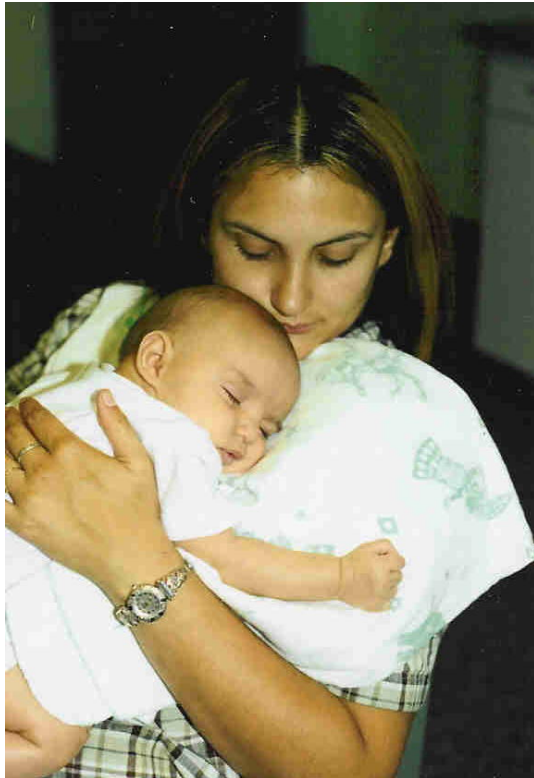




**Strategic Plan  
& Long Term Financial Plan  
Fiscal Year 2007-2008  
Through  
Fiscal Year 2010-2011**



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

UPDATED  
JANUARY 2009

## FIRST 5 TUOLUMNE COUNTY COMMISSION

### Commission Membership, January 2009

#### Chair

Emily Branscum                      Community Member (Behavioral Analyst)

#### Vice-Chair

Susan Peterson                      Parent, Foster Parent

#### Treasurer

Bonnie Tuel                          Health and Human Services designee

Liz Bass                              Tuolumne County Supervisor  
S. Todd Stolp, M.D.              Tuolumne County Health Officer  
Joan Alford                          Community Member (Health)  
Diane Braia                          Community Member (Education, Health)

### **Ex-Officio Members**

Tim Hoffman-Brady              Parent  
Bea Readell                          Tuolumne County Behavioral Health  
Judy Schroeter                      Community Member, Special Education  
Susan Sells                          Tuolumne County Behavioral Health  
Evelyn Thompson                  Infant Child Enrichment Services  
Adrienne Webster                  Columbia College Child Development Division  
Marcia Williams                      A-TCAA Early Childhood Services

### **Professional Services**

Sheila Kruse, Executive Director  
Janet Cook, Tuolumne County Health Department, Commission Operations Support

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# Strategic Plan

## VISION AND MISSION STATEMENTS FOR FIRST 5 TUOLUMNE COUNTY

### VISION

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

### MISSION

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

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

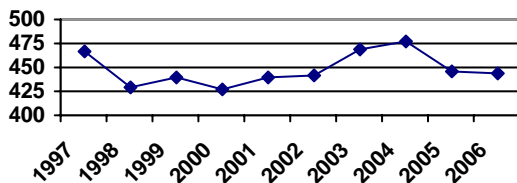
**KEY DEMOGRAPHICS, INDICATORS AND PLANNING ACTIVITIES  
TO INFORM THE STRATEGIC PLAN**

*Data sources are listed in the appendix.*

**Geography and Demographics**

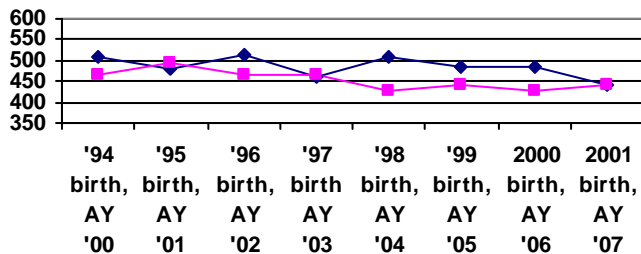
- Tuolumne County is a rural county located along the western slope of California’s Sierra Nevada mountain range. The county occupies 2,234 square miles of foothill and mountain terrain, with 76% of the total acreage of the county in public land.
- Tuolumne County has a widely dispersed population of an estimated 57,000. There is one small incorporated city (Sonora, population 4,500). The remaining population is scattered in small communities and subdivisions throughout the county. (Approximately 4,000 individuals are incarcerated at a state prison located in the county).
- Between 1994 and 2006, the natural population increase (births minus deaths) in Tuolumne County was negative, with more deaths than births. Therefore, net migration into the county accounted for all of the growth in the population of the county. Although a large proportion of the individuals who move into the county are retirees, there is also a steady influx of families who move to the county.

**Births to Tuolumne County  
Residents, 1997 - 2006**



- The number of births in Tuolumne County in 2006 was 443 (local data). Although annual increases and decreases occur, birth data averaged over the last 5 years, and compared to the five years previously show an average 2% gain during those 10 years. In the ten years between 1997 and 2006, the birth rate has fluctuated between 427 and 477 births annually.

**Birthrates (pink) compared to  
Kindergarten Enrollment 6 yrs later (blue).  
Births are from 1994 - 2001; K-enrollment  
is from Academic Year (AY) 2000- 2007**

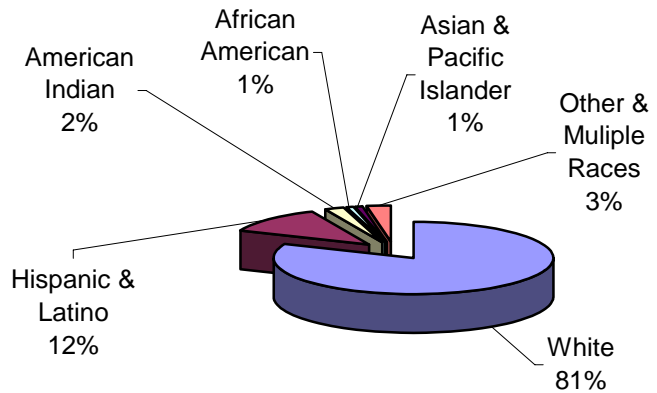


- Although the US Census Bureau estimated a drop in the 0-5 population after the 2000 census, we are only just beginning to see a slight decline. In comparison, the 0-5 population, statewide, has been projected to increase. Local birth rates have stayed relatively stable, as have kindergarten enrollment numbers, at a level higher than predicted by birthrates alone for over half of the last eight years. The higher levels of kindergarten enrollment (blue line in graph at left) can be accounted for by families moving into the area. Although many factors other than birth rate can have an

effect on our First 5 tax revenues, for the long term outlook, it is anticipated that local birthrates will not keep pace with statewide averages, resulting in declining revenues.

- The age distribution in Tuolumne County differs from the state as a whole, with our county having fewer young children and a higher proportion of older residents. The (estimated) percent of persons under 5 years old in 2006 in Tuolumne County was 4.2% compared to 7.2% for the state. The (estimated) percentage of persons 65 years of age and older was 10.13% in Tuolumne County as compared to 6.18% for the state.
- 2000 Census Data indicates that there were 2,466 children up to age 5 living in the county. The age distribution was pretty evenly distributed, with a notably higher percentage of 4 year olds in that year, reflecting the previous decline in birth rates. The ethnicity of these children was as follows:

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



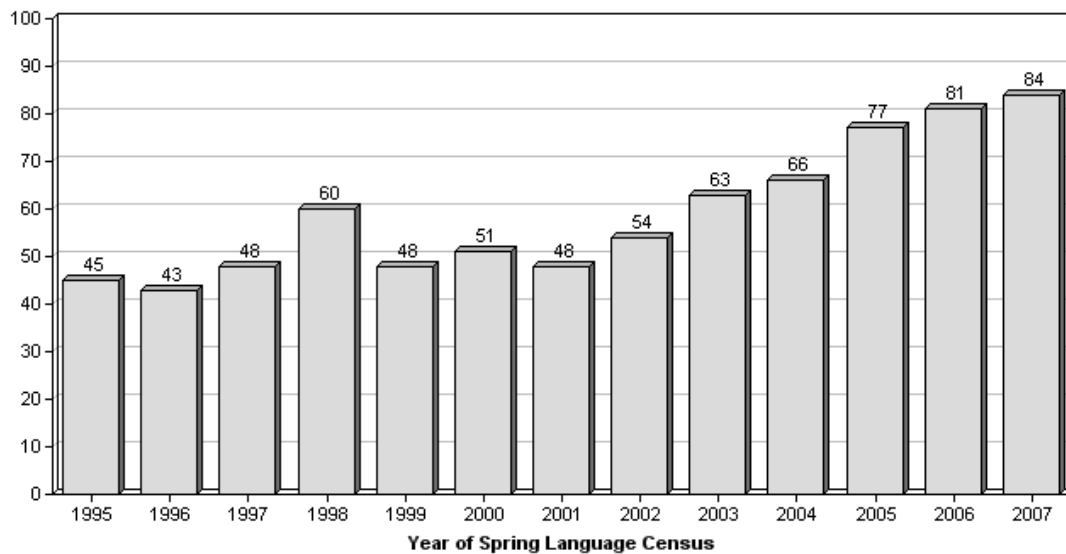
These percentages differ slightly from the general population ethnic percentages. The biggest difference is that the percentage of Latino infants and young children is 3.3% higher than the total population percentage, reflecting a higher birthrate in this population and/or a greater rate of in-migration.

This difference in Hispanic/Latino children can also be seen in the school demographic data for 2007-08. The percentage of children enrolled in Kindergarten that are Hispanic/Latino is 3.5% higher than reflected in the enrollment for K-12 county-wide.

- Tuolumne County is beginning to slowly reflect some of the demographic shifts that the rest of the state has already experienced. In the seven years between 2000 and 2007, the ethnic percentages of children born in the county changed slightly, with a 6.1% decrease in the percentage of newborns in the White ethnic group and a corresponding rise in the percentage of newborns in other ethnic groups, primarily Hispanic (4.5%) and children identified as 2 or more races (1.3%). This seems to be a slowly continuing trend.

- 94.2% of the households in the 2000 census report speaking English at home (as compared to 60.5% of households statewide). School data for 2007-08 indicates that 3.4% of the Kindergarten school population is characterized as English Learners; of these, the most common primary language is Spanish. The percentage of English Learners has increased in Tuolumne County Schools steadily since the year 2000. Although these numbers may seem low when compared to statewide trends, it is having an impact in Tuolumne County. Medical, social service and education providers are experiencing a larger number of families that need translation services; however these numbers are still so low that the economy of scale makes it difficult to design a cost effective approach at the service level.

Number of English Learners for Tuolumne County



Summary points for First 5 Planning: The population of children 0-5 in Tuolumne County is staying relatively stable. First 5 revenues are likely to decline, in light of the increasing birth rate in other counties. With a rising number of residents who are retirees on fixed incomes, there may be less support for publicly funded services and supports for young families. The number of Spanish-speaking families in the county is steadily rising; however, economy of scale issues, and the lack of bilingual job applicants present challenges for meeting the translation needs for many agencies.

## Family Economics Indicators

- On average, families in Tuolumne County have lower per-capita income than the average California family by \$10,000/year, especially in the winter months. The latest data (2004) is \$26,578/year. This reflects a local service-based economy, with many jobs that do not provide family self-sufficiency wages. The unemployment rate has slightly decreased in the last two years (2006-2007). Unemployment rates are generally 2% higher than the state average in the winter months, reflecting slow-downs in construction, fire fighting, and other weather-sensitive jobs.

- Housing costs in the county have risen dramatically in the last ten years, and there is a shortage of low-income housing and moderately-priced real estate. The current loan crisis is having an impact on housing sales and the number of foreclosures is increasing.
- Government is the largest employer, accounting for 23% of the employment, primarily local education, city, county and federal government, (and Indian tribal government). The second largest employment sector is in retail trade, and in educational and health services.
- Fewer young adults in Tuolumne County (65.9%) have graduated from high school than the California average (70.7%), and fewer (21.4%) are enrolled in college or graduate school than the California average (35.4%). (Year 2000 data)
- The median family income, in the year 2000, for families with children under 18 years was \$42,674. The median income for female householders with their own children under 18 years was \$17,074. Both of these are below the state median incomes for those categories. In 1999, Tuolumne County exceeded the state averages for families with children under age 5 living below the poverty level, with 20.3% of all families with children under 5 (or 384 families) living below the poverty level. Almost half of these (169) were households with only a female householder; the poverty rate for this subgroup was 51.4%.
- In 2004, 45% of the women receiving prenatal care in the county had their care paid for through Medi-Cal. The percentage for Medi-Cal births in the county during the years 1999-2004 ranged between 45-50%. The percent of mothers without high school degrees, another poverty indicator, was 11.5% in 2004 (or 55 births). The Medi-Cal birth rates run slightly higher than statewide averages, while the percent of mothers without high school degrees is significantly lower than the statewide averages.
- In November 2004, there were 1,750 CalWORKS recipients in Tuolumne County, 344 of which were children 5 years of age or younger. 77% of adult CalWORKS recipients are women, and the ethnic breakdown of recipients matches the county demographics.
- A point-in-time survey of the homeless population in Tuolumne County done in March 2007 revealed that 46% of the homeless were women (a much higher percentage than represented in other rural CA counties); that 43% of the homeless adults had children under the age of five (37 children) and that 3% were currently pregnant (4 women). Over half of the homeless adults admitted regular drug or alcohol use, and 42% reported being involved in the mental health system. Forty percent reported that a disability prevented them from working. Thirty-two percent reported that they had been victims of domestic violence. Forty percent reported living either outside, on the street or in a car, or in an abandoned building in March, a cold, wet month in Tuolumne County. It is likely that homeless children are being exposed to high rates of substance abuse, mental illness, extreme poverty and instability.

Summary points for First 5 Planning: Many families with young children struggle to make ends meet in the county, and there are a significant number of families that rely on public assistance

for medical care, child care, and job training. Families with only one parent are at greater risk of economic difficulties. Wage levels are not increasing at the rate of housing costs, and low-income housing is scarce. As a result, many families are one paycheck away from homelessness. Although the job growth in the county is occurring in areas that require higher education, there is still a lower rate of high school graduation and college enrollment than the state average.

## **Child Health Indicators**

- The percentage of low weight and very low weight births, in 2004, to residents of Tuolumne County are lower than state percentages and come close to the National Year 2000 Objectives.<sup>1</sup>
- The percentage of women seeking early prenatal care was 87.4% in 2004, higher than the state average and coming close to the National Year 2000 Objective of 90%. However, pregnant women in our county did not receive as much care during their pregnancies as recommended. The rates of women who received an inadequate level of prenatal care were significantly higher than statewide averages in 3 of the last 5 years, and were significantly higher than the National Year 2000 Objectives.
- In 2000- 2003, an average of 2-3 Tuolumne County families/year experienced the loss of their infants less than one year of age from death. Infant mortality rates were either higher than, lower than, or similar to state averages for the last five years of available data, however the numbers are too low to make this rate difference significant.<sup>1</sup>
- In the years 2001- 2005, an average of 42 children per year were born to teen mothers in Tuolumne County; in 2004, 27% of these births were to teens under 18 years of age. Teen births comprise an average of 9.2 percent of all the births. These rates are similar to California averages, and demonstrate a steady drop from 1996, where the rates were 14%.
- At time of hospital discharge in 2006, 66% of women were exclusively breastfeeding, and 94% were doing some breastfeeding. These rates are both higher than the state average rates.
- In the year 2002, 87.1% of children entering Kindergarten had their immunizations; and 94.3% in licensed child care settings were up to date on their immunizations. The kindergarten rate is slightly lower than the state average of 92.3%; the child care center rate is the same as the state average.
- 8 children ages 0-17 were discharged from the hospital for asthma in Tuolumne County in 2001, which was about half the rate as shown in many San Joaquin Valley counties.

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

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

Summary points for First 5 Planning: The county has strong maternal and child health indicators in a variety of areas, including good access and utilization of early prenatal care, good breastfeeding rates at hospital discharge, decreasing teen pregnancy rates, low rates of low-weight births, and good identification (and referral to services) of children with developmental delays. The lower ranking for the number of prenatal visits may have to do with either transportation barriers, insurance barriers, limited Medi-Cal appointment times, or personal choice. There is room for improvement in immunization rates for children who do not attend

child care centers. Asthma and childhood obesity, while present, are not indicated at high rates. Over one-third of young children are enrolled in Medi-Cal, and a higher percentage utilize CHDP services. Over half of the births in the county are paid for through Medi-Cal, and there are still gains to be made in the areas of health and safety of pregnant women. Lack of medical and dental insurance for working families is a problem.

## **Family Functioning Indicators**

- The county's Perinatal Drug and Alcohol Program is linked to Dependency Drug Court, and provides treatment for about 250 individuals a year. The program works with both mothers and fathers who have drug or alcohol problems (and many of whom have co-occurring mental health disorders), providing behavioral health treatment and after care support.
- Tuolumne County had a high rate of substantiated cases of child abuse and neglect for children ages 0-5 in the year 2006. The rate was over double that of the state average. This may reflect that our community members have a higher level of comfort and familiarity with Child Welfare Services (CWS), which results in a larger number of referrals. CWS offers frequent training sessions for mandated reporters in the community at no charge, tailoring them to meet the needs of specific agencies. In 2006, there were 104 substantiated cases for children up to age 5.
- In July 2007, there were 31 children up to age five in CWS supervised foster care, which represents 31% of all the children that were in foster care. At a point-in-time survey on July 1, 2007, 69% of all children in CWS supervised foster care were placed with all of their siblings and 73% were placed with some or all of their siblings. Relative/Kin Care is the primary placement for the majority (36%) of children of all ages removed from their homes, with foster care the second most common placement (33%). Children up to age 3 are fast-tracked for either reunification or placement in a new stable home.
- There were no fatalities from unintentional or intentional injuries for children up to age 4 in 2004. Eight children were hospitalized due to unintentional injuries in that year.
- The rates for domestic violence-related calls for assistance in 2001 were lower than the state average. However, in that same year, a community assessment revealed there was widespread agreement by the public that domestic violence is a problem in Tuolumne County. Law enforcement receives approximately 200 domestic violence calls annually, and the Mountain Women's Resource Center receives approximately 500 calls annually, sheltering approximately 200 adults and children per year.

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

## Early Childhood Education Indicators

- Tuolumne County has a strong enrollment record of children eligible for Head Start, serving approximately 85% of the eligible population. As of January 2008, there are waiting lists for all of the Head Start sites in Tuolumne County. The highest demand for service is for the full day sites, especially the Sonora site (which has 41% of the wait-listed children), reflecting the need for full-day care slots closer to where families live and work.

Head Start Waiting Lists: Total = 95

Shaw's Flat	Sonora	Soulsbyville	Twain Harte	Summerville	Jamestown	Home Base
15	39	11	13	6	9	2

- The new Head Start Reauthorization Act of 2007 has provisions that may impact child care resources locally:
  - Head Start sites may begin serving up to 35% of their enrollment from children whose families' incomes are between 100-130% of the poverty line. This will allow more working poor families to access preschool services. With local sites at capacity now, meeting this need would necessitate expansion of sites, which the Act allows for; however no allocation has been authorized as yet.
  - The Act allows sites to convert current pre-school age slots to infant and toddler age slots; however this would only be done if the preschool slots were not filled.
  - Each Head Start program must assure that 10% of its enrollment will be of children with disabilities.
  - By September 2013, Head Start teachers must have a BA or advanced degree in early childhood education (or a related degree). Teachers must have an AA degree by October 2011. Additional staff qualifications and training provisions apply to Early Head Start teachers, home visitors, family workers, Education Coordinators and teacher assistants. Financial assistance to enroll in college courses will be available in exchange for agreements to work in Head Start for at least 3 years, or prorated repayment options.
- The interplay of the need for quality, affordable child care, the geographic availability of care, the ongoing business stability of family child care homes and centers, the availability of qualified staff, and shifting demographics continues to make child care issues complex in Tuolumne County. A number of new child care centers have opened up in 2007 in Tuolumne County, including those who provide infant care, which has addressed some of the need for quality child care provision, especially for infant care. There continues to be a demand for more child care options that are located in Sonora or East Sonora. Families seeking child care during nontraditional hours continue to face challenges (5 providers offer care at all hours, 4 offer care on weekday evenings, and 2 offer care on weekends only).

- The cost of child care is prohibitive for many Tuolumne County families. The average cost of full day care for one child in some of the new centers that opened in 2007 was \$8,000 per year. Parents would have to earn \$80,000/year in order to make full-time child care for one child a truly affordable option (using 10% of income as a measure of affordability). This annual income is well above the annual household income of most parents with young children, and significantly above the family income of single parent households.
- There is a shortage of child care subsidies for low-income families, with 120 eligible children on a waiting list for subsidized care in 2008.

Summary points for First 5 Planning: There is a demand for affordable, quality, child care in geographic areas where most young families live and work. Access to educational opportunities to pursue Bachelor's degrees in Early Childhood Education will become more important as the new Head Start Reauthorization Act is implemented.

## **Planning Activities**

### Previous Planning Process

The Commission participated in an extensive planning process in FY 02-03, to inform the strategic plan and future funding allocations. They developed and approved a financial plan, conducted a community survey, considered input from community service providers (including those serving on the Commission and as Ex-Officio Members), and developed a three-year funding strategy. Funding decisions, at that time, reflected the community support for the strategies that were currently being funded. Respondents reported that, in light of limited and diminishing resources, they supported continued funding for existing strategies and programs that were successful rather than funding new programs.

### Current Planning Process

In preparing for the third cycle of funding, the Commission considered:

1. On-going service demand and outcomes for currently funded programs; and
2. Information provided on the characteristics of the community need for a variety of services, through discussion with grantees, Commissioners, and Ex-Officio Members.

Findings focused on three areas: (1) the critical needs for the highest risk children; (2) the challenges for the average working family with small children; and (3) the nature of the service infrastructure and the instability of current funding to support the needed infrastructure.

### **High Risk Children**

1. Service providers are working with families that are on their third generation of substance abuse, including methamphetamines, alcohol, and other substances.
2. Many of these families have co-occurring mental health problems, and their children may have been substance-exposed in utero.

3. Many of these families have had no direct experience receiving or providing responsive parenting.
4. Many of these families had bad experiences in school, and are distrustful of ECE providers.
5. The challenges faced by high risk children seem to be increasing at the family level – the needs are multiple, entrenched, and difficult to address.
6. Critical resources for these families include both direct intervention and opportunities for ongoing peer support to help them continue to make the right choices for themselves and their children. Any effective intervention for these families is long term, sustained, and requires input by multiple agencies.

#### Average Working Families with Young Children

1. Finding affordable, high quality childcare is an ongoing challenge.
2. Many families do not have medical or dental insurance.
3. Opportunities for early screening and intervention are limited, and loving parents are often too subjective to see delays, until an outside entity (physician, child care provider) suggests screening.

#### Service Infrastructure Challenges

1. There are a few, key programs that have had success in addressing the needs of the highest risk children and have demonstrated positive outcomes and high service quality. Some of them have alternative funding sources through state or federal funding, but all of these are subject to change and are on limited funding cycles. There are no dedicated local county funds to support these programs other than First 5. However, many county agencies and entities, including Family Courts, Child Welfare Services, Public Health, Mental Health, and others, refer their clients into these programs, and depend on them for critical intervention services.
2. The vagaries of outside funding can have devastating effects on the service provision capacity of a small county like Tuolumne. There are a limited number of service providers filling particular service niches, and most do not overlap. Money comes and goes, and programs come and go accordingly. There is a history of programs starting in the county with outside funding, building to a high level of functionality during a 3-year funding cycle, and then going away, due to lack of any new revenue. Drawing down Medi-Cal match funds requires a non-federal match. The county is too small to attract corporate sponsors so, unless the county government or schools system can incorporate new service elements, there is no realistic long term sustainability strategy. At the same time, due to legislative actions at the federal and state level, the funding for schools and local government social services has also declined. The only option for other funding is start-up grants from private foundations, which are also short-lived.

**STRATEGIC GOALS AND OBJECTIVES  
FOR FISCAL YEARS 2007-2008 THROUGH 2010-2011**

Goal 1: Invest in programs that promote family functioning, access to quality early care and education, and access to health and social services, utilizing both local tobacco tax revenues and State Commission matching funds, where available and appropriate.

Strategy 1: Implement a funding strategy that allows the Commission to remain flexible enough to fund the highest priority community funding needs that emerge during the current cycle.

*Objective 1.1 --- July 2007, ongoing*

Implement the four-year funding cycle, utilizing local First 5 funds, and State First 5 matching funds for School Readiness and CARES. Address any changes in financial status of grantees on an annual basis, at the year-end review.

*Status: 07-8, annual completion*

*Objective 1.2 --- January 2008, may be addressed annually*

Address the funding gap in the fourth year of the current funding plan for multi-year grants.

*Status: completed January 2008*

*Objective 1.3 --- February 2008*

Plan for the end of the CARES state matching funds in FY 07-08, and address the direction of future local investments in child care quality improvement and retention.

*Status: completed January 2008*

*Objective 1.4 --- January of each fiscal year*

Implement other competitive grant categories or targeted funding, in alignment with the approved long-term financial plan.

*Status: annual completion January 2008*

*Objective 1.5 --- January of each fiscal year*

Utilize service data and evaluation data to assess the quality and impact of current investments on an ongoing basis.

*Status: annual completion March 2008, January 2009*

Goal 2: Address the negative community impact of a funding reduction in future granting cycles by working with local grantees and their partners to explore additional possibilities for linkage, leveraging, fund development, and streamlining operations.

Strategy 2: Convene local service partners to address strategic planning in light of diminishing First 5 revenues and offer technical support where appropriate.

*Objective 2.1 --- June 2008*

Meet with individual grantees to discuss the impact of future First 5 revenue decline, and identify areas for linkage, leveraging, fund development, and streamlining.

*Status: limited discussions held; follow-up meetings planned for early in 2009.*

*Objective 2.2 --- June 2009*

Convene service partners to discuss options to sustain critical service elements.

*Objective 2.3 --- Ongoing*

Offer technical support in research, grant writing, advocacy and convening, or other support as appropriate.

*Status: varied assistance in grant writing and convening*

Goal 3: Create a prioritized funding strategy for the next cycle of reduced investments in the community, using evaluation data, financial planning models, and input from community service providers.

Strategy 3.1: Strengthen outcome evaluation systems where the Commission makes multi-year investments; use the data to direct future planning.

*Objective 3.1.1 --- June 2008*

Revisit evaluation systems for all multi-year grants. Meet with grantees to look at capacity for data collection and reporting, tools, and systems. Strengthen evaluation design, where appropriate.

*Status: completed*

*Objective 3.1.2 --- June 2009*

Utilize the regional technical assistance program for targeted evaluation system analysis and consultation.

*Status: in progress*

*Objective 3.1.3 --- June 2010*

Agendize a discussion in the Spring of 2010 to look at outcome evaluation data for all of the multi-year programs.

Strategy 3.2: Annually update the long-term financial plan; begin financial planning for the next cycle at least 2 years prior to implementation.

*Objective 3.2.1 --- January of each fiscal year*

Update the long term financial plan; discuss implications for the current funding cycle and the future funding cycle.

*Status: annual completion January 2009*

*Objective 3.2.2 --- July 2010*

Approve a financial plan for the key elements in the next funding cycle, including the amount for operations, and the amount for community investments.

Strategy 3.3: Utilize evaluation data, financial planning data, and input from grantee convening and other community input to develop funding priorities and strategies for the next funding cycle.

*Objective 3.2.1 --- October and November 2010*

Agendize discussion at two Commission meetings to present and discuss data, and to determine funding priorities and strategies for the grant application process to begin in December 2010.

## DESIRED RESULTS, OUTCOMES, INDICATORS, SERVICES

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



### RESULT AREA #1: IMPROVED FAMILY FUNCTIONING

#### Outcome #1:

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

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

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

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

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

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

#### **Current funded strategies for the third cycle ending in FY 10-11:**

(Expanded program descriptions are offered in Appendix A)



A-TCAA Family Learning Centers – Parent Education and Early Childhood Education, Family Literacy (\$421,949 over four years though FY 10-11)



ICES Raising Healthy Families- Home Visiting and Parenting Classes (\$478,957 over four years though FY 10-11)

A-TCAA Shelter Case Management, and Shelter Rehabilitation (\$50,000 over three years though FY 08-09)

Kings View Behavioral Health Services – Early Intervention (\$7,771 in FY 07-08)

Micro and Small Community Grants

Measurable Outcomes:

Program participants will demonstrate gains in:

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

**RESULT AREA #2: IMPROVED CHILD DEVELOPMENT**

Outcome #2:

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

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

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

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

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

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

**Current funded strategies for the third cycle ending in FY 10-11:**

*(Expanded program descriptions are offered in Appendix A)*



Tuol. Co. Supt. Schools - School Readiness – Early Screening & Assessment; Friendship School; & On-site Consultation. (\$911,989 over 4 years through FY 10-11)

ICES Child Care Quality Improvement/CARES (\$87,823 in FY 07-08)

Micro and Small Community Grants

Measurable Outcomes:

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

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

**RESULT AREA #3: IMPROVED HEALTH.**

Outcome #3:

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

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

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

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

**Areas of Priority for Funding** will be to address the most critical service gaps or to sustain or expand key, critical, and successful programs in access to medical and dental health services.

**Current funded strategies for the third cycle ending in FY 10-11:**

*(Expanded program descriptions are offered in Appendix A)*



Smile Keepers- Oral Screening, Fluoride Varnish, Parent Education (\$87,105 over four years through FY 10-11)

Dental Help Fund – Crisis Care (\$10,000 in FY 07-08)

Healthy Families Enrollment (\$13,747 in FY 07-08)

Parent Nurse Partnership Program – Nurse Home Visits (\$34,778 in FYs 07-08 & 08-09)

Micro and Small Community Grants

Measurable Outcomes

*Program participants will demonstrate gains in:*

- *Direct linkages to oral health provision and prevention education*
- *Enrollment and retention in health insurance programs*
- *Family stability across a wide range of domains*

**RESULT AREA #4: IMPROVED SYSTEMS OF CARE**

Outcome #4:

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

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

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

**All of the multi-year grants have elements for improved systems of care, along with other result areas.** The programs address service integration, access and cultural competence in a variety of ways, including:

- services provided through home visits;
- transportation services provided to service sites and other community sites;
- outreach to Hispanic families and ESL services;
- parenting education provided in the Spanish language;
- coordinated and integrated case management and service provision; and

- sharing of resources for family services.

**In addition, additional investments address capacity building. Current funded strategies for the third cycle ending in FY 10-11 are:**

Kits for New Parents- distribution: (\$150 in FY 07-08)

Family Page in local newspaper: (\$5,000 annually through FY 07-08)

RIDE Immunization Registry Provider Assistance (\$9,025 in FY 07-08)

Library Book Distribution (\$4,457 in FY 07-08)

AmeriCorps Coordination Support (\$8,261 in FY 07-08 and FY 08-09)

Pregnancy and Parenting Fair: (\$1,000 in FY 08-09)

Mind Matters, Behavioral Health Consultation: (\$1,000 in FY 08-09)

Repayable Grant Program for Agencies that may be in danger of suspending operations due to State Budget approval delays, specifically for programs that serve the First 5 Target Audience (\$500,000)

Measurable Outcomes: demonstrated service integration, access and/or service capacity building, and cultural competence in service provision.

## OPERATIONS

### Staffing

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

The Commission has determined that the most cost-effective and workable staffing structure for the administration and evaluation of the program is to contract out the duties of a full time Executive Director and part-time support staff (40%) to the Commission.

The major activities to be completed by these contractors include:

#### Administrative Services

- Commission Operations Support

- Strategic and Financial Planning
- Fiscal Management
- Fund Allocation
- Contract Management – Financial Monitoring
- Oversight of First 5 California Matching Fund Initiatives
- Public and Provider Relations
- Legal Requirements, Tracking and Compliance
- State-level Involvement

#### Evaluation Services

- Evaluation technical assistance to grantees
- Evaluation design, implementation, and reporting, including annual reports to the State Commission

#### Program Services

- Contract Management – Program Monitoring
- Collaboration and Integration of Services
- Technical Assistance
- Fiscal Agent for the NE Region’s First 5 CA Technical Assistance Funds

### **Funding Criteria and Approach**

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

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

- the degree to which the applicant shows the willingness and capacity to provide evaluation data; and
- the quality of the budget planning and the organizational capacity of the applicant.

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

## **Project Monitoring and Evaluation**

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

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

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

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

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

# **Part 2: Seven Year Financial Plan**

## **FY 04-05 Through FY 10-11**

*and long-term forecast through FY 13/14*

### **INTRODUCTION**

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

The Financial Plan was developed to:

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

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

### **BACKGROUND**

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

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

The Strategic Plan encompassed 2 multi-year funding cycles through FY 06-07, which included a variety of categories of local competitive funding, state partnership opportunities, and local targeted initiatives. The fund balance accumulated during the first two years of the tax levy was

drawn down to provide additional funding for the grants and initiatives funded in these cycles, in a planned, moderate fashion.

A third funding cycle began in July 2007, and will be for 4 years, through June 2011. This cycle will also depend on a draw-down of the accumulated fund balance to support the planned expenditures.

## **FUNDING STRATEGY**

This plan presents a spending plan for seven years, through June 2011, and makes a forecast of expenditures and revenues through June 2014. The spending plan is based on a strategy chosen by the Commission in the Fall of 2003: to spend down the fund balance in a moderate fashion. The last cycle ended with a fund balance of 3.3 times the amount of annual tax revenues; the current plan predicts a fund balance of 2.0 times by the end of the FY 10-11.

## **REVENUE ASSUMPTIONS FOR THE PLAN**

The Commission's annual revenue forecast is driven by five factors: (1) total tobacco tax sales collections; (2) Tuolumne County's share of statewide births; (3) additional allocations provided to rural counties by the State Commission; (4) partnership grants with the State Commission; and (5) interest earnings. All factors have the potential to decline in the ten years covered by this plan and negatively impact the Commission's annual revenue stream:

- Changes in the amount of revenue generated by taxed tobacco sales is somewhat unpredictable and based on a variety of social, economic and political factors. Tobacco sales tax revenue initially declined in the first cycle, then leveled off. The projected rate of decline used in this Plan is 3.5%, which is similar to the rate that the State Commission uses in long term forecasting. Two factors can affect this decline rate: reduction in tobacco sales tax statewide (due to reduced levels of tobacco use, and/or increased level of non-taxed tobacco sales), and the amount that the Board of Equalization reserves for administrative costs and Proposition 99 backfill each year. The backfill for Proposition 99 is currently based on a formula which is somewhat predictable; however the administrative costs claimed by the Board of Equalization have steadily increased. Theoretically, the increase in BOE administrative funds should allow for increased enforcement activities around non-taxed sales, which should result in a more tax revenues. A factor that would have a negative impact is a new tobacco tax, which is frequently proposed at both the federal and state level. The extent of this impact will be linked to backfill provisions in the laws. The assumption is made that the Commission will keep a close watch on revenue changes, and will adjust the plan accordingly.
- Since the inception of First 5 funding, Tuolumne County births have ranged between .080% and .089% of the total births in the state. The latest 2006 figures are .088%. First 5 funding is allocated to the county based on birth rates (in comparison to other counties), and our birth rate fluctuations have had some effect on our tax revenues, to

date, but many other factors have proven to have a greater impact. To add context, at 2006-07 funding rates, a local change in birth rate of 5% (24 births) would result in close to a \$20,000 funding decrease, all other factors remaining stable. However, every fluctuation in Tuolumne County is measured against a backdrop of statewide birth rates, which can either increase or dampen the effect. Tuolumne County's birth rate has fluctuated between a drop of 6% and a gain of 6% in the years between 1999 and 2006 (the latest available state data); the 5-year average change is a little over one percent increase. With the relatively low number of births, it is difficult to predict trends, as a change in 5 births results in a 1% birth rate change. However, on a year-to-year basis, the actual data does not support the 2% anticipated growth rate predicted by the Ca. Dept. of Finance projections used by the State Commission in their forecasts. It is anticipated that the birth rate increase in Tuolumne County will lag behind many other counties in the state, and may be better forecast at 1%.

Because of the unpredictability of the county's birth rate, and the fact that only a few births can significantly change the birth rate percentage, we have not used this as a separate factor in predicting revenues. The overall 3.5% decrease in revenue rate used for planning will be adjusted, as needed, to account for birth rate percentage impacts. (This occurred for FY 07-08, as an adjustment to a low birth rate year in 2005).

- The State Commission has been providing an annual augmentation to support small county operations, which has allowed the Commission to free up tax revenues for programs. The rationale for this allocation was to address the administrative burden on small counties, who must use a proportionately greater share of their tax revenues to provide basic operations, including administrative services, planning, outreach, and evaluation. The State Commission has committed to continuing these augmentations, at some level, through FY 10-11 for eligible counties. Tuolumne County is eligible for \$105,744/year through FY 08-09, which constitutes 14% of the Commission's revenue for the first 2 years of the cycle. First 5 CA has reserved the right to adjust the formula for allocation for FY 09-10 and FY 10-11; however, with no information available, the revenue remains at the original forecast. The long-term forecasting for this plan assumes that the small county augmentations will continue after fiscal year 20010-2011 at a lower level. This assumption is based upon the history of State Commission support for small county augmentations, but also on the declining revenues throughout the state.
- The State Commission provides opportunities for matching grants with counties. The two areas that First 5 Tuolumne has been able to partner in are School Readiness (which provides \$1.25 for every dollar invested by the Commission) and a Child Care Provider Retention program (CARES, which provides one dollar for every two dollars invested by the Commission). These state matching funds provide 22% of the total revenue stream in the current funding cycle, funds which have been dedicated entirely to local granting. The plan assumes that School Readiness state funds will be available only through the current funding cycle, and that the Child Care Retention (CARES) funds will be available through FY 07-08; both assumptions are based on the latest information available from the State Commission.

- Interest earnings are assumed at 2.5%. This rate was provided by the Tuolumne County Auditor’s Office, and is assumed to be a conservative factor. The interest accrued is directly related to the fund balance and the revenues received and will decline as both of these factors decline. In addition, state matching funds are now provided fully or partially on a reimbursement basis, allowing little capacity for interest earning.

<b>EXPENDITURE ASSUMPTIONS</b>
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- Expenditures for FYs 04-05 through 10-11 have included a variety of grants, initiatives and set-asides. The current funding cycle is reduced in scope from previous cycles, as per the long-term financial plan. (The current cycle dedicates about \$80,000/year less in local revenues than was dedicated in the previous funding cycle. This is not obvious from looking at the financial plan, because there are a number of contracts in operation in FY 07-08 that were funded under the previous cycle’s funding allocation.)
  - Funding for local projects for the current funding cycle through FY 10-11:
    - Multiple-Year Grants
    - Community Grants
    - Dental Help Fund
    - Media (through FY 07-08)
    - AmeriCorps Support
  - Funding for State Partnerships
    - School Readiness Initiative - Round 1 and 2 (through FY 11-12)
    - CARES (Partnership with State Commission) through FY 07-08
    - Northeast Regional Technical Assistance (First 5 Tuolumne is fiscal agent)
- A slight inflationary allowance was made for operations, at 2% per year.
- No provision was made for continuation of any specific project or initiative that has not been approved by Commission action.
- The long term forecasting for this plan assumes that, in the event of small county augmentations being no longer awarded, that operational costs and program costs will decrease accordingly.
- The long term forecasting for this plan assumes that State Partnership opportunities will not be available beyond the current funding cycle. The recently adopted First 5 CA Strategic Plan supports this assumption – the State Commission plans to have only a few signature programs, which may or may not be a good fit to our local needs and matching capabilities.

## PLAN OBJECTIVES

The Financial Plan has four main objectives.

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

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

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

Strategy: The Financial Plan was developed on the assumption that the Commission would want to have a positive fund balance, and that the balance at the end of the second funding cycle in FY 06-07 should be at least twice the amount of the anticipated annual tax revenue at that time. This strategy ensured that the Commission could plan proactively for granting funds in the third (current) cycle, could maintain a level of funds adequate to meet its obligations (in light of the time lag for revenue disbursement from the state), and could buffer the effect of funding reduction. This strategy has allowed for funding in Cycle 3 that is significantly higher than anticipated revenues. As the Commission moves into its fourth funding cycle, the planning will shift to expenditures more closely matching the revenues. The fund balance should never go below an amount equal to the annual revenue, to allow for adequate cash flow to meet financial obligations.

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

Strategy: A small contingency category for flexibility in funding decisions had been included in the earlier years of the plan; however, the ability of the Commission to set aside funds for emerging issues or leveraging is not a priority in Cycle 3, as the fund balance is being steadily drawn down. The flexibility afforded prior to this point is no longer possible.

**Objective 4: Identify future planning issues for the Commission.**

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

## FINANCIAL PLANNING PROCESS

The plan will be reviewed, amended as needed and adopted annually.

## COMPREHENSIVE TEN YEAR OUTLOOK

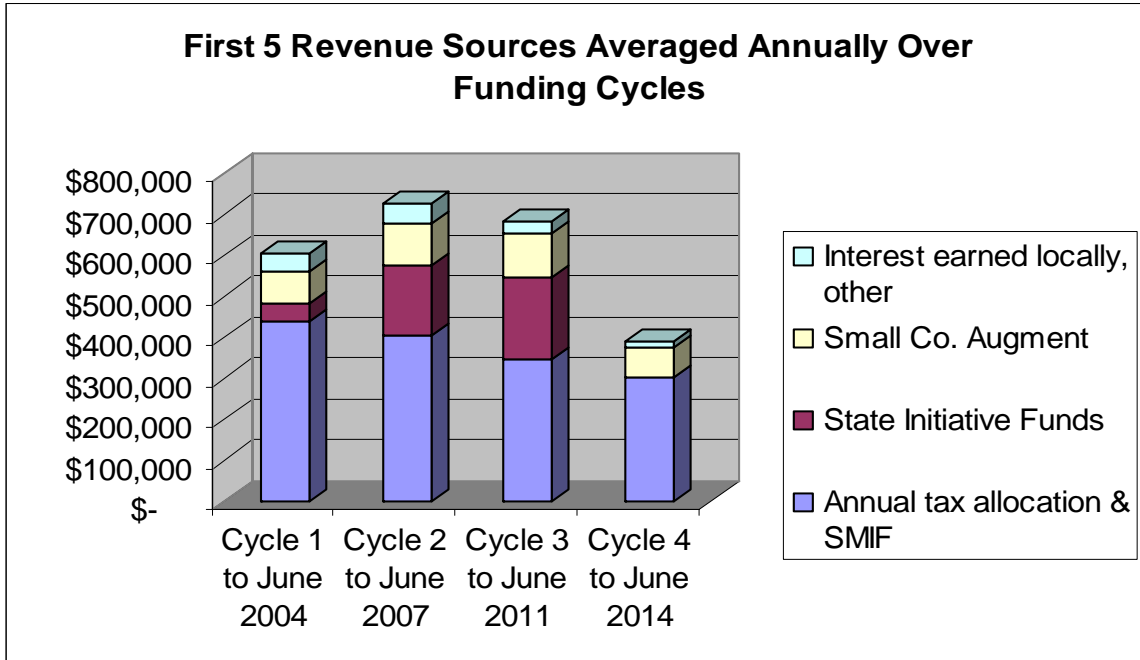
The accrued tax revenues since 1999 have been and will continue to be very instrumental in making a difference in the lives of children in our community. For example, the revenue reserve has allowed the Commission to make a long-term commitment to partnerships with the State Commission, through the School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

The ten year financial analysis indicated that expenditures would need to be decreased in the current funding cycle, and the Commission's grant-making has reflected that reality. Looking ahead, once the current four-year cycle is completed, the Commission's expenditures will have to more closely match the annual revenues. The plan has demonstrated the need for the Commissioners to address the following questions:

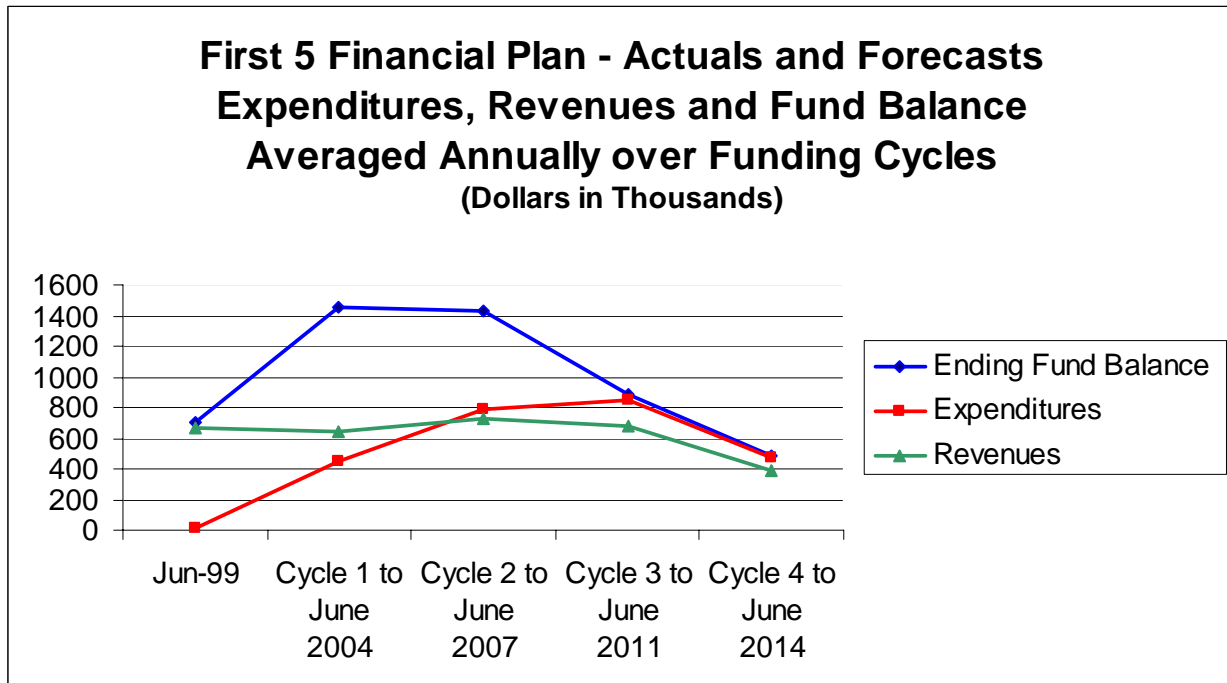
- What critical needs will no longer be met when First 5 grants come to an end?
- What funded programs have shown the best evaluation results?
- What are the limited priority areas that the Commissioners wish to impact in the future years, with a limited investment, and what is the best way to make a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

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

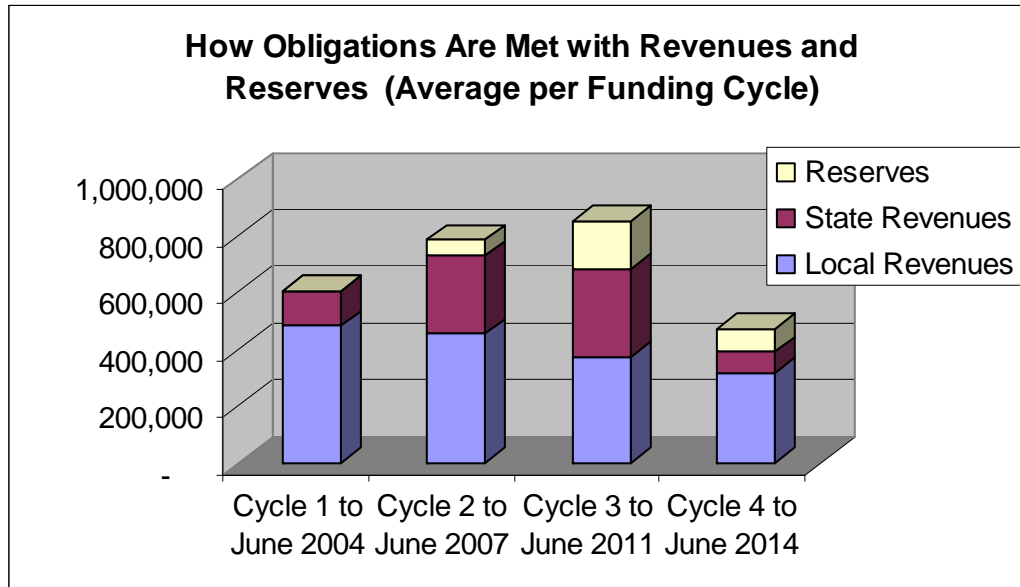
## GRAPHS – HISTORY AND FORECASTS OF REVENUES, EXPENDITURES, AND FUND BALANCE USE



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



## Utilization of the First 5 Revenues and Fund Balance Over Time



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

<b>Updated January 2009</b>	<i>Actuals</i> <b>FY 04-05</b>	<i>Actuals</i> <b>FY 05-06</b>	<i>Actuals</i> <b>FY 06-07</b>	<i>Actuals</i> <b>FY 07-08</b>	<i>Budget</i> <b>FY 08-09</b>	<i>forecast</i> <b>FY 09-10</b>	<i>forecast</i> <b>FY 10-11</b>	<i>forecast</i> <b>FY 11-12</b>	<i>forecast</i> <b>FY 12-13</b>	<i>forecast</i> <b>FY 13-14</b>
<b>Total Beginning Balance</b>	<b>1,469,032</b>	<b>1,523,886</b>	<b>1,473,728</b>	<b>1,301,521</b>	<b>1,165,248</b>	<b>942,472</b>	<b>786,370</b>	<b>636,255</b>	<b>564,938</b>	<b>486,855</b>
<b>Revenues</b>										
Annual Projected Allocations	396,404	405,755	395,448	359,592	349,171	336,950	325,157	313,776	302,794	292,196
School Readiness Funds	178,987	81,166	56,356	125,000	125,000	125,000	125,000	-	-	-
State CARES Funds	26,171	20,103	27,274	25,113	20,251	-	-	-	-	-
SMIF Interest	8,350	-	4,505	1,926	1,746	1,685	1,626	-	-	-
Small County Augmentation	105,743	105,743	105,743	106,012	105,743	105,743	105,743	75,000	75,000	75,000
Interest	37,912	50,528	59,765	49,327	26,415	23,562	19,659	15,906	14,123	12,171
Other (Regional TA, etc.)	35,118	85,756	-	17,924	\$ 235,000	\$ 17,076				
<b>Total Anticipated Revenues</b>	<b>788,685</b>	<b>749,051</b>	<b>649,091</b>	<b>684,894</b>	<b>863,326</b>	<b>610,016</b>	<b>577,185</b>	<b>404,683</b>	<b>391,918</b>	<b>379,368</b>
<b>Expenditures</b>										
Operations	112,614	122,569	131,960	138,040	149,339	152,326	155,372	125,000	125,000	125,000
Grant Cycles										
Multi-Year Large Grants incl SR	474,834	446,586	527,768	518,993	547,086	552,903	294,510			
Child Care Qual Imp/Retention	78,514	60,310	81,821	75,339	60,753	-	-			
Community Grants	20,830	69,752	73,672	52,824	40,824	20,000	20,000			
Capital Grants	-	-	-	25,000	50,000	-	-			
Dental Help Fund	9,519	8,733	913	3,536	3,000	3,000	3,000			
Other Granting/Programs/Reg TA	37,520	91,259	5,164	7,435	235,100	37,889	6,000	6,000		
Future Granting/Set-aside							248,417	345,000	345,000	345,000
Contingency Funds		-	-	-		-	-			
<b>Total Anticipated Expenditures</b>	<b>733,831</b>	<b>799,209</b>	<b>821,298</b>	<b>821,167</b>	<b>1,086,102</b>	<b>766,118</b>	<b>727,299</b>	<b>476,000</b>	<b>470,000</b>	<b>470,000</b>
<b>Total Ending Balance</b>	<b>1,523,886</b>	<b>1,473,728</b>	<b>1,301,521</b>	<b>1,165,248</b>	<b>942,472</b>	<b>786,370</b>	<b>636,255</b>	<b>564,938</b>	<b>486,855</b>	<b>396,223</b>
<i>Ratio of balance to annual revenue:</i>			3.3				2.0			1.36
			x revenue				x revenue			x revenue
<b>Expenditures over Revenues</b>	<b>(54,854)</b>	<b>50,158</b>	<b>172,207</b>	<b>136,273</b>	<b>222,776</b>	<b>156,102</b>	<b>150,115</b>	<b>71,317</b>	<b>78,082</b>	<b>90,632</b>

## **Appendix A: Descriptions of Current Funded Programs**

### *A-TCAA Family Learning Centers (\$421,949 over four years though FY 10-11)*

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

### *ICES Raising Healthy Families (\$478,957 over four years though FY 10-11)*

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

### *A-TCAA Shelter Case Management, Shelter Rehabilitation (\$50,000 over three years though FY 08-09)*

Families living at the Transitional and Emergency homeless shelters in Sonora and Tuolumne will receive case management services to assist them in making progress toward their goals for family stability. Families with pregnant women and children age five and under will have priority for openings at the Transitional Shelter. A capital grant of \$25,000 was matched against state funds to improve outdoor safety features for young children.

### *Kings View Behavioral Health Services (\$7,771 in FY 07-08)*

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

### *Tuol. Co. Supt. Schools School Readiness (\$911,989 over 4 years through FY 10-11)*

The *School Readiness* program addresses early screening through Child Find Screenings throughout the county to identify delays in physical, mental or social-emotional development in young children. The program addresses early intervention for social/emotional issues through a Therapeutic Preschool/Kindergarten intervention (“First 5 Friendship School”) for children that have behavioral problems that are putting them at high risk of expulsion/withdrawal from preschool settings, day care settings, and kindergarten classrooms.

In addition the program provides on-site consultation services to early childhood educators and kindergarten teachers in the areas of behavioral intervention and in addressing other special needs that are not severe enough to warrant an individual educational plan (IEP). The program coordinates with other regional training resources to link early childhood educators and kindergarten teachers in training and curriculum development. The program links with ICES Raising Healthy Families to provide in-home training to parents on the behavioral modification techniques used in the classroom.

ICES Child Care Quality Improvement/CARES (\$87,823 in FY 07-08)

The program's goals are to increase the number and percentage of child care providers in the community who are permitted and permit-eligible based on the Child Care Permit Matrix. One objective is to retain qualified providers in the child care field, and a major activity in this program is to provide stipends to eligible providers. Outreach includes Family, Friend and Neighbor Child Care Providers.

Smile Keepers (\$87,105 over four years through FY 10-11)

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

Dental Help Fund (\$10,000 in FY 07-08)

The Dental Help Fund will directly enable young children without insurance to receive critical care dental treatment. Funds will cover costs that serve as barriers to parents, including anesthesia, co-payments, and other non-covered costs.

Healthy Families Enrollment (\$13,747 in FY 07-08)

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

Parent Nurse Partnership Program (\$34,778 in FYs 07-08 & 08-09)

Public Health nurses will provide targeted case management to pregnant women and families with young children, leveraging federal funds.

Kits for New Parents: (\$150 in FY 07-08)

First 5 arranges for distribution of the kits to prenatal providers, hospital birth centers and midwives and visiting nurses. The funding allocation covers the costs of a resource directory in the kits.

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

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

RIDE Immunization Registry Provider Assistance (\$9,025 in FY 07-08)

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

Library Book Distribution (\$4,457 in FY 07-08)

Books for young children distributed at multiple family service sites throughout the county.

AmeriCorps Coordination Support (\$8,261 in FYs 07-08 and 08-09)

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

Pregnancy and Parenting Fair (\$1,000 in FY 08-09)

Support for rental and advertising costs for the Childbirth Education Consortium's annual Pregnancy and Baby Fair.

Mind Matters Behavioral Health Consultation (\$1,000 in FY 08-09)

Support for the Mind Matters Clinic's assessment and treatment for two children, ages 2-5, that present with signs and symptoms consistent with ADHD or Autism Spectrum Disorder, and whose families are unable to afford services due to lack of insurance and/or financial resources.

Emergency Repayable Grant Program

The Commission established a Repayable Grant Program in FY 08-09, to be implemented only on an as-needed basis, for agencies (that serve the First 5 target audience) that experienced a delay in fund disbursement from the State of California, due to the delay in approval of the California budget. Up to \$500,000 was set aside for this purpose. Key elements of the loan program were:

- Repayable Grants will only be offered to programs that serve the First 5 target audience with services consistent with the First 5 Tuolumne Strategic Plan (in the areas of family functioning, early development, and health) and who depend on State of California funds for operations, and whose ability to continue operations is measurably threatened by a delay in the signing of the State budget.
- Repayable Grants will be interest free, and will be due in full within a month of the date that the first reimbursement from the State of California is paid to the organization.
- Repayable Grants will be made only at the discretion and prior approval of the Commission. Criteria will include: (1) that agencies demonstrate long term stability; (2) that agencies first access whatever lines of credit or reserve funds they have available to weather a delay in state reimbursement; and (3) that all money advanced will be only for services to children from birth to age 5.

In FY 08-09, a repayable loan contract was executed with the Amador-Tuolumne Community Action Agency.

## APPENDIX B – DATA SOURCES

### Data sources:

*California Child and Family Services Review, Tuolumne County Self Assessment, June 2004.*  
(Report provided by the Tuolumne County Department of Social Services)

California Dept. of Finance, Demographic Research Unit, [www.dof.ca.gov](http://www.dof.ca.gov)

California Department of Social Services Data Systems and Survey Design Bureau, California Health and Human Services Agency. CDSS Data Systems and Survey Design Bureau, *CalWORKS Welfare-to-Work Monthly Activity Report Two-Parent Separate State Program*. Research and Data reports: <http://www.dss.cahwnet.gov> and statistics provided by the Tuolumne County Dept. of Social Services on current CalWORKS enrollment levels and cash assistance to children.

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

California State Employment Development Department, Labor Market Information Division.  
<http://www.labormarketinfo.edd.ca.gov> (*County snapshots*)

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

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

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

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

*Homeless Needs Assessment, Tuolumne County, March 2007.* Prepared by Sergei Shkurkin and Associates LLC.

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

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

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

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

U.S. Census Bureau, Census 2000 and Census 1990; [www.census.gov](http://www.census.gov)