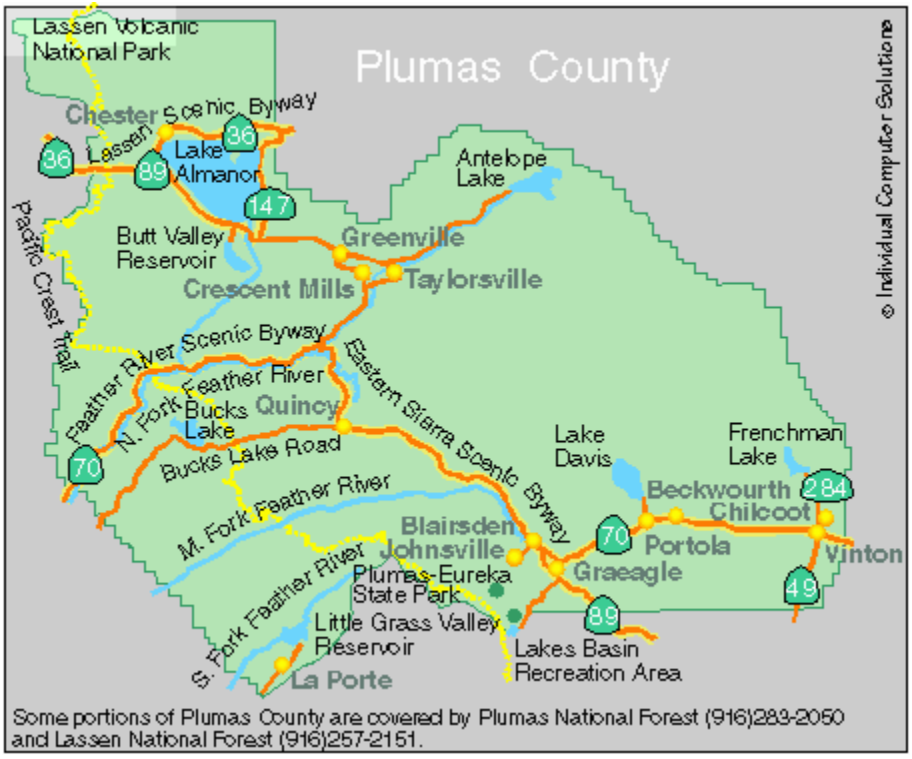
History and Geography

In March of 1854, Plumas County was formed from the eastern and largest portion of Butte County with the town of Quincy chosen as the county seat after a heated election.

One of the most unspoiled areas of California, Plumas County is comprised of more than 1.6 million acres, most of which are National Forest land. 1,000 miles of streams and rivers along with 50 lakes provide countless recreational experiences.

Geography Quick Facts	Plumas County	California
Land area (square miles)	2,554	155,959
Persons per square mile	8.2	217.2
People Quick Facts	Plumas County	California
Population, 2000	20,824	33,871,648
Population, percent change, 1990 to 2000	5.5%	13.6%
Persons under 5 years old, percent, 2000	4.5%	7.3%
Persons under 18 years old, percent, 2000	22.7%	27.3%
Persons 65 years old and over, percent, 2000	17.9%	10.6%
White persons, percent, 2000	91.8%	59.5%
Black or African American persons, percent, 2000	0.6%	6.7%
American Indian and Alaska Native persons, percent, 2000	2.5%	1.0%
Asian persons, percent, 2000	0.5%	10.9%
Native Hawaiian and Other Pacific Islander, percent, 2000	0.1%	0.3%
Persons reporting some other race, percent, 2000	1.8%	16.8%

Persons reporting two or more races, percent, 2000	2.6%	4.7%
Female persons, percent, 2000	50.0%	50.2%
Persons of Hispanic or Latino origin, percent, 2000	5.7%	32.4%
White persons, not of Hispanic/Latino origin, percent, 2000	88.7%	46.7%
High school graduates, persons 25 years and over, 1990	11,413	14,244,971
College graduates, persons 25 years and over, 1990	2,090	4,366,674
Persons per household, 2000	2.29	2.87
Households with persons under 18, percent, 2000	28.5%	39.7%
Median household money income, 1997 model-based estimate	$35,154	$39,595
Persons below poverty, percent, 1997 model-based estimate	13.1%	16.0%
Children below poverty, percent, 1997 model-based estimate	20.1%	24.6%



Map of Plumas County

In the late 1850s, Greenville came into existence as a mining and farming community at the head of Indian Valley; Chester, near Lake Almanor, was born as a result of damming Big Meadows and the lumber potential from the timber stands blanketing the area. Soon after the turn of the century, and with the construction of the Western Pacific Railroad in 1910, Portola came into existence.

With the railroad for transportation, the timber industry began to emerge as the primary economic force in the county. Until that time lumber was milled strictly for local use. Finished lumber could now be shipped nationwide from Plumas forests. The timber industry contributed enormously to the growth and prosperity of Plumas County and continues to do so to this day.

Census Data
The 2000 Census provides a quick view of Plumas County, with facts about its people:

People Quick Facts	Plumas County	California
Population, 2000	20,824	33,871,648
Population, percent change, 1990 to 2000	5.5%	13.6%
Persons under 5 years old, percent, 2000	4.5%	7.3%
Persons under 18 years old, percent, 2000	22.7%	27.3%
Persons 65 years old and over, percent, 2000	17.9%	10.6%
White persons, percent, 2000	91.8%	59.5%
Black or African American persons, percent, 2000	0.6%	6.7%
American Indian and Alaska Native persons, percent, 2000	2.5%	1.0%
Asian persons, percent, 2000	0.5%	10.9%
Native Hawaiian and Other Pacific Islander, percent, 2000	0.1%	0.3%
Persons reporting some other race, percent, 2000	1.8%	16.8%
Persons reporting two or more races, percent, 2000	2.6%	4.7%
Female persons, percent, 2000	50.0%	50.2%
Persons of Hispanic or Latino origin, percent, 2000	5.7%	32.4%
White persons, not of Hispanic/Latino origin, percent, 2000	88.7%	46.7%
High school graduates, persons 25 years and over, 1990	11,413	14,244,971
College graduates, persons 25 years and over, 1990	2,090	4,366,674
Persons per household, 2000	2.29	2.87
Households with persons under 18, percent, 2000	28.5%	39.7%
Median household money income, 1997 model-based estimate	$35,154	$39,595
Persons below poverty, percent, 1997 model-based estimate	13.1%	16.0%
Children below poverty, percent, 1997 model-based estimate	20.1%	24.6%

There are a number of issues and indicators that are important to consider in addressing the needs of children age 0 to 5 and their families in Plumas County. In addition to the demographic information about the County, a situational analysis of Plumas County is possible by looking at indicators, the results of the Commission's first strategic plan and the efforts made to understand the circumstances of the county's residents through town meetings held during the development of the first strategic plan.

Plumas County Indicators

Birth Rate
The birth rate in Plumas County is relatively low compared to the state average. In 2000, there were 186 live births in Plumas County, a 13% rise over the 164 births in 1999. There were 6.3 live births per 1,000 residents in 2000, a slight increase from the two previous years.

The Hispanic birth rate increased from 4.1 percent in 1998 to 7 percent in 2000.

47 percent of the births in Plumas County cited Medi-Cal as the payment source.

Poverty
Of the county's 20,000 residents, 1,200 were receiving food stamps in 1998. The number of persons receiving food stamps has gone down each year from 1995 to 1998. The same is true for recipients of Temporary Assistance for Needy Families (TANF), with those numbers also declining each year since 1995, reaching a low of 987 recipients in 1998.

This does not accurately reflect the poverty experienced by many county residents in that of the 3,425 school aged children in Plumas Unified School District in 2000, 253 were receiving TANF and 1,225 were enrolled in free or reduced price meal programs. The number of children enrolled in those programs has varied between 1200 and 1400 since 1995.

In 1997, 15.4% of children ages 0 to 5 in Plumas County were living in poverty.

Foster Care From July 2000 to June 2001, there were 86 children in Plumas County placed in foster care. Over half of the children experienced one placement during that 12 month period, but 39 children experienced two or more placements.

Test Scores
In terms of math and reading, when examining the STAR test scores for 4th, 8th and 11th graders, a disturbing trend exists. While Plumas County does better than the state as a whole in reading and math, the highest percentages are experienced in 4th grade, with scores declining sharply between 4th and 8th grade in both reading and math. That decline continues so that by the time a child is in 11th grade in Plumas County, the

average student is ranking in the 50th percentile, or with equally half the state scoring higher and half scoring lower for both reading and math.

High School Graduation

In 2000, there were 226 high school graduates from Plumas Unified School District. The number of teens who dropped out of the class of 2000 from 9th through 12th grade was 28, the highest in the past six years. This translates into a 2.4 percent dropout rate, again the highest in the County since 1995.

Of greater concern is the mandatory exit exam for California graduates, which goes into effect in 2004. In June, it is possible that a number of those students expecting to graduate will learn that they are not eligible to graduate, having failed the exit exam.

Enrollment

The total number of students enrolled in Plumas Unified School District has gently declined over the past six years, from 3,705 in 1996 to a low of 3,397 in 2000. This has reduced average class size from 25 to 20 over the same period.

At the same time, the percent of minority students has increased from 13.8 percent in 1996 to 18.7 percent in 2000.

Substance Use/Abuse

Substance use and abuse in Plumas County is higher than the state average. Alcohol and marijuana use is on the increase with four times as many students reporting drug and alcohol use 1- 2 times a week in 1999 than did in 1998. In addition, the age of first use or intoxication has dropped from age 14 and 15 over the past four years to age 12 in 1999. By the time students progressed from 7th grade to 11th grade, the number of students reporting they smoked marijuana in the past 30 days increased from 8 percent to 35 percent.

Crime

Plumas County enjoys a crime rate lower than the state average. In 1999, there were 100 total calls related to domestic violence, a decrease of 15 calls from the year before. The total number of calls involving a weapon also declined from 71 in 1998 to 40 in 1999.

Unemployment

Plumas County experiences seasonal unemployment each year. In the period between 1995 and 2001, the lowest month of unemployment has consistently been September with the highest month being February. The year round average for numbers unemployed for both 2000 and 2001 was 813. The unemployment rate was 8.4 percent for both years, having declined from 13.4 percent in 1995.

Income

The per capita income in Plumas County in 1998 was $23,800 as compared to a statewide average of $28,200. The median household income in the county in 2000

was $37,709. However, between 1999 and 2000, 36% of the children in the county were defined as low income, or living at or below 185% of poverty.

Housing

According to social services, an average of four families per month is provided homelessness assistance by the Plumas County Department of Social Services.

2. Children's Report Card

FIRST FIVE PLUMAS REPORT CARD

October 2005

Submitted to:

First Five Plumas
PO Box 3140
1446 East Main Street
Quincy, California 95971
First5plumasev@psln.com

By:

Susie Kocher
Evaluation Consultant
17594 Hough Circle
Greenville, CA 95947
skocher@frontiernet.net

ACKNOWLEDGEMENTS

This report card was developed by Social Entrepreneurs, Inc under a contract with the California Children and Families Association, Technical Assistance Support Center. SEI is dedicated to improving the lives of people by helping organizations realize their potential. SEI can be contacted at 6121 Lakeside Drive, Suite 160, Reno, Nevada 89511 (775) 324-4567, or on the Internet at http://www.socialent.com. Data for updating this report card was collected by Susie Kocher, First Five Plumas Evaluation Consultant.

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INTRODUCTION

The Plumas County Children and Families developed a report card related to children and families in Plumas County during the strategic planning process undertaken in spring 2002. The strategic plan was developed under a contract with the California Children and Families Association, Technical Assistance Support Center by Social Entrepreneurs, Inc.

The Commission will use this report card to identify strategies for investments into projects, programs or educational efforts to affect report card indicators. The report card is also intended to increase accountability to key stakeholders and communicate the strategies the Commission is pursuing to improve the lives of children and families in Plumas County. The report card will help tell the story of children and families in Plumas County and will connect the Commission's goals and strategies to the urgent issues impacting the community.

Indicators for this report card were selected from many possible statistics due to their relevance to the strategic results to be achieved by the Plumas First Five initiative. These results are:

- Children are healthy,
- Families are strong,
- Children are ready for schools, while the community and the schools are ready for the children, and
- Systems are integrated to better serve the community.

Many possible indicators were reviewed before the report card was narrowed to 12 indicators. , Commissioners rated each indicator for **importance** to children's health and well-being in Plumas County and the degree of **urgency** the Commission felt to take action or invest resources in changing this outcome, based upon the mission, vision and guiding principles of the Commission and availability of existing services. Commissioners used the following scale: 1 = Not urgent/important, 2 = Neutral, 3 = Somewhat urgent/ important, 4 = Urgent/ Important, 5 = Very urgent/ important. Commissioner scores were combined to create an overall rating for the indicator.

The Commission then used those ratings to identify the indicators that would be included in the report card. Indicators eliminated did not have direct relevance to children 0 to 5, were not of special importance to children in Plumas county, or were beyond the ability of the Commission to affect through investment of limited First Five funds.

A total of 12 indicators were chosen for inclusion in this report card. A detailed description of why each of the 12 indicators is important for achieving the Commission's mission begins on the next page, along with baseline and follow up data available as of June 2003. This report card will be updated on an annual basis.

First Five funds began to be disbursed to programs with these goals in the year 2000. The year 1999 serves as the baseline against which future changes in the well being of children through age five should be considered.

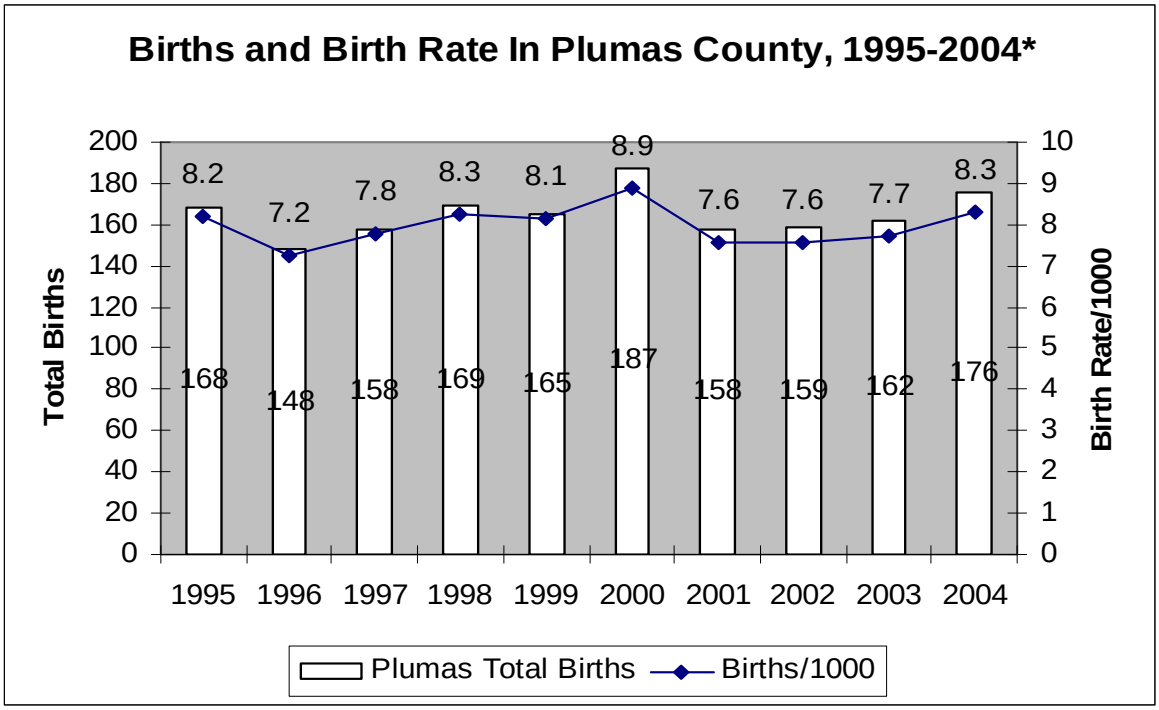
FOCUS AREAS

The priority focus areas selected by the Commission are displayed in the table below. Indicators for each are described and reported on in the following sections.

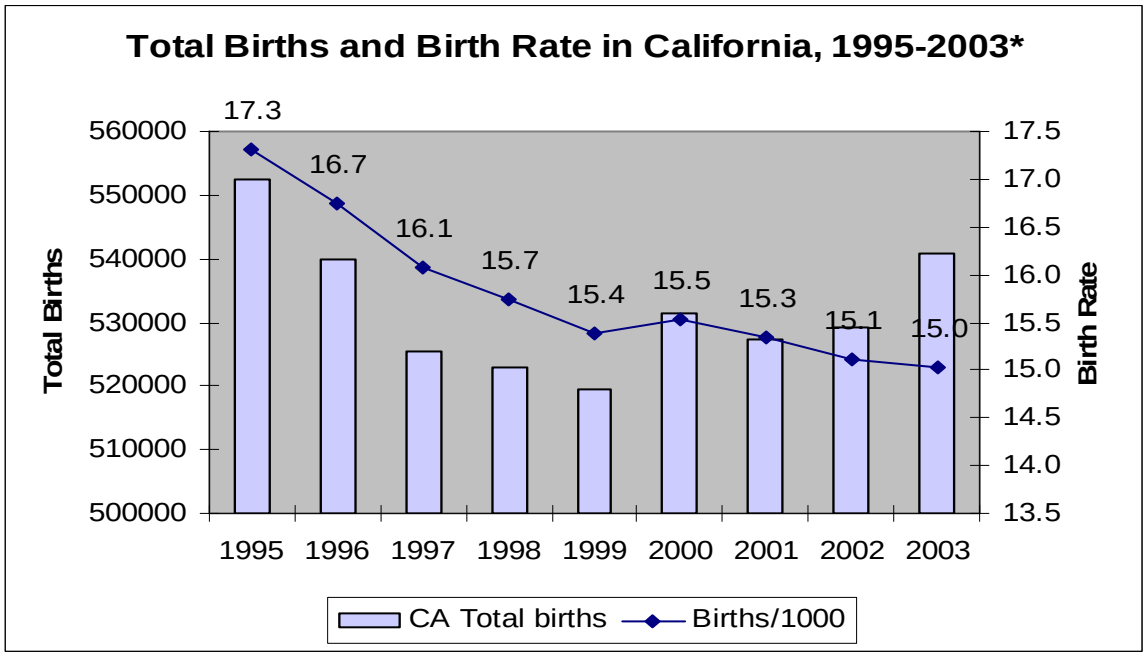
#	Topic	*The Commission will promote programs, projects, or mechanisms that….*	Importance	Urgency	Rating
1	Oral Health Care	Educate and increase access and availability to improve the overall oral health of children ages 0-5.	5	5	5
2	Special Needs	Address the special needs of children age 0 to 5 and their families.	5	4.6	4.8
3	Child Abuse	Identify children and families at high risk for abuse, and develop or promote mechanisms that improve outcomes for those children and reduce recidivism.	4.8	4.1	4.5
4	Prenatal Care	Encourage more pregnant mothers to get prenatal care during their first trimester and to maintain it throughout pregnancy	4.5	4.1	4.3
5	Quality Child Care	Increase the availability and amount of quality childcare and improve the quality of existing care in Plumas County.	4.5	4.1	4.3
6	Breast Feeding	Educate and support new mothers to both begin and maintain breastfeeding.	4.8	3.8	4.3
7	Low Birth Weight	Promote healthy behaviors that improve birth weight during pregnancy, and counteract the damaging results of low birth weight.	4.5	3.8	4.2
8	On-time Immunization	Raise awareness on the importance on time immunization through education and support for children and parents, increase access to immunization.	4.5	3.1	3.8
9	Births by Teen Mothers	Invest in strategies to improve outcomes for children of teens intervention and/or support for pregnant teens, and teen mothers and their children.	4.3	3.3	3.8
10	Mental Health	Identify and address mental health needs of children age 0-5	4.0	3.6	3.8
11	Infant Mortality	Positively impact infant mortality, and identify and reduce barriers as well as increase access to prenatal care.	4.5	3.0	3.8
12	Literacy/ Education	Address the five areas of emerging literacy of children 0-5: talking, reading, writing, playing and learning reading code.	4.1	3.1	3.6

POPULATION AND BIRTHRATE

Plumas County is a remote rural area in Northeastern California. The county had about 21,000 residents in 2004, a population that has grown only 1% over the last decade. This is in marked contrast to the population of California as a whole which has increased by over 11% in the same period. The birth rate in Plumas County increased in 2004 to 8.3 per thousand, the highest rate since 2000. This was still much lower than the California birth rate of 15.4 births per thousand people. Because only one hospital in the county delivers babies, 35% of Plumas mothers gave birth outside the county in 2003, including 6% who gave birth in nearby Nevada. The percentage giving birth in Nevada has been as high as 15% in 2000.

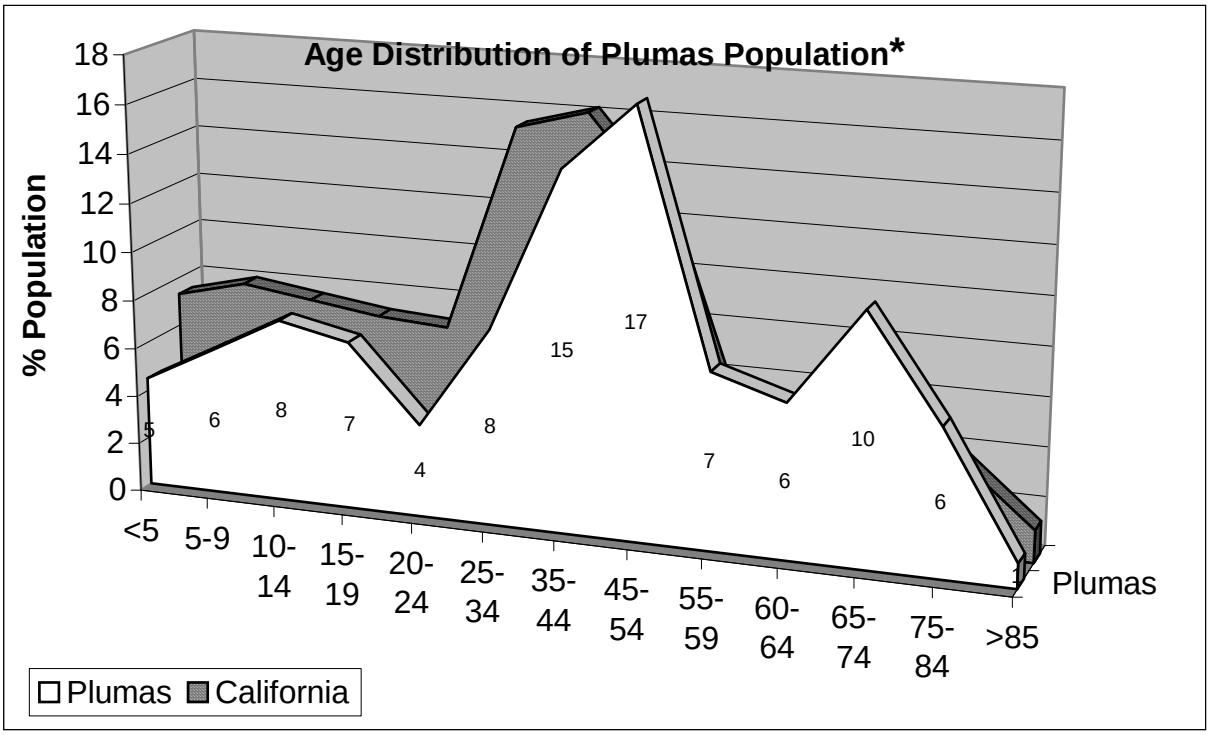


** Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.



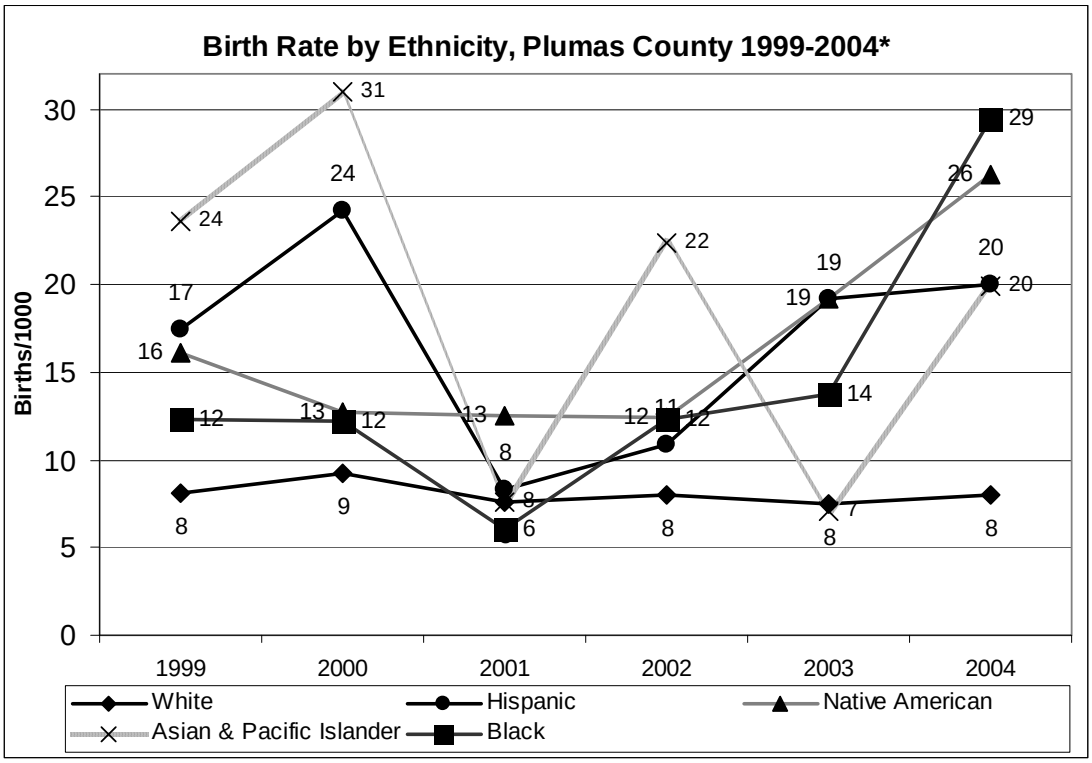
**Source: California Department of Finance Demographic Research Unit*

One factor accounting for the relatively low birth rates in Plumas County is the age of the population. In 2000, only 51% of the population was below age 45 in the county compared to 69% statewide. Thus there is a lower percentage of women of childbearing age in the county. Conversely, 48% of the county's population is over 45, compared to only 31% statewide.



Source: US Census 2000

Another factor leading to the relatively low birth rate in Plumas County is the ethnic composition of the population. Unlike the rest of the state, the population is primarily white, a group with a relatively low birth rate. In 2003, 89% of the population was white, 1% African American, 7% Hispanic, 1% Asian and 3% Native American. This contrasts to a California population that is 48% white, 7% African American, 32% Hispanic, 12% Asian, and 1% Native American.



** Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.

INDICATOR 1: ORAL HEALTH CARE

Importance: 5 Urgency: 5 Overall Rating: 5

Poor oral health of children has been related to poor performance in school, poor social relationships, and less success later in life. Despite a century of improvements in the delivery and utilization of dental care, dental caries (cavities) is the most prevalent chronic childhood disease. Over 50 percent of children have dental caries in their primary teeth by the first grade, and over 80 percent of adolescents have dental caries. In California, approximately 4.5 million Medicaid beneficiaries are eligible for dental services, yet fewer than half (44%) utilize these services on an annual basis. While several factors contribute to the low use of dental services among Medicaid beneficiaries, the major deterrent is finding a dentist to treat them. This is especially true for young children ages 3 - 5.

Local Data: The number of dentists accepting Denti-cal in the County has been fairly stable during the last four years, totaling 5 in 2004. Dentists accepting Denti-Cal are located at the Eastern Plumas Health District (1), Plumas District Hospital's Dent-Cal clinic in Quincy (2), the Greenville Rancheria (1) and a private provider. There are however, no specialty dentists in the County. Children who must see a pediatric dentist or oral surgeon for dental work requiring anesthetics must be sent out of county for services.

Indicator 1, Oral Health Care	2001	2002	2003	2004
Number of specialty dentists in Plumas County	0	0	0	0
Number of dentists in Plumas County accepting Denti-Cal	4	5	5	5

**Source: Plumas Public Health Agency Maternal Child Health Director*

INDICATOR 2: SPECIAL NEEDS

Importance: 5 Urgency: 4.6 Overall Rating: 4.8

Research indicates that the earlier a child with disabilities is identified, the less time they will spend in special education. Therefore early identification is more cost effective and better addresses the needs of the child.

Local Data: The number of special needs children 0-5 identified in Plumas County increased from 41 in fiscal year 2001 to 2002 to 51 in fiscal year 2002 to 2003. This is due, at least in part, to increased outreach and identification services funded by Plumas First Five. The number identified was 45 in 2005.

2002-2003: A support and training effort was conducted in 2002-03 through funding from the Child Care Planning Council. Outreach to promote early identification and services for special needs children was made to health professionals, providers, teachers and agencies working with young children. A total of 80 contacts including formal presentations were made between January and June 2003 to 35 family child care and child care centers, 17 agencies that work with infants and toddlers, 22 medical professionals, and teachers from 6 schools.

Two trainings for education providers were presented during the year. One session presented techniques for using touch to help premature infants in a day care setting for the child development staff at Lassen College by the Healthy Touch program (funded by First 5). Another presented techniques for working with special needs babies and toddlers was presented to education providers by Plumas Rural Services.

2004-2005: Support and training of education providers was carried on by First 5 funded projects this year. The Early Intervention specialist (PUSD) made a presentation to Head Start staff on integration of children with special needs into the preschool setting on May 5th, 2005. The Health Touch program also trained Head Start staff on May 17th, 2005 on the use of touch within the preschool settings, focusing on needs of autistic children. The Healthy Touch specialist also trained 19 early childhood education students at Feather River College in the use of touch with young children.

Indicator 2, Special Needs	2001-2002	2002-2003	2004-2005
Number of children with special needs age 0-5 in Plumas County*	41	51	45
Number of support and training programs for education providers*	0	2	1
Number of training sessions for education providers**	0	2	2
Number education providers trained**	0	6	26

**Source: Plumas Unified School District*
***Source: Sierra Cascades Family Opportunities, Plumas Rural Services*

INDICATOR 3: CHILD ABUSE

Importance: 4.8 Urgency: 4.1 Overall Rating: 4.5

Child abuse is especially damaging to children in their first five years of life. Lacking the normal nurturing and care that most children are afforded, abused and neglected children experience delays in their development including school readiness. Frequently such delays will result in lifelong consequences. Aggressive early identification and intervention can influence a child's life in a positive manner and is particularly critical in the first five years of life before more significant challenges develop.

Local data: The number of reports of child abuse received by Plumas County Social Services' Child Protective Services branch has declined steadily in the last seven years from 434 in 1998 to 214 in 2004. Referrals for children from birth to age five have decreased as well, although there was an increase in 2003 from the year before.

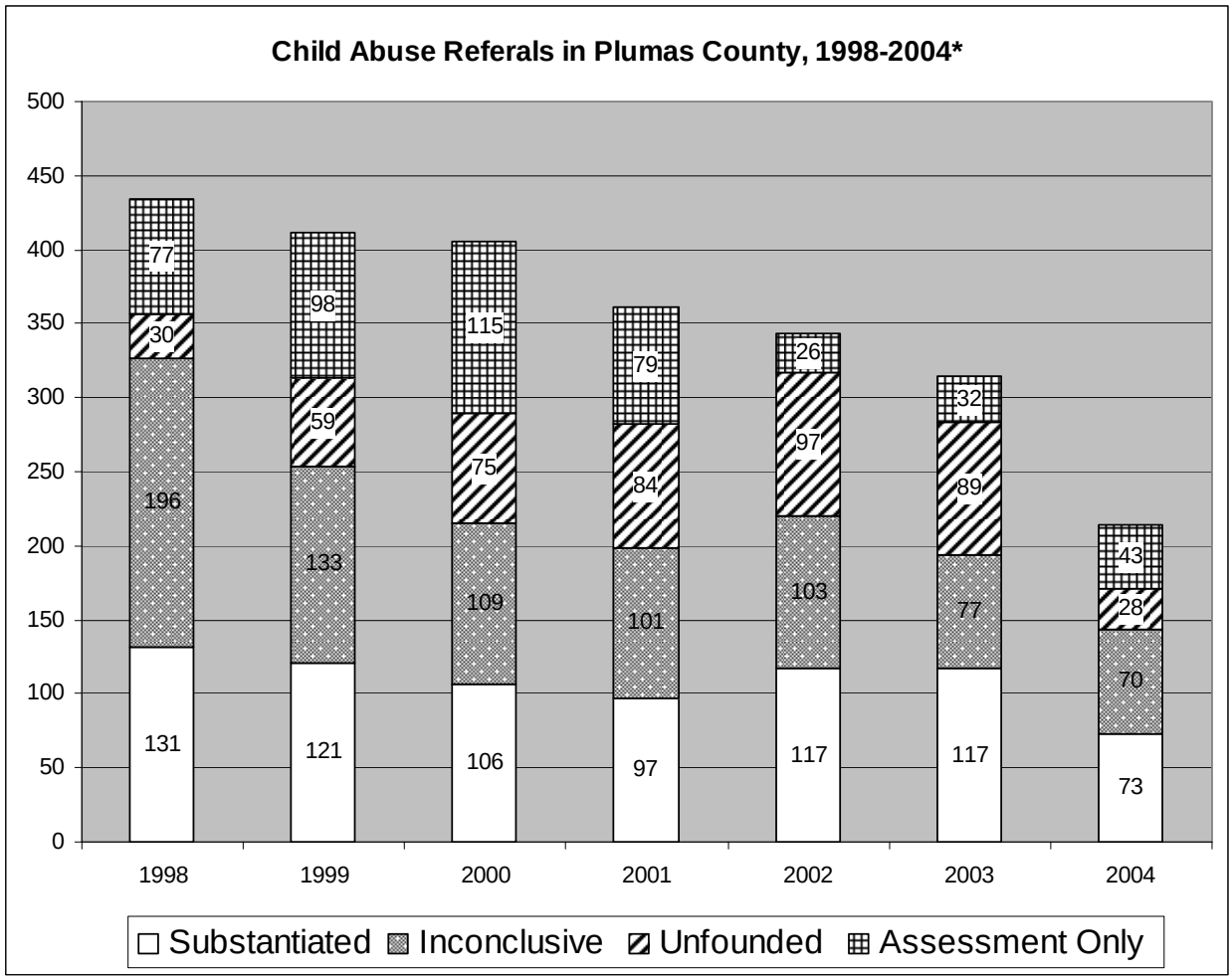
Indicator 3, Child Abuse Reports received by Plumas Child Protective Services*

Year	1998	1999	2000	2001	2002	2003	2004
Total Referrals Age 0-17	434	411	405	361	343	315	214
Age 0-5 Referrals	143	124	128	109	108	130	54
Percent of All Referrals for Age 0-5	33%	30%	32%	30%	31%	42%	25%

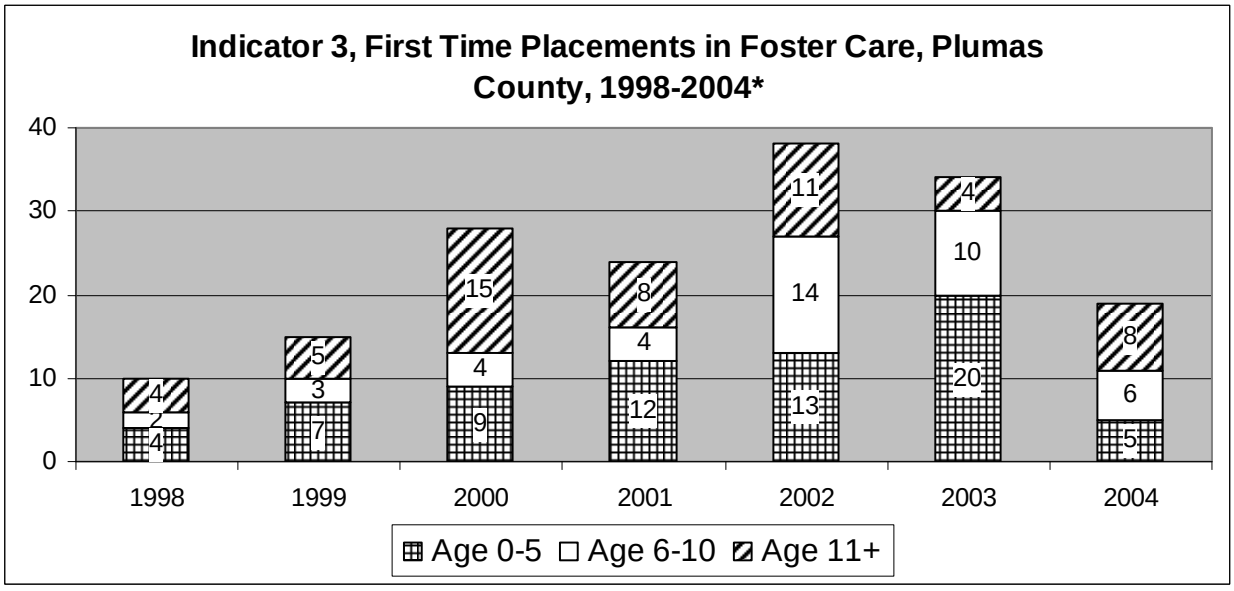
**Source: Child Welfare Research Center, UC Berkeley*

CPS workers attempt to verify whether abuse has occurred by doing an office assessment or by further investigation. Investigations may lead to the allegation being declared substantiated, inconclusive, or unfounded. The number of reports of abuse that were substantiated by CPS workers has decreased over time as well, although there was a slight increase between 2001 and 2002/2003. This decreased again in 2004. The percentage of referrals that are substantiated as actual cases of abuse has ranged from 26% to 37% during this period.

Some, but not all cases of substantiated child abuse pose such a significant danger to children that children are removed from their families and placed in foster care for their own safety. The first time this occurs with a particular child is known as the first time placement in foster care. The number of first time placements in foster care increased between 1998 and 2002 and decreased since then. The number of children from birth to age five placed out of their homes increased steadily from 1998 to 2003 reaching a total of 20. It decreased in 2004 to 5, close to the 1998 level.



**Source: Child Welfare Research Center, UC Berkeley*



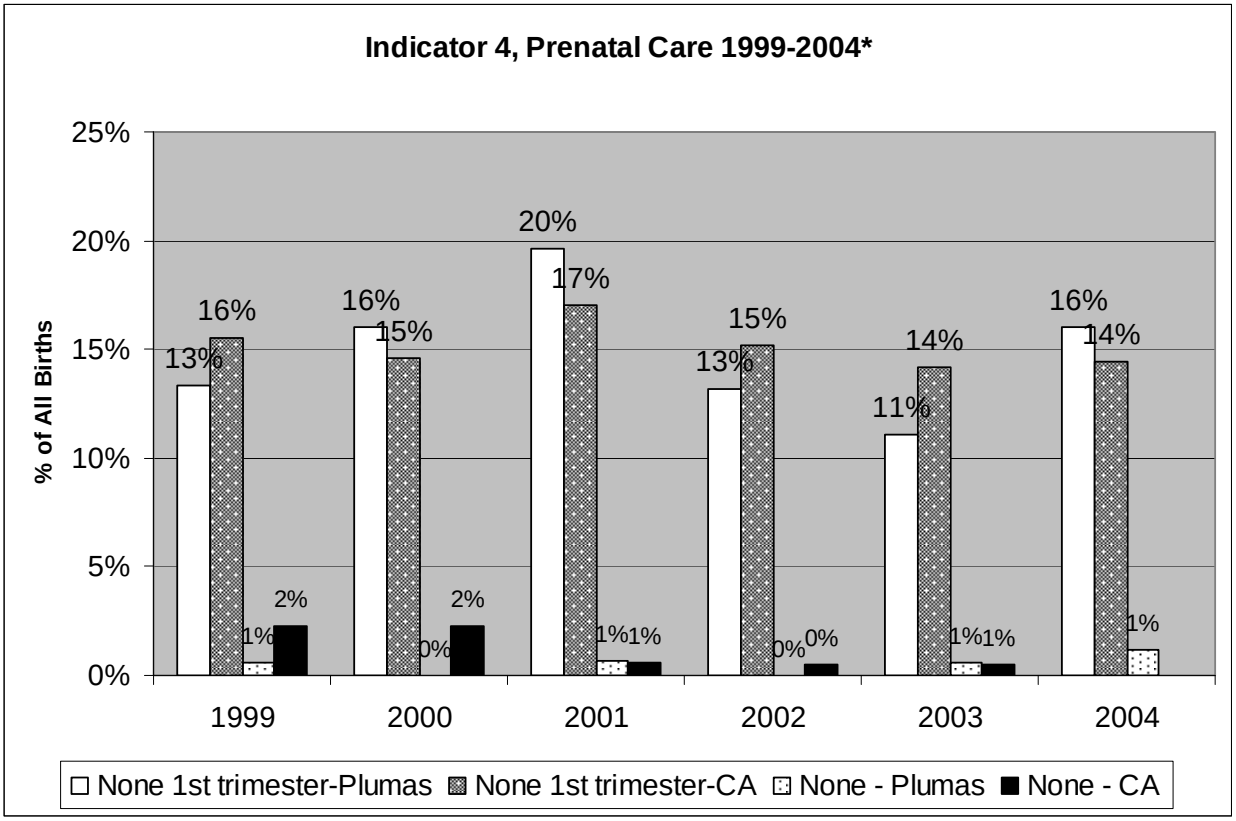
**Source: Child Welfare Research Center, UC Berkeley*

INDICATOR 4: PRENATAL CARE

Importance: 4.8 Urgency: 4.1 Overall Rating: 4.5

Women who start prenatal care early in their pregnancies tend to have fewer problems and deliver healthier babies than do women who delay or have no prenatal care. According to the American Medical Association, babies born to women who do not have regular prenatal care are 4 times more likely to die before the age of 1 year.

Local Data: The percentage of births to Plumas County residents in which the mother had no prenatal care during pregnancy remains very low (1% in 2004). However, the percentage of births with no prenatal care during the first trimester has fluctuated between 13% and 20% in the last 6 years. In 2004, the rate was 16%. This is somewhat higher than the California rate of 14% in 2004.

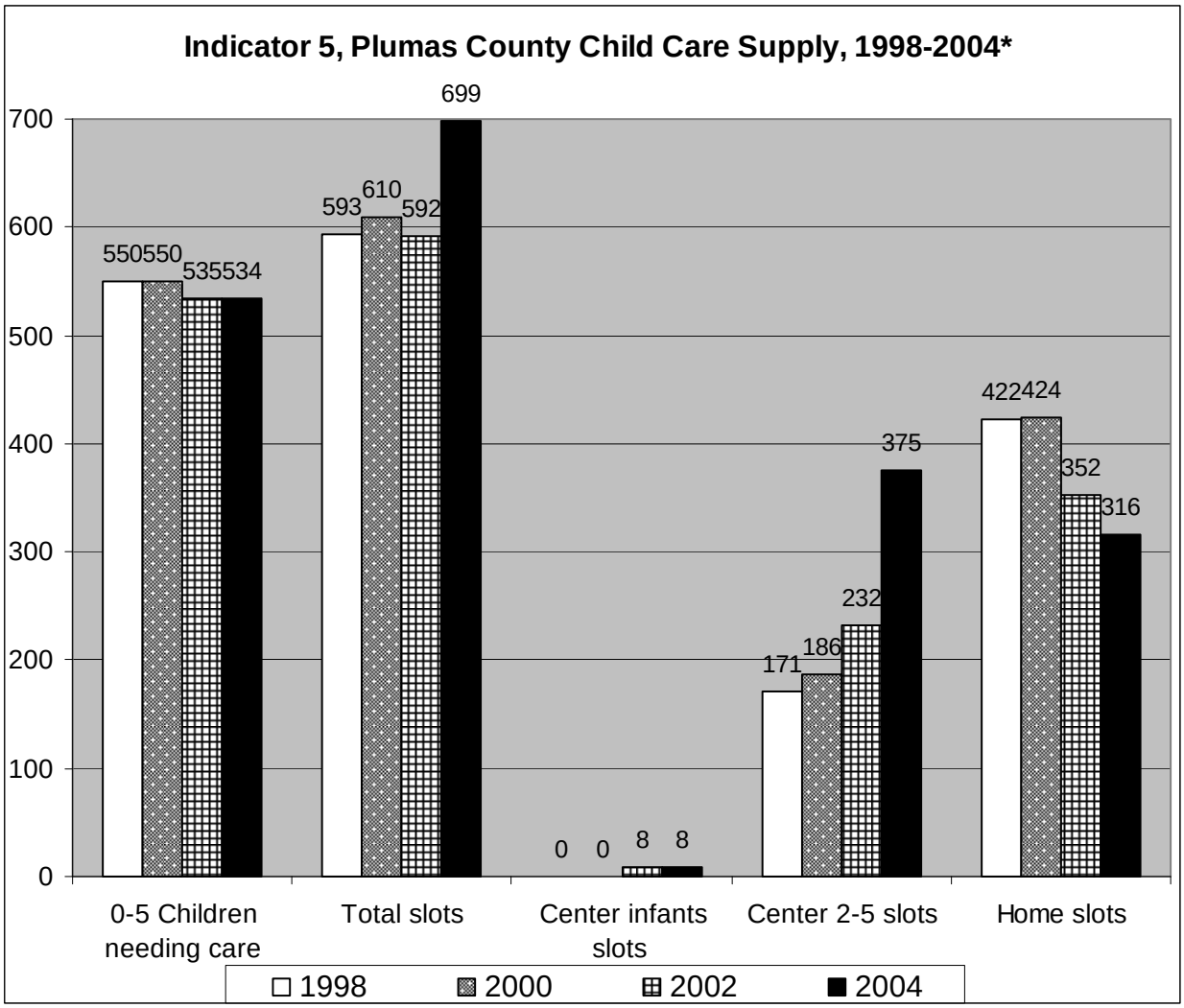


* *Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.

INDICATOR 5: SUPPLY OF QUALITY CHILDCARE

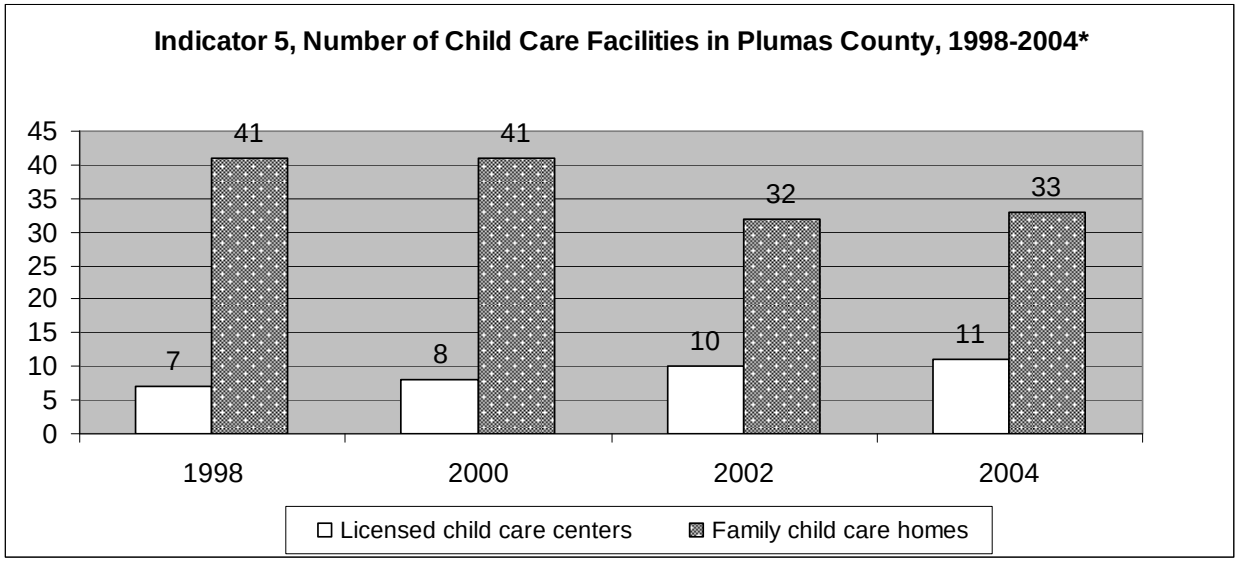
Importance: 4.5 Urgency: 4.1 Overall Rating: 4.3

In order for families to be successful in employment and training opportunities they must know that safe, secure and consistent childcare is available. Data from the 2000 Census indicates that 534 children aged 5 and under lived in households with two working parents, or a single head of household in the labor force, and thus, were in need of regular child care. The overall number of licensed child care slots for children five and under has been above that level since 1998, and increased substantially in 2004 to 699. The relative proportion of slots offered by child care centers has also steadily increased, while the proportion offered by family child care homes has decreased. Centers now offer 54% care openings compared to 30% in 2000, and homes now offer 45%, down from 70% in 2000. A total of 8 slots for infants were available in centers, the same as two years ago.



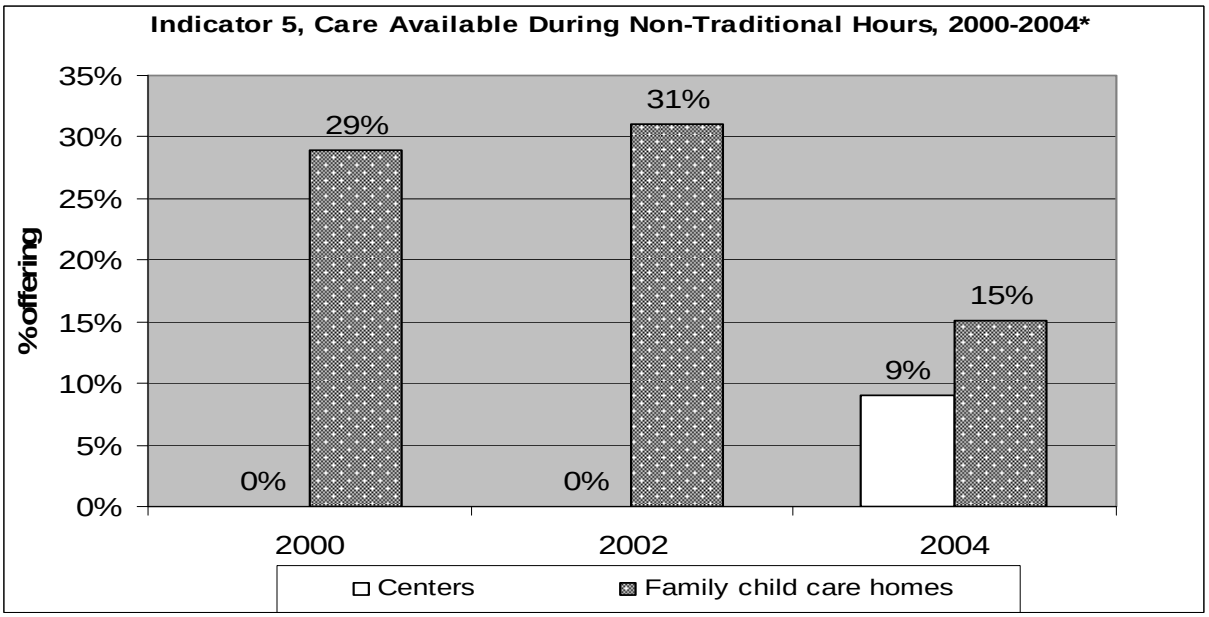
**Source: Plumas Rural Services*

The increased number of slots available in centers is made possible by a new licensed center leading to a total of 11 in 2004. The number of licensed family childcare homes in 2004 was increased slightly in 2004, after a sharp decrease from the year 2000.



**Source: Plumas Rural Services*

One childcare center offered care during non-traditional hours in 2004. The percentage of family child care homes offering care during these hours decreased to 15% in 2004 from 31% in 2002.



**Source: Plumas Rural Services*

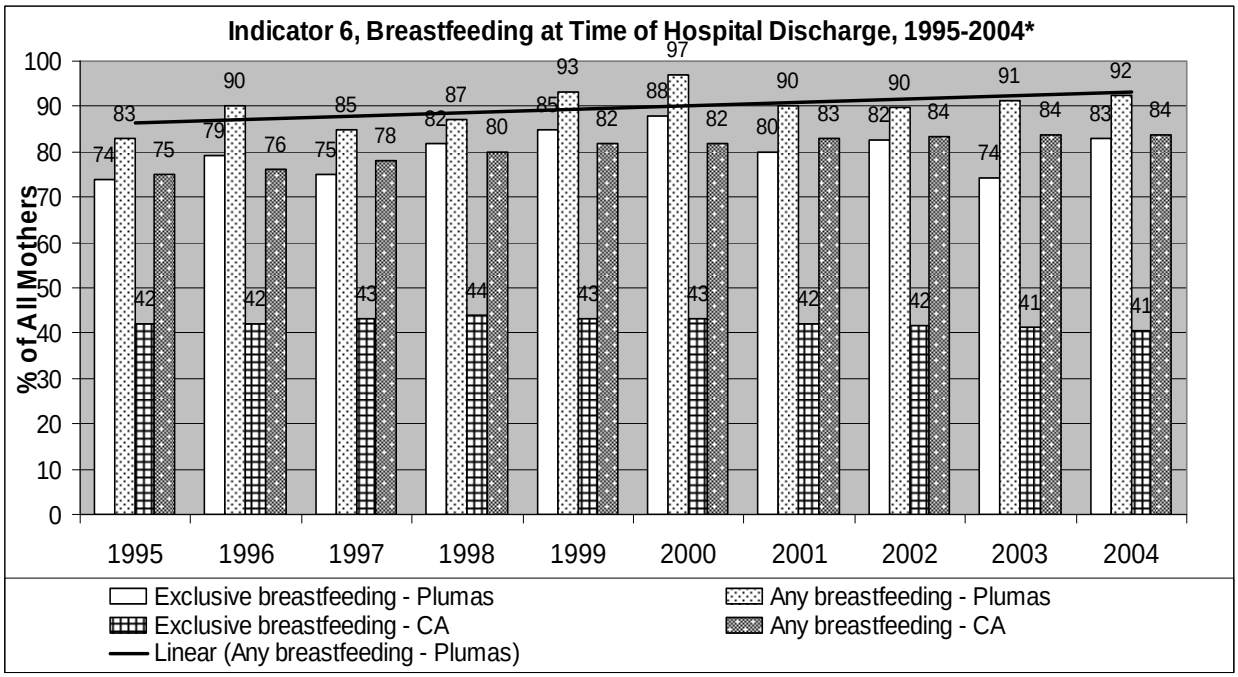
INDICATOR 6: BREASTFEEDING

Importance: 4.8 Urgency: 3.8 Overall Rating: 4.3

Researchers have discovered many short and long-term benefits for breast-fed babies: a reduction in viral and bacterial illnesses, a lower incidence of childhood middle-ear infections, chronic illnesses such as diabetes, allergies and, most recently, even obesity. School age children who were breast-fed also were found to have IQs about eight points higher. Benefits for mothers include enhanced bonding, and a reduction in the risk of pre-menopausal breast cancer, ovarian cancer, osteoporosis and hip fractures.

Despite the benefits of breast-feeding, only a relatively few mothers stick with it for the time recommended by experts. About 60% of women start breast-feeding in the hospital, but the number drops to 20% by the time the baby is 6 months old. One of the biggest reasons women abandon nursing is the difficulties experienced getting started, which are often the result of improper positioning and latching technique. These problems could be avoided if women had the support and instruction they need to get off to the right start.

Local Data: Plumas County mothers initiate breast-feeding in the hospital at a rate much higher than mothers across the state of California. The percentage Plumas County mothers breastfeeding within the first 24 to 48 hours after birth has ranged from 83% to 97% in 2000. The rate in 2004 was 92%. 83% of Plumas mothers were breastfeeding exclusively in the hospital, double the state rate and about in the middle of the range of 74% to 88% achieved during the last 10 years. However, it is unknown how many Plumas mothers continue breast-feeding until their babies are 6 months old.



**Source: California Department of Health Services, Maternal and Child Health Branch*

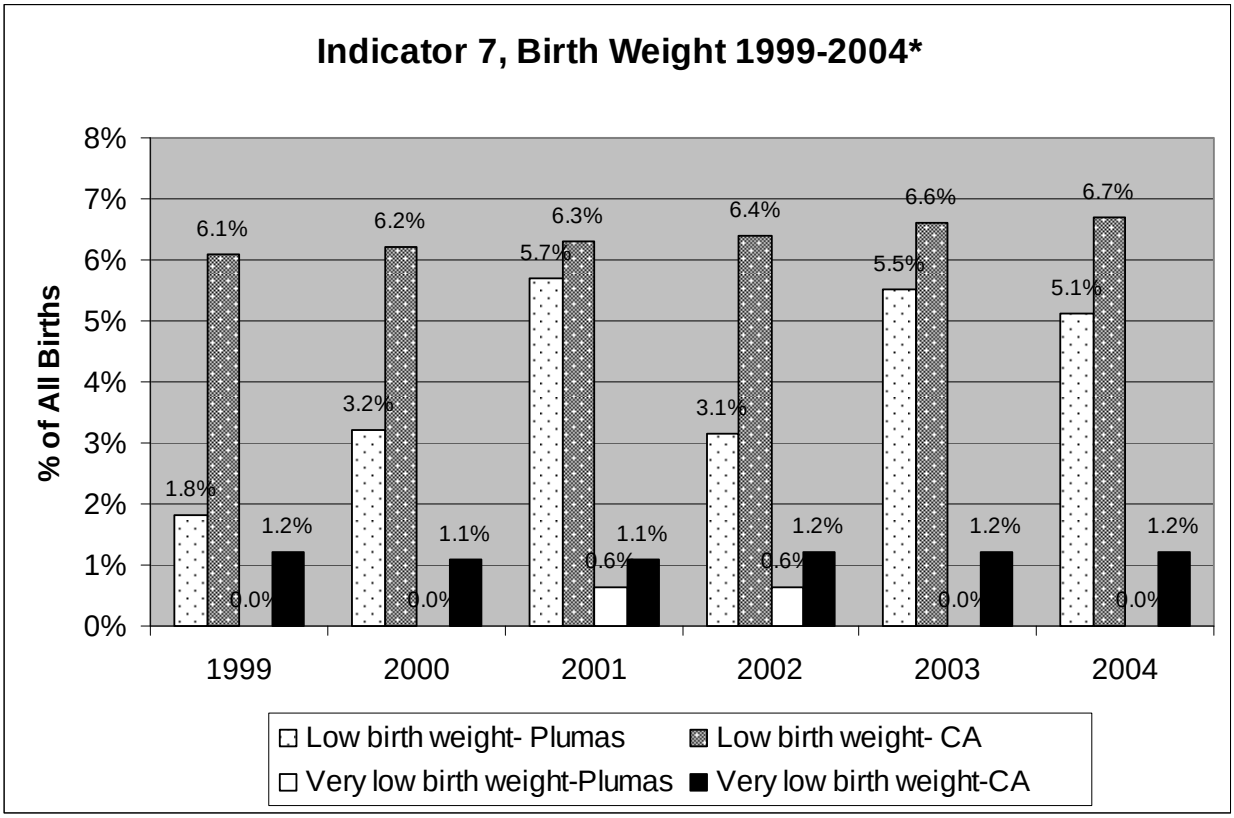
INDICATOR 7: LOW BIRTH WEIGHT

Importance: 4.5 Urgency: 3.8 Overall Rating: 4.2

Women who do not gain enough weight during pregnancy have an increased risk for delivering babies with low birth weights (less than 2500 gm, or 5.52 pounds). Low birth weight is a major cause of infant mortality, as well as many childhood developmental, physical, and psychological problems. It is considered a major public health problem by the National Institutes of Health.

Babies who are underweight are more likely to experience asthma, respiratory tract infections, and ear infections and are more likely to score low on intelligence tests and are more likely to have delayed development. Very low birth weight babies (less than 1000 gm, or 2.2 lbs) are at greater risk for cerebral palsy (a neurological abnormality).

Local data: Since 1999, the percentage of low weight babies born to Plumas County mothers has been lower than the state average. The rate has increased from the 1999 rate of 1.8% to 5.1% in 2004. There were 4 sets of twins born to Plumas mothers in 2004, contributing to the low birth weight rate. No babies born in 2004 had very low birth weights, down from 1% in 2001.



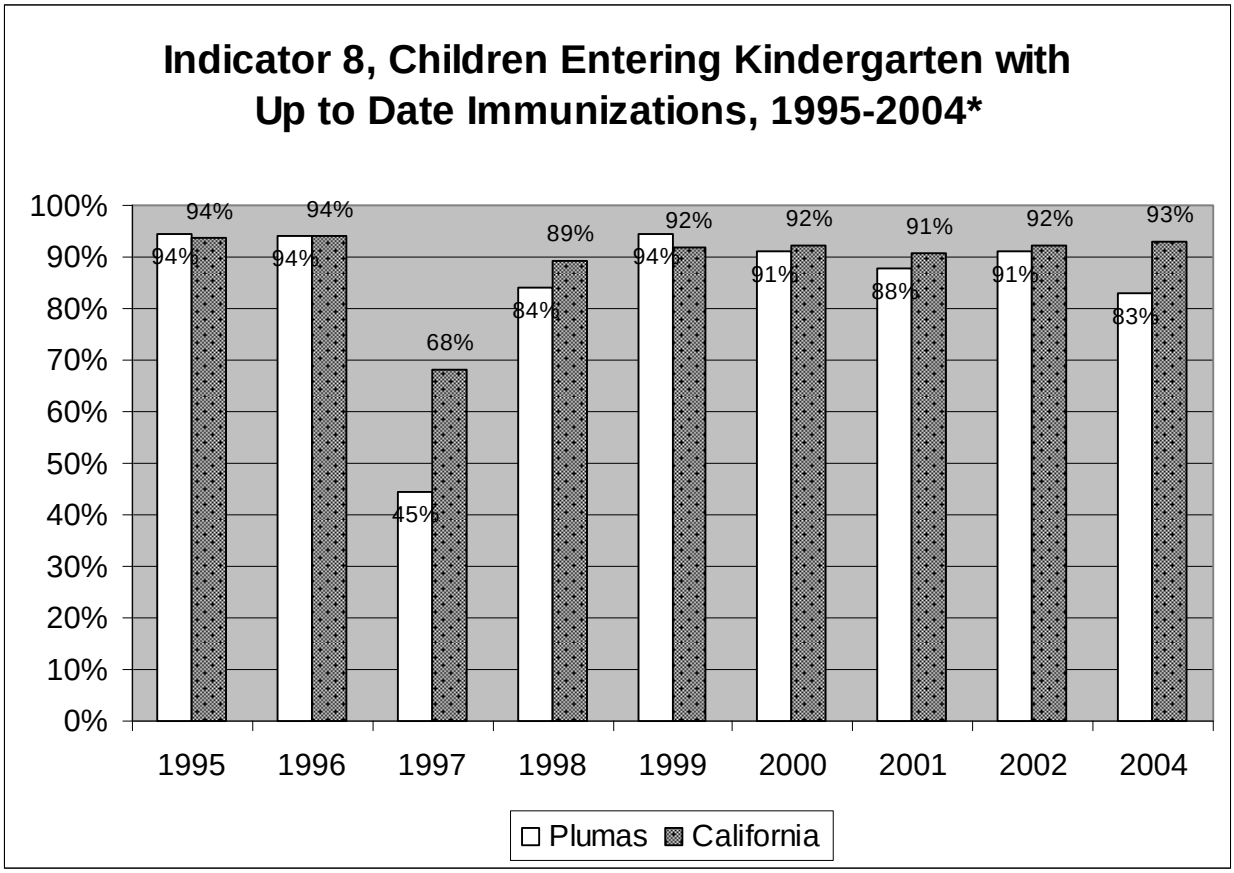
* *Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.

INDICATOR 8: ON TIME IMMUNIZATION

Importance: 4.5 Urgency: 3.1 Overall Rating: 3.8

The overwhelming majority of medical experts in this country and abroad believe that the benefits of complete immunization far outweigh the risks. The Public Health Service strongly recommends that all healthy children be immunized against all of the vaccine-preventable childhood diseases (measles, mumps, rubella, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, and polio). State laws require that children must be immunized before being allowed to enter school, with some exemptions. Immunizations are one of the most basic -- and cost-effective -- preventative health care services. In fact, every dollar spent for measles, mumps and rubella vaccines saves at least $14.40 in later costs.

Local Data: 83% of kindergarteners were up to date on immunizations when enrolling for school in fall 2004. This is lower than the state average of 93%. This drop in immunization rate was similar to drops in 1997 and 2001 attributable to vaccine requirements added during these years, according to California Health Services Immunization Branch researchers. In 1997, Hepatitis B and a 2nd dose of MMR were added. Varicella immunization became a requirement in 2001. 11% of Plumas County kindergarteners had personal belief exemptions from complete immunization in 2004, compared to 1% statewide.



**Source: California Department of Health Services, Immunization Branch*

The percentage of two- year old Health Department clients with up to date immunizations was 60% in 2004, up from 48% in 2002, but similar to the 64% vaccinated in 1999. This figure should be interpreted with caution, since only about 1/3 of children are Health Department clients and some of these may have discontinued care with the Health Department after switching to a private provider or moving away.

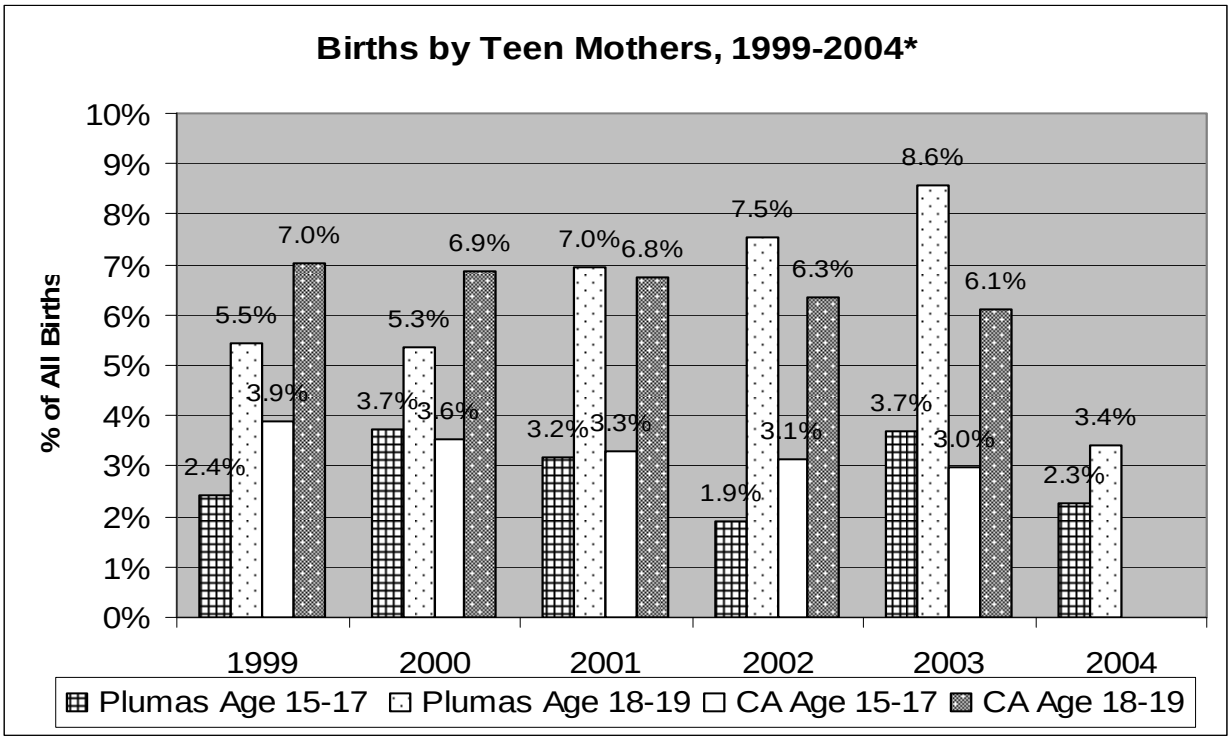
INDICATOR 9: BIRTHS BY TEEN MOTHERS

Importance: 4.3 Urgency: 3.3 Overall Rating: 3.8

Teenage mothers are less likely to gain adequate weight during their pregnancy, and more likely to give birth to babies with low birth weight, which is associated with infant and childhood disorders and a high rate of infant mortality. Teenage mothers tend to have poor eating habits and are less likely to take recommended daily multivitamins to maintain adequate nutrition. Teenage mothers are also less likely to seek regular prenatal care and are more likely to smoke, drink, or take drugs during pregnancy, which can cause health problems for the baby.

Children born to teenage mothers are less likely to receive proper nutrition, health care, and cognitive and social stimulation. As a result, they may have an underdeveloped intellect and attain lower academic achievement. Children born to teen mothers are also at greater risk for abuse and neglect.

Local Data: 2.3% of Plumas births were to mothers aged 15 to 17 in 2004. The rate has fluctuated over the last seven years between 1.9% and 3.7% of all births. The rate has been similar although usually lower than the state average that of 3.3% to 3.9% over the same period. 3.4% of Plumas births were to mothers aged 18 to 19 in 2004. This has fluctuated between 3.4% and 8.6% during the same period.



** *Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.

INDICATOR 10: MENTAL HEALTH

Importance: 4.0 Urgency: 3.6 Overall Rating: 3.8

Children's mental health is determined by the social and emotional development of the child, the relationship between the parent and child, and the interaction between the child and the environment. Early intervention with environmentally at-risk children can be particularly effective in preventing more severe difficulties later in life, as well as helping the child to function more effectively and with less suffering in the present.

Preschool programs are reporting an increase of children exhibiting challenging and sometimes violent behavior. Limited resources are available to teachers and providers for consultation and support with these behaviors. Recent mental heath findings suggest that programs should emphasize socio-emotional issues, the capacities of caregivers to influence developmental outcomes, and the quality of provider-parent and provider-child relationship. Effective programs should address the child's socio-emotional development, the family's adaptation and the parent's attitude toward intervention programs.

Local Data: There are several programs in the county that work with children's mental health, including Plumas County Mental Health Services and Children's System of Care. These programs provide mental health services to young children, usually in the setting of family therapy. Six of their licensed mental health providers have received special training to work with children birth through age five in play therapy or in directed family therapy. These include both Master's in Social Work (MSW) and Marriage and Family Therapists (MFT).

The number of children five and under receiving mental health counseling in a family counseling setting increased to 36 in 2004. This counts only young children served directly by the Department. The number of therapists currently involved in family counseling with preschool children also increased from two in 2001 an 2002 to seven in 2003 and 2004. This is due in part to Department reorganization and reduction in specialization by therapists.

Indicator 10, Children's Mental Health*	2001	2002	2003	2004
Number of children 0-5 receiving mental health counseling from Plumas County Mental Health	28	26	33	36
Number of licensed children's mental health providers/ specialists at Plumas County Mental Health	7	7	7	7
Number of Mental Health clinicians working with children from birth to age five in family therapy	2	2	7	7

**Source: Plumas County Department of Mental Health*

An additional MFT is available through the Child Abuse Treatment program at Plumas Rural Services which specifically targets children of abuse for free mental health counseling. Two children under five were seen in 2004-05.

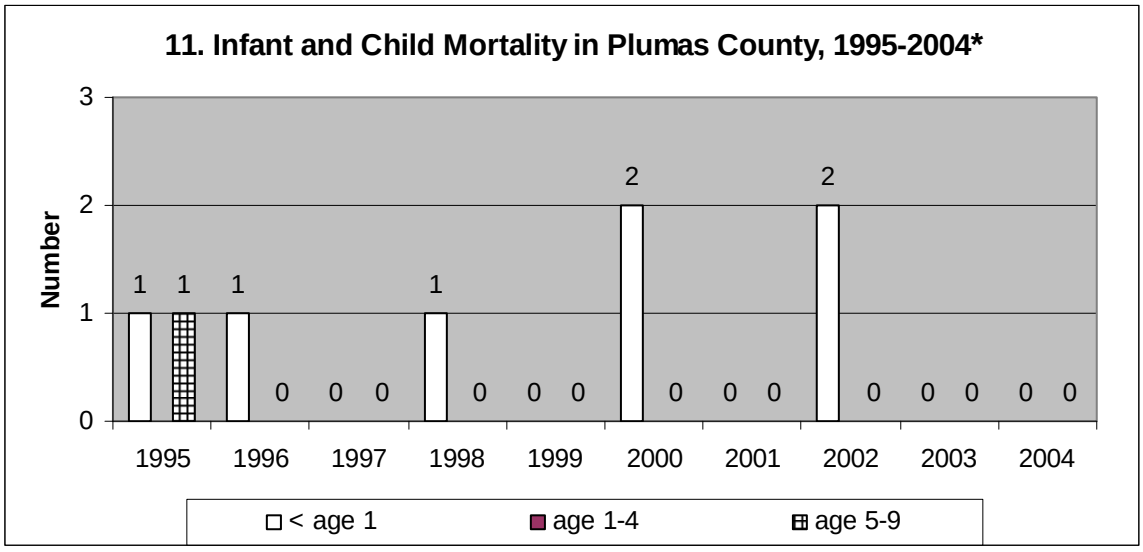
INDICATOR 11: INFANT MORTALITY

Importance: 4.5 Urgency: 3.0 Overall Rating: 3.8

Infant mortality, the incidence of death that occurs in the first year after birth, is considered an important indicator of the general level of health for a given population. A cluster of interrelated environmental factors is associated with infant mortality in the United States including poverty, inadequate prenatal care, cutbacks in federal programs, a high rate of teenage pregnancies, and use of drugs, alcohol, and tobacco during pregnancy. The principal way environmental factors such as poor prenatal care affect infant health is through birth weight. The factor most often cited as responsible for the lower rates of infant mortality in other developed nations is the universal availability of free prenatal and maternal health care. Even when free care is available, low-income women often face significant barriers to obtaining it.

To achieve further reductions in infant mortality and morbidity, the public health community, health care providers, and individuals must focus on modifying the behaviors, lifestyles, and conditions that affect birth outcomes, such as smoking, substance abuse, poor nutrition, other psychosocial problems (e.g., stress, domestic violence), lack of prenatal care, medical problems, and chronic illness.

Local Data: Infant mortality rates in Plums County remain very low. No infants from Plumas County died in 2004, down from 2 the previous year. 2004 was the 9th year running in which no child age 1 to 9 died in the county. This includes both resident figures (those from the county that may have died elsewhere in the state) and occurrence figures (deaths actually occurring in the county).



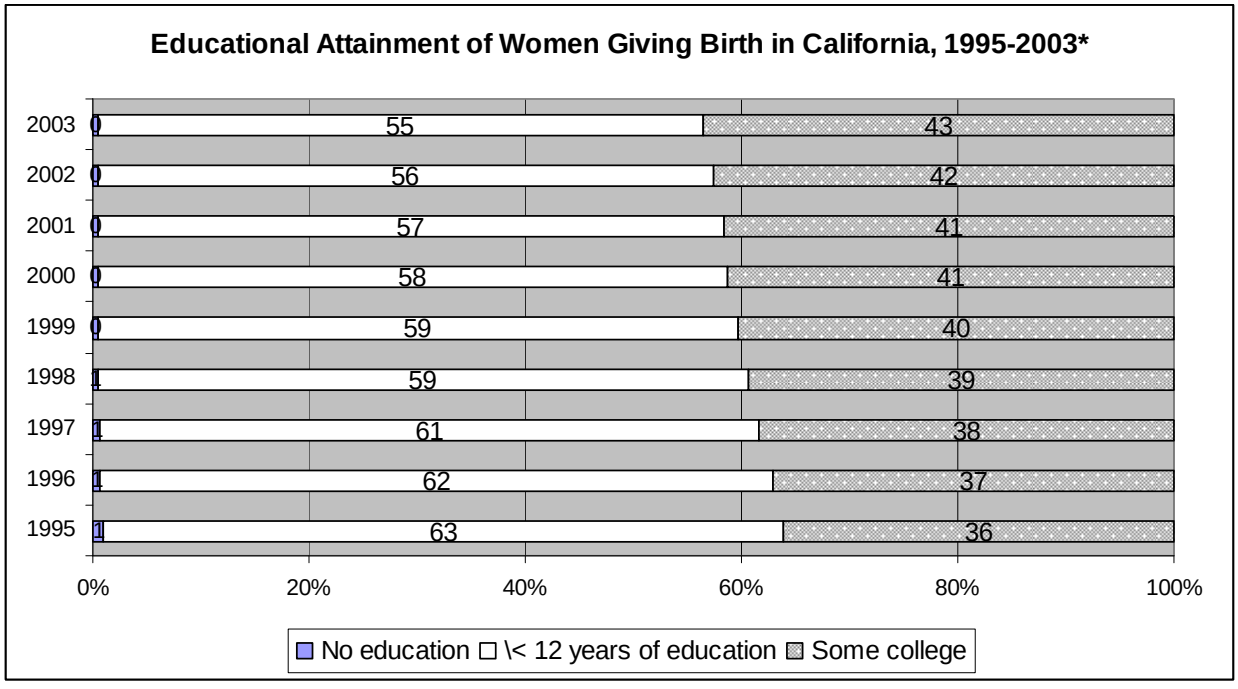
**Source: Center for Health Statistics*
Note: Statistics for deaths that may have occurred in Nevada are not included

INDICATOR 12: LITERACY AND EDUCATION

Importance: 4.1 Urgency: 3.1 Overall Rating: 3.6

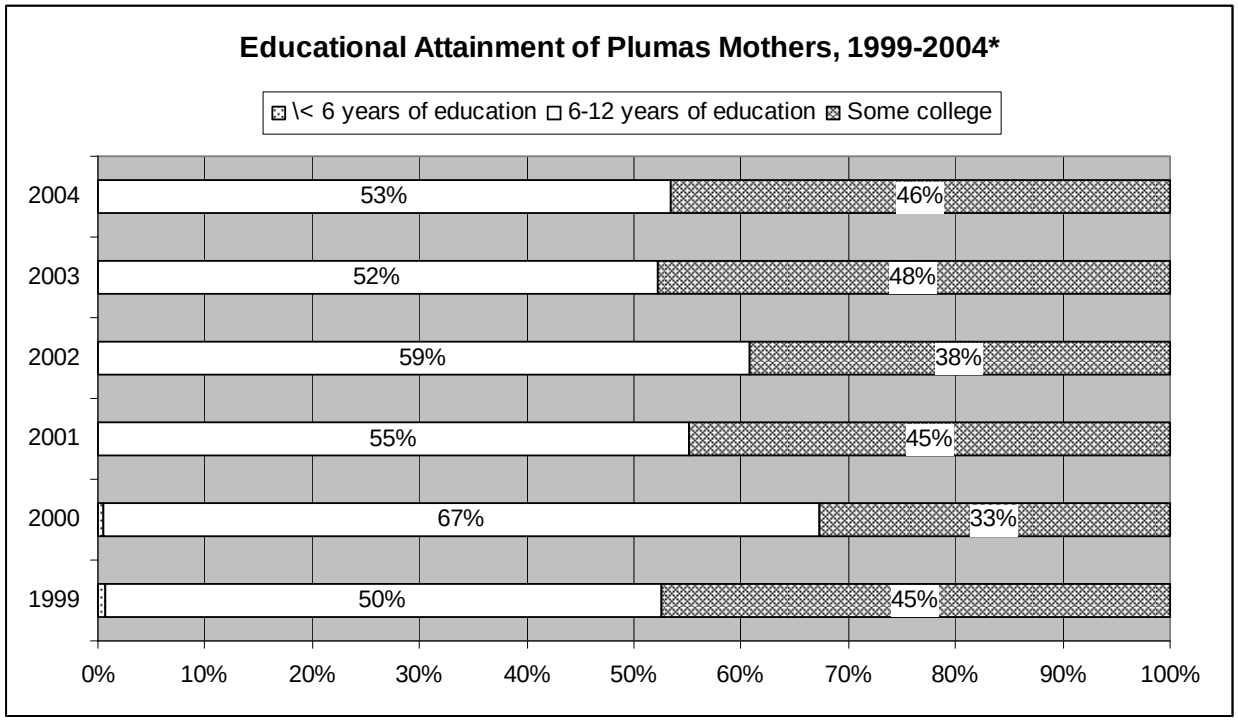
Homes of literate adults contain more literacy artifacts (signs, books, magazines, paper and pencils, computers, etc.) than homes where adults make restricted use of literacy. Homes with literate parents who use literacy extensively are rich nourishing cultures in which children can develop literacy abilities throughout their formative years. The more highly educated the parents, the greater the likelihood that children will succeed in school, go on to college, achieve higher levels of literacy as adults. Parents', especially mothers' education levels are determinants of school persistence and achievement. Mothers' education level is a major factor in infant survival, children's health. It is also related to the preparation of children with knowledge, oral language, literacy at school entry, children's tendency to stay in school and to their achievement at higher school levels. Mother's educational level is particularly important at later grades where parental assistance with homework, involvement in school activity can greatly enhance the learning experience.

Local data: A national survey done in 1993 found that approximately four out of ten Plumas County adults have poor literacy skills. However, no follow up data is yet available for this indicator. Other data from across California shows a steady increase in the educational attainment of mothers. The percentage of new mothers in California with some college attendance increased from 36% in 1995 to 43% in 2003.



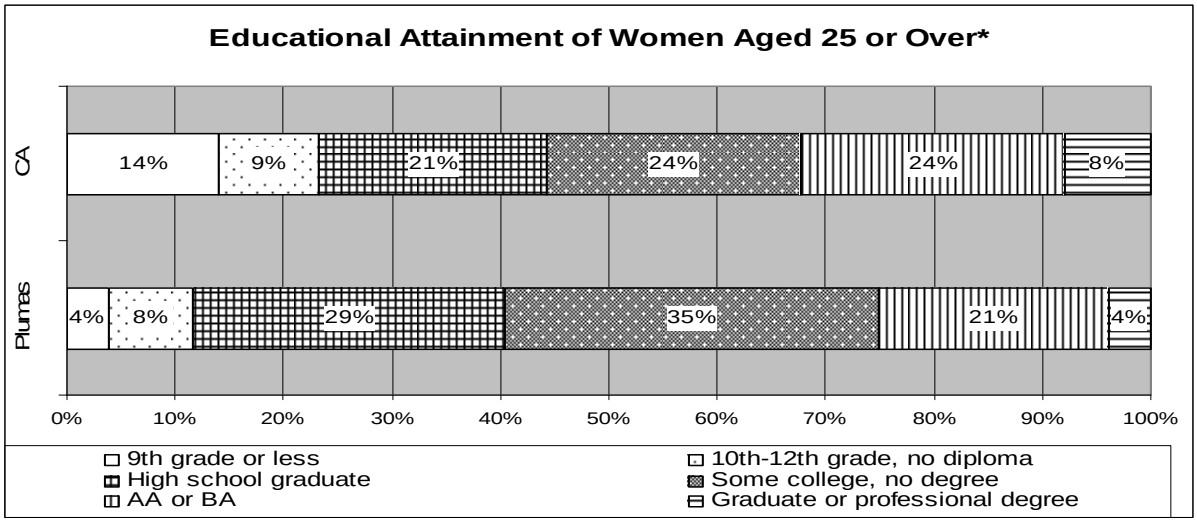
**Source: Center for Health Statistics*

Generally, mothers giving birth in Plumas County are slightly more likely to have attended some college, with 46% of new mothers having attended some college in 2004. None had less than 6 years of education since 2000. Rates of college attendance were actually lower than the state rate in 2002 (38%) and 2000 (33%). Variations may be due to the relatively small sample size in of those giving birth from the county.



* *Source: Plumas Public Health Agency Maternal Child Health Director*
Note: Births to Plumas County residents elsewhere in California and in Nevada are included in these figures.

Despite somewhat higher attendance at colleges, census data shows that fewer Plumas women complete college. 29% of Plumas County women over age 25 have graduated from high school and 35% have attended college compared to 21% and 24% of California women, respectively. However, only 25% of local women have completed a degree, compared to 32% statewide.



**Source: US Census 2000*

METADATA

Data Sources by Indicator

- Birth rate
- Indicator 4 - Prenatal Care
- Indicator 7 - Low Birth Weight
- Indicator 9 - Births by Teen Mothers
- Indicator 11 - Infant Mortality
- Indicator 12 - Literacy/ Education

Data used to report on births in Plumas County, including birth weight, births by teen mothers, educational attainment of mothers, and the amount of pre-natal care is compiled annually by the Plumas County Maternal and Child Health Director. This data source has been chosen, rather than data compiled by the California Center for Health Statistics, because of its inclusion of birth records from the state of Nevada. Comparison of records from the two sources shows that up to 15% of Plumas County women give birth in Nevada each year.

Data for these indicators is compiled by the Plumas County Public Health Agency which receives birth certificates for all women who give birth in the county from local hospitals. Copies of birth certificates for women who give birth in other counties of California are also routinely received from state sources. In addition, the Public Health Agency has a reciprocal agreement with the hospitals in nearby Washoe County, Nevada to receive copies of birth certificates for Plumas residents giving birth at Washoe Medical Center and St. Mary's Hospital. Information contained on these birth certificates is then entered in a spreadsheet to allow tallying of indicator information. These spreadsheets are kept on file by the Health Agency. This procedure has been followed since 1995, although data of the highest quality begins in 1999.

Statewide data used as a comparison to Plumas County rates was gathered on-line from the California Department of Health Services' Center for Health Statistics and the Demographic Research Unit of the California Department of Finance.

- Indicator 1 - Oral Health Care

Data on the number of specialty dentists and number of dentists in Plumas County accepting Denti-Cal in was provided by the Plumas County Maternal and Child Health Director.

- Indicator 2 - Special Needs

Information on the number of special needs children in the county has been provided by Plumas Unified School District. PUSD cooperates with the Far Northern Regional

Center to run the Early Start program. The goal of the program to identify possible special needs infants and young children, screen them for developmental issues, and provide services when needed. First Five funded the Early Intervention program using the PUSD special needs preschool teacher to conduct outreach and identification of special needs and at risk infants and preschoolers. First Five also funds provision of infant stimulation services to these children. Tallies of special needs children in the county were made based on records of the Early Intervention program and a census of other special needs service providers conducted by the special needs preschool teacher.

- Indicator 3 - Child Abuse

Data for the indicators chosen to represent child abuse conditions in Plumas County was provided by the Child Welfare Research Center at the University of California, Berkeley. This data source was chosen by Plumas County Social Services staff as the most indicative of local conditions after review of all available data sets in summer 2003.

- Indicator 5 - Quality Child Care

Data was provided upon request by Plumas Rural Services' Child Care Resource and Referral agency. The number of children needing child care is calculated by adding together the number of children with two parents or a single head of household in the labor force from the 2000 census.

- Indicator 6 - Breast Feeding

Data was provided upon request by the California Department of Health Services' Maternal and Child Health Branch.

- Indicator 8 - On-time Immunization

Data on immunization rates of Kindergarteners comes from the California Department of Health Services, Immunization Branch. Data on the immunization rates of Plumas County two year olds comes from the Plumas County Maternal and Child Health Director.

- Indicator 10 - Mental Health

Data on the number of mental health therapists were provided by the Plumas County Mental Health's Children's System of Care program coordinator.

2. First 5 Plumas Report Card