

D2



STRATEGIC AND LONG RANGE

FINANCIAL PLAN

FY 2018-19 THROUGH FY 2022-23

Public Hearing Held
June 2, 2022

Prepared by: Social Entrepreneurs, Inc.
6548 S. McCarran Blvd. Ste. B Reno, NV 89509
Tel (775) 324-4567
Fax (775) 324-4941
www.socialent.com



TABLE OF CONTENTS

First 5 Lassen County Children and Families Commission would like to thank the community members, staff and commissioners who participated in reviewing and updating the 2018-19 to 2022-23 Strategic Plan. The Commission meets monthly on the first Thursday at 1:30 p.m. at the Lassen County Office of Education 472-013 Johnstonville Road, Susanville, California. Meetings are open to the public.

First 5 Commission Members

Wendy Blackmon, Chairperson

Ronda Hall, Vice Chair

Michelle Godman, Secretary/Treasurer

Barbara Longo

Chris Gallagher

Phoebe Freeman

Commission Staff

Tim Clark, Executive Director

This document was presented at the April 2022 Commission meeting and approved at the public hearing in June 2022.

TABLE OF CONTENTS

Contents

| | |
|---|----|
| Executive Summary | 1 |
| Vision Statement | 1 |
| Mission Statement | 1 |
| Goals and Objectives | 2 |
| Strategic Plan Update | 4 |
| Top Issues and Concerns – 2014-15 Update | 4 |
| Community Survey Highlights | 4 |
| Provider Survey Highlights | 6 |
| Goals, Objectives and Indicators | 7 |
| 2018-2019 Goals, Objectives and Indicators | 7 |
| Result Area: Improved Child Development | 7 |
| Result Area: Improved Family Functioning | 8 |
| Result Area: Improved Child Health | 9 |
| Result Area: Improved Systems of Care | 10 |
| Implementation Strategies | 12 |
| Evaluation | 15 |
| Objectives | 15 |
| Strategies | 16 |
| Guiding Principles for Funding | 17 |
| Funding Priorities | 18 |
| Funding Options, Mechanisms and Allocation Process | 19 |
| Funding Cycles | 19 |
| Emerging Initiatives | 19 |
| Major Grants | 19 |
| Long Range Financial Plan | 22 |
| Introduction | 22 |
| The Funding & Investment Environment | 23 |
| Effects of Previous Tobacco Tax Legislation and Increases | 23 |
| Shortfalls, Opportunities and Strategy | 23 |

TABLE OF CONTENTS

| | |
|--|----|
| Financial Objectives and Principles | 26 |
| Fiscal Strategies | 27 |
| Future Revenue and Expense Assumptions | 28 |
| Five-Year Financial Forecast | 32 |
| 2018-19 to 2022-23 Forecast Scenarios | 33 |

PLAN SUMMARY

Executive Summary

Since the passage of Proposition 10 in 1998, California cigarette buyers have been paying an additional 50 cents per pack in sales tax. The revenues generated are distributed to County First 5 Commissions who are charged with funding programs and services for children ages 0-5 and their families.

First 5 Commissions must develop and annually review strategic plans that address the strategic results across four areas:

- 1) Improved Child Development: Children Learning and Ready for School
- 2) Improved Family Functioning: Strong Families
- 3) Improved Child Health: Healthy Children
- 4) Improved Systems of Care: Integrated, Consumer-Oriented, Accessible Services

First 5 Lassen County Children and Families Commission adopted its initial strategic plan in 2000. Each year since the Commission has reviewed and revised its strategic plan in conjunction with community members. They conducted various activities of the years to determine changing needs and challenges for children 0 to 5 and their families. This included a collaborative community needs assessment in FY 2006, online community surveys in 2007, and the Maternal Child and Adolescent Health needs assessment in 2010. Throughout, updated data from other sources such as the Children NOW report, www.kidsdata.org, California Department of Finance demographic data, etc. have also been used to inform planning. A review and discussion of the past year's progress, achievements and lessons learned, inform decisions about goals, objectives, indicators and strategies. Combined with information about the confines of current economic realities, these data and conversations have set the direction for the next year and beyond.

The Commission adopted the following vision and mission statements. The vision statement describes the future the Commission envisions for Lassen County, while the mission statement articulates the purpose of the Commission. Both statements are reviewed and updated as needed during the annual strategic planning process.

Vision Statement

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

Mission Statement

The Lassen County Children and Families Commission is designed to support and encourage, on a countywide basis, a comprehensive, integrated, coordinated system of early childhood development services. The focus of the Commission is on quality health care, family strengthening, and early childhood education. The Commission will support prevention and intervention programs for children, prenatal through five years of age, and their families.

First 5 Lassen has adopted the Principles on Equity, and continues to incorporate the philosophy and intent of the principles in all aspects of operations.

PLAN SUMMARY

GOALS AND OBJECTIVES

IMPROVED CHILD DEVELOPMENT

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

- Objective 1A: 100% of children served by First 5 home visiting will receive screenings according to accepted protocol.
- Objective 1B: 100% of children identified as needing additional services will receive referral and referral support.
- Objective 1C: 95% of children served will progress along a continuum toward school readiness.

IMPROVED FAMILY FUNCTIONING

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

- Objective 2A: At least 95% of parents/caregivers/providers served will report increased positive behaviors, knowledge and practices in parenting skills and healthy lifestyles.
- Objective 2B: **60-80 children aged zero to five in families with at least one high-needs characteristic are provided with home visits annually.**

IMPROVED CHILD HEALTH

Goal 3: Every child prenatal through age five will achieve optimal health potential.

- Objective 3A: **100% of children served by First 5 home visiting program will either receive an annual physical health exam or receive a referral to support an annual physical health exam.**
- Objective 3B: **100% of children served by First 5 will either receive an age-appropriate oral health screening or receive a referral for an age-appropriate oral health screening.**
- Objective 3C: 100% of children identified as needing additional services will receive referral and referral supports.

IMPROVED SYSTEMS OF CARE

Goal 4: First 5 funded programs, county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

- Objective 4A: Public and private partners participate in collaborative efforts to design, implement and sustain a system that serves children prenatal through 5 and maximizes the efficient use of resources.
- Objective 4B: Funded programs participate as appropriate in an inter-agency case conferencing system focusing on the birth to 5 population.

All strategies included in the five-year plan continue to improve and develop a consumer-oriented and easily accessible system for early childhood development within Lassen County. Funding continues to be used to support programs and activities that incorporate one or more of the strategies and are in alignment with the Guiding Principles for Implementation.

First 5 Lassen County Children and Families Commission will continue to issue RFPs for major programs, initiatives and projects (those in excess of \$10,000) as needed, and commit funding in three-year cycles. The Commission continues to retain the right to extend funding for an additional three years, or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation.

PLAN SUMMARY

The long range financial plan and anticipated expenditures are described in Fiscal Strategies and Long Range Financial Planning section of this document.

The Commission continues to evaluate grantees' progress on a regular basis using the results based accountability evaluation plans developed in conjunction with currently funded grantees. Together the Commission and grantees share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the Commission will come closer to achieving its vision that all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.



COMMUNITY ISSUES AND CONCERNS

Strategic Plan Update

TOP ISSUES AND CONCERNS – 2014-15 UPDATE

The most recent community and provider needs survey was done in 2014-2015; however, issues identified at that time are still valid today and informed the 2017 plan update discussions and decisions.

The First 5 Lassen County Children and Families collected information from service providers and community members in fiscal year 2014-15 to understand what issues people feel are important for young children and their families and what stops families with young children from getting help when they need it.

There was a total of 227 surveys completed: 109 from community members and 118 from providers. Community members were asked questions about conditions and concerns for children birth to five and their families. Providers were asked questions about the service delivery and coordination system. Following is a high-level summary of the results. More detailed information can be found in the Lassen County Profile and First 5 History section of this document.

The information from the 2015 community and provider needs surveys was used in conjunction with



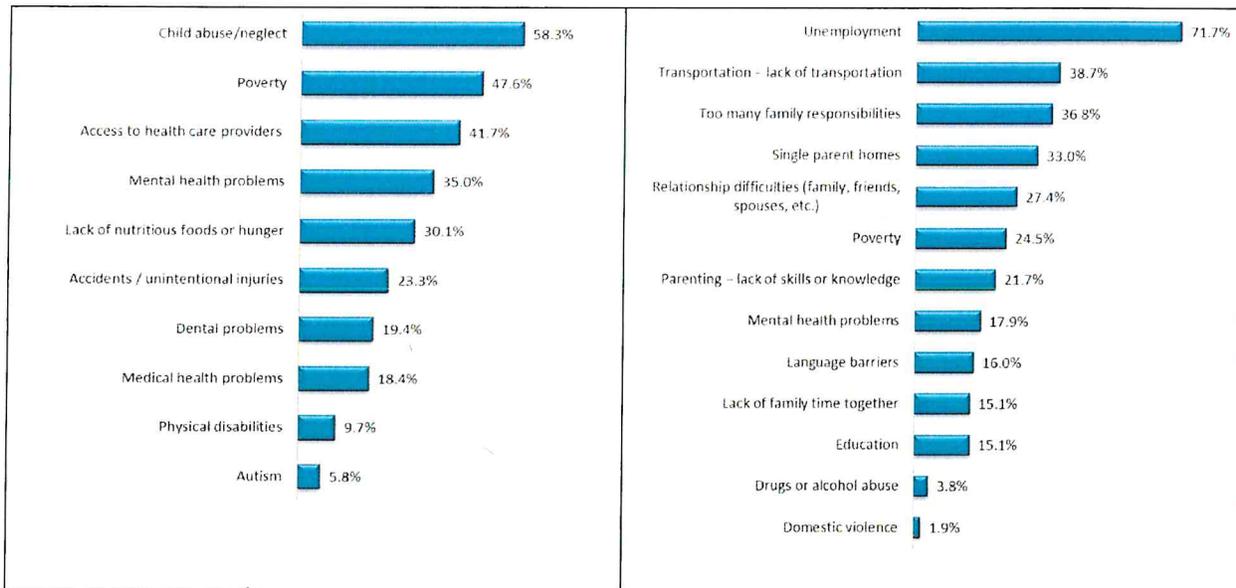
evaluation results to develop the goals and objectives presented in the next section of this plan.

Community Survey Highlights

Community members were asked to identify what they consider the top three health or wellness problems for young children in their community. They were then asked to share the top three concerns for families with young children.

| | |
|-----------------------------|---|
| Health or Wellness Problems | Concerns for Families with Young Children |
|-----------------------------|---|

COMMUNITY ISSUES AND CONCERNS



Key findings from the community responses:

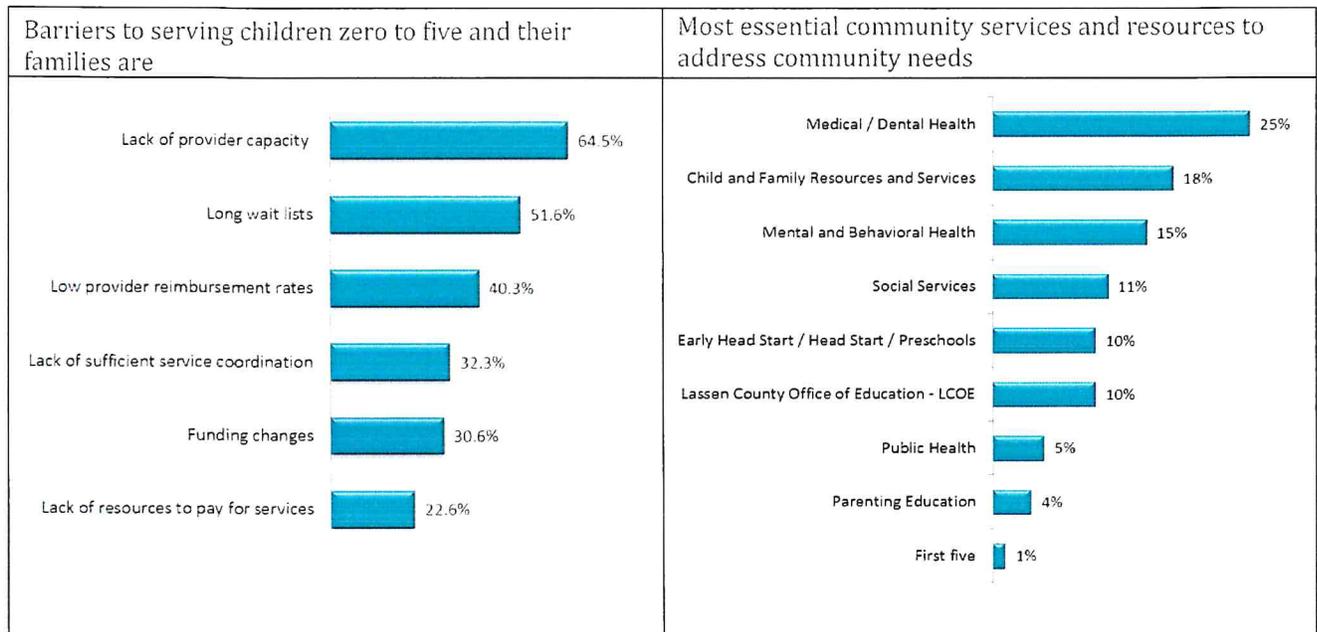
- ❖ Nearly 9 of 10 survey respondents (87%) agree that young children can get medical care when they need it.
- ❖ Eight of 10 respondents (78%) agree that young children can get dental care when they need it.
- ❖ Sixty-five (65%) are happy with the medical and dental care available for young children in their community.
- ❖ Fifty-nine (59%) indicate that paying for medical or dental care is not easy for families with young children.
- ❖ Most of the respondents (83%) strongly agree or agree that people can find good information and assistance for parenting young children when they want it.
- ❖ Nearly three of every four (73%) respondents agree that parents can find out if their child has a learning or health problem that hurts their growth, and that parents know how to support their young children to learn and grow.
- ❖ More than half of the respondents (54%) agree that parents can find good, safe and affordable child care.
- ❖ Only one in three (35%) agree that parents can pay for good child care.
- ❖ Less than half of the respondents agree that their community offers a lot of educational and learning activities (45%).
- ❖ Less than half (49%) agree that there are a lot of social and a physical activities.

COMMUNITY ISSUES AND CONCERNS

Provider Survey Highlights

No single agency can respond to the needs and concerns of families on its own. Therefore, a functioning service delivery system with good collaboration and a strong referral network is important.

Providers were asked to list barriers to serving children zero to five and their families. They were also asked to identify barriers for serving young children and their families, and to identify the most essential services or resources to address community needs.



Key findings from the providers' responses:

- ❖ Two-thirds of providers (67%) indicated they could effectively serve young children and their families. Those that disagreed, cited organization capacity as the biggest barrier to effective service delivery.
- ❖ Nearly nine out of every ten respondents (88%) consider the referral network was either effective or somewhat effective.
- ❖ Case management services are considered effective (51%) by half of the respondents, with another third indicating they are somewhat effective.
- ❖ Opinions were widely dispersed regarding "most essential" community resources and services, with six services / resource areas accounted for 90% of the responses.
- ❖ Nearly half of the respondents (48%) listed one of three services as most essential: medical/dental health (25%), Child and Family Resources and Services (18%), and mental and Behavioral Health (15%).
- ❖ Early education (for children 0 to 5) and Lassen County Office of Education were each identified by 10% of the respondents.

GOALS, OBJECTIVES AND INDICATORS

Goals, Objectives and Indicators

This section defines and describes the key components of the strategic plan and how they connect.

GOALS Long-range (e.g. 5-10 years) statements of desired change in the condition of well-being for children, adults, families or communities, based upon First 5 Lassen County Children & Families Commission’s vision that “All Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.”

OBJECTIVES Precise description of the desired change that is short-term (1-3 years), measurable, actionable, realistic and (time) specific. Objectives support the achievement of the goal. (They describe “what” will signal progress toward the Commission’s Goals)

INDICATORS The Commission uses two types of indicators to measure results. Outcome indicators measure the extent to which goals are being achieved and apply to *whole populations* within the county, while performance indicators determine whether programs, services, projects, or initiatives funded by the Commission are achieving results toward the goals and objectives. Performance indicators apply to *program target populations*.

2018-2019 GOALS, OBJECTIVES AND INDICATORS

There are four focus areas that First 5 Commissions address: 1) Improved Family Functioning: Strong Families; 2) Improved Child Development: Children Learning and Ready for School; 3) Improved Child Health: Healthy Children; and 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services. First 5 Lassen County Children and Families Commission has focused its goals and strategies in these four areas since its inception. It has worked to build and support an effective infrastructure, which could in turn provide needed services and programs to the county’s children prenatal to five and their families.

Following are the goals and objectives, which will be pursued by the Commission for the coming year and beyond. Each objective has indicators which are tracked according to the evaluation plan for the funding initiative adopted by the Commission. A description of the evaluation approach is provided in the [Evaluation](#) section of this document.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Children are healthy and grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation and they live in families that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments. The importance of preparing children to succeed in school is critical. The role of education in a child’s later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in the home, in early childhood development settings and nurtured through

GOALS, OBJECTIVES AND INDICATORS

community and parental reinforcement. The national association of Elementary School Principals has stated that “better childhoods” would be the single greatest contributor to improvement in school achievement.

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

| Objectives | Indicators |
|--|---|
| Objective 1A: 100% of children served by First 5 home visiting will receive screenings according to accepted protocol. | <ul style="list-style-type: none"> Percentage of children served by Pathways who receive developmental screenings per protocol |
| Objective 1B: 100% of children identified as needing additional services will receive referral and referral support. | <ul style="list-style-type: none"> Percentage of children served through First 5 funded programs who receive referrals for service Percentage of children referred by First 5 funded programs who receive timely referral supports |
| Objective 1C: 95% of children served will progress along a continuum toward school readiness. | <ul style="list-style-type: none"> Percentage of parents/caregivers/providers served with increased knowledge of optimal parenting practices and involvement in their child’s development and education Number of parents receiving education focused on supporting child physical, cognitive, social-emotional development (identified as a school readiness (SR) indicator) through the home visiting program. |

RESULT AREA: IMPROVED FAMILY FUNCTIONING

Successful and strong families are those that are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon care givers for survival and nurturing. It is the interaction of the parent or primary care giver with the child that shapes the child’s view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child’s ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

GOALS, OBJECTIVES AND INDICATORS

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

| Objectives | Indicators |
|--|---|
| Objective 2A: At least 95% of parents/caregivers/providers served will report increased positive behaviors, knowledge, and practices in parenting skills and healthy lifestyles. | <ul style="list-style-type: none"> Percentage of parents/caregivers/providers served with increased knowledge of effective parenting practices and involvement in child development and education (e.g., PAT, TouchPoints, etc.) Percentage of parents/caregivers/providers receiving information about health and wellness opportunities (e.g., Family Connection Conference, oral health clinic, Cribs for Kids) through the home visiting program Percentage of parents/caregivers/providers served adopting improved nutrition, health and physical activity practices |
| Objective 2B: 60 to 80 high-need families will be provided home visits annually. | <ul style="list-style-type: none"> Number Children aged zero to five in high-need* families served through home visiting. <p>*High-need characteristics are defined as children with special needs, families at risk for child abuse, low-income families, teen parents, immigrant families, low-literate families, parents with mental health or substance use issues, families experiencing homelessness or unstable housing.</p> |

RESULT AREA: IMPROVED CHILD HEALTH

Health encompasses well-being of families with children ages 0-5, and addresses the aspects of physical, mental, oral health, physical activity and nutrition. Access to health care services continues to be a problem for families in the county, as health providers leave the county, decide to work for the prison, or simply quit accepting new and/or Medi-Cal clients. The ratio of health providers (physical, dental, and mental/behavioral health) to community members is far too low to meet needs.

Goal 3: Every child prenatal through age five will achieve optimal health potential.

| Objectives | Indicators |
|---|--|
| Objective 3A: Percentage of children served through First 5 home visiting program who receive an annual | <ul style="list-style-type: none"> 100% of children served by First 5 home visiting program will either receive an annual physical health exam or |

GOALS, OBJECTIVES AND INDICATORS

| Goal 3: Every child prenatal through age five will achieve optimal health potential. | |
|---|---|
| Objectives | Indicators |
| physical exam or receive a referral for an annual physical exam | receive a referral to support an annual physical health exam. |
| Objective 3B: 100% of children served by First 5 will either receive an age-appropriate oral health screening or receive a referral for an age-appropriate oral health screening. | <ul style="list-style-type: none"> Percentage of children served through First 5 home visiting program who receive an annual age-appropriate oral exam or receive a referral for an age-appropriate oral exam |
| Objective 3C: 100% of children identified as needing additional services will receive referral and referral supports. | <ul style="list-style-type: none"> Percentage of children served through First5 funded programs who receive referrals for service Percentage of children referred by First 5 funded programs who receive timely referral supports |

RESULT AREA: IMPROVED SYSTEMS OF CARE

This Improved Systems of Care result area is intended to serve as a screen for implementing programs to achieve results in the other areas. It is not intended to suggest that private and public systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues only produces more fragmentation and does not efficiently use and maximize the existing available resources; and may actually deter the achievement of sustained long-term results for children and families. Integrating services into a “consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.

| Goal 4: First 5 funded programs, and county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources. | |
|--|---|
| Objectives | Indicators |
| Objective 4A: Public and private partners participate in collaborative efforts to design, implement and sustain a | <ul style="list-style-type: none"> A common set of goals is established Increased collaborating, partnering, and coordinating among providers of services to children 0-5 and their families (e.g. ASQ, ASQ-SE System, Touch Points, PAT, |

GOALS, OBJECTIVES AND INDICATORS

Goal 4: First 5 funded programs, and county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

| Objectives | Indicators |
|--|---|
| <p>system that serves children prenatal through 5 and maximizes the efficient use of resources.</p> | <p>Lassen HEART [Health Education and Resource Tool], Lassen Healthcare Collaborative, etc.)</p> <ul style="list-style-type: none"> • Use of multi-disciplinary approach to meetings and attendance (participation) |
| <p>Objective 4B: Funded programs participate as appropriate in an inter-agency case conferencing system focusing on the birth to 5 population.</p> | <ul style="list-style-type: none"> • Coordinated home visiting case management system is selected and memoranda of understanding (MOUs) between partners established • Shared processes and protocols are established, including reporting and joint case management for children 0-5 and their families served by First 5 funded programs • Increased collaboration and joint case management for children 0-5 and their families served by First 5 funded programs |

The result areas, goals and objectives described in the previous section are clearly interrelated and therefore the strategies selected to achieve them should also be interconnected. The domains they encompass –child health, early education and learning, family strengthening, parent and community education, and systems and community building – ideally should form a “coherent whole that can be sustained over time and will produce widely valued outcomes for young children and their families.”

This section of the strategic plan describes the strategies that will be pursued to achieve the goals and objectives described in the previous section. It shows how these strategies align to support the four result areas. All strategies included in the plan continue to improve and develop a consumer-oriented and easily accessible system for early childhood well-being and development within Lassen County. Additionally, funding is used to support programs and activities that implement one or more of the strategies, and that are in alignment with the Guiding Principles for Implementation.

IMPLEMENTATION STRATEGIES & EVALUATION

IMPLEMENTATION STRATEGIES

First 5 Lassen’s overall approach to service delivery is through collaborated systems that integrate early childhood development activities into a coherent whole. To determine which strategies to include in this year’s strategic plan, the planning participants reviewed current strategies and discussed new possibilities for achieving results toward the long-term goals and objectives. The group took into consideration evaluation results from previous years and the first two quarters of the current fiscal year. They looked at opportunities for working with existing partners and collaborations to extend the reach and impact of funding, and where new partnerships could be forged. Ultimately, the group decided to focus on implementing eleven strategies. The clear interrelationships between the goals – for example, children’s health and families’ strengthening directly affects children’s development and readiness to succeed in school - provide opportunities to use *integrated* strategies that address multiple issues rather than approaching each issue in isolation. In addition, *targeted* strategies are needed to focus on a single goal or objective in order to supplement the effects of the integrated strategies. All but three of the strategies developed for this strategic plan are considered integrated.

STRATEGIES

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. The strategies are aligned with the goals and objectives and linked to the funding and fiscal priorities.

The table that follows lists the strategies that have been identified for the 2017-2018 Strategic Plan update. The first five strategies are funded programs through the Commission. The result areas impacted by the strategies are noted with a “◆” symbol.

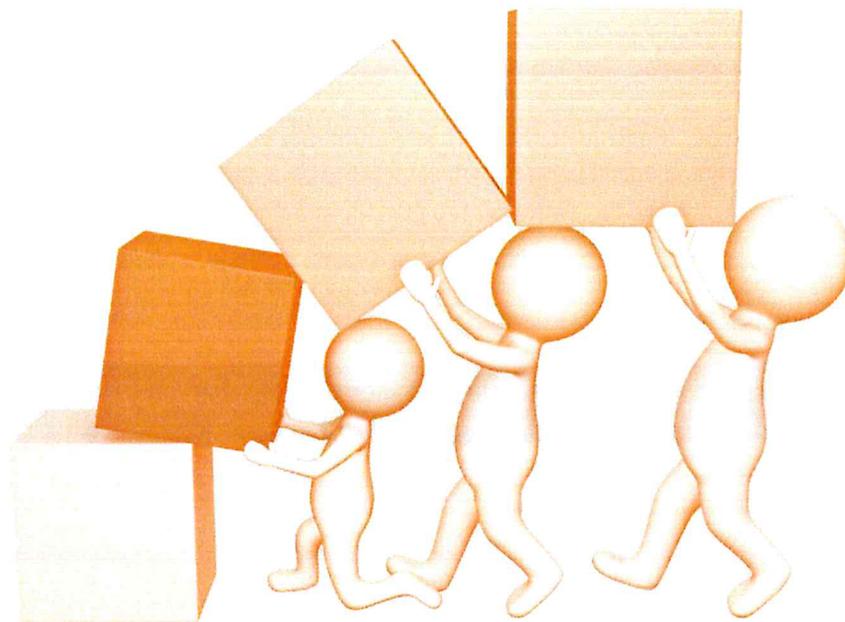
| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|--|----------------------------|-----------------------------|-----------------------|--------------------------|
| A. Home Visiting: Continue to coordinate with public and private agencies to deliver countywide school readiness programs and activities through implementing First 5 Lassen’s home visiting program through Pathways, Inc. | ◆ | ◆ | ◆ | ◆ |
| B. Oral Health Initiative: Encourage oral health professional education, screening and referral services; encourage public and private partners, including childcare providers to; integrate parent education about children’s oral health; implement a public awareness campaign; and work to maintain fluoride varnish and sealant services and case management services. | ◆ | | ◆ | ◆ |

IMPLEMENTATION STRATEGIES & EVALUATION

| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|---|----------------------------|-----------------------------|-----------------------|--------------------------|
| C. Big Valley Child Care: Continue to support capacity building, professional development, and child care service provision for Big Valley children. | ◆ | | | |
| D. Emerging Initiatives: Seek and fund emerging initiatives that directly support First 5 Lassen’s goals and objectives. These initiatives will be identified by the Commission according to the funding priorities outlined in the long range financial plan. | ◆ | ◆ | ◆ | ◆ |
| E. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting through First 5 staff and contract consultants. | | | | ◆ |
| F. 4P’s SART System: Encourage Lassen County Public Health and other partners (e.g., Lassen County Health and Social Services, Office of Education, Pathways, etc.) to support and promote health outreach and education initiatives specifically targeting services to children ages birth to 5. | ◆ | ◆ | ◆ | ◆ |
| G. Children’s System of Care: Continue to encourage community agencies e.g., Lassen County Health and Social Services, Office of Education, Public Health) and other organizations (e.g., Pathways) to provide support for the design and implementation of a children’s system of care (e.g., Health Education and Resource Tool (HEART) program, Touch Points, ASQ and ASQ-SE System, Wraparound, etc.). | ◆ | ◆ | ◆ | ◆ |
| H. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs (i.e., Pathways, WIC, doctor’s offices, family resource centers, etc.). | ◆ | ◆ | ◆ | ◆ |
| I. Tobacco Cessation. Promote the Tobacco Use Reduction project, funded programs, and others systems to extend information and referral services regarding tobacco cessation services. | ◆ | ◆ | ◆ | ◆ |
| J. Coordinated Needs Assessments. Continue to collaborate with identified public and private agencies to share data and participate in various community needs assessment processes (e.g., Lassen County Health and | | | | ◆ |

IMPLEMENTATION STRATEGIES & EVALUATION

| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|---|----------------------------|-----------------------------|-----------------------|--------------------------|
| Social Services, Public Health Department, Office of Education, etc.) in order to effectively identify trends and opportunities to address the service needs and gaps for children aged birth through five. | | | | |
| K. System Capacity Building. Encourage partnerships that provide dental screening services with trained oral health screeners throughout the County. | | | ◆ | ◆ |



Evaluation

Evaluation is critically important to the long-term success of First 5 Lassen County Children and Families Commission. Over the past three years the Commission funded the development and implementation of results-based accountability plans for its major funded programs and initiatives. The evaluation plans are used by the Commission and our grantees to collect and analyze meaningful data and information on a regular basis so that we can make “course corrections” where needed and leverage successful practices and programs wherever possible. Our evaluation strategies are intended to provide us with a continual flow of information on unmet needs, where fragmentation still exists, which services or projects are having the best outcomes, and the degree to which we are meeting the changing needs of the target population. In addition, the evaluation plans meet the state evaluation framework requirements.

The commission continues to evaluate grantees’ progress on a regular basis using the results based accountability evaluation plans developed in conjunction with currently funded grantees. Together the Commission and grantees will continue to share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the Commission will come closer to achieving its vision that *all Lassen county children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.*

The ongoing evaluation of progress toward achieving goals and objectives in the four major result areas is the joint responsibility of funded programs and organizations, First 5 Lassen County Children and Families Commission staff and Commission members, and a contract evaluator.

OBJECTIVES

There are four primary objectives for evaluation:

- Determine the effectiveness of programs, services and systems supported by Proposition 10 funds
- Increase providers’ capabilities to evaluate services
- Provide continuous information to the Commission and the community on the status of services of young children and their families in Lassen County
- Meet the Statewide Evaluation Framework Requirements

The major funded grants capture program data using tools and an encrypted, central database on a daily or weekly basis, depending on the service delivery frequency. By capturing program data in this way, the Commission is able to address evaluation questions within three overarching areas: 1) what did the Commission do; 2) how well did the Commission and its funded programs do; and, 3) what differences did programs make in child health, school readiness, family functioning, and systems integration?

The Commission will continue to track a series of indicators to monitor progress for specific goals and objectives (see the “Goals, Objectives and Indicators” section of this plan). This data, along with periodic

EVALUATION

updates to the community needs assessment data, will allow the Commission to gain an understanding of the health, safety and school readiness of children overall, as well as improvements to the service delivery system.

STRATEGIES

Evaluation is essential to ongoing system improvements and ensuring services are consumer-oriented and easily accessible. Evaluation is an ongoing process that is expected to result in enhancement to existing data collection and reporting tools over time.

In order to achieve its objectives the Commission has instituted protocols for collecting, analyzing and reporting on outcome data on a regular basis.

Emerging initiative funding projects will be evaluated at the conclusion of the project, and will be expected to provide data and information specific to the purpose of the project. Standard templates or report formats will be provided to the initiative/project in order to simplify the reporting and analysis functions.

Major funded programs and initiatives (referred to collectively as major grantees) will be evaluated according to the process described below and outlined in more detail in each of the specific evaluation plan documents. The evaluation plans identify and clearly articulate the program or initiative inputs, activities outcomes, indicators/performance measures, reporting expectations and milestones.

Major grantees will be expected to use the data collection tools and templates developed through the evaluation design and refinement process. They will capture program data on a daily and/or weekly basis. Data will be synthesized and reported on according to the key indicators or performance measures selected by the grantees and documented in the Scope of Work developed by the Commission. A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other approved methods.

Currently funded major grantees will report quantitative and qualitative data (quadrants 1 through 4 in the evaluation plans) throughout the contract period. New grantees will be expected to report quantitative data during the first six months of their contract period as they learn to use the evaluation tools and templates. After that, the new major grantees will also report data and outcomes in all four evaluation quadrants throughout the remainder of the contract period.

Specific program data will be input daily or weekly (depending on service frequency) by each major grantee into program-specific evaluation tools and templates and the First 5 Lassen integrated database system, or other systems as required by the Statewide Evaluation Framework and the Small Population County Funding Augmentation Framework. Additionally, a program data summary will be provided to the First 5 Lassen County Children and Families Commission Executive Director monthly, along with a brief narrative report. A standard template for this report will be provided to the grantees by First 5 Lassen County Children and Families Commission so that grantees' information can be easily summarized for presentation to the Commission and community members. The monthly report is specifically designed to capture information about progress, including what's working well and where the grantee is experiencing difficulties. This will provide First 5 Lassen County Children and Families Commission staff and the contract evaluator information

EVALUATION

necessary to help the grantee “course correct” in a timely manner. The report includes program data and a narrative describing the results and progress by each outcome area.

On a quarterly basis, major grantees will be expected to include updates to their project budget and the number of persons served and services delivered. Again, a standard report template will be provided for grantees to use.

The evaluation reports will be used by the staff, Commission and community members during the annual strategic plan review process to identify opportunities for improving child health, child development, family strengthening, and service delivery systems.

This section of the strategic plan describes First 5 Lassen County Children and Families Commission funding priorities and the methods and processes for fund allocation. It is aligned with Fiscal Strategies and Long Range Financial Plan section.

HOW WE FUND

First 5 Lassen County Children and Families Commission will continue to issue RFP's for major programs, initiatives and projects (those in excess of \$10,000) as needed, and commit funding in three-year cycles. The Commission continues to retain the right to extend funding for an additional three years, or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation.

Commission funds will not be used to supplant current expenditures, but rather to supplement, enhance or to fund new programs, services and infrastructure needed to create a consumer friendly, comprehensive, and coordinated system of early childhood development programs. To the maximum extent possible Proposition 10 funds will be used as leverage to obtain other resources needed to meet the goals and objectives of the strategic plan.

Funding will be consistent with the needs identified for children ages prenatal through age five and their parents, and with the goals and objectives outlined in this strategic plan. Furthermore, First 5 Lassen will continue to comply with applicable state laws governing contracting and procurement.

Guiding Principles

The mutually held values that serve to guide decision-making and actions, in this case related to the Commission's funding priorities.

GUIDING PRINCIPLES FOR FUNDING

Funding decisions for all requests shall be based on the following guiding principles set by the Commission, which take into account the Commission's desire to address the needs of the children in all of Lassen County's Communities in an efficient and effective manner. The Principles on Equity served as the foundation for developing the 14 Guiding Principles described here.

- Comply with new state fiscal management guidelines and adopted Commission policies.
- Support the principles on equity.
- Comply with administrative and in-direct cost rate established by the Commission.

OBJECTIVES, PRINCIPLES AND STRATEGIES

- Allow for distributing funding equitably across the program components and priorities.
- Create a level playing field amongst applicants for funding.
- Support the goals and objectives of the strategic plan.
- Show evidence of effectiveness in addressing the goals and objectives of the strategic plan.
- Demonstrate a need for funding from the Commission.
- Move toward service coordination, accessibility, collaboration and comprehensive services.
- Be responsive to the diverse needs of the children and families in this County.
- Be supported by community input.
- Build on community strengths, will build capacity and will reap long-term benefits to the children and families in each of Lassen County's communities including meeting the special needs population in our County. Additionally, the last two principles will be applied for decision-making related to large grant requests (over \$10,000).
- Include a quality evaluation component, based on the Commission's evaluation framework and plans.
- Include an organized outreach component.

FUNDING PRIORITIES

Funding will be consistent with the needs identified through the community assessment update processes, and with the goals and objectives outlined in current update of strategic plan. Funding priority will be given to programs and projects whose plans address the following:

- Further at least one of the strategies and the related objectives and goals outlined in this plan
- The degree to which the Guiding Principles for Funding in this plan are reflected in the proposed project, program or activity
- Apply effective methods for ensuring collaboration and overall coordination and integration of services with existing agencies and programs, and efficient use of available resources
- Incorporate specific plans for addressing the assessment process as outlined in the evaluation plan(s), and the degree to which the program has effectively participated in and contributed to previous evaluation efforts
- Have the ability to leverage funds from other sources
- Demonstrates the ability to meet best practice standards set for major grants, whereby funded programs provide research-based strategies and activities (i.e., parent education-classes, workshops and playgroups designed to increase knowledge and practice of effective parenting skills, improved health practices, and link participants with child development and other community resources

OBJECTIVES, PRINCIPLES AND STRATEGIES

FUNDING OPTIONS, MECHANISMS AND ALLOCATION PROCESS

There are two funding mechanisms used to fund the Commission's programs and projects: major program grants and Commission-driven programs or initiatives. The allocation processes and funding cycles for each are described below.

Emerging Initiatives. The Commission may work directly with selected organizations and/or conduct projects with its own contracted staff to achieve the objectives described in this plan. Examples include the Home Visiting/School Readiness program, Oral Health Initiative, and a Child SART System. In some cases, the Commission may choose to issue a request for proposals (RFP) to identify additional partners.

Major Grants. Based on availability of funding, the Commission may decide to make larger grants available to organizations to conduct services and projects aimed at achieving the objectives described in this plan. The Commission will designate which objectives or strategies it is soliciting applications for, and qualified organizations (governmental agencies or 501(c)(3) nonprofits) may submit applications requesting funding for specific services and projects that are targeted to those objectives and strategies.

When the Commission decides to issue a RFP, currently funded programs, agencies and collaborative partners will be notified through established communication methods. At the same time, the RFP will be publicized to the broader community through First 5 Lassen website, newsletters, electronic and print media, public notices and other outreach methods. Prospective applicants will be asked to submit a Letter of Interest/Intent to Apply. Where duplicate applicants or projects have been proposed, the Commission may request that those agencies, organizations or groups work together to submit a collaborative and coordinated proposal, thereby ensuring services are linked, duplicated activities are streamlined, and administrative costs are reduced.

Proposals may be reviewed and rated by non-interested evaluators with expertise in specific areas. Proposal evaluators will recommend projects for funding to the Commission, who will make the final funding decisions. The Commission will award funding for a three-year period, with the ability to renew funding for an additional three years, based on satisfactory contract compliance. Each year the Commission will review available funding and update funded projects' contracts/scopes of work (SOW) as needed.

FUNDING CYCLES

Emerging Initiatives

Funding for emerging initiatives is considered by the Commission as needs become known through collaboration with community partners. At the direction of the Commission, staff will work with individual groups to compile the necessary information for a request for funding. If the Commission issues an RFP for a Commission-driven program or initiative, the funding cycle will be the same as that of major grants. Otherwise, the funding cycle for Commission-driven programs and initiatives will be flexible for the first year of funding; and then mirror that of major grants in subsequent years.

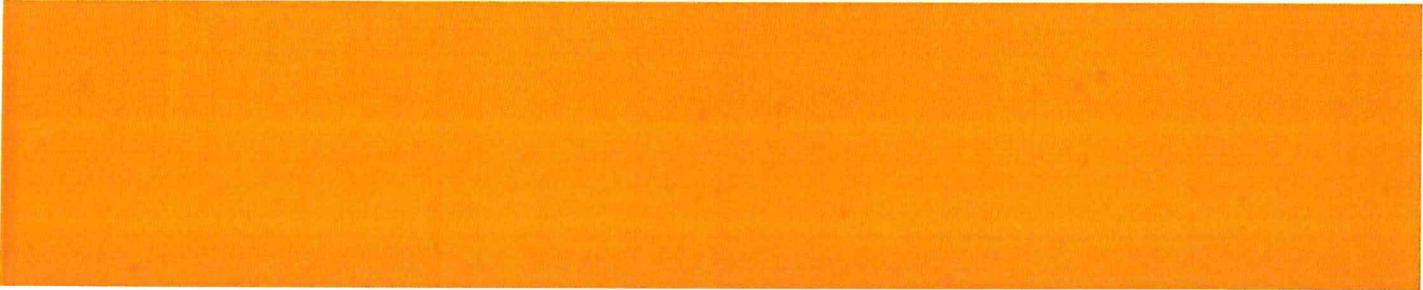
Major Grants

The table below outlines the funding cycle for major grants. The cycle may be adjusted as necessary to take advantage of new opportunities or adjust for varying project lengths.

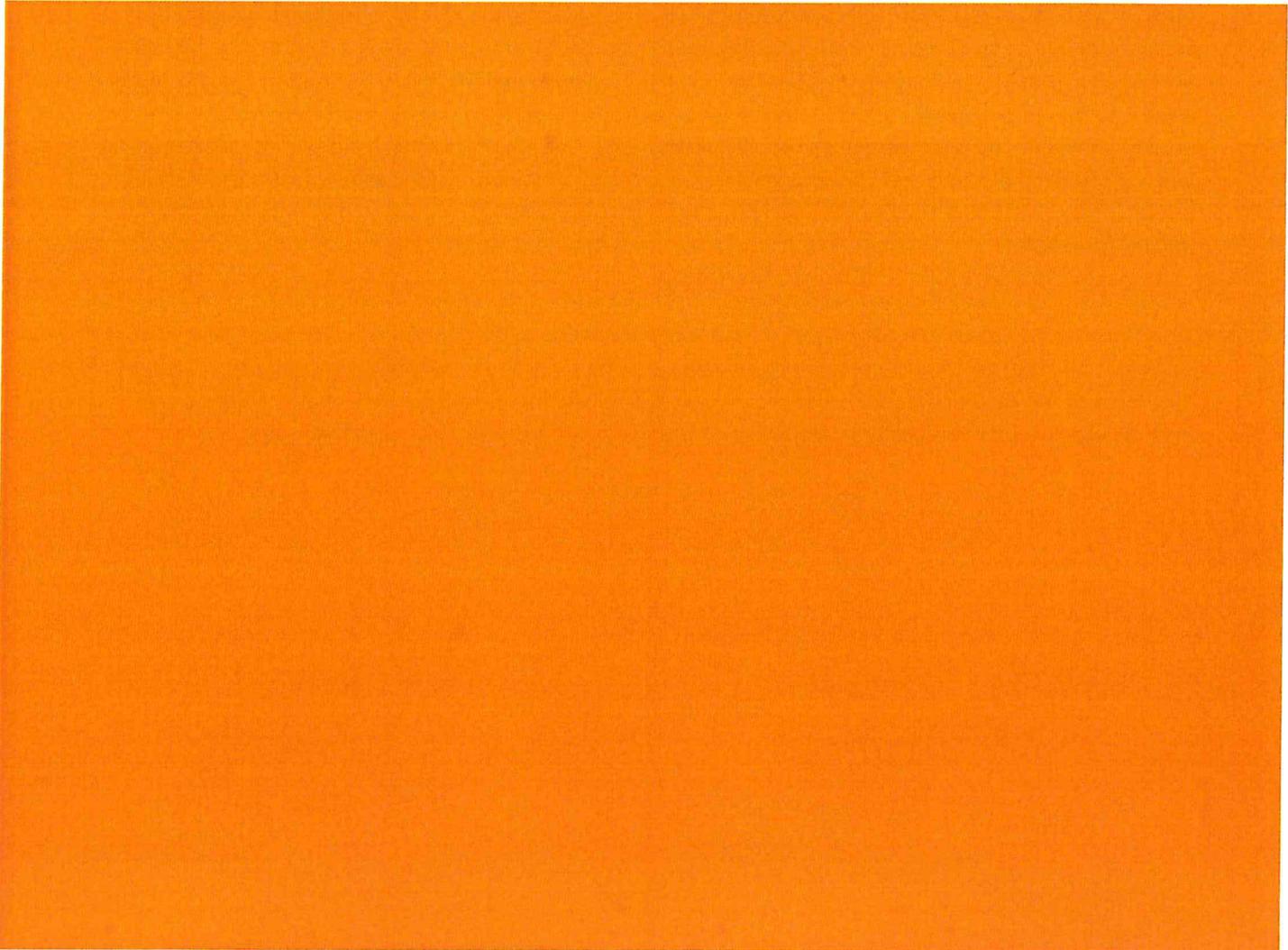
OBJECTIVES, PRINCIPLES AND STRATEGIES

| RFP Process Activity | Schedule | Month in Cycle |
|--|------------------|------------------|
| RFP Released | March 1 | Month one |
| Letters of Interest/Intent to Apply – two weeks after RFP is released | March 15 | Month one |
| RFP Due four weeks from date of issue | First week April | Month two |
| Screening and recommendations by external review committee within 20 days of final submission deadline | First week May | Month three |
| Decision – next regularly scheduled Commission meeting, with time for public notice/posting | May/June | Month three/four |
| Contract development | June/July | Month four/five |





FISCAL STRATEGIES & LONG RANGE FINANCIAL PLAN



Long Range Financial Plan

INTRODUCTION

The Lassen Children and Families Commission developed this financial plan to help address the challenges of sustained financing for projects and services supported by First 5 Lassen.

The five-year financial plan supports the strategic plan detailed in the first part of this document. While the purpose of the strategic plan is to describe the mission, vision and values of the Commission, and specify the long-term goals, objectives and strategies, the financial plan is the management tool for attracting and allocating financial resources within a specified time period in order to achieve long-term goals. This plan covers a five-year period from July 1, 2018 through June 30, 2023.

Over the past five years, the Commission has updated its long range financial plan as part of the annual strategic plan review and update process. In year 2014-15 the Commission blended the strategic and financial planning processes. Both plans were informed by a local needs assessment update and scan of environmental factors affecting funding, systems and ultimately services to the county's youngest children and their families.

Over the course of three months (February through April), the Commissioners reviewed the 2016-17 long range financial plan and discussed opportunities to leverage and expand resources within the county and across neighboring counties. Key questions continue to revolve around the Commission's current structure and funding priorities as compared with estimates of tax revenues and likelihood of continued small county augmentation. Ongoing transition issues such as the impact of moving to a virtual environment, effects of declining revenues on program and service delivery funding, and whether or not small county augmentation will continue into the future and at what levels, were considered. Additionally, discussions about emerging opportunities and risks, changes in service providers were woven into Commission discussions and decision making processes.

As with previous plans, this document complements the strategic plan and shows how the necessary financial resources will be acquired and managed. It also identifies the potential shortfalls the commission will face in the future and the actions to respond to these issues. In other words, the purpose of this plan is to help provide the Commission with the capacity (through dollars and fiscal strategies) to invest in projects and services each year while also fulfilling the many legal mandates imposed upon the Commission.

FUNDING ENVIRONMENT

The Funding & Investment Environment

EFFECTS OF PREVIOUS TOBACCO TAX LEGISLATION AND INCREASES

Smoking Age Increase to Age 21. Raised legal age to purchase tobacco products, including e-cigarettes, from 18 to 21, effective June 9, 2016. All projections were estimates, a projected loss to First 5 of \$24.5 million overall, and \$19.6 million loss to counties. At the time of the increase, estimates showed that young adults ages 18-20 had been funding approximately 10% of Prop 10 tax revenues.

E-Cigarette Regulation as Tobacco. Classified e-cigarettes as tobacco products subject to the same restrictions as existing tobacco products, effective June 9, 2016. There was no anticipated change in tobacco tax revenue to First 5.

Proposition 56. Increased excise taxes on distribution of cigarettes and other tobacco products, including e-cigarettes, by \$2 per pack. It included a backfill provision for Proposition 10. The Legislative Analyst's Office estimated e-cigarette tax could generate revenue from \$10-\$40 M for Prop 10 in 2017-18. This indicated potential revenues gained from Prop 56, which could offset revenues lost from raising the purchasing age to 21.

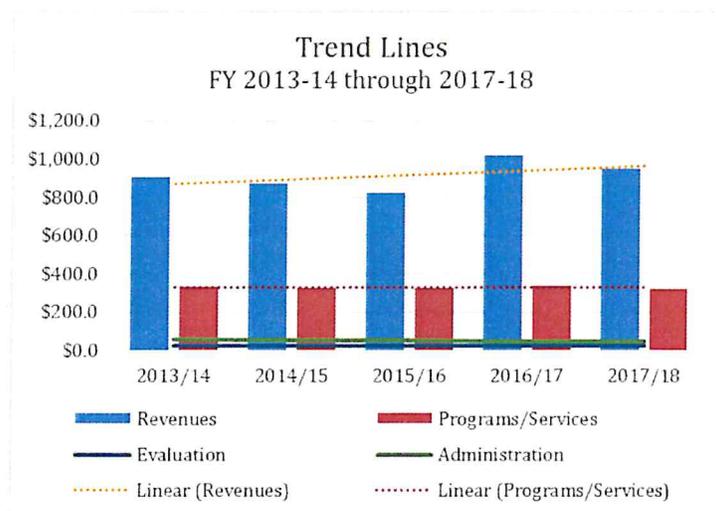
SHORTFALLS, OPPORTUNITIES AND STRATEGY

This section discusses the previous five years' spending the next five years' projections under two different scenarios. The opportunities and risks are discussed along with the Commission's approach for moving forward.

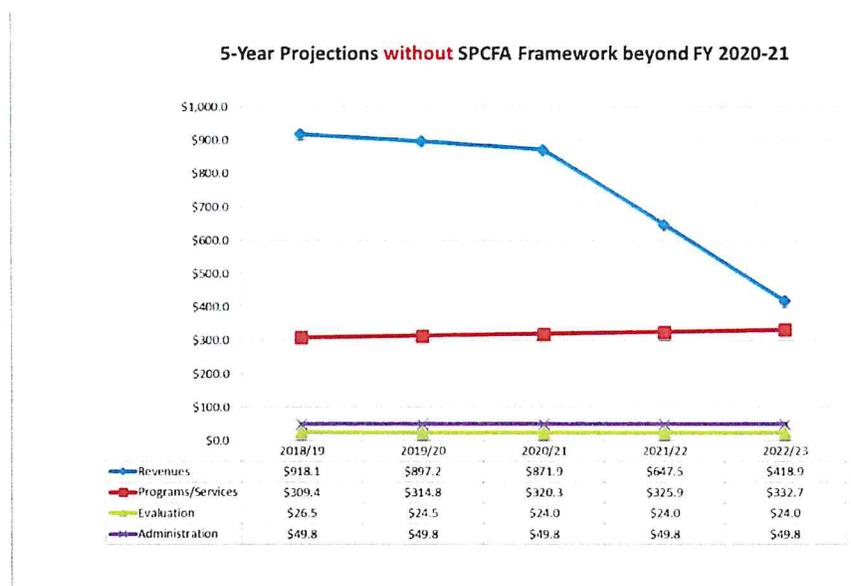
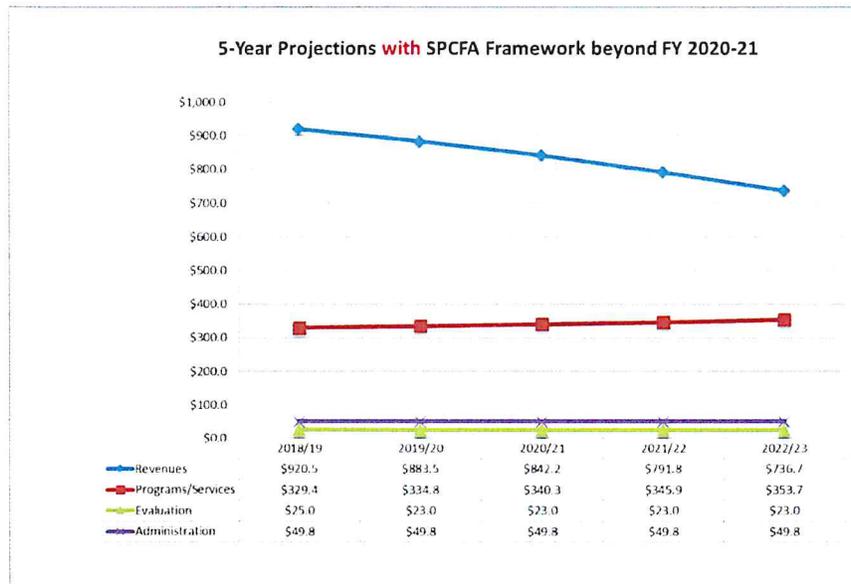
Spending Trend lines FY 2013-14 through 2017-18. As shown in the chart below, spending for programs and services has remained relatively level over past five years, while revenues declined through 2015-16, then increased the following year and declined again the next (2017-18).

Future Revenue Declines.

Looking forward, the Commission discussed two scenarios: revenues that included ongoing Small Population County Funding Augmentation (SPCFA) and revenues that do not include it. The two charts that follow depict both scenarios.



FUNDING ENVIRONMENT



Taking Advantage of Opportunities. The Commission discussed opportunities or trends that may emerge to affect the fiscal picture. There may be increases in the need for certain supportive services to connect young children and families to health services and supports as Congress reviews and acts on the new Administration’s budget and policy directions. Federal funding implications from California declaring itself a sanctuary state are as yet unknown, and the current political environment around the topic is turbulent. Additionally, First 5 Commissions in proximity to First 5 Lassen continue to share interests in collaborative purchasing of professional services (auditing, evaluation, etc.). Should these opportunities come about, they may either result in additional program/initiative funding or reduce operating costs, or both. One continued

FUNDING ENVIRONMENT

opportunity for increased revenue to support to First 5 Lassen's strategic priority areas comes from Medi-Cal Administrative Activities (MAA), which are unrestricted. Lassen County Public Health has taken on and expanded First 5 Lassen's oral health work, which is being supported in part through a 5-year grant from Inter-Governmental Transfer (IGT) funds. The Commission will continue to track and pursue appropriate opportunities as they become available.

Managing Risks. The Commission carefully considered various options for managing financial risks and declining revenues. As currently projected under the "best case scenario," the Commission can continue funding at basic levels throughout the next five years and beyond. However, should augmentation cease, shortfalls will occur sooner (FY 2020-21), resulting in insufficient funds to maintain operations into FY 2022-23.

First 5 Lassen takes seriously the risks of declining revenues and the discontinuation of SPCFA. Their strategy is to continue to expend funding at the current levels for the home visiting initiative (Pathways) with modest cost of living increases, and smaller initiatives (i.e., Emerging Initiatives, and Big Valley Child Care) with the assumption of continued augmentation. This allows the Commission to make meaningful investments at a level that allows the programs to provide consistent, quality services and supports. The Commission and/or its funded initiatives, expect to have revenues from MAA reimbursements continue into the future to offset some of the cuts to services funding should augmentation cease or be suspended. However, if those options are not available the Commission will utilize a "cliff approach." They will cut funding to Emerging Initiatives as soon as they know when augmentation will end, with or without MAA offsets. This will allow Pathways (Home Visiting) funding to remain at the highest level possible, for as long as possible. When ending fund balances are approaching six to twelve months of operating and program funding, the Commission will look to fund a home visiting strategy through Lassen County Public Health or Health and Social Services. As noted, this scenario may occur as early as FY 2020-21, and is therefore being actively monitored and managed.

Due to these economic considerations and the Commission's effort to build community and program capacity, the Commission will monitor and reevaluate funding levels for all program investment areas throughout the year. They will adjust the 5-year forecast in 2018-19 as needed to reflect changing needs and priorities.

Financial Objectives and Principles

Financial objectives describe what the financial plan should accomplish, consistent with the overall strategic plan for First 5 Lassen. The financial objectives established by the Commission for the five-year period covered by this plan are to:

1. **Limit the administrative cost percentage of the actual costs** incurred in the fiscal year to 15% in years where small county augmentation is provided, and to 20% in years where there is no administrative or operations augmentation awarded from the First 5 California Children and Families Commission.
2. **Sustain the activities described in the strategic plan** throughout the five-year period covered by the plan, and if possible beyond. Financial sustainability should occur at two levels:
 - The funded strategies level, consisting of the home visiting, oral health education, enhanced systems of care, and other Commission initiated projects for children; and
 - The system impact level, consisting of the First 5 Lassen infrastructure (Commission, staff and operations) needed to support and evaluate program service delivery, build partnerships and improve service delivery systems, including non-funded strategies, and carry out the work of the Commission.

The financial principles are guidelines for how the financial plan will be used to support short- and long-term funding and policy decisions. The following principles were reaffirmed and adopted by the Commission for this plan:

1. This plan is meant to be used as a framework for managing resources – it in no manner obligates the Commission to specific funding for programs or projects. The approval of specific grants, contracts, and budgets can only occur through special action of the Commission in public meetings; they are not in any way authorized by this financial plan.
2. This plan will be used as a starting point to develop the annual budget and assumptions, which will be modified to reflect changing conditions and trends.
3. Although program funding is projected for five years, the Commission continues to study a variety of scenarios to determine level of program funding beyond year one; how and when it will move from a physical office space to virtual offices; and, how it will distribute tax revenues once the reserve has been spent down.
4. The Commission will continue to focus on capacity building for funded programs and developing/leveraging partnerships in order to enhance the system of care and promote sustainability beyond Commission funding.

The Commission reserves the ability to amend the plan at any time new information affecting revenues/expenses is available, but at a minimum each year as part of the annual strategic plan review process.

Fiscal Strategies

The Commission has adopted six fiscal strategies that will be used to achieve the financial objectives and to provide the financial resources necessary to carry out the strategic plan.

1. **Continue to fund local programs and collaborations in order to reach those most at risk.** The Commission will fund Pathways for direct services (home visiting, child development and family strengthening; and its capacity building efforts to work more effectively and efficiently. It will also continue to promote collaborations to increase access to oral health services.
2. **Actively advocate for continued Small Population County Funding Augmentation** funding each time that it comes up for discussion. This revenue source allows the Commission to conduct evaluation and program support activities in addition to the business of the Commission and direct the tax allocation to programs.
3. **Actively participate in state and regional discussions** to demonstrate the value and impact of First 5 investments at the local level in order to dissuade attempts at eliminating or redirecting First 5 funding to other state budget items.
4. **Look for ways to imbed funded activities** in public agencies or other service organizations so that they become part of the ongoing service delivery system and not reliant solely on First 5 funding to sustain activities and results. This strategy includes encouraging new partnerships to take over [previously] funded Commission activities, and promoting opportunities to take advantage of cost sharing strategies.
5. **Partner with identified public, private and tribal agencies** to identify and encourage opportunities for the integration of existing services and expand resources benefitting the health, development, school readiness, and family strengthening for children birth through 5.
6. **Encourage and promote the First 5 Association of California recommendations** for prioritizing children in all policies¹, related to Family Functioning, Early Identification and Intervention, Oral Health, Quality Early Learning, and System Sustainability and Reach.

¹ First 5 Association of California, 2015 Association Policy Goals 020615, February 6, 2015

Future Revenue and Expense Assumptions

Following are the revenue and expense assumptions for the five year financial forecast. They were updated to include data and information shared at the state level, feedback from the Commissioner's survey, and discussions with Laura Roberts, Executive Director. The attached spreadsheet shows how these assumptions affect the financial situation of the Commission over the next five years. These assumptions result in a continual reduction of the annual budget with \$470,500 ending fund balance at the end of five years.

REVENUE ASSUMPTIONS

Statutory allocation of tobacco tax revenues to Lassen County. State law specifies that 80% of statewide tobacco taxes raised through the 50 cent-per-pack tax imposed by Proposition 10 are allocated to the 58 counties according to each county's birth rate. The county's ten-year birth rate has averaged 305 (2008-2017) births per year. The number of births in California is expected to continue gradually declining over the next ten years, which is the case also for Lassen County. The average birthrate is projected to decrease from 296 to 281 between 2017 and 2026.²

Lassen County became a minimum allocation county based on birth rates in fiscal year 2009-10, when its revenue projections dropped below \$200,000. Based on forecasts for the near future, Lassen County will remain a minimum allocation county. This means the County is to receive additional First 5 tax revenues to bring total revenues to \$200,000. However, the total amount received last year was less than projected, and likely attributed to the first year decline from effects of the 2016 tobacco tax legislation and increases. This is further described in the tax distribution assumption below.

Declining tax distributions. The Governor's 2018 budget projections for tobacco tax distribution was released in January.³ It includes the new projections for First 5 revenues in 2018- 2019 that are substantially lower than previous projections. The budget shows preliminary total Prop 10 revenues for 2016-17 of \$426.7 million, dropping to \$355.4 million in 2017-18, and dropping again in 2018-19 to \$346.4 million. Projections of cigarette tax revenues are based on projected per capita consumption of cigarettes, population growth, and the impact from the higher smoking age as well as the increased prices due to Proposition 56. Further, revenue estimates for other tobacco products, which now include electronic cigarettes, also reflect recent law changes. The cumulative effect of product price and tax increases, the increasingly restrictive environments for smokers, and anti-smoking campaigns (including state campaigns funded by Proposition 99 Tobacco Tax and Health Protection Act revenues and revenues from the Master Tobacco Settlement) have reduced cigarette consumption considerably.

The statewide budget comparison of tobacco tax revenue forecasts between last year and the current year are shown in the charts that follow.

² California Department of Finance. Demographic Research Unit. 2017. Historical and Projected Fertility Rates and Births, 1990-2040. Sacramento: California Department of Finance. March 2018

³ 2018-19 Governor's Budget Summary – California Budget. Accessed online on March 21, 2018 at <http://www.ebudget.ca.gov/2018-19/pdf/BudgetSummary/RevenueEstimates.pdf>.

FINANCIAL FORECAST

Figure REV-11
Tobacco Tax Revenue
(Dollars in Millions)

| | 2015-16 | 2016-17 | 2017-18 |
|--|----------------|------------------|------------------|
| | Preliminary | Forecast | Forecast |
| General Fund | \$85.3 | \$79.3 | \$64.8 |
| Cigarette and Tobacco Products Surtax Fund | 276.3 | 261.0 | 221.7 |
| Breast Cancer Fund | 17.0 | 15.9 | 13.0 |
| California Children and Families First Trust Fund | 461.4 | 432.6 | 358.3 |
| California Healthcare, Research and Prevention Tobacco Tax Act of 2016 | 0.0 | 367.9 | 1,433.2 |
| Total | \$840.0 | \$1,156.7 | \$2,091.0 |

Figure REV-11
Tobacco Tax Revenue
(Dollars in Millions)

| | 2016-17 | 2017-18 | 2018-19 |
|--|------------------|------------------|------------------|
| | Preliminary | Forecast | Forecast |
| General Fund | \$80.3 | \$64.9 | \$63.0 |
| Cigarette and Tobacco Products Surtax Fund | \$246.0 | \$215.8 | \$211.7 |
| Breast Cancer Fund | \$16.0 | \$13.0 | \$12.6 |
| California Children and Families First Trust Fund | \$426.7 | \$355.4 | \$346.4 |
| California Healthcare, Research and Prevention Tobacco Tax Act of 2016 | \$466.6 | \$1,421.8 | \$1,385.2 |
| Total | \$1,235.6 | \$2,070.9 | \$2,018.9 |

First 5 California's Fiscal Services Office provided the following update to the County Commission, based on information provided to them by the Department of Finance prior to the January 10 release of the FY 2018-19 Proposed Governor's Budget. It provides updated revenue and backfill projections, comparing the original estimates from July 2017 with the revised projections as of January 2018.

| Funds Available for Transfer (in thousands) | | | |
|---|--------------------------|----------------------------|----------|
| Reflects final amount for transfer Prop 99 backfill and admin costs are removed | | | |
| Fiscal Year | Original as of July 2017 | Revised as of January 2018 | Variance |
| 2017-18 | 276,910 | 270,258 | (6,652) |
| 2018-19 | 323,773 | 305,362 | (18,411) |
| 2019-20 | 314,834 | 297,434 | (17,400) |
| 2020-21 | 305,874 | 289,581 | (16,293) |

While the revenue projections decreased by one percent or less, the backfill projections for 2018-19 through 2021-22 were also reduced by an annual average of 20 percent. Assumptions from the original projections included an increase in Other Tobacco Product (OTP) revenue due to the inclusion of e-cigarettes and a decrease in cigarette tax revenues due to the implementation of Propositions 56 (Prop 56), which directly correlated to a higher backfill projection. The actual revenue data collected for the first part of the fiscal year indicated that OTP revenue did not increase as projected, while the cigarette tax revenue did not decline. The net result of this is the small adjustment to ongoing revenue projections, and a significant decrease in the projected backfill.

Revenues from Prop 10 tax allocations for first six months of FY 2017-18 (through December) were \$81,812.79, or an average of \$13,635 per month. If the reimbursements continue to average this amount, tax allocations revenues for the current fiscal year will exceed the forecast by approximately \$2,000. While this seems promising, over the past few years total revenues received in a year have not been as high as projected. Therefore, the Commission will continue to take a conservative approach and estimate declining tobacco tax allocations based on the First 5 California projections. Those estimates project \$185,700 in year one, declining to \$177,300 in year five.

FINANCIAL FORECAST

Small Population County Funding Augmentation. Prior to 2012, Lassen County had been receiving approximately \$113,000 a year from First 5 California for administrative and travel costs through the Small Population County Fund Augmentation project (SPCFA). The First 5 Association worked with a coalition of small counties and the State Commission to develop recommendations for a new small county augmentation and accountability framework. The new framework, referred to as Small Population County Funding Augmentation (SPCFA) has eligibility and accountability measures, which Lassen meets. The SPCFA was approved by the State Commission in April 2014 and increased allocations to Lassen County to a recurring \$200,000 per year for three years.

In January 2017, the State Children and Families Commission approved the continuation of these funds, initially at the same level. Combined with the statutory tax allocation, the augmentation is intended to bring annual projected revenues to \$400,000. However, this was not the case in FY 2016-17. Therefore, while the financial plan therefore assumes that these augmentation funds will be continued for the next five years, the levels have been adjusted downward to \$190,600 each year.

Although Small Population County Funding Augmentation was approved, the conversation at the state level continues around regionalization. Specifically, what the potential benefits (cost savings and efficiencies to administration and services) might be realized from different implementation structures and partnerships. First 5 Lassen continues to remain open to pursuing these relationships.

Non-Prop 10 grants and contributions. This plan does not currently provide for revenues from other grant sources or public/private contributions.

Interest and other income. The audited combined total for this category as of June 2017 was \$18,166, comprised of interest earnings and federal reimbursements for conducting eligible health related administrative activities for the Medi-Cal Administrative Activities (MAA) Program. This amount also included nearly \$9,000 returned from Lassen County Office of Education. To remain conservative in revenue estimates for the next five years, total for interest and other income is set at \$7,000 each year of the forecast. Interest earnings are estimated at \$2,000 - \$3,000 per year (calculated as 0.3% of beginning fund balance and revenues for the year), and MAA reimbursements are estimated at \$4,000 per year.

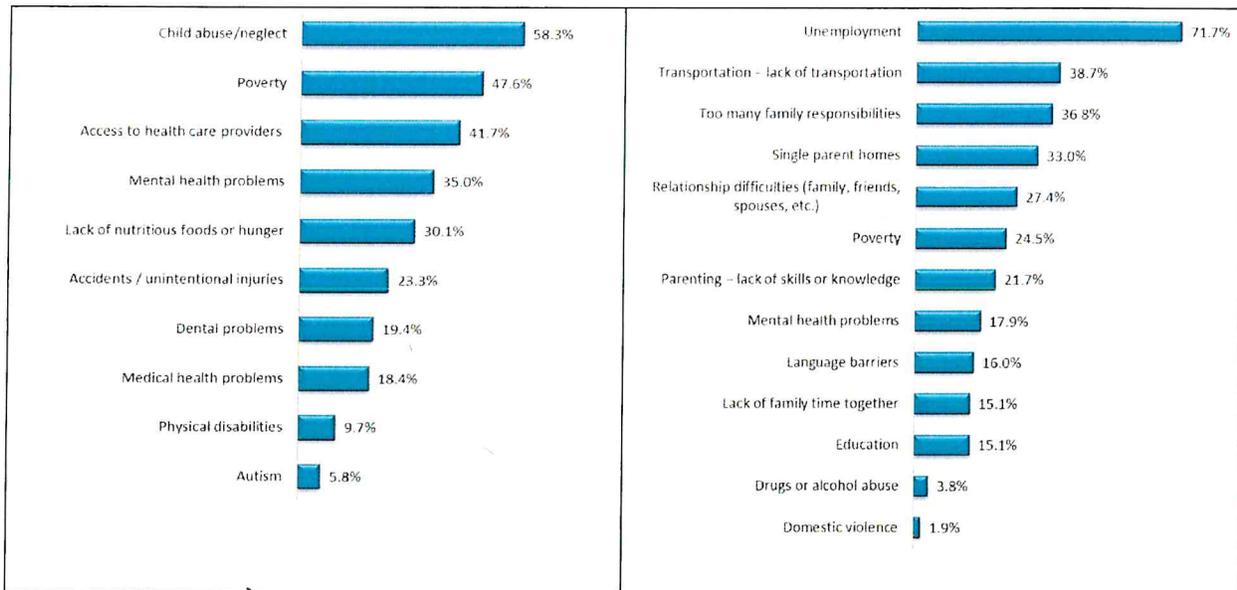
EXPENSE ASSUMPTIONS

Following are the expense assumptions for the next five years, based on Commission discussion and decisions during the April planning session.

Operating costs –Contract for staff support and operations. Commission will continue to contract for professional services and staff to manage its operations but the level (amount of hours) and type (virtual vs. physical presence) will vary over the five years.

Contracted personnel will perform general administration, program support and technical assistance, and evaluation functions on behalf of the Commission, but at different intensity levels. Operating in a virtual environment, ongoing costs are covered by vendors under their contract. Evaluation will be done in part through the general administration vendor, with targeted supplemental contract support from external

COMMUNITY ISSUES AND CONCERNS



Key findings from the community responses:

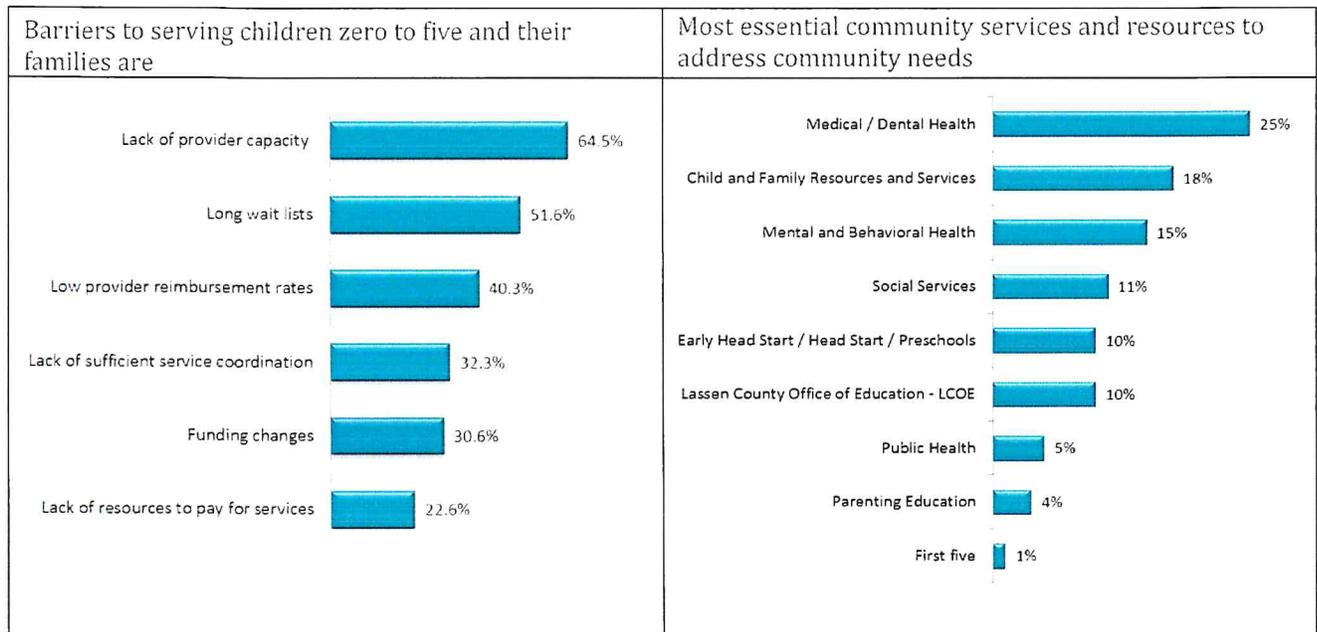
- ❖ Nearly 9 of 10 survey respondents (87%) agree that young children can get medical care when they need it.
- ❖ Eight of 10 respondents (78%) agree that young children can get dental care when they need it.
- ❖ Sixty-five (65%) are happy with the medical and dental care available for young children in their community.
- ❖ Fifty-nine (59%) indicate that paying for medical or dental care is not easy for families with young children.
- ❖ Most of the respondents (83%) strongly agree or agree that people can find good information and assistance for parenting young children when they want it.
- ❖ Nearly three of every four (73%) respondents agree that parents can find out if their child has a learning or health problem that hurts their growth, and that parents know how to support their young children to learn and grow.
- ❖ More than half of the respondents (54%) agree that parents can find good, safe and affordable child care.
- ❖ Only one in three (35%) agree that parents can pay for good child care.
- ❖ Less than half of the respondents agree that their community offers a lot of educational and learning activities (45%).
- ❖ Less than half (49%) agree that there are a lot of social and a physical activities.

COMMUNITY ISSUES AND CONCERNS

Provider Survey Highlights

No single agency can respond to the needs and concerns of families on its own. Therefore, a functioning service delivery system with good collaboration and a strong referral network is important.

Providers were asked to list barriers to serving children zero to five and their families. They were also asked to identify barriers for serving young children and their families, and to identify the most essential services or resources to address community needs.



Key findings from the providers' responses:

- ❖ Two-thirds of providers (67%) indicated they could effectively serve young children and their families. Those that disagreed, cited organization capacity as the biggest barrier to effective service delivery.
- ❖ Nearly nine out of every ten respondents (88%) consider the referral network was either effective or somewhat effective.
- ❖ Case management services are considered effective (51%) by half of the respondents, with another third indicating they are somewhat effective.
- ❖ Opinions were widely dispersed regarding "most essential" community resources and services, with six services / resource areas accounted for 90% of the responses.
- ❖ Nearly half of the respondents (48%) listed one of three services as most essential: medical/dental health (25%), Child and Family Resources and Services (18%), and mental and Behavioral Health (15%).
- ❖ Early education (for children 0 to 5) and Lassen County Office of Education were each identified by 10% of the respondents.

GOALS, OBJECTIVES AND INDICATORS

Goals, Objectives and Indicators

This section defines and describes the key components of the strategic plan and how they connect.

GOALS Long-range (e.g. 5-10 years) statements of desired change in the condition of well-being for children, adults, families or communities, based upon First 5 Lassen County Children & Families Commission’s vision that “All Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.”

OBJECTIVES Precise description of the desired change that is short-term (1-3 years), measurable, actionable, realistic and (time) specific. Objectives support the achievement of the goal. (They describe “what” will signal progress toward the Commission’s Goals)

INDICATORS The Commission uses two types of indicators to measure results. Outcome indicators measure the extent to which goals are being achieved and apply to *whole populations* within the county, while performance indicators determine whether programs, services, projects, or initiatives funded by the Commission are achieving results toward the goals and objectives. Performance indicators apply to *program target populations*.

2018-2019 GOALS, OBJECTIVES AND INDICATORS

There are four focus areas that First 5 Commissions address: 1) Improved Family Functioning: Strong Families; 2) Improved Child Development: Children Learning and Ready for School; 3) Improved Child Health: Healthy Children; and 4) Improved Systems: Integrated, Consumer-Oriented, Accessible Services. First 5 Lassen County Children and Families Commission has focused its goals and strategies in these four areas since its inception. It has worked to build and support an effective infrastructure, which could in turn provide needed services and programs to the county’s children prenatal to five and their families.

Following are the goals and objectives, which will be pursued by the Commission for the coming year and beyond. Each objective has indicators which are tracked according to the evaluation plan for the funding initiative adopted by the Commission. A description of the evaluation approach is provided in the [Evaluation](#) section of this document.

RESULT AREA: IMPROVED CHILD DEVELOPMENT

Children are healthy and grow up confident in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurturing and guidance, and mental stimulation and they live in families that value them. The research on child development and the impact of the early years emphasizes the importance of children and their mothers beginning life with healthy nutrition and healthy environments. The importance of preparing children to succeed in school is critical. The role of education in a child’s later ability to create a healthy, fulfilling life has been well documented. Skills that allow one to problem solve and think creatively are developed in the home, in early childhood development settings and nurtured through

GOALS, OBJECTIVES AND INDICATORS

community and parental reinforcement. The national association of Elementary School Principals has stated that “better childhoods” would be the single greatest contributor to improvement in school achievement.

Goal 1: Every child prenatal through 5 will reach his or her developmental potential and be ready for school.

| Objectives | Indicators |
|--|---|
| Objective 1A: 100% of children served by First 5 home visiting will receive screenings according to accepted protocol. | <ul style="list-style-type: none"> Percentage of children served by Pathways who receive developmental screenings per protocol |
| Objective 1B: 100% of children identified as needing additional services will receive referral and referral support. | <ul style="list-style-type: none"> Percentage of children served through First 5 funded programs who receive referrals for service Percentage of children referred by First 5 funded programs who receive timely referral supports |
| Objective 1C: 95% of children served will progress along a continuum toward school readiness. | <ul style="list-style-type: none"> Percentage of parents/caregivers/providers served with increased knowledge of optimal parenting practices and involvement in their child’s development and education Number of parents receiving education focused on supporting child physical, cognitive, social-emotional development (identified as a school readiness (SR) indicator) through the home visiting program. |

RESULT AREA: IMPROVED FAMILY FUNCTIONING

Successful and strong families are those that are able to provide for the physical, mental and emotional development of their children. Young children are entirely dependent upon care givers for survival and nurturing. It is the interaction of the parent or primary care giver with the child that shapes the child’s view of himself or herself as an individual capable of interacting with the world and achieving desired outcomes from that interaction. Parents and caregivers provide the foundation for a child’s ability to create successful relationships, solve problems and carry out responsibilities. Children who are encouraged to develop a strong self-concept from an early age are more likely to achieve a productive and fulfilling life.

GOALS, OBJECTIVES AND INDICATORS

Goal 2: Families and other caregivers of children prenatal to 5 will provide optimal parenting and a healthy environment.

| Objectives | Indicators |
|---|---|
| Objective 2A: At least 95% of parents/ caregivers/providers served will report increased positive behaviors, knowledge, and practices in parenting skills and healthy lifestyles. | <ul style="list-style-type: none"> Percentage of parents/caregivers/providers served with increased knowledge of effective parenting practices and involvement in child development and education (e.g., PAT, TouchPoints, etc.) Percentage of parents/caregivers/providers receiving information about health and wellness opportunities (e.g., Family Connection Conference, oral health clinic, Cribs for Kids) through the home visiting program Percentage of parents/caregivers/providers served adopting improved nutrition, health and physical activity practices |
| Objective 2B: 60 to 80 high-need families will be provided home visits annually. | <ul style="list-style-type: none"> Number Children aged zero to five in high-need* families served through home visiting. <p>*High-need characteristics are defined as children with special needs, families at risk for child abuse, low-income families, teen parents, immigrant families, low-literate families, parents with mental health or substance use issues, families experiencing homelessness or unstable housing.</p> |

RESULT AREA: IMPROVED CHILD HEALTH

Health encompasses well-being of families with children ages 0-5, and addresses the aspects of physical, mental, oral health, physical activity and nutrition. Access to health care services continues to be a problem for families in the county, as health providers leave the county, decide to work for the prison, or simply quit accepting new and/or Medi-Cal clients. The ratio of health providers (physical, dental, and mental/behavioral health) to community members is far too low to meet needs.

Goal 3: Every child prenatal through age five will achieve optimal health potential.

| Objectives | Indicators |
|---|--|
| Objective 3A: Percentage of children served through First 5 home visiting program who receive an annual | <ul style="list-style-type: none"> 100% of children served by First 5 home visiting program will either receive an annual physical health exam or |

GOALS, OBJECTIVES AND INDICATORS

| Goal 3: Every child prenatal through age five will achieve optimal health potential. | |
|---|---|
| Objectives | Indicators |
| physical exam or receive a referral for an annual physical exam | receive a referral to support an annual physical health exam. |
| Objective 3B: 100% of children served by First 5 will either receive an age-appropriate oral health screening or receive a referral for an age-appropriate oral health screening. | <ul style="list-style-type: none"> Percentage of children served through First 5 home visiting program who receive an annual age-appropriate oral exam or receive a referral for an age-appropriate oral exam |
| Objective 3C: 100% of children identified as needing additional services will receive referral and referral supports. | <ul style="list-style-type: none"> Percentage of children served through First5 funded programs who receive referrals for service Percentage of children referred by First 5 funded programs who receive timely referral supports |

RESULT AREA: IMPROVED SYSTEMS OF CARE

This Improved Systems of Care result area is intended to serve as a screen for implementing programs to achieve results in the other areas. It is not intended to suggest that private and public systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues only produces more fragmentation and does not efficiently use and maximize the existing available resources; and may actually deter the achievement of sustained long-term results for children and families. Integrating services into a “consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.

| Goal 4: First 5 funded programs, and county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources. | |
|--|---|
| Objectives | Indicators |
| Objective 4A: Public and private partners participate in collaborative efforts to design, implement and sustain a | <ul style="list-style-type: none"> A common set of goals is established Increased collaborating, partnering, and coordinating among providers of services to children 0-5 and their families (e.g. ASQ, ASQ-SE System, Touch Points, PAT, |

GOALS, OBJECTIVES AND INDICATORS

Goal 4: First 5 funded programs, and county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through 5 that maximize the efficient use of resources.

| Objectives | Indicators |
|--|---|
| <p>system that serves children prenatal through 5 and maximizes the efficient use of resources.</p> | <p>Lassen HEART [Health Education and Resource Tool], Lassen Healthcare Collaborative, etc.)</p> <ul style="list-style-type: none"> • Use of multi-disciplinary approach to meetings and attendance (participation) |
| <p>Objective 4B: Funded programs participate as appropriate in an inter-agency case conferencing system focusing on the birth to 5 population.</p> | <ul style="list-style-type: none"> • Coordinated home visiting case management system is selected and memoranda of understanding (MOUs) between partners established • Shared processes and protocols are established, including reporting and joint case management for children 0-5 and their families served by First 5 funded programs • Increased collaboration and joint case management for children 0-5 and their families served by First 5 funded programs |

The result areas, goals and objectives described in the previous section are clearly interrelated and therefore the strategies selected to achieve them should also be interconnected. The domains they encompass –child health, early education and learning, family strengthening, parent and community education, and systems and community building – ideally should form a “coherent whole that can be sustained over time and will produce widely valued outcomes for young children and their families.”

This section of the strategic plan describes the strategies that will be pursued to achieve the goals and objectives described in the previous section. It shows how these strategies align to support the four result areas. All strategies included in the plan continue to improve and develop a consumer-oriented and easily accessible system for early childhood well-being and development within Lassen County. Additionally, funding is used to support programs and activities that implement one or more of the strategies, and that are in alignment with the Guiding Principles for Implementation.

IMPLEMENTATION STRATEGIES & EVALUATION

IMPLEMENTATION STRATEGIES

First 5 Lassen’s overall approach to service delivery is through collaborated systems that integrate early childhood development activities into a coherent whole. To determine which strategies to include in this year’s strategic plan, the planning participants reviewed current strategies and discussed new possibilities for achieving results toward the long-term goals and objectives. The group took into consideration evaluation results from previous years and the first two quarters of the current fiscal year. They looked at opportunities for working with existing partners and collaborations to extend the reach and impact of funding, and where new partnerships could be forged. Ultimately, the group decided to focus on implementing eleven strategies. The clear interrelationships between the goals – for example, children’s health and families’ strengthening directly affects children’s development and readiness to succeed in school - provide opportunities to use *integrated* strategies that address multiple issues rather than approaching each issue in isolation. In addition, *targeted* strategies are needed to focus on a single goal or objective in order to supplement the effects of the integrated strategies. All but three of the strategies developed for this strategic plan are considered integrated.

STRATEGIES

Strategies identify the specific programs, services and projects to be pursued in order to achieve the goals and objectives. The strategies are aligned with the goals and objectives and linked to the funding and fiscal priorities.

The table that follows lists the strategies that have been identified for the 2017-2018 Strategic Plan update. The first five strategies are funded programs through the Commission. The result areas impacted by the strategies are noted with a “◆” symbol.

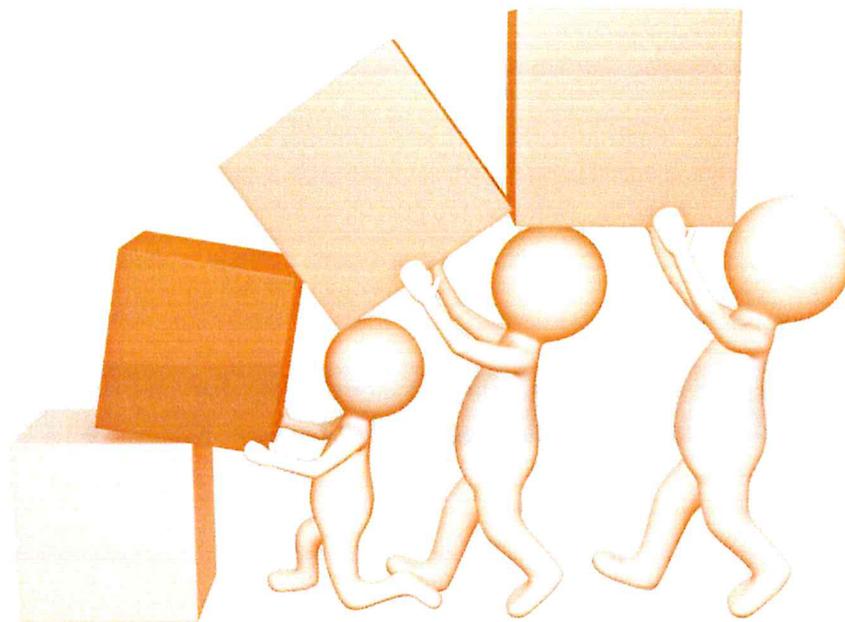
| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|--|----------------------------|-----------------------------|-----------------------|--------------------------|
| A. Home Visiting: Continue to coordinate with public and private agencies to deliver countywide school readiness programs and activities through implementing First 5 Lassen’s home visiting program through Pathways, Inc. | ◆ | ◆ | ◆ | ◆ |
| B. Oral Health Initiative: Encourage oral health professional education, screening and referral services; encourage public and private partners, including childcare providers to; integrate parent education about children’s oral health; implement a public awareness campaign; and work to maintain fluoride varnish and sealant services and case management services. | ◆ | | ◆ | ◆ |

IMPLEMENTATION STRATEGIES & EVALUATION

| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|---|----------------------------|-----------------------------|-----------------------|--------------------------|
| C. Big Valley Child Care: Continue to support capacity building, professional development, and child care service provision for Big Valley children. | ◆ | | | |
| D. Emerging Initiatives: Seek and fund emerging initiatives that directly support First 5 Lassen’s goals and objectives. These initiatives will be identified by the Commission according to the funding priorities outlined in the long range financial plan. | ◆ | ◆ | ◆ | ◆ |
| E. Capacity Building. Provide technical assistance and training to funded organizations for utilizing web-based integrated data collection system and evaluation reporting through First 5 staff and contract consultants. | | | | ◆ |
| F. 4P’s SART System: Encourage Lassen County Public Health and other partners (e.g., Lassen County Health and Social Services, Office of Education, Pathways, etc.) to support and promote health outreach and education initiatives specifically targeting services to children ages birth to 5. | ◆ | ◆ | ◆ | ◆ |
| G. Children’s System of Care: Continue to encourage community agencies e.g., Lassen County Health and Social Services, Office of Education, Public Health) and other organizations (e.g., Pathways) to provide support for the design and implementation of a children’s system of care (e.g., Health Education and Resource Tool (HEART) program, Touch Points, ASQ and ASQ-SE System, Wraparound, etc.). | ◆ | ◆ | ◆ | ◆ |
| H. New Parent Kits. Coordinate distribution of New Parent Kits in Spanish and English with local resources and funded programs (i.e., Pathways, WIC, doctor’s offices, family resource centers, etc.). | ◆ | ◆ | ◆ | ◆ |
| I. Tobacco Cessation. Promote the Tobacco Use Reduction project, funded programs, and others systems to extend information and referral services regarding tobacco cessation services. | ◆ | ◆ | ◆ | ◆ |
| J. Coordinated Needs Assessments. Continue to collaborate with identified public and private agencies to share data and participate in various community needs assessment processes (e.g., Lassen County Health and | | | | ◆ |

IMPLEMENTATION STRATEGIES & EVALUATION

| Strategies | Improved Child Development | Improved Family Functioning | Improved Child Health | Improved Systems of Care |
|---|----------------------------|-----------------------------|-----------------------|--------------------------|
| Social Services, Public Health Department, Office of Education, etc.) in order to effectively identify trends and opportunities to address the service needs and gaps for children aged birth through five. | | | | |
| K. System Capacity Building. Encourage partnerships that provide dental screening services with trained oral health screeners throughout the County. | | | ◆ | ◆ |



Evaluation

Evaluation is critically important to the long-term success of First 5 Lassen County Children and Families Commission. Over the past three years the Commission funded the development and implementation of results-based accountability plans for its major funded programs and initiatives. The evaluation plans are used by the Commission and our grantees to collect and analyze meaningful data and information on a regular basis so that we can make “course corrections” where needed and leverage successful practices and programs wherever possible. Our evaluation strategies are intended to provide us with a continual flow of information on unmet needs, where fragmentation still exists, which services or projects are having the best outcomes, and the degree to which we are meeting the changing needs of the target population. In addition, the evaluation plans meet the state evaluation framework requirements.

The commission continues to evaluate grantees’ progress on a regular basis using the results based accountability evaluation plans developed in conjunction with currently funded grantees. Together the Commission and grantees will continue to share lessons learned with others in the community and beyond. In this way, opportunities for leveraging success among grantees, partners and the community can be promoted and the Commission will come closer to achieving its vision that *all Lassen county children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.*

The ongoing evaluation of progress toward achieving goals and objectives in the four major result areas is the joint responsibility of funded programs and organizations, First 5 Lassen County Children and Families Commission staff and Commission members, and a contract evaluator.

OBJECTIVES

There are four primary objectives for evaluation:

- Determine the effectiveness of programs, services and systems supported by Proposition 10 funds
- Increase providers’ capabilities to evaluate services
- Provide continuous information to the Commission and the community on the status of services of young children and their families in Lassen County
- Meet the Statewide Evaluation Framework Requirements

The major funded grants capture program data using tools and an encrypted, central database on a daily or weekly basis, depending on the service delivery frequency. By capturing program data in this way, the Commission is able to address evaluation questions within three overarching areas: 1) what did the Commission do; 2) how well did the Commission and its funded programs do; and, 3) what differences did programs make in child health, school readiness, family functioning, and systems integration?

The Commission will continue to track a series of indicators to monitor progress for specific goals and objectives (see the “Goals, Objectives and Indicators” section of this plan). This data, along with periodic

EVALUATION

updates to the community needs assessment data, will allow the Commission to gain an understanding of the health, safety and school readiness of children overall, as well as improvements to the service delivery system.

STRATEGIES

Evaluation is essential to ongoing system improvements and ensuring services are consumer-oriented and easily accessible. Evaluation is an ongoing process that is expected to result in enhancement to existing data collection and reporting tools over time.

In order to achieve its objectives the Commission has instituted protocols for collecting, analyzing and reporting on outcome data on a regular basis.

Emerging initiative funding projects will be evaluated at the conclusion of the project, and will be expected to provide data and information specific to the purpose of the project. Standard templates or report formats will be provided to the initiative/project in order to simplify the reporting and analysis functions.

Major funded programs and initiatives (referred to collectively as major grantees) will be evaluated according to the process described below and outlined in more detail in each of the specific evaluation plan documents. The evaluation plans identify and clearly articulate the program or initiative inputs, activities outcomes, indicators/performance measures, reporting expectations and milestones.

Major grantees will be expected to use the data collection tools and templates developed through the evaluation design and refinement process. They will capture program data on a daily and/or weekly basis. Data will be synthesized and reported on according to the key indicators or performance measures selected by the grantees and documented in the Scope of Work developed by the Commission. A common aspect of all evaluation processes is the inclusion of customer and/or client feedback, whether through focus groups, surveys, or other approved methods.

Currently funded major grantees will report quantitative and qualitative data (quadrants 1 through 4 in the evaluation plans) throughout the contract period. New grantees will be expected to report quantitative data during the first six months of their contract period as they learn to use the evaluation tools and templates. After that, the new major grantees will also report data and outcomes in all four evaluation quadrants throughout the remainder of the contract period.

Specific program data will be input daily or weekly (depending on service frequency) by each major grantee into program-specific evaluation tools and templates and the First 5 Lassen integrated database system, or other systems as required by the Statewide Evaluation Framework and the Small Population County Funding Augmentation Framework. Additionally, a program data summary will be provided to the First 5 Lassen County Children and Families Commission Executive Director monthly, along with a brief narrative report. A standard template for this report will be provided to the grantees by First 5 Lassen County Children and Families Commission so that grantees' information can be easily summarized for presentation to the Commission and community members. The monthly report is specifically designed to capture information about progress, including what's working well and where the grantee is experiencing difficulties. This will provide First 5 Lassen County Children and Families Commission staff and the contract evaluator information

EVALUATION

necessary to help the grantee “course correct” in a timely manner. The report includes program data and a narrative describing the results and progress by each outcome area.

On a quarterly basis, major grantees will be expected to include updates to their project budget and the number of persons served and services delivered. Again, a standard report template will be provided for grantees to use.

The evaluation reports will be used by the staff, Commission and community members during the annual strategic plan review process to identify opportunities for improving child health, child development, family strengthening, and service delivery systems.

This section of the strategic plan describes First 5 Lassen County Children and Families Commission funding priorities and the methods and processes for fund allocation. It is aligned with Fiscal Strategies and Long Range Financial Plan section.

HOW WE FUND

First 5 Lassen County Children and Families Commission will continue to issue RFP's for major programs, initiatives and projects (those in excess of \$10,000) as needed, and commit funding in three-year cycles. The Commission continues to retain the right to extend funding for an additional three years, or change funding commitments based on performance and outcomes achieved, as demonstrated through ongoing evaluation.

Commission funds will not be used to supplant current expenditures, but rather to supplement, enhance or to fund new programs, services and infrastructure needed to create a consumer friendly, comprehensive, and coordinated system of early childhood development programs. To the maximum extent possible Proposition 10 funds will be used as leverage to obtain other resources needed to meet the goals and objectives of the strategic plan.

Funding will be consistent with the needs identified for children ages prenatal through age five and their parents, and with the goals and objectives outlined in this strategic plan. Furthermore, First 5 Lassen will continue to comply with applicable state laws governing contracting and procurement.

Guiding Principles

The mutually held values that serve to guide decision-making and actions, in this case related to the Commission's funding priorities.

GUIDING PRINCIPLES FOR FUNDING

Funding decisions for all requests shall be based on the following guiding principles set by the Commission, which take into account the Commission's desire to address the needs of the children in all of Lassen County's Communities in an efficient and effective manner. The Principles on Equity served as the foundation for developing the 14 Guiding Principles described here.

- Comply with new state fiscal management guidelines and adopted Commission policies.
- Support the principles on equity.
- Comply with administrative and in-direct cost rate established by the Commission.

OBJECTIVES, PRINCIPLES AND STRATEGIES

- Allow for distributing funding equitably across the program components and priorities.
- Create a level playing field amongst applicants for funding.
- Support the goals and objectives of the strategic plan.
- Show evidence of effectiveness in addressing the goals and objectives of the strategic plan.
- Demonstrate a need for funding from the Commission.
- Move toward service coordination, accessibility, collaboration and comprehensive services.
- Be responsive to the diverse needs of the children and families in this County.
- Be supported by community input.
- Build on community strengths, will build capacity and will reap long-term benefits to the children and families in each of Lassen County's communities including meeting the special needs population in our County. Additionally, the last two principles will be applied for decision-making related to large grant requests (over \$10,000).
- Include a quality evaluation component, based on the Commission's evaluation framework and plans.
- Include an organized outreach component.

FUNDING PRIORITIES

Funding will be consistent with the needs identified through the community assessment update processes, and with the goals and objectives outlined in current update of strategic plan. Funding priority will be given to programs and projects whose plans address the following:

- Further at least one of the strategies and the related objectives and goals outlined in this plan
- The degree to which the Guiding Principles for Funding in this plan are reflected in the proposed project, program or activity
- Apply effective methods for ensuring collaboration and overall coordination and integration of services with existing agencies and programs, and efficient use of available resources
- Incorporate specific plans for addressing the assessment process as outlined in the evaluation plan(s), and the degree to which the program has effectively participated in and contributed to previous evaluation efforts
- Have the ability to leverage funds from other sources
- Demonstrates the ability to meet best practice standards set for major grants, whereby funded programs provide research-based strategies and activities (i.e., parent education-classes, workshops and playgroups designed to increase knowledge and practice of effective parenting skills, improved health practices, and link participants with child development and other community resources

OBJECTIVES, PRINCIPLES AND STRATEGIES

FUNDING OPTIONS, MECHANISMS AND ALLOCATION PROCESS

There are two funding mechanisms used to fund the Commission's programs and projects: major program grants and Commission-driven programs or initiatives. The allocation processes and funding cycles for each are described below.

Emerging Initiatives. The Commission may work directly with selected organizations and/or conduct projects with its own contracted staff to achieve the objectives described in this plan. Examples include the Home Visiting/School Readiness program, Oral Health Initiative, and a Child SART System. In some cases, the Commission may choose to issue a request for proposals (RFP) to identify additional partners.

Major Grants. Based on availability of funding, the Commission may decide to make larger grants available to organizations to conduct services and projects aimed at achieving the objectives described in this plan. The Commission will designate which objectives or strategies it is soliciting applications for, and qualified organizations (governmental agencies or 501(c)(3) nonprofits) may submit applications requesting funding for specific services and projects that are targeted to those objectives and strategies.

When the Commission decides to issue a RFP, currently funded programs, agencies and collaborative partners will be notified through established communication methods. At the same time, the RFP will be publicized to the broader community through First 5 Lassen website, newsletters, electronic and print media, public notices and other outreach methods. Prospective applicants will be asked to submit a Letter of Interest/Intent to Apply. Where duplicate applicants or projects have been proposed, the Commission may request that those agencies, organizations or groups work together to submit a collaborative and coordinated proposal, thereby ensuring services are linked, duplicated activities are streamlined, and administrative costs are reduced.

Proposals may be reviewed and rated by non-interested evaluators with expertise in specific areas. Proposal evaluators will recommend projects for funding to the Commission, who will make the final funding decisions. The Commission will award funding for a three-year period, with the ability to renew funding for an additional three years, based on satisfactory contract compliance. Each year the Commission will review available funding and update funded projects' contracts/scopes of work (SOW) as needed.

FUNDING CYCLES

Emerging Initiatives

Funding for emerging initiatives is considered by the Commission as needs become known through collaboration with community partners. At the direction of the Commission, staff will work with individual groups to compile the necessary information for a request for funding. If the Commission issues an RFP for a Commission-driven program or initiative, the funding cycle will be the same as that of major grants. Otherwise, the funding cycle for Commission-driven programs and initiatives will be flexible for the first year of funding; and then mirror that of major grants in subsequent years.

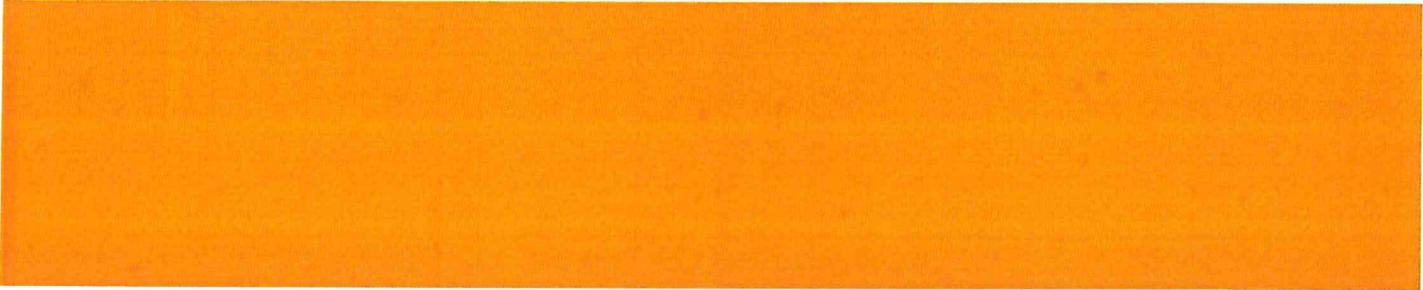
Major Grants

The table below outlines the funding cycle for major grants. The cycle may be adjusted as necessary to take advantage of new opportunities or adjust for varying project lengths.

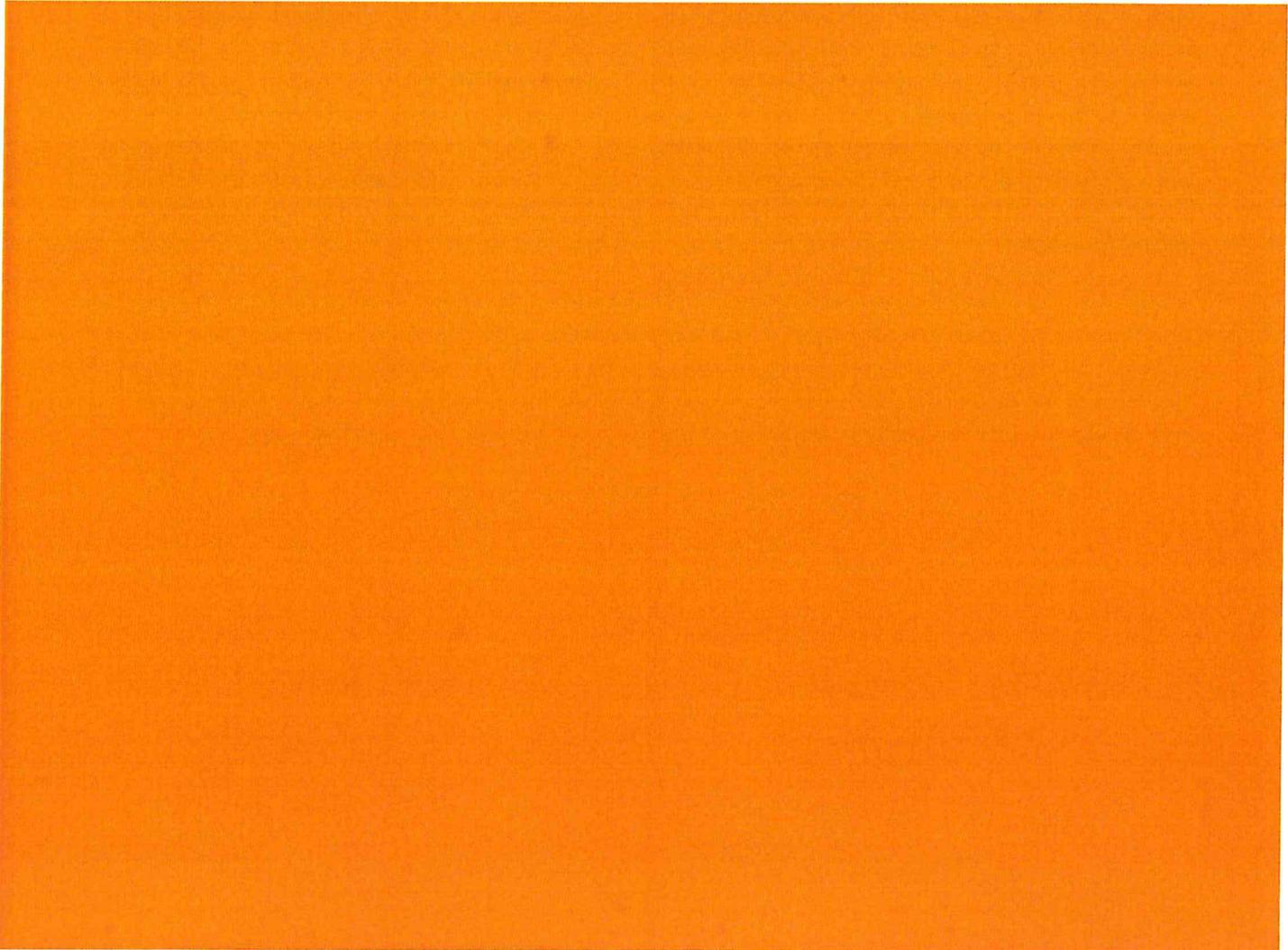
OBJECTIVES, PRINCIPLES AND STRATEGIES

| RFP Process Activity | Schedule | Month in Cycle |
|--|------------------|------------------|
| RFP Released | March 1 | Month one |
| Letters of Interest/Intent to Apply – two weeks after RFP is released | March 15 | Month one |
| RFP Due four weeks from date of issue | First week April | Month two |
| Screening and recommendations by external review committee within 20 days of final submission deadline | First week May | Month three |
| Decision – next regularly scheduled Commission meeting, with time for public notice/posting | May/June | Month three/four |
| Contract development | June/July | Month four/five |





FISCAL STRATEGIES & LONG RANGE FINANCIAL PLAN



Long Range Financial Plan

INTRODUCTION

The Lassen Children and Families Commission developed this financial plan to help address the challenges of sustained financing for projects and services supported by First 5 Lassen.

The five-year financial plan supports the strategic plan detailed in the first part of this document. While the purpose of the strategic plan is to describe the mission, vision and values of the Commission, and specify the long-term goals, objectives and strategies, the financial plan is the management tool for attracting and allocating financial resources within a specified time period in order to achieve long-term goals. This plan covers a five-year period from July 1, 2018 through June 30, 2023.

Over the past five years, the Commission has updated its long range financial plan as part of the annual strategic plan review and update process. In year 2014-15 the Commission blended the strategic and financial planning processes. Both plans were informed by a local needs assessment update and scan of environmental factors affecting funding, systems and ultimately services to the county's youngest children and their families.

Over the course of three months (February through April), the Commissioners reviewed the 2016-17 long range financial plan and discussed opportunities to leverage and expand resources within the county and across neighboring counties. Key questions continue to revolve around the Commission's current structure and funding priorities as compared with estimates of tax revenues and likelihood of continued small county augmentation. Ongoing transition issues such as the impact of moving to a virtual environment, effects of declining revenues on program and service delivery funding, and whether or not small county augmentation will continue into the future and at what levels, were considered. Additionally, discussions about emerging opportunities and risks, changes in service providers were woven into Commission discussions and decision making processes.

As with previous plans, this document complements the strategic plan and shows how the necessary financial resources will be acquired and managed. It also identifies the potential shortfalls the commission will face in the future and the actions to respond to these issues. In other words, the purpose of this plan is to help provide the Commission with the capacity (through dollars and fiscal strategies) to invest in projects and services each year while also fulfilling the many legal mandates imposed upon the Commission.

FUNDING ENVIRONMENT

The Funding & Investment Environment

EFFECTS OF PREVIOUS TOBACCO TAX LEGISLATION AND INCREASES

Smoking Age Increase to Age 21. Raised legal age to purchase tobacco products, including e-cigarettes, from 18 to 21, effective June 9, 2016. All projections were estimates, a projected loss to First 5 of \$24.5 million overall, and \$19.6 million loss to counties. At the time of the increase, estimates showed that young adults ages 18-20 had been funding approximately 10% of Prop 10 tax revenues.

E-Cigarette Regulation as Tobacco. Classified e-cigarettes as tobacco products subject to the same restrictions as existing tobacco products, effective June 9, 2016. There was no anticipated change in tobacco tax revenue to First 5.

Proposition 56. Increased excise taxes on distribution of cigarettes and other tobacco products, including e-cigarettes, by \$2 per pack. It included a backfill provision for Proposition 10. The Legislative Analyst's Office estimated e-cigarette tax could generate revenue from \$10-\$40 M for Prop 10 in 2017-18. This indicated potential revenues gained from Prop 56, which could offset revenues lost from raising the purchasing age to 21.

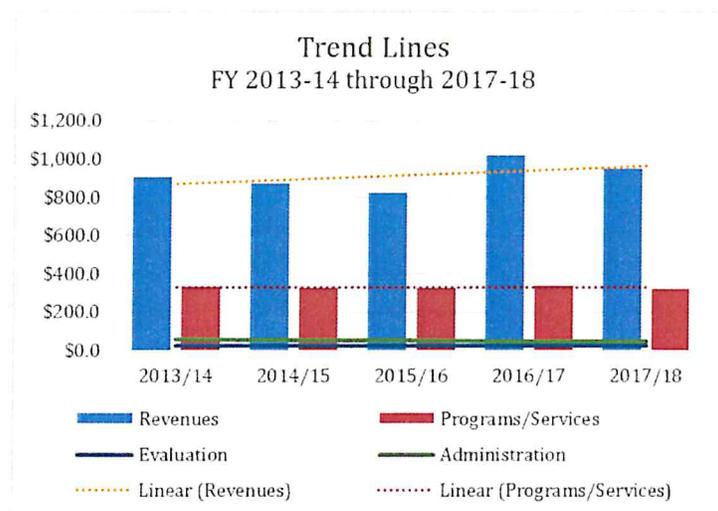
SHORTFALLS, OPPORTUNITIES AND STRATEGY

This section discusses the previous five years' spending the next five years' projections under two different scenarios. The opportunities and risks are discussed along with the Commission's approach for moving forward.

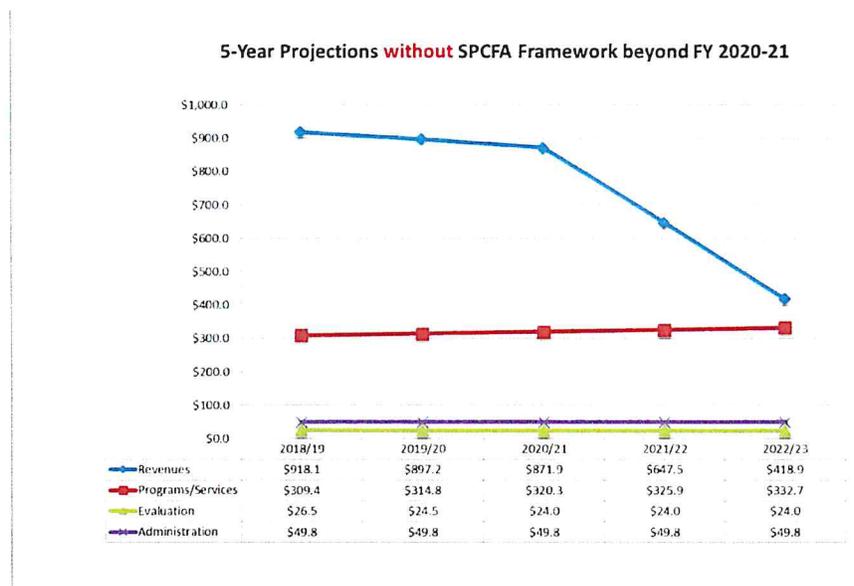
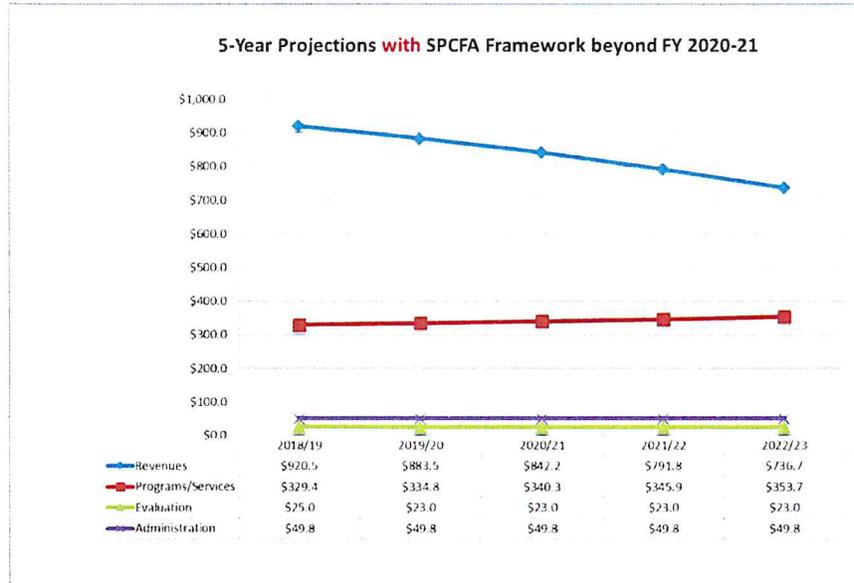
Spending Trend lines FY 2013-14 through 2017-18. As shown in the chart below, spending for programs and services has remained relatively level over past five years, while revenues declined through 2015-16, then increased the following year and declined again the next (2017-18).

Future Revenue Declines.

Looking forward, the Commission discussed two scenarios: revenues that included ongoing Small Population County Funding Augmentation (SPCFA) and revenues that do not include it. The two charts that follow depict both scenarios.



FUNDING ENVIRONMENT



Taking Advantage of Opportunities. The Commission discussed opportunities or trends that may emerge to affect the fiscal picture. There may be increases in the need for certain supportive services to connect young children and families to health services and supports as Congress reviews and acts on the new Administration’s budget and policy directions. Federal funding implications from California declaring itself a sanctuary state are as yet unknown, and the current political environment around the topic is turbulent. Additionally, First 5 Commissions in proximity to First 5 Lassen continue to share interests in collaborative purchasing of professional services (auditing, evaluation, etc.). Should these opportunities come about, they may either result in additional program/initiative funding or reduce operating costs, or both. One continued

FUNDING ENVIRONMENT

opportunity for increased revenue to support to First 5 Lassen's strategic priority areas comes from Medi-Cal Administrative Activities (MAA), which are unrestricted. Lassen County Public Health has taken on and expanded First 5 Lassen's oral health work, which is being supported in part through a 5-year grant from Inter-Governmental Transfer (IGT) funds. The Commission will continue to track and pursue appropriate opportunities as they become available.

Managing Risks. The Commission carefully considered various options for managing financial risks and declining revenues. As currently projected under the "best case scenario," the Commission can continue funding at basic levels throughout the next five years and beyond. However, should augmentation cease, shortfalls will occur sooner (FY 2020-21), resulting in insufficient funds to maintain operations into FY 2022-23.

First 5 Lassen takes seriously the risks of declining revenues and the discontinuation of SPCFA. Their strategy is to continue to expend funding at the current levels for the home visiting initiative (Pathways) with modest cost of living increases, and smaller initiatives (i.e., Emerging Initiatives, and Big Valley Child Care) with the assumption of continued augmentation. This allows the Commission to make meaningful investments at a level that allows the programs to provide consistent, quality services and supports. The Commission and/or its funded initiatives, expect to have revenues from MAA reimbursements continue into the future to offset some of the cuts to services funding should augmentation cease or be suspended. However, if those options are not available the Commission will utilize a "cliff approach." They will cut funding to Emerging Initiatives as soon as they know when augmentation will end, with or without MAA offsets. This will allow Pathways (Home Visiting) funding to remain at the highest level possible, for as long as possible. When ending fund balances are approaching six to twelve months of operating and program funding, the Commission will look to fund a home visiting strategy through Lassen County Public Health or Health and Social Services. As noted, this scenario may occur as early as FY 2020-21, and is therefore being actively monitored and managed.

Due to these economic considerations and the Commission's effort to build community and program capacity, the Commission will monitor and reevaluate funding levels for all program investment areas throughout the year. They will adjust the 5-year forecast in 2018-19 as needed to reflect changing needs and priorities.

Financial Objectives and Principles

Financial objectives describe what the financial plan should accomplish, consistent with the overall strategic plan for First 5 Lassen. The financial objectives established by the Commission for the five-year period covered by this plan are to:

1. **Limit the administrative cost percentage of the actual costs** incurred in the fiscal year to 15% in years where small county augmentation is provided, and to 20% in years where there is no administrative or operations augmentation awarded from the First 5 California Children and Families Commission.
2. **Sustain the activities described in the strategic plan** throughout the five-year period covered by the plan, and if possible beyond. Financial sustainability should occur at two levels:
 - The funded strategies level, consisting of the home visiting, oral health education, enhanced systems of care, and other Commission initiated projects for children; and
 - The system impact level, consisting of the First 5 Lassen infrastructure (Commission, staff and operations) needed to support and evaluate program service delivery, build partnerships and improve service delivery systems, including non-funded strategies, and carry out the work of the Commission.

The financial principles are guidelines for how the financial plan will be used to support short- and long-term funding and policy decisions. The following principles were reaffirmed and adopted by the Commission for this plan:

1. This plan is meant to be used as a framework for managing resources – it in no manner obligates the Commission to specific funding for programs or projects. The approval of specific grants, contracts, and budgets can only occur through special action of the Commission in public meetings; they are not in any way authorized by this financial plan.
2. This plan will be used as a starting point to develop the annual budget and assumptions, which will be modified to reflect changing conditions and trends.
3. Although program funding is projected for five years, the Commission continues to study a variety of scenarios to determine level of program funding beyond year one; how and when it will move from a physical office space to virtual offices; and, how it will distribute tax revenues once the reserve has been spent down.
4. The Commission will continue to focus on capacity building for funded programs and developing/leveraging partnerships in order to enhance the system of care and promote sustainability beyond Commission funding.

The Commission reserves the ability to amend the plan at any time new information affecting revenues/expenses is available, but at a minimum each year as part of the annual strategic plan review process.

Fiscal Strategies

The Commission has adopted six fiscal strategies that will be used to achieve the financial objectives and to provide the financial resources necessary to carry out the strategic plan.

1. **Continue to fund local programs and collaborations in order to reach those most at risk.** The Commission will fund Pathways for direct services (home visiting, child development and family strengthening; and its capacity building efforts to work more effectively and efficiently. It will also continue to promote collaborations to increase access to oral health services.
2. **Actively advocate for continued Small Population County Funding Augmentation** funding each time that it comes up for discussion. This revenue source allows the Commission to conduct evaluation and program support activities in addition to the business of the Commission and direct the tax allocation to programs.
3. **Actively participate in state and regional discussions** to demonstrate the value and impact of First 5 investments at the local level in order to dissuade attempts at eliminating or redirecting First 5 funding to other state budget items.
4. **Look for ways to imbed funded activities** in public agencies or other service organizations so that they become part of the ongoing service delivery system and not reliant solely on First 5 funding to sustain activities and results. This strategy includes encouraging new partnerships to take over [previously] funded Commission activities, and promoting opportunities to take advantage of cost sharing strategies.
5. **Partner with identified public, private and tribal agencies** to identify and encourage opportunities for the integration of existing services and expand resources benefitting the health, development, school readiness, and family strengthening for children birth through 5.
6. **Encourage and promote the First 5 Association of California recommendations** for prioritizing children in all policies¹, related to Family Functioning, Early Identification and Intervention, Oral Health, Quality Early Learning, and System Sustainability and Reach.

¹ First 5 Association of California, 2015 Association Policy Goals 020615, February 6, 2015

Future Revenue and Expense Assumptions

Following are the revenue and expense assumptions for the five year financial forecast. They were updated to include data and information shared at the state level, feedback from the Commissioner's survey, and discussions with Laura Roberts, Executive Director. The attached spreadsheet shows how these assumptions affect the financial situation of the Commission over the next five years. These assumptions result in a continual reduction of the annual budget with \$470,500 ending fund balance at the end of five years.

REVENUE ASSUMPTIONS

Statutory allocation of tobacco tax revenues to Lassen County. State law specifies that 80% of statewide tobacco taxes raised through the 50 cent-per-pack tax imposed by Proposition 10 are allocated to the 58 counties according to each county's birth rate. The county's ten-year birth rate has averaged 305 (2008-2017) births per year. The number of births in California is expected to continue gradually declining over the next ten years, which is the case also for Lassen County. The average birthrate is projected to decrease from 296 to 281 between 2017 and 2026.²

Lassen County became a minimum allocation county based on birth rates in fiscal year 2009-10, when its revenue projections dropped below \$200,000. Based on forecasts for the near future, Lassen County will remain a minimum allocation county. This means the County is to receive additional First 5 tax revenues to bring total revenues to \$200,000. However, the total amount received last year was less than projected, and likely attributed to the first year decline from effects of the 2016 tobacco tax legislation and increases. This is further described in the tax distribution assumption below.

Declining tax distributions. The Governor's 2018 budget projections for tobacco tax distribution was released in January.³ It includes the new projections for First 5 revenues in 2018- 2019 that are substantially lower than previous projections. The budget shows preliminary total Prop 10 revenues for 2016-17 of \$426.7 million, dropping to \$355.4 million in 2017-18, and dropping again in 2018-19 to \$346.4 million. Projections of cigarette tax revenues are based on projected per capita consumption of cigarettes, population growth, and the impact from the higher smoking age as well as the increased prices due to Proposition 56. Further, revenue estimates for other tobacco products, which now include electronic cigarettes, also reflect recent law changes. The cumulative effect of product price and tax increases, the increasingly restrictive environments for smokers, and anti-smoking campaigns (including state campaigns funded by Proposition 99 Tobacco Tax and Health Protection Act revenues and revenues from the Master Tobacco Settlement) have reduced cigarette consumption considerably.

The statewide budget comparison of tobacco tax revenue forecasts between last year and the current year are shown in the charts that follow.

² California Department of Finance. Demographic Research Unit. 2017. Historical and Projected Fertility Rates and Births, 1990-2040. Sacramento: California Department of Finance. March 2018

³ 2018-19 Governor's Budget Summary – California Budget. Accessed online on March 21, 2018 at <http://www.ebudget.ca.gov/2018-19/pdf/BudgetSummary/RevenueEstimates.pdf>.

FINANCIAL FORECAST

Figure REV-11
Tobacco Tax Revenue
(Dollars in Millions)

| | 2015-16 | 2016-17 | 2017-18 |
|--|----------------|------------------|------------------|
| | Preliminary | Forecast | Forecast |
| General Fund | \$85.3 | \$79.3 | \$64.8 |
| Cigarette and Tobacco Products Surtax Fund | 276.3 | 261.0 | 221.7 |
| Breast Cancer Fund | 17.0 | 15.9 | 13.0 |
| California Children and Families First Trust Fund | 461.4 | 432.6 | 358.3 |
| California Healthcare, Research and Prevention Tobacco Tax Act of 2016 | 0.0 | 367.9 | 1,433.2 |
| Total | \$840.0 | \$1,156.7 | \$2,091.0 |

Figure REV-11
Tobacco Tax Revenue
(Dollars in Millions)

| | 2016-17 | 2017-18 | 2018-19 |
|--|------------------|------------------|------------------|
| | Preliminary | Forecast | Forecast |
| General Fund | \$80.3 | \$64.9 | \$63.0 |
| Cigarette and Tobacco Products Surtax Fund | \$246.0 | \$215.8 | \$211.7 |
| Breast Cancer Fund | \$16.0 | \$13.0 | \$12.6 |
| California Children and Families First Trust Fund | \$426.7 | \$355.4 | \$346.4 |
| California Healthcare, Research and Prevention Tobacco Tax Act of 2016 | \$466.6 | \$1,421.8 | \$1,385.2 |
| Total | \$1,235.6 | \$2,070.9 | \$2,018.9 |

First 5 California's Fiscal Services Office provided the following update to the County Commission, based on information provided to them by the Department of Finance prior to the January 10 release of the FY 2018-19 Proposed Governor's Budget. It provides updated revenue and backfill projections, comparing the original estimates from July 2017 with the revised projections as of January 2018.

| Funds Available for Transfer (in thousands) | | | |
|---|--------------------------|----------------------------|----------|
| Reflects final amount for transfer Prop 99 backfill and admin costs are removed | | | |
| Fiscal Year | Original as of July 2017 | Revised as of January 2018 | Variance |
| 2017-18 | 276,910 | 270,258 | (6,652) |
| 2018-19 | 323,773 | 305,362 | (18,411) |
| 2019-20 | 314,834 | 297,434 | (17,400) |
| 2020-21 | 305,874 | 289,581 | (16,293) |

While the revenue projections decreased by one percent or less, the backfill projections for 2018-19 through 2021-22 were also reduced by an annual average of 20 percent. Assumptions from the original projections included an increase in Other Tobacco Product (OTP) revenue due to the inclusion of e-cigarettes and a decrease in cigarette tax revenues due to the implementation of Propositions 56 (Prop 56), which directly correlated to a higher backfill projection. The actual revenue data collected for the first part of the fiscal year indicated that OTP revenue did not increase as projected, while the cigarette tax revenue did not decline. The net result of this is the small adjustment to ongoing revenue projections, and a significant decrease in the projected backfill.

Revenues from Prop 10 tax allocations for first six months of FY 2017-18 (through December) were \$81,812.79, or an average of \$13,635 per month. If the reimbursements continue to average this amount, tax allocations revenues for the current fiscal year will exceed the forecast by approximately \$2,000. While this seems promising, over the past few years total revenues received in a year have not been as high as projected. Therefore, the Commission will continue to take a conservative approach and estimate declining tobacco tax allocations based on the First 5 California projections. Those estimates project \$185,700 in year one, declining to \$177,300 in year five.

FINANCIAL FORECAST

Small Population County Funding Augmentation. Prior to 2012, Lassen County had been receiving approximately \$113,000 a year from First 5 California for administrative and travel costs through the Small Population County Fund Augmentation project (SPCFA). The First 5 Association worked with a coalition of small counties and the State Commission to develop recommendations for a new small county augmentation and accountability framework. The new framework, referred to as Small Population County Funding Augmentation (SPCFA) has eligibility and accountability measures, which Lassen meets. The SPCFA was approved by the State Commission in April 2014 and increased allocations to Lassen County to a recurring \$200,000 per year for three years.

In January 2017, the State Children and Families Commission approved the continuation of these funds, initially at the same level. Combined with the statutory tax allocation, the augmentation is intended to bring annual projected revenues to \$400,000. However, this was not the case in FY 2016-17. Therefore, while the financial plan therefore assumes that these augmentation funds will be continued for the next five years, the levels have been adjusted downward to \$190,600 each year.

Although Small Population County Funding Augmentation was approved, the conversation at the state level continues around regionalization. Specifically, what the potential benefits (cost savings and efficiencies to administration and services) might be realized from different implementation structures and partnerships. First 5 Lassen continues to remain open to pursuing these relationships.

Non-Prop 10 grants and contributions. This plan does not currently provide for revenues from other grant sources or public/private contributions.

Interest and other income. The audited combined total for this category as of June 2017 was \$18,166, comprised of interest earnings and federal reimbursements for conducting eligible health related administrative activities for the Medi-Cal Administrative Activities (MAA) Program. This amount also included nearly \$9,000 returned from Lassen County Office of Education. To remain conservative in revenue estimates for the next five years, total for interest and other income is set at \$7,000 each year of the forecast. Interest earnings are estimated at \$2,000 - \$3,000 per year (calculated as 0.3% of beginning fund balance and revenues for the year), and MAA reimbursements are estimated at \$4,000 per year.

EXPENSE ASSUMPTIONS

Following are the expense assumptions for the next five years, based on Commission discussion and decisions during the April planning session.

Operating costs –Contract for staff support and operations. Commission will continue to contract for professional services and staff to manage its operations but the level (amount of hours) and type (virtual vs. physical presence) will vary over the five years.

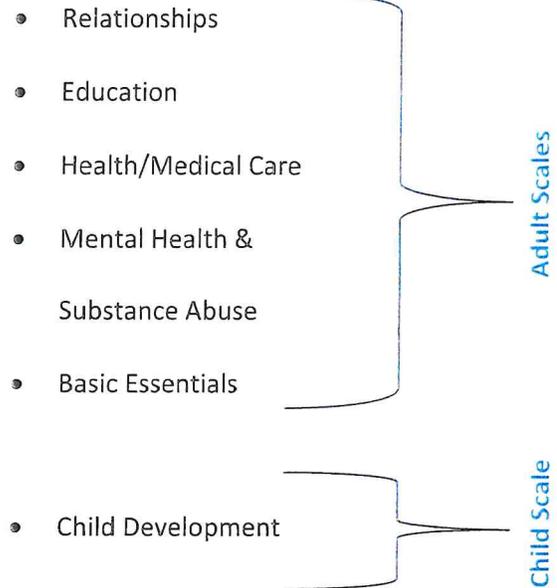
Contracted personnel will perform general administration, program support and technical assistance, and evaluation functions on behalf of the Commission, but at different intensity levels. Operating in a virtual environment, ongoing costs are covered by vendors under their contract. Evaluation will be done in part through the general administration vendor, with targeted supplemental contract support from external

Impact on Families

Improved Family Functioning

To measure improvements in family functioning, the Life Skills Progression (LSP) tool is used by home visitors to develop a profile of family strengths and needs, establish service plans, and to monitor progress in outcomes. The tool is used upon program entry and at six-month intervals. The tool describes individual parent and infant/toddler progress using 43 types of life skills, which are grouped into the six scales depicted to the right.

Assessment scores (ranging from 0 to 5) are tied to specific circumstances for each family for the six months prior to the time of assessment completion. A score of zero or NA indicates the question was not asked, not applicable, or could not be answered. Higher numbers indicate a stronger score and better circumstances for the families being assessed. Those scores, when inserted into the online database produce a report score that is then averaged for all families in which a pre and post assessment have been completed. Average scores are used to demonstrate life skill development growth.³² Note that beginning in the FY19-20 Annual Report, the LSP score scale utilized was updated to align with the LSP scoring sheet and associated instructions. More information on the implications of this update is available on page 18.



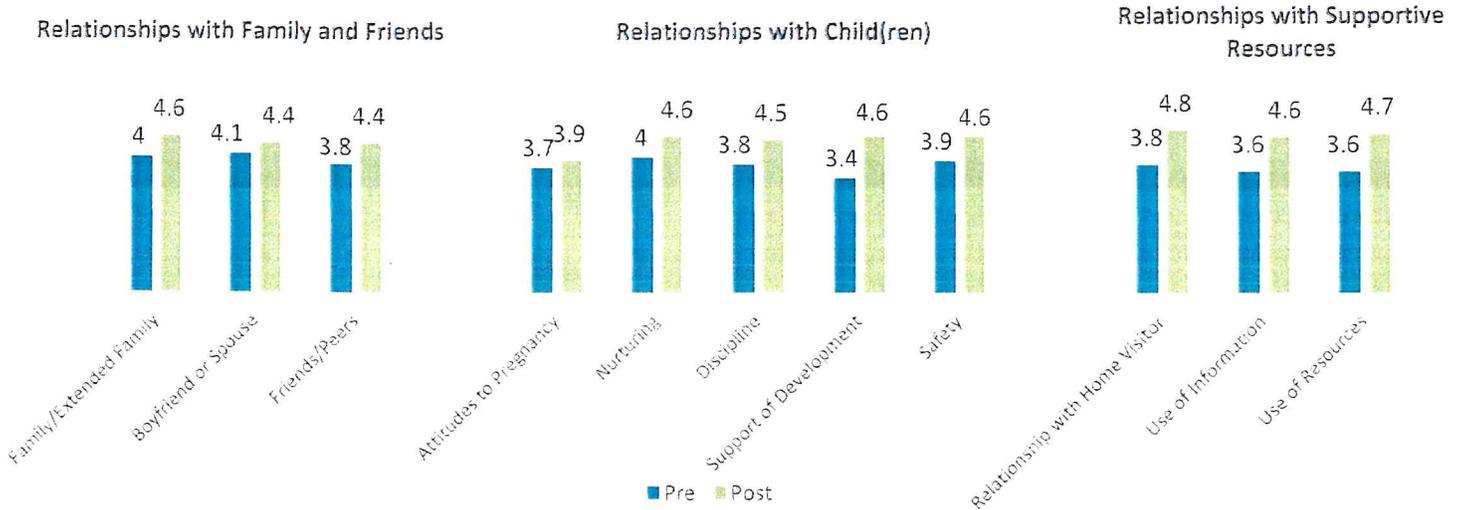
In FY21-22 a total of 23 adults were assessed with the LSP, 16 of whom had both a pre and post assessment; 32 children were assessed with the LSP, 23 of which had both a pre and post assessment. Only individuals with a pre and post assessment are included in the figures that begin on the next page, and score increases or decreases are an average of all individuals for which pre and post data is available; individual results of those included in aggregate may differ from the average. Caution should be taken when generalizing the results given the small number of families for which pre and post data is available.

The data provided on the following should also be interpreted with caution as movement from one score tier to another within certain categories may be difficult for some families to achieve in their current circumstances regardless of the amount of support provided by the home visiting program, particularly if they live in a rural or remote community. The full LSP tool is available for review in [Appendix A](#).

³² Clinical or participant-specific decisions should only be made by utilizing the individual-specific report.

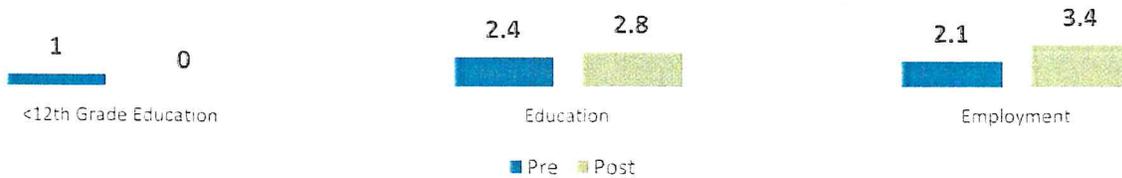
Relationships

LSP completers had increased scores in all of the areas related to relationships, with the most growth seen within the areas of Support of Development (increase of 1.2) and Use of Resources (increase of 1.1), Relationship with Home Visitor and Use of Information (increase of 1.0 each). Increases in the Support of Development area indicates better understanding, interest in, and application of child development information. Increases in Use of Resources, Relationship with Home Visitor, and Use of Information indicates increased utilization of resources, trust of the home visitor, and interest in/acceptance of information provided by the home visitor.



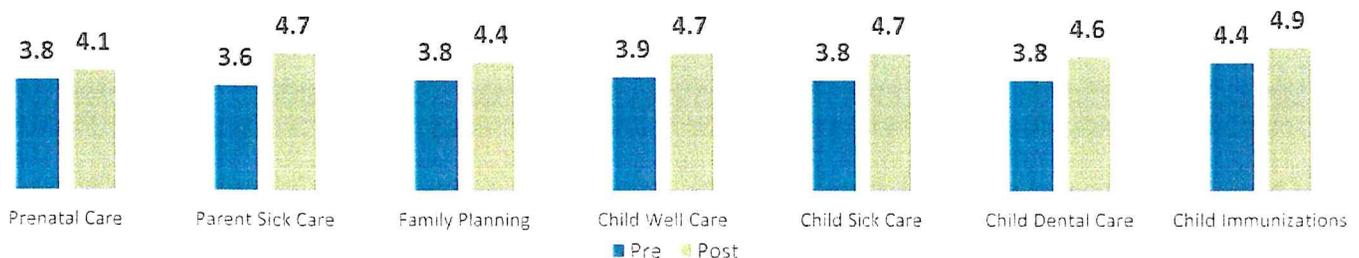
Education and Employment

LSP completers experienced gains in the Education and Employment areas, with the largest increase seen in the area of Employment (increase of 1.3). An increase in this area represents more stable employment and increased earning potential. The decreases in 12th Grade Education may indicate that home visiting participants have decreased their enrollment or regularity of attendance in an education program since completing their initial LSP.



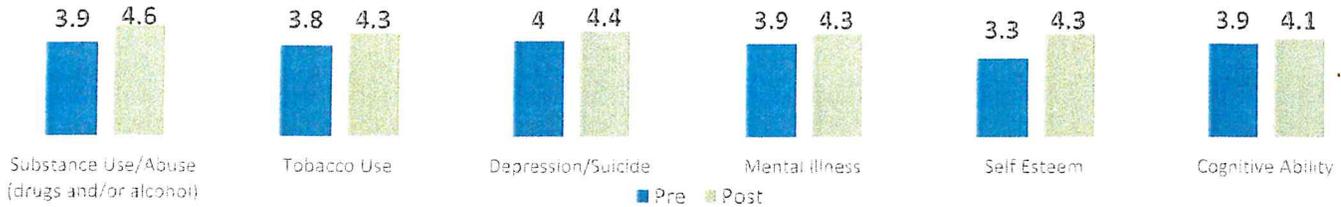
Health and Medical Care

LSP completers experienced gains in every type of measurement related to health and medical care. Higher scores in this area represent more access to care and more use of preventative care.



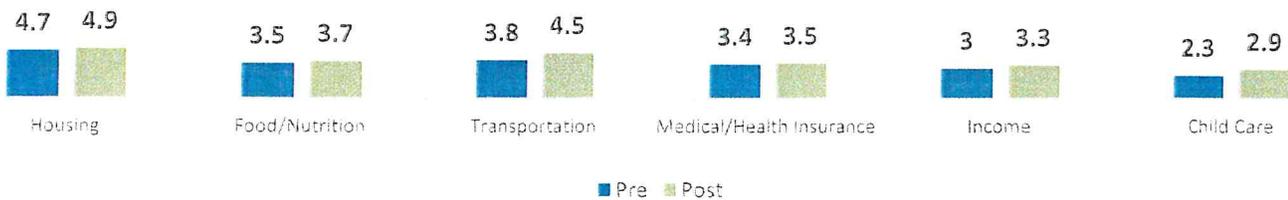
Mental Health and Substance Abuse

LSP completers experienced gains in all measurements related to mental health and substance abuse. Higher scores in this area represent reduced reports of substance use/misuse and lower reports of depression and mental illness and/or better management of depression and mental illness.



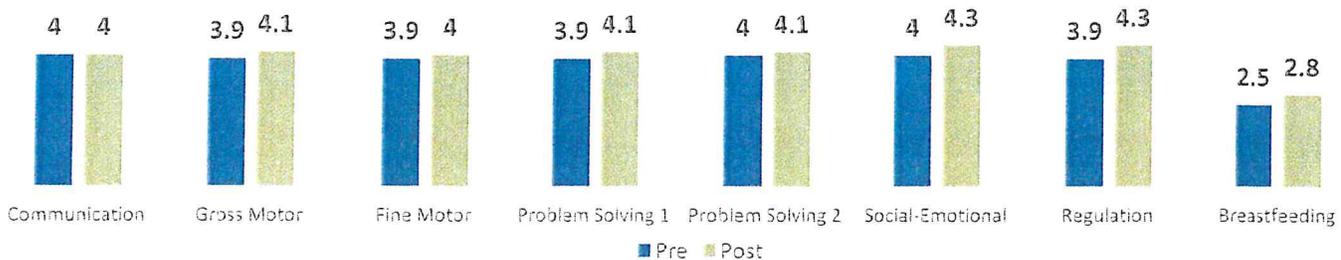
Basic Essentials

LSP completers experienced gains in all measurements related to access to basic essentials. Higher scores in this area represent more stable housing; adequate income; increased access to food, transportation, medical insurance; and more reliable and/or safe and supportive childcare.



Child Development

Pre- and post- LSP data was available for 23 children. Results indicate maintenance or minor growth of these children in all areas of assessment.



Impact on Families

Satisfaction with Home Visiting Participation

Program Satisfaction Results (n=17)

| | Strongly Agree | Agree | Disagree | Strongly Disagree | N/A |
|--|----------------|-------|----------|-------------------|-----|
| • My home visitor explains the program, the weekly activities, and what I should expect during our visits. | 15 | 2 | 0 | 0 | 0 |
| • My home visitor arrives on time to visits and is flexible in arranging visits that work with my schedule. | 15 | 2 | 0 | 0 | 0 |
| • My home visitor responds professionally to my questions and concerns. | 15 | 2 | 0 | 0 | 0 |
| • I learned something new about my child and/or child development as a result of my involvement in the program. | 14 | 3 | 0 | 0 | 0 |
| • I have a good understanding of how children develop and the range of typical development in children as a result of the program. | 15 | 2 | 0 | 0 | 0 |
| • I have a good understanding of a variety of activities to do with my child to help them develop and learn new skills as a result of the program. | 15 | 2 | 0 | 0 | 0 |
| • I have knowledge about how to parent my child as a result of the program. | 15 | 2 | 0 | 0 | 0 |
| • I feel more confident in my role as a parent as a result of what I learned from my home visitor. | 15 | 2 | 0 | 0 | 0 |
| • I have used what I learned with my child/family since I started the program. | 15 | 2 | 0 | 0 | 0 |
| • The referrals made on my behalf by my home visitor helped me get connected to services. | 15 | 1 | 0 | 0 | 1 |
| • Overall, I would rate my satisfaction with the program as very good. | 15 | 2 | 0 | 0 | 0 |

Based on the survey results, participants overall were satisfied with home visiting programming.

Referral Satisfaction Results (n=21)

Parent Satisfaction with Referrals Received

100% of families (21/21) who kept a referral appointment agreed that they were treated well.

86% of families (18/21) who kept a referral appointment felt like their needs were fully met. Two felt that their needs were partially met, and one did not answer this question.

86% of families (18/21) who kept a referral appointment indicated that they would recommend this service. Two were neutral and one did not answer this question.

Impact on Families

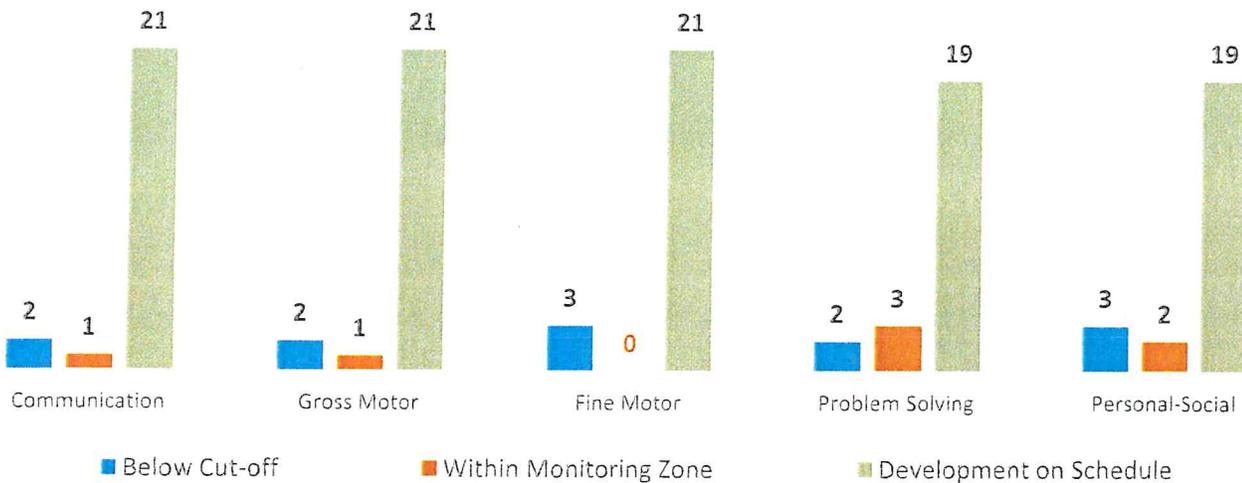
Improved Child Development

Developmental Screening (ASQ)

To ensure that children receive early screening and intervention for developmental delays and other special needs, the Pathways Home Visiting Program utilizes the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire for Social Emotional Needs (ASQ:SE).

Between July 1, 2021 and June 30, 2022, a total of **24** children (ages 0 through 5) received 27 Ages and Stages Questionnaire (ASQ) screenings (three children received two screenings each during this time). Only the most recent screening result for each child is included in the figure below. Based on these results, the majority of children had development that was on schedule during their most recent screens. Five children were below the cut off in at least one domain on their most recent screen. Referrals for supportive services were offered to the families of these children; however, in some cases parents and caregivers have opted to work directly with the home visiting staff to address these needs rather than seek external supports at this time.

ASQ Results



Social Emotional Screening (ASQ:SE)

Between July 1, 2021 and June 30, 2022, a total of **16** children received ASQ:SEs. This tool screens specifically for a child’s social emotional growth and development.

One of the children screened with the ASQ:SE demonstrated a score that indicated a possible concern. This child received a referral for external supports and home visiting staff is also providing direct supports during visits.



Impact on Families

Improved Child Health

Physical Exams



The Pathways Home Visiting Program tracks whether children served by the program had received an annual physical exam from their primary care provider.

Between July 1, 2021, and June 30, 2022, it was reported that a total of **41** children (ages 0 through 5) participating in the Pathways Home Visiting program had received an annual physical exam from a health care provider. The remaining 7 children were not eligible for an exam as they were not yet born when the families received home visiting services during FY21-22.

Oral Health Exams



The Pathways Home Visiting Program ensures that children in the program receive an annual oral health screening.

Between July 1, 2021, and June 30, 2022, it was reported that a total of **36** children (ages 1 through 5) participating in the Pathways Home Visiting program received an oral health screening. The remaining 12 children were under the age of one or not yet born when home visiting services occurred and not recommended for an oral health exam until after their first birthday.

12 referrals for dental screenings were provided to families by home visiting staff.

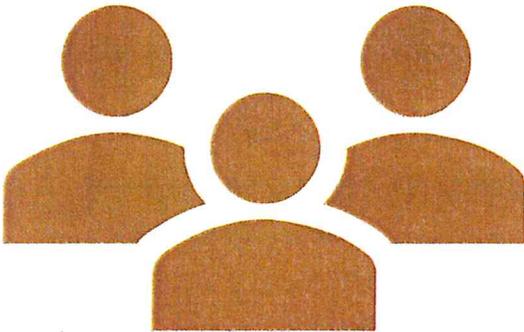


Impact on Families

What Clients Have Said

Pathways has saved our life. We have learned stages of development and reasonable expectations and to show our children what to do instead of what not to do. Our home visitor is like family and has helped in more ways than we can mention.

Home visits are the highlight of our week. When we enrolled I was very concerned about my son's behavior and now I understand him much better and he in turn behaves much better. We are all happy and we very much look forward to home visits.



Our Pathways Home visitor provides all kinds of activities and information on development that we love. We are grandparents raising grandchildren and there is a lot to learn.

Our home visitor is more like family and does everything possible to support and encourage us. It feels like she is on our side and helps us learn our strengths and build on them. She is our only support.

Couldn't ask for any better. I love everything that has been generously taught and guided.

You have been such a blessing. I am comfortable to ask parenting questions without feeling stupid. You are like a second mom to me and have become family to us.

We are at the end of our participation in home visiting. We are sad but feel so much more confident in parenting. Our Home Visitor has taught me with a curriculum that I love and I have gotten much better at discipline and responding to my child's needs. Our home visitor has provided me support and encouragement every step of the way. Now that my child has entered school she is doing well and I am going to work at the school thanks to my home visitor's inspiration and belief in me.

Coordinated System of Care

In FY21-22, the Commission either led, supported, or participated in the following systems building efforts to help support a coordinated system of care in Lassen County.

Support for Comprehensive Systems of Care

First 5 Lassen submitted a Home Visiting Coordination application to First 5 California to support expanded home visiting. The application was approved in FY20-21; work began in December 2020 and will continue through June 2026. Associated funding will be used to support a countywide assessment of needs and identification of opportunities for service enhancement or expansion.

A key component of this enhancement is expected to result in the development of a web-based referral platform: Lassenlinks.org. Progress towards implementing Lassenlinks.org since December 2020 includes:

- Created Lassenlinks.org to connect and educate families
- Developed strategy to increase network to allow for local stakeholders to participate based upon their capacity
- Identified next group of local stakeholders to reach out to during FY22-23
- Designed a referral and referral follow up system to be implemented in FY22-23
- Began transferring the Lassen County Resource Guidebook to Lassenlinks.org to make it more available to all community members.

The Commission encourages public and private collaborations that help to design, implement, and participate in resource efficient, comprehensive, coordinated systems of care. Local partners that have participated in these efforts, specifically through development of the Lassenlinks.org website described above, include:

- Big Valley Community Alliance
- Big Valley Preschool
- Big Valley School District
- Lassen County Office of Education
- Lassen County Oral Health Program
- Lassen County Public Health and Social Services
- Pathways Home Visiting Program
- Sierra Cascade Family Opportunities

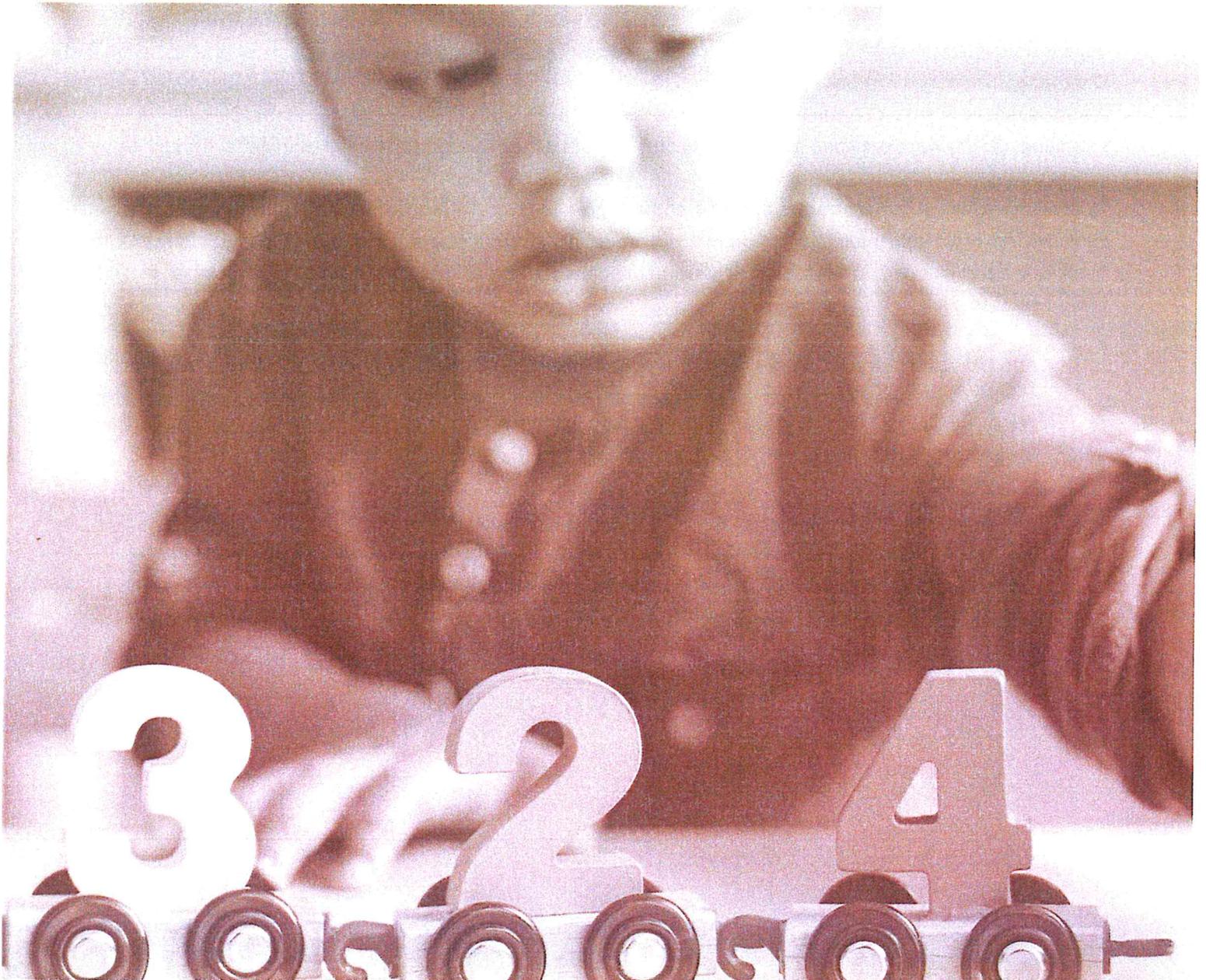
Multi-Agency Case Conferencing

The Pathways Home Visiting program participated in inter-agency case conferencing meetings led by Public Health up until suspension due to COVID 19 considerations. As soon as these resume, the Pathways staff will resume participation.

Addressing Unmet and Emergency Needs

The Dixie Fire began in July 2021 and was not fully contained until October of the same year. First 5 Lassen helped assist families displaced by the Dixie Fire by developing and distributing a Family Emergency Resource Guide and delivering between 20 and 50 dinners per day prepared free of charge by Mercy Chefs to those evacuated and not at the emergency shelter.

First 5 Lassen also provided the 19 childcare providers with masks and cleaning supplies at the beginning of FY21-22 so they could continue operations during the pandemic.



Conclusions and Recommendations

First 5 Lassen has invested in the Pathways Home Visiting Program as its primary strategy for achieving its vision that “all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.” The following conclusions are provided to document how First 5 Lassen investments supported this vision in FY21-22, while recommendations are offered for consideration in strengthening efforts in the future.

Conclusions

- **Participation in home visiting services continues to decline, with 37 families served in the Pathways program in FY21-22.** These families received 378 home visits, during which a variety of services designed to help strengthen families were provided. However, FY21-22 represents at least the eighth year in a row in which program participant numbers have declined; the 121 individuals participating in home visiting services is less than 40% of the 313 served in FY14-15.
- **Children participating in the Pathways program received health, medical, and developmental screenings.** Home visitors track whether children aged 0 through 5 served by the program have received an annual physical exam and whether participating children aged 1 through 5 have received an age-appropriate oral health exam; home visitors reported that all eligible children had received physical and oral exams based on their ages. Developmental screenings (ASQs) were provided to 24 children and ASQ:SEs were provided to 16 children (aged 0 through 5).
- **Families for which outcomes data is available showed growth in family functioning and reported high satisfaction with services provided.** The following summarizes the results of these outcomes measures, but due to the limited number of participating families for which these data points are available caution should be taken when generalizing these results to a larger population.
 - The 16 families for whom pre-post data was available showed aggregate growth in many areas measured by the Life Skills Progression tool. This indicates improved circumstances in a variety of domains, including relationships, education and employment, health and medical care, mental health and substance abuse, and access to basic essentials.
 - The 17 parents and caregivers who completed a satisfaction survey agreed or strongly agreed that their satisfaction with the program was very good. They also agreed or strongly agreed that they learned something new, have knowledge about parenting their child, and feel more confident in their role as a parent as a result of the program and/or their home visitor.

Recommendations

The following recommendations are provided for consideration in strengthening future program and evaluation efforts. It may be beneficial for First 5 Lassen to consider these recommendations in alignment with other findings or recommendations that are produced through First 5 California Home Visiting Coordination funded activities.

- 1. Consider increasing staffing and outreach to connect more families to this program.** Evaluation results indicate that families for whom data is available are benefiting from their participation in the Pathways Home Visiting program, reporting high satisfaction with the program and growth in areas of family functioning. However, program participation has decreased annually over the last eight years, meaning that less people are utilizing this valuable program. First 5 Lassen and Pathways Home Visiting leadership should consider what changes to outreach and/or staffing are necessary to make it possible for the program to serve 60-80 children aged 0 through 5 who are part of a family with at least one high-needs characteristic, as specified in the current strategic plan, or whether this target should be adjusted to better align with program capacity.
- 2. Determine if children are receiving ASQs on schedule as outlined in the First 5 Lassen Strategic Plan.** A total of 48 children aged 0 through 5 participated in home visiting services in FY21-22; however, only 24 children received ASQs.³³ It is recommended that the program explore whether all children who should have received an ASQ during the program year did so, and adjust program delivery as needed in the future to ensure that developmental screenings are completed for all eligible children.
- 3. Identify strategies to increase the amount of outcomes data available for families participating in the home visiting services.** Data used to inform outcome measures were not completed by all families participating in home visiting services in FY21-22. Specifically, Life Skills Progression (LSP) assessments appeared to be completed for only 23 of the 37 families participating in the program at intake; not collecting this information at intake can make it difficult to accurately assess growth for families over time. It is recommended that the program review the schedule and process for collecting LSPs and determine how to best ensure that data is collected as appropriate to inform outcome measures and track family growth in the LSP domains.

³³ Eleven of these 48 children were reported as being under the age of one and it is possible that some were not old enough to qualify for an ASQ during the program year (the database that Pathways utilizes for data management and reporting provides age ranges, rather than exact ages, for children). At a minimum, 37 children aged 1-5 participated in home visiting services, and were likely eligible to receive an ASQ during the program year.

Appendix A

Appendix A

Life Skills Progression Tool

THE LIFE SKILLS PROGRESSION (LSP)

Parent Scale Page 1

Family record ID # _____ Indiv. # _____ Months of service _____
 Web ID # _____ Ongoing # _____ No. attempted visits _____
 Client name _____ (last name, first name) Ongoing # _____ Home visitor _____
 Client DOB _____ / / Female Male Race _____ Agency/program _____
 Ethnicity _____ Medical codes _____

| Item | Areas of Life Skill Development | | | | | | | | | |
|--|---------------------------------|---|--|---|---|---|-----|---|-----|---|
| | 0 | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 |
| RELATIONSHIPS WITH FAMILY AND FRIENDS | | | | | | | | | | |
| 1 | Family/Extended Family | Hostile, violent, or physically abusive family relationships. | Separated. No contact. Not available for support. | Conflicted, critical, or verbal abuse. Frequent arguments. Reluctant support or in crisis. | Inconsistent or conditional support. Emotionally distant but available. | Very supportive. Mutually nurturing family relationships. | | | | |
| 2 | Boyfriend, FOL, or Spouse | Hostile, violent, or physically abusive; multiple partners or uncertain paternity. | Separated. No contact. Not available for support. | Conflicted, critical, or verbal abuse. Frequent arguments. Reluctant support or in crisis. | Inconsistent or conditional support. Emotionally distant but available. | Very supportive. Loving, consistent or humiliated (married or common law). | | | | |
| 3 | Friends/Peers | Hostile, violent, or high-risk friends; friends going linked. | Very few or no friends. Socially isolated and lonely. | Conflicted, casual, or biased friendships. Some crisis support from friends. | A few close friends who can be counted on for support. | Many close friends. Exchange support network. | | | | |
| RELATIONSHIPS WITH CHILD(REN) | | | | | | | | | | |
| 4 | Attitudes to Pregnancy | Unplanned and unwanted. Abortion or adoption plan. | Unplanned, ambivalent, fearful. Concern to keep child. | Unplanned and accepted. | Planned but unprepared. | Planned, prepared, welcomed. | | | | |
| 5 | Nurturing | Hostile, unable to nurture, bond, or love child; very limited responsiveness. | Indifferent, apathy, depression, or DID impact nurturing. | Lacks substantiated/adequating of love. Abundant nurturing "spoils" / Marginal comes bylines. | Bonded; loves, respects, unconsciously "some" reciprocal contact means. | Loving, responsive, praises, regulates child well. Respectful contact means. | | | | |
| 6 | Discipline | Has shown reportable levels of physical abuse or severe neglect. | Uses physical punishment; frequent criticism, verbal abuse. | Abuse of punishment; critical and appropriate discipline. | Inconsistent limits. Ineffective boundaries. Ineffective behavior effectively sometimes. | Uses age-appropriate discipline. Teaches, guides, and directs behavioral effectively. | | | | |
| 7 | Support of Development | Poor knowledge of child development. Unscientific expectations. Ignores or refuses information. | Little knowledge of child development. Limited interest in development. Passive parental role. | Open to child development information. Provides some toys, books, and play for age. | Applies child development ideas. Invested in child's development skills, interests, and play. | Anticipates child development changes. Uses appropriate toys/books, plays and reads with child daily. | | | | |

Instructions: Complete on primary parent and infant/toddlers - 1.5 is at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.

Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk by J. Wolcott and K. Peller. Copyright © 2006, Paul H. Brookes Publishing Co., Inc. All rights reserved.

THE LIFE SKILLS PROGRESSION (LSP) Family record ID # _____ Indiv. # _____ Parent Scale Page 2

| Item | Score | 0 | Low | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 | High |
|--|--|--|--|---|---|--|--|--|--|--|--|---|---|
| RELATIONSHIPS WITH CHILD(REN) CONT. | | | | | | | | | | | | | |
| RELATIONSHIPS WITH SUPPORTIVE RESOURCES | | | | | | | | | | | | | |
| 8 | Safety | Child hospitalized for 1x of unintentional injury. Has permanent damage. | Child hospitalized for 1x of unintentional injury. Has permanent damage. | Child hospitalized for 1x of unintentional injury to child. Home partially unsafe. Uses car seat. Uses information for age. | No unintentional injury to child. Home partially safe. Uses car seat. Uses information. | No unintentional injury to child. Home's car unsafe; not childproofed. | No unintentional injury to child. Home's car unsafe; not childproofed. | No unintentional injury to child. Home's car unsafe; not childproofed. | No unintentional injury to child. Home's car unsafe; not childproofed. | No unintentional injury to child. Home's car unsafe; not childproofed. | No unintentional injury to child. Home's car unsafe; not childproofed. | Child protected, no injury. Home's car safe. Learns safety, backs/uses information for age. | Child protected, no injury. Home's car safe. Learns safety, backs/uses information for age. |
| 9 | Relationship with Home Visitor | Hostile, defensive. Refuses IV services. | Hostile, defensive. Frequent broken appointments. | Guarded, distrustful. Frequent broken appointments. | Guarded, distrustful. Frequent broken appointments. | Passively accepts information and visits. Forgets some appointments. | Passively accepts information and visits. Forgets some appointments. | Passively accepts information and visits. Forgets some appointments. | Passively accepts information and visits. Forgets some appointments. | Passively accepts information and visits. Forgets some appointments. | Passively accepts information and visits. Forgets some appointments. | Trusts, welcomes visits. Asks for information. Keeps appointments. | Trusts, welcomes visits. Asks for information. Keeps appointments. |
| 10 | Use of Information | Refuses information from IV or HC. | Refuses information from IV or HC. | Uses inaccurate information from informal sources. | Uses inaccurate information from informal sources. | Passively accepts some information from IV and HC. | Passively accepts some information from IV and HC. | Passively accepts some information from IV and HC. | Passively accepts some information from IV and HC. | Passively accepts some information from IV and HC. | Passively accepts some information from IV and HC. | Actively seeks/uses information from IV, HC, and other sources. | Actively seeks/uses information from IV, HC, and other sources. |
| 11 | Use of Resources | Resource needs unrecognized. Community resources not used or refused; hostile. | Resource needs unrecognized. Community resources not used or refused; hostile. | Resource needs unrecognized. Limited use when assisted by others. Misses most appointments. | Resource needs unrecognized. Limited use when assisted by others. Misses most appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Accepts help to identify needs, uses resources when assisted by others. Keeps some appointments. | Identifies needs. Uses resources independently. Keeps or reschedules appointments. | Identifies needs. Uses resources independently. Keeps or reschedules appointments. |
| EDUCATION & EMPLOYMENT | | | | | | | | | | | | | |
| 12 | Language (for non-English speaking only) | Low/no literacy in any language. | Low/no literacy in any language. | Literate in primary language. Some verbal English skills. | Literate in primary language. Some verbal English skills. | Takes ESL classes. Verbal ESL established. | Takes ESL classes. Verbal ESL established. | Takes ESL classes. Verbal ESL established. |
| 13 | <12th Grade Education | Not enrolled. | Not enrolled. | Enrolled, limited attendance any program. Not at grade level. | Enrolled, limited attendance any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Enrolled, attends regularly any program. Not at grade level. | Attends regularly at grade level. ES/Alt US Grad. CED. | Attends regularly at grade level. ES/Alt US Grad. CED. |
| 14 | Education | <12th grade education in any country. | <12th grade education in any country. | Has graduated with GED or HS/D. | Has graduated with GED or HS/D. | Attends and/or graduated job/tech training. | Attends and/or graduated college or grad school. | Attends and/or graduated college or grad school. |
| 15 | Employment | Unemployed, unskilled, or no work experience. | Unemployed, unskilled, or no work experience. | Occasional, seasonal, or multiple entry level jobs. | Occasional, seasonal, or multiple entry level jobs. | Stable employment in low-income job. | Stable employment with adequate salary and benefits. | Stable employment with adequate salary and benefits. |
| 16 | Immigration | Undocumented. No permit/card. Frequent moves/trips disrupt services, work, or education. | Undocumented. No permit/card. Frequent moves/trips disrupt services, work, or education. | Has work permit and in U.S. < 5 years. Migrant. Plans return to country of origin. | Has work permit and in U.S. < 5 years. Migrant. Plans return to country of origin. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Has work permit and in U.S. > 5 years. Migrant. Plans to live in U.S. | Obtained U.S. citizenship. | Obtained U.S. citizenship. |
| HEALTH & MEDICAL CARE | | | | | | | | | | | | | |
| 17 | Prenatal Care | No prenatal care. | No prenatal care. | Care starts 2nd-3rd trimester. Keeps some appointments. | Care starts 2nd-3rd trimester. Keeps some appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. | Care starts 2nd-3rd trimester. Keeps most appointments. |

Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk. By I. Wollesen and K. Pades. Copyright © 2006 Paul H. Brookes Publishing Co., Inc. All rights reserved.

Appendix A

Parent Scale Page 3

Indiv. #

Family record ID #

| Item | Score | 0 | 1 | 2 | 3 | 4 | 5 | High |
|--|--|--|--|---|--|--|---|------|
| HEALTH & MEDICAL CARE CONT. | | | | | | | | |
| 18 | Parent Sick Care | As acute/chronic conditions go without Dx/Ix. No medical home. | Seeks care only when very ill. Uses IR for care. No medical home. | Seeks care inconsistently. Inconsistent Ix follow-up. Unstable medical home. | Seeks care appropriately. Follows Ix recommended. Has medical home. | Seeks care appropriately. Follows Ix recommended. Has medical home. | Seeks care appropriately. Care or control obtained. Has medical home. | High |
| 19 | Family Planning | No IP method used. Lacks information about IP. | IP method use rare. Limited understanding of IP. | OK casual use of IP methods. Some understanding of IP. | Regular use of IP methods. Good understanding of IP. | Regular use of IP methods. Has medical home. | Regular use of IP methods. Plans spaces. pregnancies. | High |
| 20 | Child Well Care | None; no medical home. | Seldom; no medical home. | OK casual appointments. Unstable medical home. | Has annual exam only. Has stable medical home. | Has annual exam only. Has stable medical home. | Keeps regular CHOP/ well child appointments with same provider. | High |
| 21 | Child Sick Care | Medical neglect. No Dx/Ix for acute or chronic conditions. | Has care only when very ill. Uses IR for care. | Timely care for minor illness but inconsistent Ix/Ia. | Timely care of minor illness. Follows Ix recommended. | Timely care of minor illness. Follows Ix recommended. | Obtains optimal care/control for acute or chronic conditions. | High |
| 22 | Child Dental Care | No dental home or care with serious I.C.C. Poor hygiene. | No dental home or care with some I.C.C. and inadequate Ix/hygiene. | Has dental home and hygiene but late Ix of I.C.C. | Has dental home. Some preventive care/timely Ix. | Has dental home. Some preventive care/timely Ix. | Has dental home. Regular preventive care and timely Ix. | High |
| 23 | Child Immunizations | None or refused. | Ix history uncertain. Records lost. | Ix begun, but no return appointment. | Ix delayed, has return appointment. | Ix delayed, has return appointment. | Complete or up-to-date Ix. | High |
| MENTAL HEALTH & SUBSTANCE USE/ABUSE | | | | | | | | |
| 24 | Substance Use/ Abuse (drugs and/ or alcohol) | Chronic Ix drug and/or alcohol abuse with addiction. | Drug/alcohol binge or intermittent use, without apparent addiction. | Rare or experimental use of drugs or clearly in recovery group or Ix program. | OK casual use of legal substances; stops if pregnant. | OK casual use of legal substances; stops if pregnant. | No Ix or control use/abuse. | High |
| 25 | Tobacco Use | Chain smokes; 2+ packs/day; uses smokeless; heavy second-hand exposure. | Non-chain use or some second-hand exposure. | Decreases amount when pregnant. Controls second-hand exposure. | No use or second-hand exposure in past 6 months or current pregnancy. | No use or second-hand exposure in past 6 months or current pregnancy. | None or trace. | High |
| 26 | Depression/Suicide | Recurrent chronic depression with suicidal attempts/ thoughts. Severe problem with ADL, parenting, and insight/perception. | Recurrent chronic depression without suicidal attempts/ thoughts. Moderate problem with ADL, parenting, and insight/perception. | Recent postpartum or situational depression. Some problem with ADL, parenting, and insight/perception. | Manages or controls depression with Ix and/or medications or has recovered. Adequate ADL, parenting, and insight/perception. | Manages or controls depression with Ix and/or medications or has recovered. Adequate ADL, parenting, and insight/perception. | Not depressed; optimistic. | High |
| 27 | Mental Illness | Severe symptoms of MI without Dx/Ix (medications). Severe problem with ADL, parenting, and insight/self-perception. | Symptoms of MI. Diagnosed but Ix inconsistent or ineffective. Moderate problem with ADL, parenting, and insight/self-perception. | Symptoms under control. Diagnosed and in Ix. Some problem with ADL, parenting, and insight/self-perception. | Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception. | Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception. | No observed mental illness. | High |

Life Skills Progression is (LSP) An Outcome and Intervention Planning Instrument for Use with Families at Risk by I. Wolfgram and K. Peifer. Copyright © 2006, Paul H. Brookes Publishing Co., Inc. All rights reserved.

THE LIFE SKILLS PROGRESSION (LSP) Family record ID #

Indiv. # Parent Scale Page 4

| Item | Score | 0 | Low | 1 | 1.5 | 2 | 2.5 | 3 | 3.5 | 4 | 4.5 | 5 | High |
|--|--------------------------|---|---|---|---|---|---|---|---|---|--|---|------|
| MENTAL HEALTH & SUBSTANCE ABUSE CONT. | | | | | | | | | | | | | |
| 28 | Self-Esteem | | Poor; self-critical. Anticipates criticism from others. Rarely initiates; avoids trying new skills | | Copes sometimes but with limited confidence and that affect. Limited initiative for learning new skills | | Initiates/declines. Makes excuses, blames others. Initiates/starts using new skills but gives up easily | | Beginning to actively initiate. Develops skills and recognizes own competence. Emerging confidence visible | | Confident in skill and ability to learn. Expresses pride in achievements and successes | | |
| 29 | Cognitive Ability | | Suspected mild-moderate DD. No Dx or support services. Severe problem with ADL, parenting, and judgment | | Diagnosed DD or ID; has education and/or support services. Moderate problem with ADL, parenting, and judgment | | Diagnosed or suspected mild DD/ID. Needs some support by others. Some problem with ADL, parenting, and judgment | | Suspect of known special education or ID. Support by others not needed. Adequate ADL, parenting, and judgment | | Average or above average cognitive ability (Competent ADL) | | |
| BASIC ESSENTIALS | | | | | | | | | | | | | |
| 30 | Housing | | Homeless, in shelter, or extremely substandard place | | Unstable/inadequate, crowded housing with frequent moves | | Stable rental. Lives with strangers or friends | | Lives with family/extended family town or URBs. Shares expenses | | Rent/owns apartment or house | | |
| 31 | Food/Nutrition | | Relies on emergency food banks/charity; runs out of food | | Inadequate or unavailable resources. Worried about amount/quality of food | | Regularly uses government resources, WIC, and/or food stamps | | Low family income provides adequate amount/quality of food | | Income provides optimal amount and quality of food | | |
| 32 | Transportation | | None or inadequate resources; or unable to use resources | | Uses public transport | | Some access to shared car. Rides with others; no license | | Has own license/drives. Borrows car | | Has own car and drives with license and insurance | | |
| 33 | Medical/Health Insurance | | None/unable to afford care or coverage | | Medicaid for pregnancy or emergency only | | Medi-aid full-scope benefits with or without State of Cost | | State-subsidized or partial-pay coverage | | Private insurance with or without co-pay for self/other | | |
| 34 | Income | | None or illegal income only | | LANI and/or child support; SSI | | Employed with low income. Seasonal or 200% FPI | | Employed with moderate income; meets expenses most of time | | Adequate salary | | |
| 35 | Child Care | | None used yet or no resources available | | Multiple sources. Occasional use. Unsafe or inadequate environment | | Uses caring family/relative with safe/stable environment, but limited developmental support | | Uses caring family/relative with safe/stable environment and good developmental support | | High-quality child care center with safe environment and good developmental support | | |

Life Skills ProgressionSM (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk, by L. Wolfson and K. Patten. Copyright © 2006, Paul H. Brookes Publishing Co., Inc. All rights reserved.

Appendix A

THE LIFE SKILLS PROGRESSION (LSP)

Child Scale Page 5

Family record ID # _____ Indiv. # _____ Initial / / / / _____ Parent's months of service _____
 Web ID # _____ Ongoing # _____ / / / / _____
 Child's name _____ (last name, first name) Closing / / / / _____

Child's DOB / / / / Female Male Age / (years/months) _____ Medical codes _____

| Item | Score | 0 | 1 | 2 | 3 | 4 | 5 | High |
|--|--------------------|---|--|---|--|---|--|------|
| INFANT/TODDLER DEVELOPMENT (4 MONTHS-3 YEARS) | | | | | | | | |
| 36 | Communication* | | Below AVCA and H criteria. Referred to H. Not enrolled or attending | Delays; meets H criteria. Referred, enrolled. Sometimes attends | Delays; meets H criteria. Referred, enrolled. Attends regularly | No delays. Average development for AA or CA | Above average development for AA or CA | |
| 37 | Gross Motor* | | Below AVCA and H criteria. Referred to H. Not enrolled or attending | Delays; meets H criteria. Referred, enrolled. Sometimes attends | Delays; meets H criteria. Referred, enrolled. Attends regularly | No delays. Average development for AA or CA | Above average development for AA or CA | |
| 38 | Fine Motor* | | Below AVCA and H criteria. Referred to H. Not enrolled or attending | Delays; meets H criteria. Referred, enrolled. Sometimes attends | Delays; meets H criteria. Referred, enrolled. Attends regularly | No delays. Average development for AA or CA | Above average development for AA or CA | |
| 39 | Problem Solving* | | Below AVCA and H criteria. Referred to H. Not enrolled or attending | Delays; meets H criteria. Referred, enrolled. Sometimes attends | Delays; meets H criteria. Referred, enrolled. Attends regularly | No delays. Average development for AA or CA | Above average development for AA or CA | |
| 40 | Personal-Social* | | Below AVCA and H criteria. Referred to H. Not enrolled or attending | Delays; meets H criteria. Referred, enrolled. Sometimes attends | Delays; meets H criteria. Referred, enrolled. Attends regularly | No delays. Average development for AA or CA | Above average development for AA or CA | |
| 41 | Social-Emotional** | | Shows signs of neurological or environmental-linked concerns. No IMH services | Shows signs of neurological or environmental-linked concerns. Referred to or parent contacted. IMH. Limited participation | Shows signs of neurological or environmental-linked concerns. Regular participation in IMH with positive results | No signs of neurological or environmental-linked concerns requiring referral to IMH | Responsive; social, alert; communicates needs/feelings. Inconsistently connected to parent | |
| 42 | Regulation | | Irritable; hard to console or poor self-regulation. Cues unclear. Non- or overly responsive to environment | Passive/flat affect; little exploration. Does not seek comfort or share delight often | Anxious; withdrawn. Relies on caregiver. Limited self-regulation, exploration, and play | Quiet or changeable moods; seeks comfort, exploration, and play | Happy, content; easily consoled. Well connected to parent. Explores, plays, shares delight | |
| 43 | Breast Feeding | | Not breast-fed or breast-fed < 2 weeks | Broadly breast-fed < 1 month | Broadly breast-fed for 1-3 months | Broadly breast-fed 3-6 months, with or without supplement | Broadly breast-fed 6+ months with some supplement | |

* Rating should be based on a developmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE) or ** on a social-emotional screening (ASQ:SE).
 Instructions: Complete on primary parent and infants/toddlers < 3 yrs at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.
 Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk, by J. Wolfens and K. Peiter.
 Copyright © 2006 Paul H. Brookes Publishing Co., Inc. All rights reserved.



Annual Report AR-1
Lassen Revenue and Expenditure Summary
July 1, 2021 - June 30, 2022

Revenue Detail

| Category | Amount |
|--|------------------|
| Tobacco Tax Funds | \$194,355 |
| First 5 IMPACT 2020 Funds | \$0 |
| Small Population County Augmentation Funds | \$227,527 |
| DLL Pilot Funds | \$0 |
| Other First 5 California Funds | \$48,828 |
| Other First 5 California Funds Description | |
| Home Visiting Coordination Funding grant to connect home visiting services in Lassen County. | |
| Other Public Funds | \$0 |
| Other Public Funds Description | |
| Donations | \$0 |
| Revenue From Interest Earned | \$2,507 |
| Grants | \$0 |
| Grants Description | |
| Other Funds | \$0 |
| Other Funds | |
| Total Revenue | \$473,217 |

Improved Family Functioning

| Service | Grantee | Program(s) | Children | Caregivers | Providers | Amount |
|------------------------|----------------|--|----------|------------|--------------|------------------|
| General Family Support | CBO/Non-Profit | <ul style="list-style-type: none"> Not Applicable (Parents as Teachers) | 48 | 73 | 0 | \$177,988 |
| | | | | | Total | \$177,988 |

Improved Child Development

| Service | Grantee | Program(s) | Children | Caregivers | Providers | Amount |
|-------------------------------------|----------------|--|----------|------------|--------------|------------------|
| Early Learning Program Direct Costs | CBO/Non-Profit | <ul style="list-style-type: none"> Not Applicable (Parents as Teachers) | 43 | 73 | 0 | \$108,812 |
| | | | | | Total | \$108,812 |

Improved Child Health

No data entered for this section as of 5/4/2023 9:48:11 AM.

Improved Systems Of Care

| Service | Grantee | Program(s) | Amount |
|------------------|---------------------------|---|-----------------------|
| Systems Building | First 5 County Commission | <ul style="list-style-type: none">Not Applicable () | \$48,828 |
| | | | Total \$48,828 |

Expenditure Details

| Category | Amount |
|---|---------------|
| Program Expenditures | \$335,628 |
| Administrative Expenditures | \$89,916 |
| Evaluation Expenditures | \$11,801 |
| Total Expenditures | \$437,345 |
| Excess (Deficiency) Of Revenues Over (Under) Expenses | \$35,872 |

Other Financing Details

| Category | Amount |
|--------------------------------------|---------------|
| Sale(s) of Capital Assets | \$0 |
| Other | \$0 |
| Total Other Financing Sources | \$0 |

Net Change in Fund Balance

| Category | Amount |
|----------------------------|---------------|
| Fund Balance - Beginning | \$854,777 |
| Fund Balance - Ending | \$890,649 |
| Net Change In Fund Balance | \$35,872 |

Fiscal Year Fund Balance

| Category | Amount |
|--------------------|---------------|
| Nonspendable | \$0 |
| Restricted | \$0 |
| Committed | \$372,700 |
| Assigned | \$517,949 |
| Unassigned | \$0 |
| Total Fund Balance | \$890,649 |

Expenditure Note

No data entered for this section as of 5/4/2023 9:48:11 AM.



Annual Report AR-2
Lassen Demographic Worksheet
July 1, 2021 - June 30, 2022

Population Served

| Category | Number |
|-----------------------------------|---------------|
| Children Less than 3 Years Old | 32 |
| Children from 3rd to 6th Birthday | 16 |
| Primary Caregivers | 73 |
| Total Population Served | 121 |

Primary Languages Spoken in the Home

| Category | Number of Children | Number of Primary Caregivers |
|--|--------------------|------------------------------|
| Other - Specify with text box English/Spanish | 1 | 0 |
| Unknown | 1 | 0 |
| Other - Specify with text box English, German and Spanish | 0 | 2 |
| English | 46 | 71 |
| Totals | 48 | 73 |

Race/Ethnicity of Population Served

| Category | Number of Children | Number of Primary Caregivers |
|---|-------------------------------|-------------------------------------|
| Black/African-American | 2 | 1 |
| Alaska Native/American Indian | 8 | 10 |
| Unknown | 5 | 5 |
| Native Hawaiian or Other Pacific Islander | 2 | 4 |
| White | 30 | 50 |
| Hispanic/Latino | 1 | 3 |
| Totals | 48 | 73 |

Duplication Assessment

| Category | Data |
|-------------------------------|----------------|
| Degree of Duplication | 0% |
| Confidence in Data | Very confident |
| Additional Details (Optional) | |



Annual Report AR-3

Lassen County Evaluation Summary and Highlights

July 1, 2021 - June 30, 2022

County Evaluation Summary

Evaluation Activities Completed, Findings, and Policy Impact

Based on the evaluation's findings, First 5 Lassen's Pathways Home Visiting program is making a positive impact on families being served. Families are being supported in providing optimal parenting and healthy environments for children aged zero to five. 37 families were provided with a total of 378 home visits as well as 799 additional services. Roughly 37% of the additional services were focused on meeting basic needs and another 36% were centered on improving family functioning. Families for which data was available also experienced average gains (as measured by the Life Skills Progression tool) related to their relationships, their education and employment, their access to health and medical care, their mental health and substance misuse, as well as the ability to meet their family's basic needs. Children aged zero to five are being served in ways that support optimal developmental and health. All children aged zero to five that participated in the PHV program received a physical and dental exam as recommended for their age. Approximately half also received an early screening for developmental delays and other special needs through administration of the Ages and Stages Questionnaire. Additionally, participating children on average experienced some growth in the areas of gross motor and fine motor skills, problem solving, social-emotional development, and self-regulation, and moderate growth in the area of breastfeeding, as demonstrated by the Life Skills Progression tool. Families are satisfied with home visiting services. Parents and caregivers who completed a satisfaction survey agreed or strongly agreed that their home visitor explains things to them about the program, arrives on time to visits, and responds professionally to questions and concerns. Additionally, they indicated that they learned something new about child development, have a good understanding of child development, and have increased knowledge and confidence in their role as a parent because of their participation in the program. They also indicated that referrals helped them get connected to services and that their satisfaction with the program was very good.

County Highlights

County Highlight

First 5 Lassen has invested in the Pathways Home Visiting Program as its primary strategy for achieving its vision that “all Lassen County children will thrive in supportive, nurturing and loving environments; enter school healthy and ready to learn; and become productive, well-adjusted members of society.” As Lassen County continued to recover from the impacts of COVID-19, Pathways Home Visiting Program was able to resume in person home visits. Virtual home visits were offered when families had concerns pertaining to COVID-19. While the impacts of COVID-19 were not as severe as the prior fiscal year, there continued to be some impact on staffing for Pathways Home Visiting Program and other county service providers. The supplies give to First 5 Lassen from First 5 California were shared among the childcare providers who desired them. The beginning of the fiscal year proved to have additional challenges on families due to the Dixie Fire. For the families that were displaced and unable to go to the emergency shelters, First 5 Lassen delivered 20 to 50 hot dinners in partnership with Mercy Chefs. In collaboration with the partners of Lassen Links, a resource guide was created to help families with additional needs that were caused by the Dixie Fire that did not fall under the emergency services. To further the collaboration among local providers, First 5 Lassen continued to work on Lassen Links, the Home Visiting Coordination Funding project funded through First 5 CA HVC funding grant. This collaboration was able to create lassenlinks.org, begin the process of taking the Lassen County Resource Guide to be placed on lassenlinks.org, continued working on creating a referral and referral follow system for the county and develop plans to onboard additional local partners to create a county wide referral network.

We believe that our audit provides a reasonable basis for our opinion on compliance. However, our audit does not provide a legal determination of the Commission's compliance with those requirements. In connection with the audit referred to above, we selected and tested transactions and records to determine the Commission's compliance with the state laws and regulations applicable to the following items:

| <u>Description</u> | <u>Audit Guide Procedures</u> | <u>Procedures Performed</u> |
|--|---------------------------------------|---------------------------------|
| Contracting and Procurement | 6 | Yes |
| Administrative Costs | 3 | Yes |
| Conflict of Interest | 3 | Yes |
| County Ordinance | 4 | Yes |
| Long-Range Financial Plans | 2 | Yes |
| Financial Condition of the Commission | 1 | Yes |
| Program Evaluation | 3 | Yes |
| Salaries and Benefit Policies | 2 | Yes |

Opinion

In our opinion, the Lassen County Children and Families Commission complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the California Children and Families Program for the year ended June 30, 2022.

This report is intended solely for the information of the County Board of Supervisors, the County Commission, the California Children and Families Commission, and the State Controller's Office and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Respectfully Submitted,



Singleton Atman PC
Susanville, California
September 7, 2022

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Commissioners
Lassen County Children and Families Commission
Susanville, CA 96130

Members of the Board of Commissioners:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities and the major fund of the Lassen County Children and Families Commission as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the Commission's basic financial statements and have issued our report thereon dated September 7, 2022.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Commission's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Commission's internal control. Accordingly, we do not express an opinion on the effectiveness of the Commission's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Commission's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention of those charged with governance.

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Susanville:

1740 Main Street, Suite A, Susanville, CA 96130
530.257.1040 Fax: 530.257.8876

sa@sa-cpas.com
www.sa-cpas.com

Chester:

PO Box 795, Chester, CA 96020
530.258.2272 Fax: 530.258.2282

Compliance and Other Matters

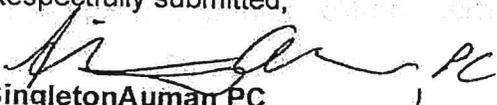
As part of obtaining reasonable assurance about whether Commission's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards*.

Purpose of the Report

This purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Commission's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Commission's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

This report is intended solely for the information and use of the County Board of Supervisors, the County Commission, the State Commission, the State Controller's office, and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Respectfully submitted,



SingletonAuman PC
Susanville, California
September 7, 2022

**LASSEN COUNTY CHILDREN AND FAMILIES COMMISSION
COMBINED SCHEDULE OF FINDINGS AND RESPONSES
JUNE 30, 2022**

EXECUTIVE SUMMARY

The Families First Initiative of 1998 (Prop 10), was approved by the voters of the State of California on November 10, 1998. In order to carry out the requirements of the Initiative, the Lassen County Board of Supervisors adopted an ordinance establishing the Lassen County Children and Families Commission. The Commission is responsible for the creation and implementation of a comprehensive, collaborative and integrated system of information and services to enhance early childhood development.

The quality of the Commission's internal controls is highly dependent upon involvement in the day to day operations by the volunteer Commission Board Members. Also, due to the limited number of employees of the Commission, there is an inability to segregate the custody of and accountability for Commission assets in the manner generally required for model systems of internal accounting controls. A summary of the auditors' results follows:

1. **Type of Auditors' Report on Financial Statements:** Unmodified
2. **Internal Control Findings:** No Significant Deficiencies and No Material Weaknesses.
3. **Material Noncompliance Noted:** None.

**LASSEN COUNTY CHILDREN AND FAMILIES COMMISSION
SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS
(FINDINGS FROM THE JUNE 30, 2021 AUDIT REPORT)
JUNE 30, 2022**

There were no prior year audit findings.

**LASSEN COUNTY CHILDREN AND FAMILIES COMMISSION
CORRECTIVE ACTION PLAN
JUNE 30, 2022**

There were no findings in the current year audit.



Annual Evaluation Report

2021-2022



Contents

| | |
|--|----|
| Executive Summary | 1 |
| Lassen Children and Families Commission | 3 |
| Lassen County Context..... | 4 |
| Geography..... | 4 |
| Demographics | 4 |
| Education | 8 |
| Economy..... | 9 |
| Health..... | 11 |
| Transportation | 12 |
| Pathways Home Visiting Program..... | 13 |
| Impact of COVID-19 on the Pathways Home Visiting Program | 14 |
| Evaluation Framework..... | 15 |
| First 5 Lassen Home Visiting Evaluation Pathway..... | 16 |
| Methods..... | 17 |
| Considerations and Limitations | 18 |
| Definitions and Terms Used in This Report..... | 19 |
| Results | 20 |
| Conclusions and Recommendations | 32 |
| Conclusions | 32 |
| Recommendations | 33 |
| Appendix A..... | 34 |
| Life Skills Progression Tool | 34 |

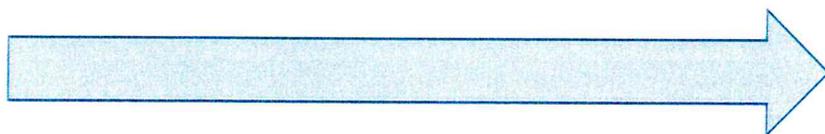
Executive Summary

Lassen County Children and Families Commission (herein referred to as First 5 Lassen) was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Lassen operates on an annual budget of approximately \$431,000 made up of Prop 10 funds. As a small county, First 5 Lassen is dependent on Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its reserve account to fully fund efforts to achieve its strategic plan.

The First 5 Lassen strategic plan has identified four primary goals which include:

| Families are Strong | Children are Ready for School | Children are Healthy | Systems are Improved |
|---|--|--|--|
| Families and other caregivers of children prenatal through age five will provide optimal parenting and a healthy environment. | Every child prenatal through age five will reach his or her developmental potential and be ready for school. | Every child prenatal through age five will achieve optimal health potential. | First 5 funded programs, county and community services support, and participate in comprehensive, coordinated systems of care. |

To achieve these goals, First 5 Lassen invests in the Pathways Home Visiting (PHV) Program.



The program targets families with high-need characteristics such as teen or first-time parents, parents with mental health or substance use issues, families at risk for child abuse, and families who are experiencing homelessness.

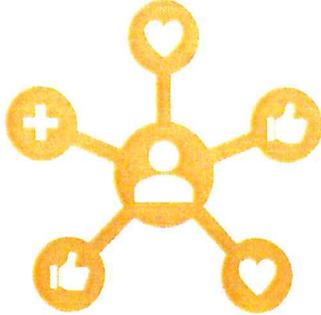
First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve results for children and families. The primary purpose of this evaluation report is to assess the impact of the Pathways Home Visiting Program within the framework of the Commission Strategic Plan.

The primary services provided through Pathways Home Visiting include:

- **Parent education and child development**
- **Developmental screenings and assessments**
- **Referrals to community service providers**
- **Group meetings and interactive playgroups (not offered in FY21-22 due to COVID-19 restrictions)**

During FY 2021-2022, First 5 Lassen investments in home visiting resulted in the following accomplishments:

Families are being supported in providing optimal parenting and healthy environments for children aged zero through five.



A total of 37 families were provided with home visiting services.

- A total of 378 home visits were conducted either in-person or virtually.
- A total of 39 referrals to other community resources were provided to families through home visiting services, 21 of which resulted in follow-up appointments that were kept.
- Families received an additional 799 services, the majority of which were focused on facilitating access to basic needs, such as food and hygiene supplies, or improving functioning of families involved in the child welfare system through visitation and family reunification activities.

Children aged zero to five are being served in ways that support optimal development and health.

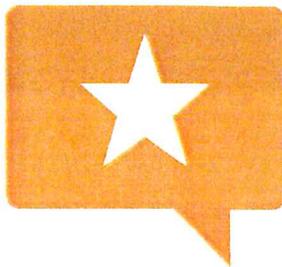


All children aged zero through five that participated in the PHV program received a physical and dental exam as recommended for their age.

24 participating children also received an early screening for developmental delays and other special needs through administration of the Ages and Stages Questionnaire (ASQ).

Additionally, participating children, on average, experienced some growth in the areas of motor skills, problem solving, social-emotional, and regulation, as demonstrated by the Life Skills Progression (LSP) tool.

Families are satisfied with home visiting services.



100% of the 17 families who completed the participant satisfaction survey agreed or strongly agreed that their satisfaction with the program as very good.

- 100% of families that completed the satisfaction survey either agreed or strongly agreed that their home visitor explained things to them about the program, arrived on time to visits, and responded professionally to questions and concerns.
- 100% of families that completed a satisfaction survey either agreed or strongly agreed that they learned something new about child development and that they have knowledge about how to parent their child as a result of the program.

Lassen Children and Families Commission

First 5 Lassen was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Lassen operates on an annual budget of approximately \$431,000 made up of Prop 10 funds. As a small county, First 5 Lassen is dependent on Small Population County Funding Augmentation (SPCFA) provided by First 5 California. It also draws upon its reserve account to fully fund efforts to achieve its strategic plan. First 5 Lassen is accountable for measuring results and adjusting funding investment priorities to best achieve results for children and families. The Commission is guided by its strategic plan, as well as its vision and mission.

Vision

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

Mission

The Lassen County Children and Families Commission is designed to support and encourage, on a countywide basis, a comprehensive, integrated, coordinated system of early childhood development services. The focus of the Commission is on quality health care, family strengthening, and early childhood education. The Commission will support prevention and intervention programs for children prenatal through five years of age, and their families.

Strategic Plan Goals

Every child prenatal through five will reach his or her developmental potential and be ready for school.

Families and other caregivers of children prenatal through five will provide optimal parenting and a healthy environment.

Every child prenatal through age five will achieve optimal health potential.

First 5 funded programs, county and community services support and participate in comprehensive, coordinated systems of care for children prenatal through five that maximize the efficient use of resources.

Lassen County Context

The following section includes information regarding Lassen County’s geography, demographics, economy, early education, and population health and is intended to provide additional context to evaluation report findings. Note that various data sources are used throughout the report and caution should be taken when comparing similar data (i.e. population) between subsections.

Geography

Lassen County is located in northeastern California along the Cascade mountain range. Though distinctively rural, Lassen County’s varied terrain encompasses forested plateaus, green mountain meadows, snow-capped peaks, and vast open agricultural valleys. The county is approximately the size of the state of Connecticut, covering 4,557 square miles. To the north of Lassen is Modoc County; Shasta County is to the west; Plumas County and Sierra County are to the south. The state of Nevada borders Lassen County to the east, and state Routes 44 and 36 connect the county to the greater Sacramento Valley and the City of Redding, while Reno is an 85-mile drive via Highway 395.



Demographics

Although sizeable, Lassen County is sparsely populated with over half of its residents (16,728 or 51%) residing in Susanville, the county seat.^{1,2} It is important to note that Lassen County’s population and demographic profile are influenced by its prison population. The population in Lassen County was estimated at 29,965 in September 2021. However, High Desert State Prison housed 3,233 inmates in August of 2021, and California Correctional Center housed 2,097 inmates.³ The estimated net population, discounting the prison population, is 24,635. It should be noted that in April 2021 the California Department of Corrections and Rehabilitation (CDCR) announced the planned deactivation of the California Correctional Center (CCC) in Susanville by June 30, 2022, which may lead to a decrease in the population within the county.⁴



| | |
|---|---------------|
| Estimated Population, 2021² | 29,965 |
| Prison Population³ | 5,330 |
| Estimated Non-Incarcerated Population | 24,635 |

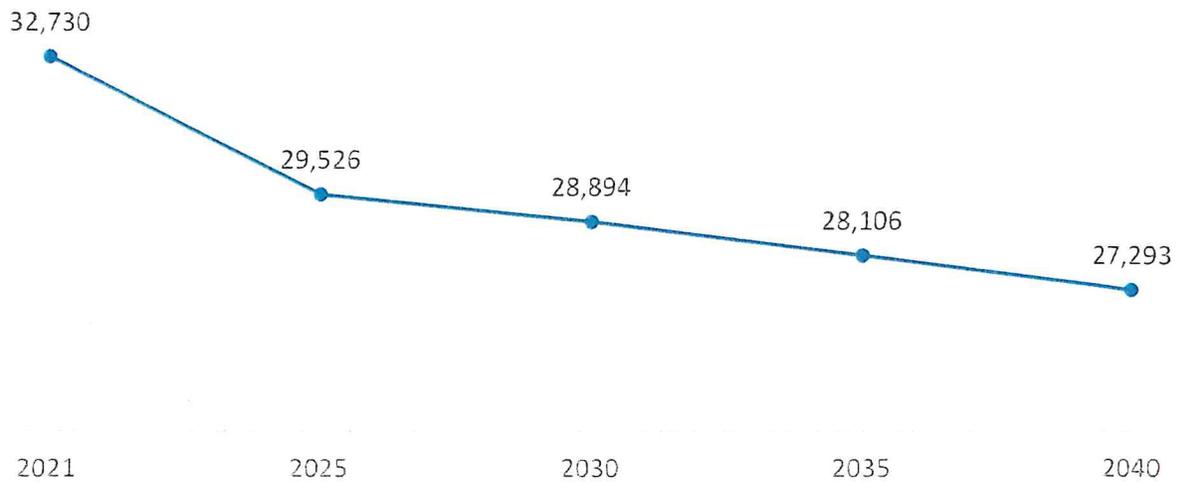
¹ Susanville City, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=1600000US0677364>

² State of California Department of Finance. P-2A Total Population for California and Counties. Accessed July 20, 2022 at www.dof.ca.gov/Forecasting/Demographics/Projections/

³ California Department of Corrections and Rehabilitation. Monthly Report of Population as of July 20, 2022. <https://www.cdcr.ca.gov/research/wp-content/uploads/sites/174/2021/09/Tpop1d2108.pdf>

⁴ “Susanville Attempts to Forestall the Closure of the California Correctional Center”. Sierra Nevada Ally. August 18, 2021. Accessed July 20, 2022 at <https://www.sierranevadaally.org/2021/08/18/susanville-attempts-to-forestall-the-closure-of-the-california-correctional-center/>

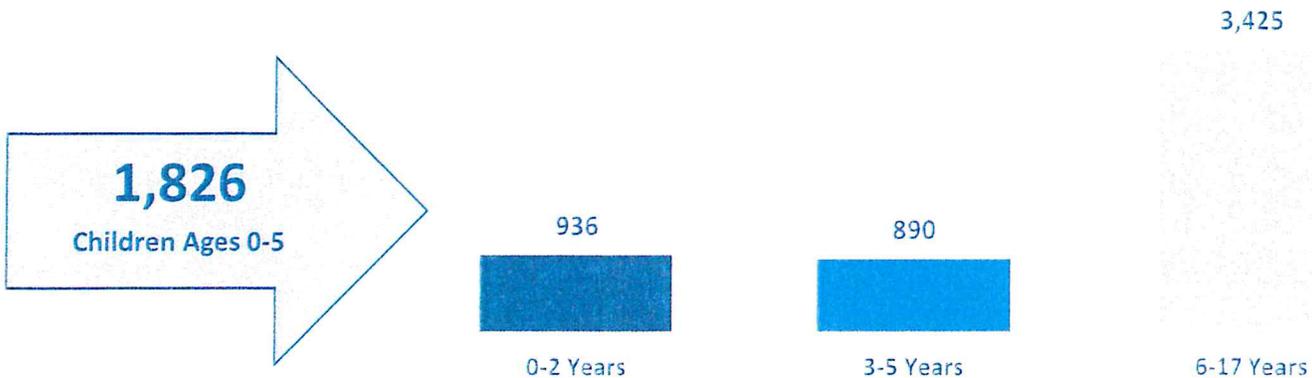
In general, it is projected that California’s population will continue to grow. Conversely, Lassen County’s population is projected to decrease by 2040.⁵



Because demographic data for the prison population is not available separately, the following sections provide demographic data for Lassen County with the prison population included.

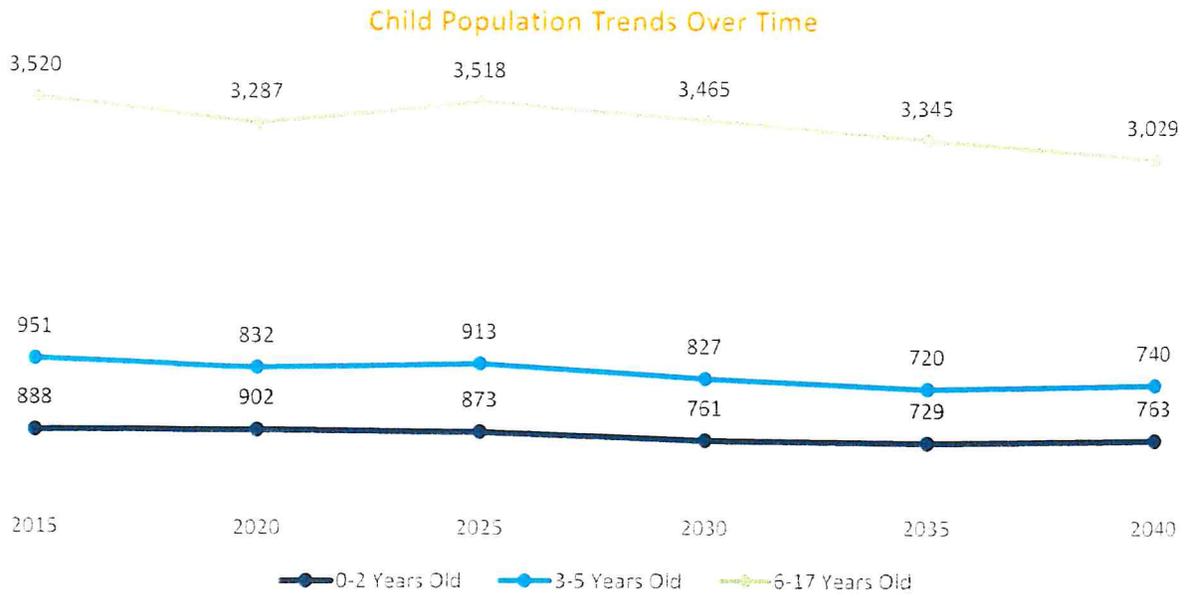
Population of Children in Lassen County

The total number of children and youth under 18 in Lassen County was projected to be 5,251 in 2021, the most recent year for which data was available.⁶



⁵ State of California Department of Finance. P-2A Total Population for California and Counties. Accessed July 20, 2022 at www.dof.ca.gov/Forecasting/Demographics/Projections/.

⁶ State of California Department of Finance. P-2B County Population by Age. Accessed July 20, 2022 at www.dof.ca.gov/Forecasting/Demographics/Projections/

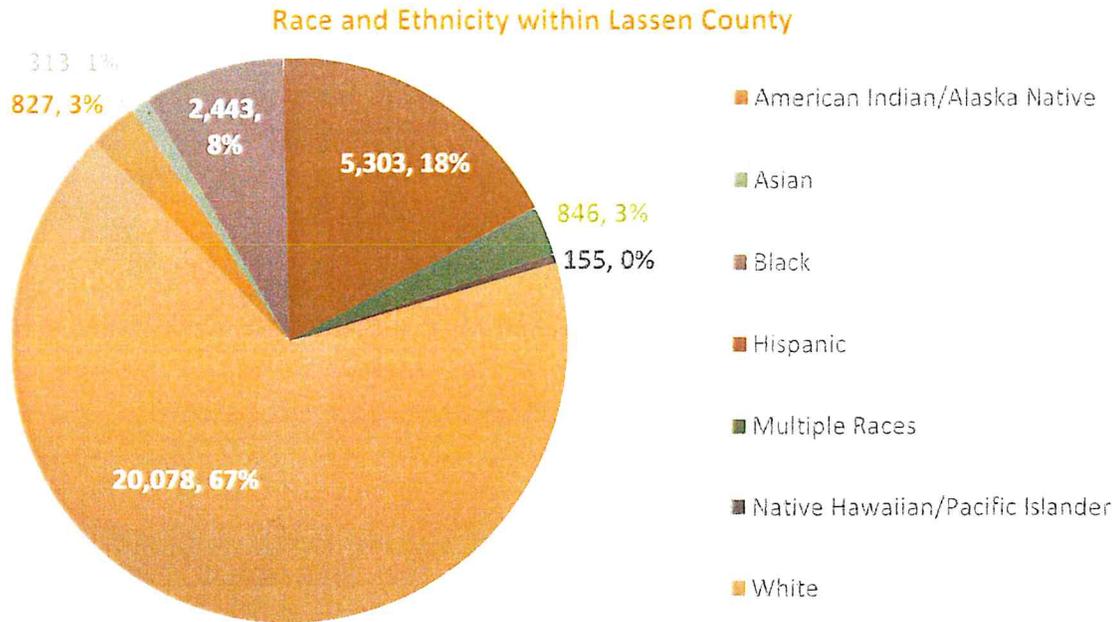


Based on California Department of Finance Projections, the population in each age range has decreased slightly since 2015 and is projected to generally continue this slow decline, in keeping with projected county-wide decreases in population.⁷ This may impact First 5 Lassen’s future projections about its service population.

⁷ibid.

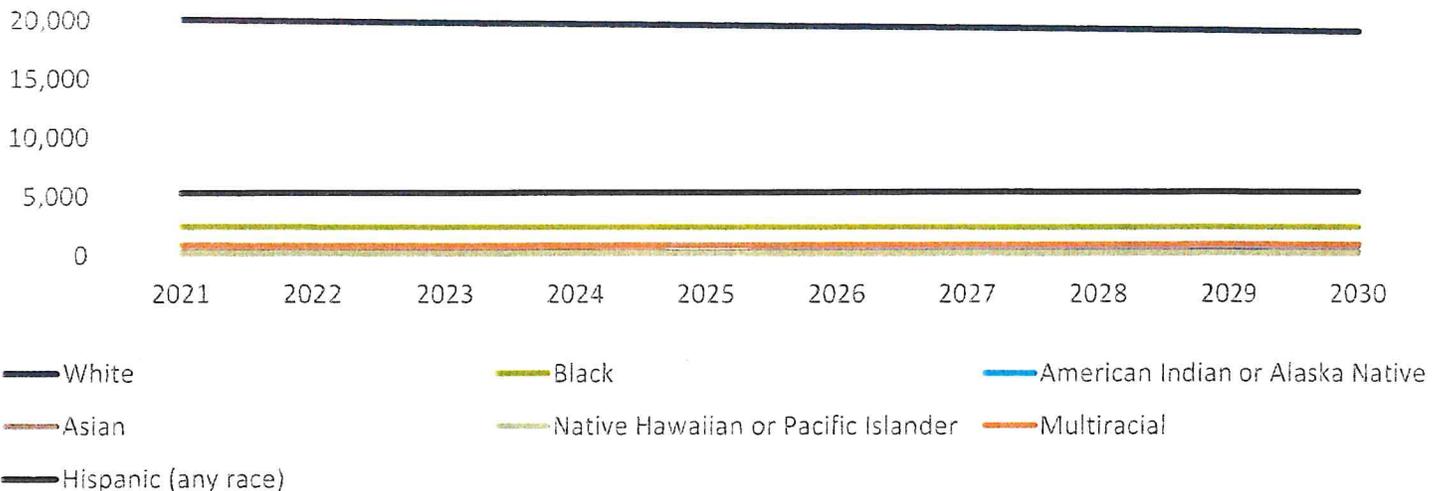
Race and Ethnicity

White individuals comprise the largest racial group in Lassen County, followed by the Hispanic or Latino (of any race), and Black or African American, as demonstrated in the graph below.⁸



Population projections for 2021-2031 estimate that the racial and ethnic distribution will remain relatively the same in Lassen County for the next ten years.⁹

Population Projections by Race and Ethnicity



⁸ State of California Department of Finance. P-2D County Population by Total Hispanic and Non-Hispanic Race. Accessed July 20, 2022 at www.dof.ca.gov/Forecasting/Demographics/Projections/

⁹ Ibid.

Primary Language Spoken at Home

The majority of Lassen County residents speak English at home, followed by Spanish and other Asian and Pacific Islander languages.¹⁰



Education

Early Education

A growing body of research has found that early learning programs—if they include certain qualities such as appropriate teacher qualifications, family engagement activities, and small class sizes—help prepare children for school academically, socially and emotionally, and improve their economic prospects. Studies have found this to be especially true for lower-income students, those learning English, and others considered disadvantaged.

Based on the most recent year for which data is available, Lassen County has a large percentage of children who are **eligible but not enrolled in preschool**. Only 52% of 3- and 4-year-olds were reported as attending nursery or preschool in 2014.¹¹ The cost of early education and care (affordability), the lack of slots (availability), and transportation challenges (access) present barriers to parents placing their children in quality early learning environments.

School Enrollment

Enrollment in public schools can also help to determine population changes and inform future programming for school-aged children. Lassen County is expected to see a slight decline in their K-12 school enrollment over the next ten years.¹²



¹⁰ Lassen County, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=05000000US06035>

¹¹ “3- and 4-year-olds who attend preschool by county in Lassen.” Kids Count Data Center. Accessed July 22, 2022 at <https://datacenter.kidscount.org/data/tables/8664-3-and-4-year-olds-who-attend-preschool-by-county?loc=6&loct=5#detailed/5/1173/false/869,133/217,757,107,436,172,4/17425>

¹² State of California Department of Finance. California Public K-12 Graded Enrollment Projections Table, 2021 Series. Accessed July 22, 2022 at <https://dof.ca.gov/forecasting/demographics/public-k-12-graded-enrollment/>

Economy

The following sections detail economic indicators for Lassen County.

Income¹³

The median household income in Lassen County is estimated at approximately \$56,971. Lassen County’s median household income remains substantially lower than California’s median income of \$78,672.¹⁴

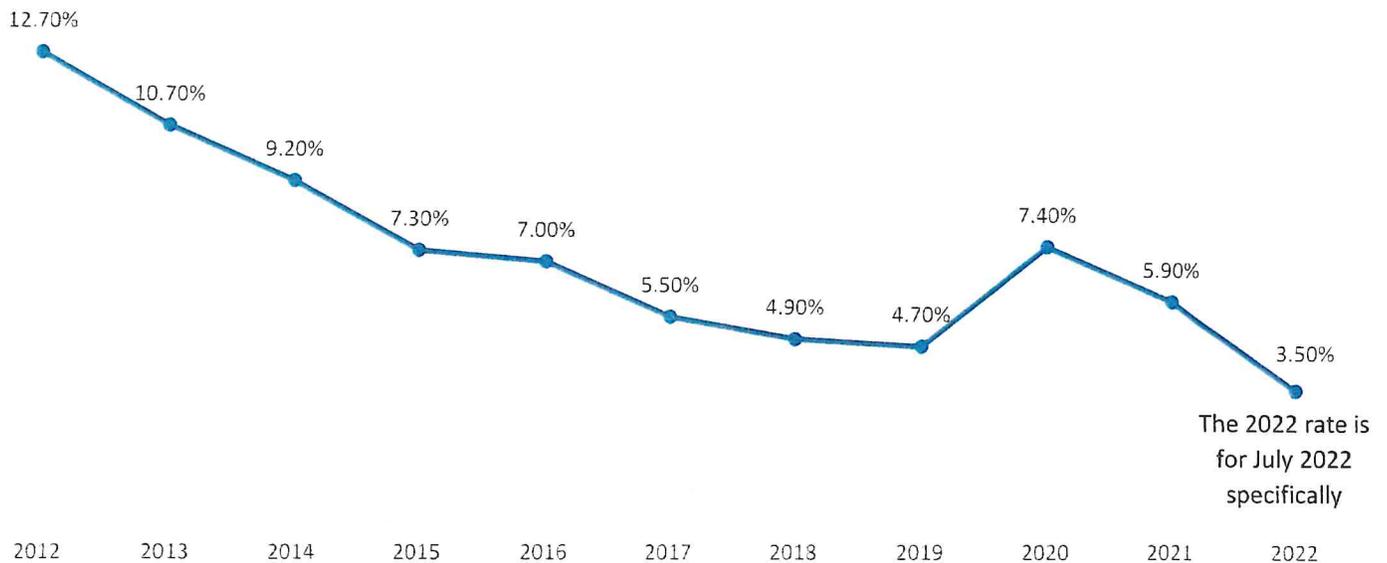
| | Lassen County | California |
|-----------------------------------|-----------------|-----------------|
| Median Income¹³ | \$56,971 | \$78,672 |

Employment

Unemployment and labor force participation are important indicators of the economic health of a region.

The unemployment rate in Lassen County has been declining overall since 2012, with increases in 2020 likely a result of the COVID-19 pandemic.¹⁵ In July 2022, the unemployment rate in Lassen County was estimated at 3.5%¹⁵, lower than that of California (3.9%)¹⁶.

Lassen County Unemployment Rates



¹³ Lassen County, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

¹⁴ Quick Facts: California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=0500000US06035https://www.census.gov/quickfacts/fact/table/CA/BZA210220>

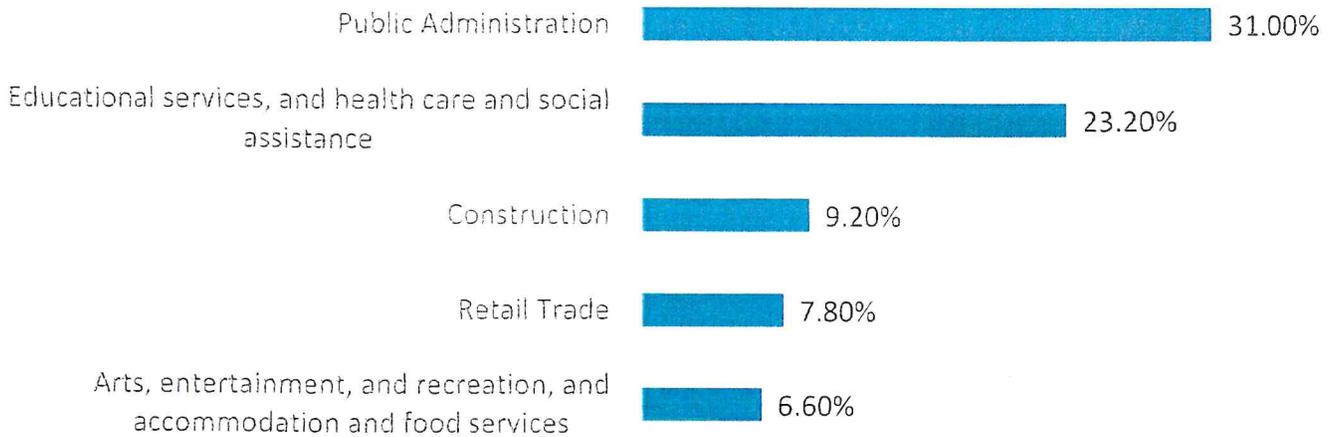
¹⁵ U.S Bureau of Labor Statistics. Local Area Unemployment Statistics Map. Accessed September 10, 2022 at <https://data.bls.gov/lausmap/showMap.jsp>

¹⁶ Ibid.

Labor Force

A total of 31.7% was estimated to be in the labor force in 2020 (the most recent year for which data is available); in comparison, 59.4% of California’s population was in the labor force.¹⁷ The top 5 industries in which civilians are employed in Lassen County are illustrated in the graphic below.

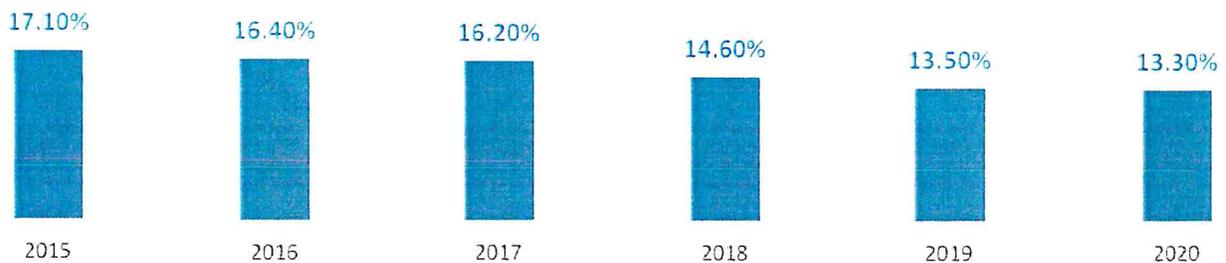
Employment Industries in Lassen County



Poverty

The poverty threshold, calculated by the U.S. Census, is a standardized measure used nationwide. Current estimates indicate that approximately 13.3% of Lassen County’s population live in poverty.¹⁸ The following graph demonstrates this trend from 2015-2020, the most recent year for which data was available.

Lassen County Poverty Rates



While the percentage of people living in poverty had continued to drop from its peak in 2015, some families in Lassen continue to struggle. Prior challenges to meeting basic needs such as housing, food, education, medical expenses, and transportation were exacerbated by the COVID-19 pandemic as income was reduced and access to services decreased for some families.

As noted previously, Lassen County is home to approximately 5,251 children, and it is estimated that ~16.8% of these children live in poverty.¹⁹

¹⁷ Lassen County, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

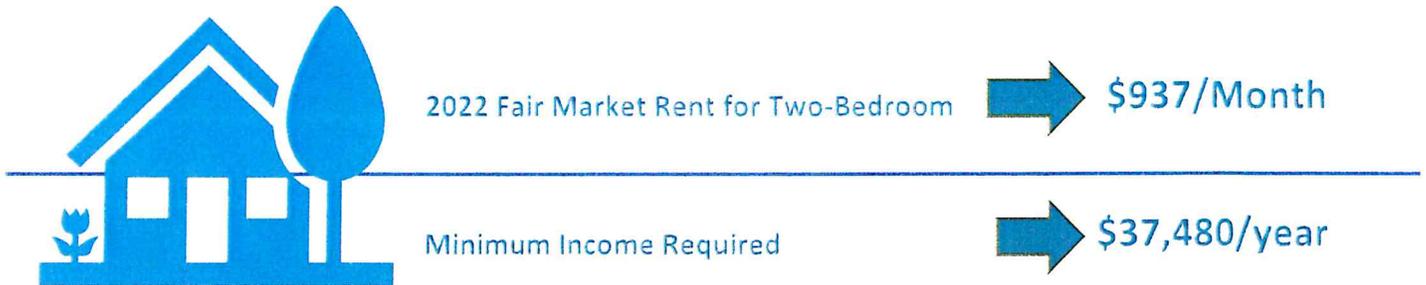
¹⁸ Lassen County, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

¹⁹ Lassen County, California. United States Census Bureau. Accessed July 20, 2022 at <https://data.census.gov/cedsci/profile?g=0500000US06035>

Housing and Homelessness

Housing is yet another factor that can influence families’ well-being and demonstrate the economic health of a region. The rate of home ownership in Lassen County was 67.4% in 2020²⁰ (the most recent year the data was available), higher than the state’s rate of 55.9%.²¹

For renters, the picture is a little different. In Lassen County, the 2022 fair market rent for a two-bedroom space was \$937/month, up from \$935 in 2021.²² A household is traditionally considered rent-burdened if they spend more than 30% of their income on rent. Using this calculation, a family would need to have a minimum annual income of \$37,480 in 2022 so as not to be rent burdened. The 2022 Point in Time Report estimated that 27% of households in Lassen County are rent overburdened.²³



Individuals who are unable to afford housing may end up experiencing homelessness, living in weekly motels, or finding housing arrangements not fit for long-term living. While homelessness is most closely linked to poverty, increasing rents may be the “tipping point” for individuals or families. In January 2022, Lassen County counted 71 individuals as utilizing emergency shelter or transitional housing (i.e. experiencing sheltered homelessness) and 31 individuals experiencing unsheltered homelessness.²⁴

Health

Healthy families and children are the center of First 5 Lassen’s work. Changes to both the state and national health care landscape have influenced children’s health in Lassen County.

In May 2016, Medi-Cal expanded access to health insurance for children across the state as the implementation of Health4AllKids took effect. As of 2020, approximately 97% of children in Lassen County were estimated to have health insurance.²⁵

²⁰ U.S. Census Bureau, Homeownership Rate for Lassen County, CA. Retrieved from FRED Economic Research on July 20, 2022 at <https://fred.stlouisfed.org/series/HOWNRATEACS006035>.

²¹ U.S. Bureau of the Census, Homeownership Rate for California [CAHOWN]. Retrieved from FRED Economic Research on July 20, 2022 at <https://fred.stlouisfed.org/series/CAHOWN>.

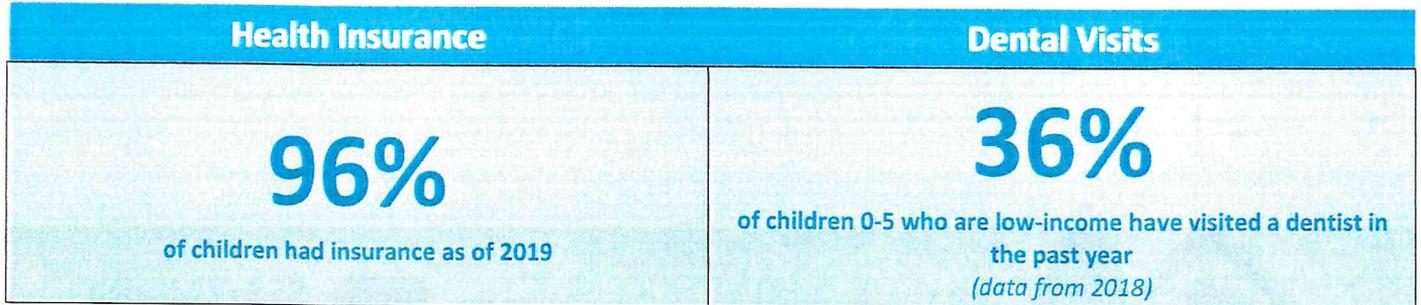
²² US Dept. of Housing and Urban Development, FY 20221 Fair Market Rent Documentation System. Accessed July 22, 2022 at huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/2022summary.odn.

²³ 2022 Point in Time Count. NorCal Continuum of Care. Accessed July 20, 2022 at <https://www.co.shasta.ca.us/index/housing-community/norcal-continuum-of-care>.

²⁴ Ibid.

²⁵ U.S. Census Bureau. Selected Characteristics of Health Insurance Coverage, S2701: Lassen County. Accessed July 20, 2022 at <https://data.census.gov/cedsci/table?g=0500000US06035&tid=ACSST5Y2019.S2701&hidePreview=true>.

Oral health can also be an important health indicator. Less frequent dental visits lead to disruption of a child’s learning, diminished nutrition, and poor sleeping habits. For every dollar spent on preventative oral health care, as much as \$50 is saved on restorative and emergency oral health procedures.²⁶ In Lassen, 36% of children ages 0-5 who are low income had visited a dentist in 2018.²⁷

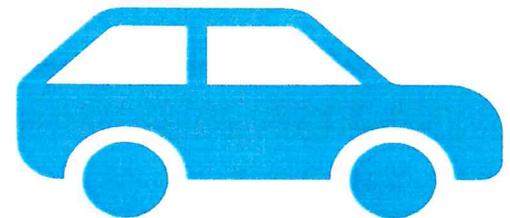


Child Maltreatment

In California, approximately one out of every four children experience an investigation for maltreatment.²⁸ In 2021, 489 child maltreatment allegations were reported in Lassen County²⁹; of these, 84 (17.2%) were substantiated.³⁰ Given the impact that a substantiated child maltreatment allegation can have on a child and their family, this is an important metric to monitor over time.

Transportation

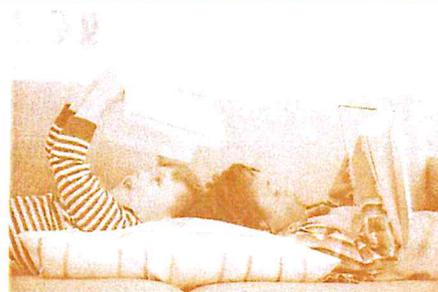
Transportation in Lassen County is coordinated through the Lassen County Transportation Commission. These services help reduce barriers to employment and service access. However, despite transportation available through county programs and the rural transit system, Lassen County residents are largely reliant on personal transportation.



Pathways Home Visiting Program

First 5 Lassen supports achievement of its strategic plan through its primary investment in the Pathways Home Visiting Program. While the program is open to all families with children prenatal through age five, it targets high need populations such as teen or first-time parents, parents with mental health or substance use issues, families at risk for child abuse, and families who are experiencing homelessness. The target populations served by Pathways are some of the most difficult to reach and maintain relationships with for an extended period of time due to their complex issues and needs. However, success with this group offers the greatest opportunity to position children and their families for future success. The primary services provided through Pathways include:

- **Parent education and child development** lessons are offered using the Parents as Teachers (PAT) curriculum. PAT is a nationally recognized program philosophy of providing parents with child development knowledge and support. By understanding what to expect during each stage of development, caregivers can capture the teachable moments in each day to enhance their child's language development, intellectual growth, social development, and motor skills.
- **Screenings and assessments** are completed on both children and parents to determine an individualized approach to addressing child, parent, and family needs. Children are screened for developmental progress using the Ages and Stages Questionnaire (ASQ & ASQ-SE); simple PAT health screenings are used for hearing and vision. The Life Skills Progression Tool (LSP) is used with families enrolled in home visiting. This tool allows each home visitor to gauge the strengths of the family and the areas that need attention. The home visitor is able to make targeted referrals based on the results of the LSP and communication with the family.
- **Referrals to community service providers** are offered to families to ensure they know about and can access other support services available. Needs are identified by families directly as well as through the screenings and assessments completed with each family served.
- **Group meetings and interactive playgroups** are provided to complement home visiting services. In these settings families get to learn about child development activities, and children get an opportunity to socialize and grow in a developmentally rich environment. Note that these services were not offered in FY21-22 due to COVID-19 restrictions.



Why Home Visiting?

The first five years of a child's life is a period for dramatic changes to the brain, and children learn faster at this time than at any other time in their lives. Recent scientific advances in knowledge about child development and brain development reveal that experiences and conditions during early childhood can have long-term consequences.

Research shows home visiting can be an effective method of delivering family support and child development services that lead to improved child health and development as well as strengthened parenting skills. It has also been an effective intervention in decreasing the number of children in the social welfare, mental health, and juvenile corrections systems.

Impact of COVID-19 on the Pathways Home Visiting Program

The COVID-19 pandemic has had a dramatic impact on how home visiting programs are serving families over the past several years. Beginning in March 2020 and continuing into the beginning of FY21-22, many services offered by the Pathways program were not offered in person and First 5 staff and the Pathways Home Visiting program adjusted to virtual service delivery whenever possible.

Impacts of COVID-19 on service delivery and family experience in the Pathways program in FY21-22 include the following.

- The largest impact on providing services as aligned with the Parents as Teachers home visiting model has been the program's inability to offer "group connections," which are family events or parenting groups facilitated by a parent educator to share information about parenting and child development¹ due to restrictions on in-person gatherings. No group connections were offered in FY21-22.
- Home visiting staff offered virtual rather than in-person home visits when there were concerns over COVID-19 transmission, the family was experiencing an illness, or due to family preference.
- The experience of families participating in the Pathways program differed from prior years. Both Pathways and other Lassen service providers experienced staff shortages over the course of the year due to staff turnover and staff being out of office due to illness. This impacted the continuity of care available for participating families due to delays in both home visitor and referral agency response times.



Evaluation Framework

As a component of Prop 10 funding, First 5 Lassen is required to demonstrate results. The results-based accountability model, as adopted by the state First 5 Commission, requires the collection and analysis of data and the reporting of findings in order to evaluate the effectiveness of investments.

The primary purpose of the First 5 Lassen evaluation is to assess the impact of home visiting services to three of the four result areas within the First 5 Lassen Strategic Plan. The Pathways Home Visiting Program is required to provide services that are responsive to the strategic plan and corresponding indicators that help to determine outcome achievement. These indicators make up the basis of the evaluation report and include an examination of the following:

Who was provided with home visiting services?

- ✓ Number and demographics of families participating in family strengthening activities through home visiting services (pgs. 20-21).

How did home visiting services impact family functioning?

- ✓ Number of families participating in Pathways Home Visiting services that report increased positive behaviors, knowledge, and practices in parenting skills and healthy lifestyles (pgs. 23-26).

How many children were provided with developmental screenings?

- ✓ Number of children participating in Pathways Home Visiting services that received a developmental screening (pg. 27).

How did programs use the results of developmental screenings to support optimal child development?

- ✓ Number of children identified as needing additional supports for developmental growth (pg. 27).
- ✓ Number of children identified as needing additional supports that received a referral (pg. 27).

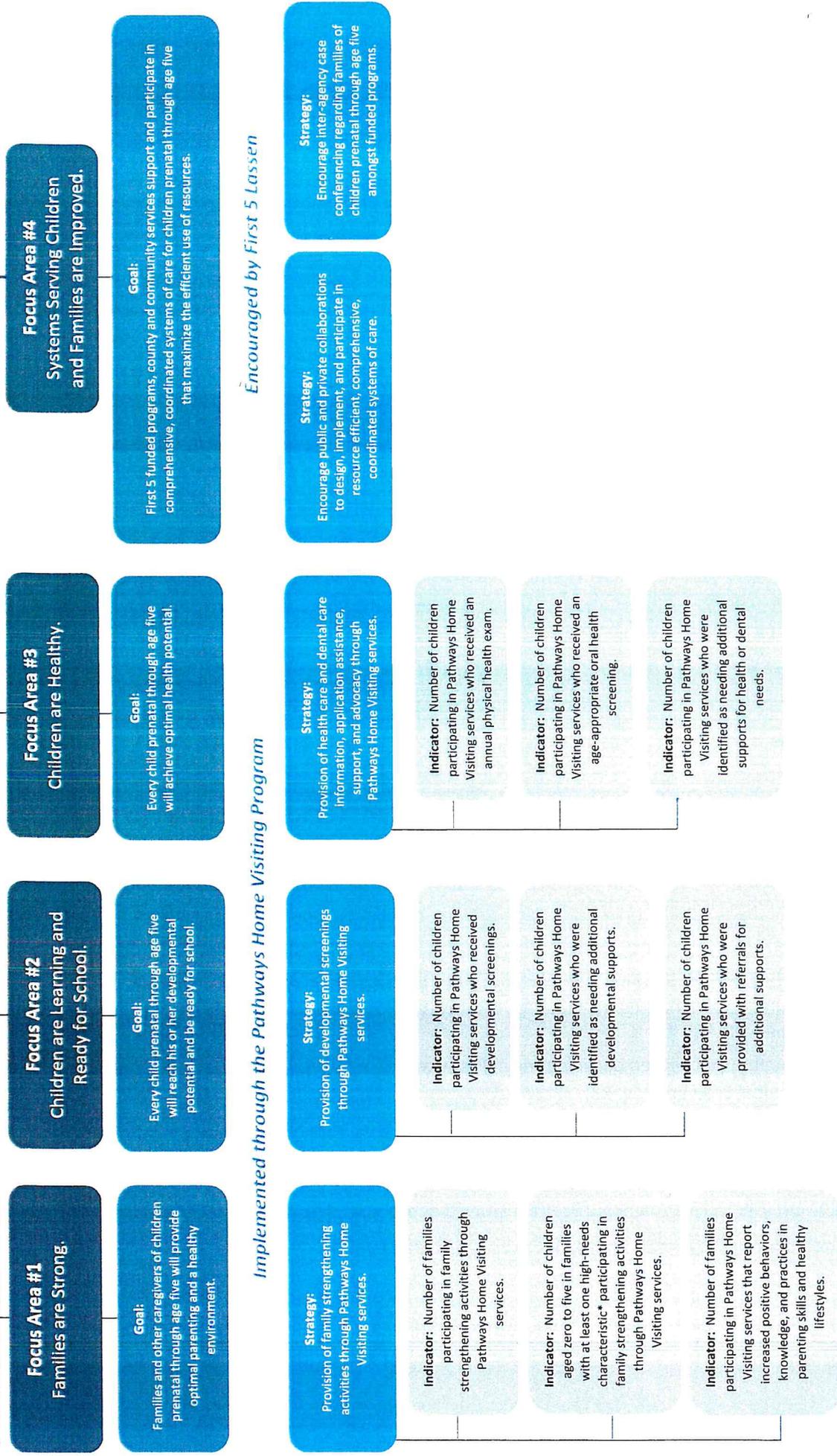
How many children are accessing regular health and dental care?

- ✓ Number of children participating in Pathways Home Visiting services that received an annual physical health exam (pg. 28).
- ✓ Number of children participating in Pathways Home Visiting services that received an age-appropriate oral health screening (pg. 28).
- ✓ Number of children identified as needing additional supports for dental health issues (pg. 28).

In addition, First 5 Lassen encourages activities that are intended to support an improved system of care. A description of those efforts is provided in this report on pages 30-31.

First 5 Lassen Home Visiting Evaluation Pathway

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



Implemented through the Pathways Home Visiting Program

Encouraged by First 5 Lassen

Methods

This evaluation is focused on First 5 Lassen’s Pathways Home Visiting Program (PHV) participants, who are children under six and their families who participated in services between July 1, 2021 and June 30, 2022. In FY21-22, home visits were conducted primarily in person, although some virtual visits were offered due to illness, concerns over COVID-19, or family preference.

Consistent with the Parents as Teachers model of home visiting, “virtual service delivery refers to services both through interactive video conferencing technology and phone calls.” For the purpose of this report, a home visit is any contact made with a family in-person or in a virtual setting that meets the definition included on page 19.

The following types of data were collected to evaluate First 5 Lassen efforts:

Administrative Data

Demographic and service data is collected and recorded for every family that participates in services. Every family completes an intake packet upon program entry. Additionally, home visitors record the number and type of services and referrals that are provided to families. Case management notes, contact logs, and referral follow-up tracking forms are used to document progress with families in the program. Most of this information is collected and recorded in an online database.

Parent Satisfaction Surveys

Surveys are collected from parents regarding their participation in the program as well as their participation in parent/child group meetings. Parents are also asked to assess their satisfaction with the referrals they received. This information is collected by Pathways staff and recorded in the database.

Life Skills Progression (LSP) Assessments

LSP assessments are completed by home visitors based on a variety of different data sources, as well as their individual observations about a family. Results of these assessments are recorded in the online database.

Developmental Screening Tools

Home visitors utilize the Ages and Stages Questionnaire (ASQ) to conduct developmental screenings. The ASQ is a general developmental screening tool that is used with parents to assess age-specific development in five domains. There is also a separate tool that is used to measure social-emotional development of children called the ASQ-SE. Results of screenings are provided directly by Pathways staff and are not recorded in the database.

In addition to these data sources, additional qualitative data is gathered through interviews with the First 5 Executive Director and the Pathways Program Director to collect information about program implementation efforts and systems-change activities. All of these data sources combined make up the content of this evaluation report.

Considerations and Limitations

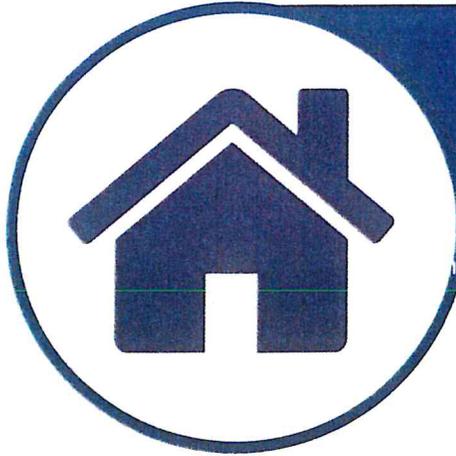
The following considerations and limitations should be considered during review of the data included in this report:

- The majority of data was provided directly by Pathways Home Visiting staff to the evaluation team or exported in aggregate from the Pathways Home Visiting database. The majority of data was not available at the client-level, or could not be disaggregated by client or by service activity provided, and therefore aggregate counts could not be validated by the evaluation team.
- Per the instructions provided for LSP tool use, ratings for child development domains should be based on a developmental screening or assessment such as an ASQ or ASQ:SE. These development screenings are not available for children under the age of two months, meaning that home visitors cannot provide scores for children under two months in the LSP areas of communication, gross motor, fine motor, problem solving, and social-emotional.
- Prior to the FY19-20 Local Evaluation Report, reports in this series reported Life Skills Progression (LSP) scores using a scale of 0-12 rather than the 1-5 scale provided in the LSP scoring sheet and associated instructions. This was updated in the FY19-20 and subsequent reports and briefs so that figures used to illustrate average changes in LSP scores for Pathways’ participants matched the LSP rubric. A concordance table illustrating the differences between the rubric provided in the LSP instructions (“assessment score”) and those used in prior reports (“report score”) is provided below for reference.

Due to this change in score presentation, caution should be taken when comparing LSP data prior to FY19-20 to LSP data after FY19-20. The concordance table to the right may be helpful in aligning scores year-to-year. However, it should be noted that while the change in scoring presentation may impact the scale or extent of change experienced by families participating in the program, it does not negate the presence of growth overall. Higher scores in both scoring methodologies equate to a stronger score and better circumstances for the families being assessed; a stronger average post score within a domain or skill compared to a pre-score represents positive average change for the families included.

| ASSESSMENT SCORE | REPORT SCORE |
|----------------------------|--------------|
| No selection, data, or N/A | 0 |
| Low | 2 |
| 1.0 | 3 |
| 1.5 | 4 |
| 2.0 | 5 |
| 2.5 | 6 |
| 3.0 | 7 |
| 3.5 | 8 |
| 4.0 | 9 |
| 4.5 | 10 |
| 5.0 | 11 |
| High | 12 |

Definitions and Terms Used in This Report



Home Visit: One-on-one home (or personal) visits, during which the parent educator meets with the family in its home or a mutually agreeable alternative location. The Parents as Teachers model requires that affiliates offer a minimum of 12 home visits annually to families with one or no high-needs characteristics, and a minimum of 24 home visits annually to families with two or more high-needs characteristics. Home visits last a minimum of 60 minutes.* In FY21-22, some home visits were conducted virtually due to COVID-19 and/or family preference.



Points of Contact: The number of times that a service recipient participated in a home visit.

Example: One home visit occurred where three family members were present = three points of contact.



Standard Services: Standard services are those that occur during every home visit. They include early childhood education, parent education, and parental support and guidance.



Additional Services: Services, other than the standard services, that were provided to families who may or may not have received a home visit.

Additional Services Include:

- School Readiness Instruction
- Transportation
- Employment Assistance
- Health and Wellness Supports
- Referrals to Community Resources

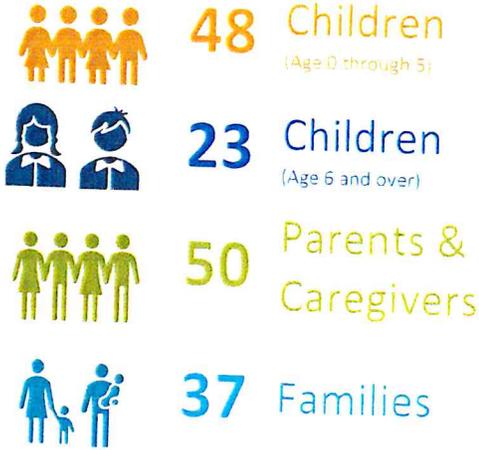


**Definition of Home Visit was retrieved on February 12, 2021 from:

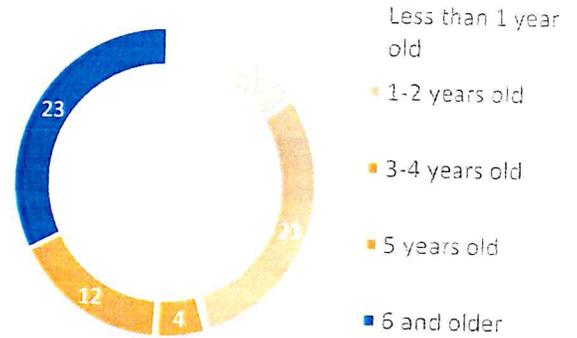
[https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20\(PAT\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Parents%20as%20Teachers%20(PAT)%C2%AE/Model%20Overview)

Results
Client Characteristics

Who was Served through Home Visits?*

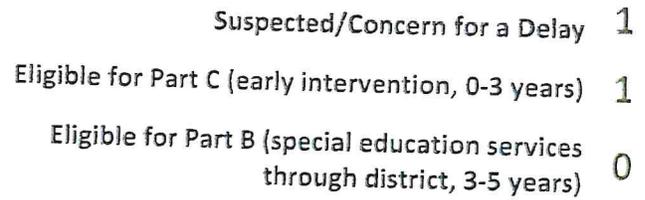


Ages of Children Served

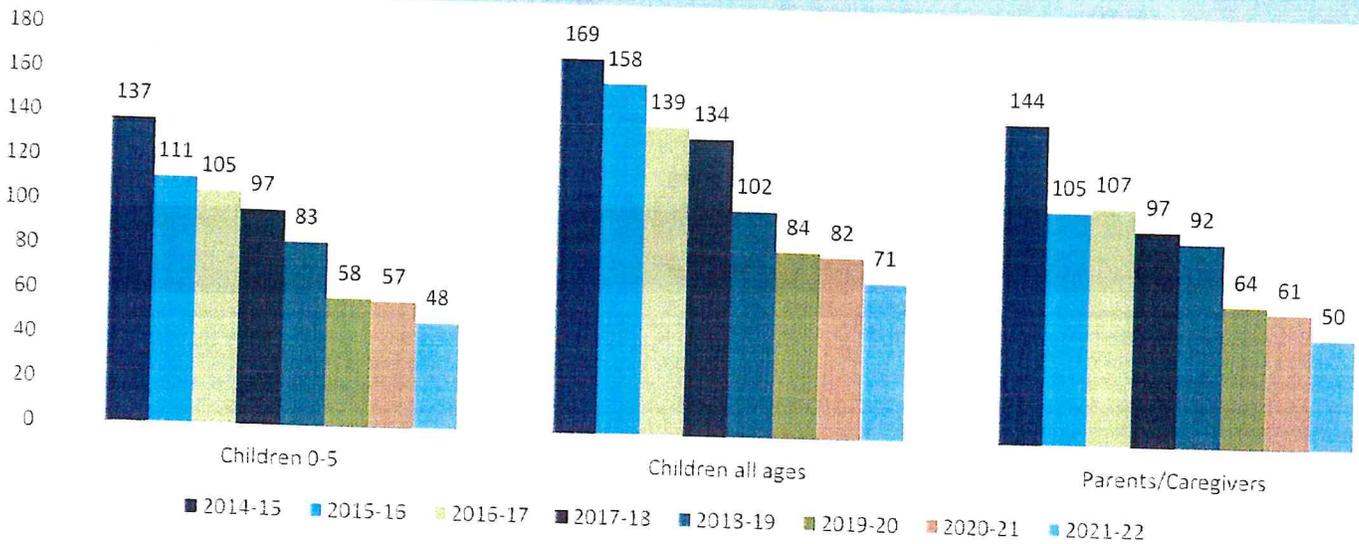


*Note that demographics are provided only for individuals that received a home visit as defined on page 19 during the period July 1, 2021-June 30, 2022. Individuals that received only additional services are not included in this demographic summary.

Children with Special Needs at Intake

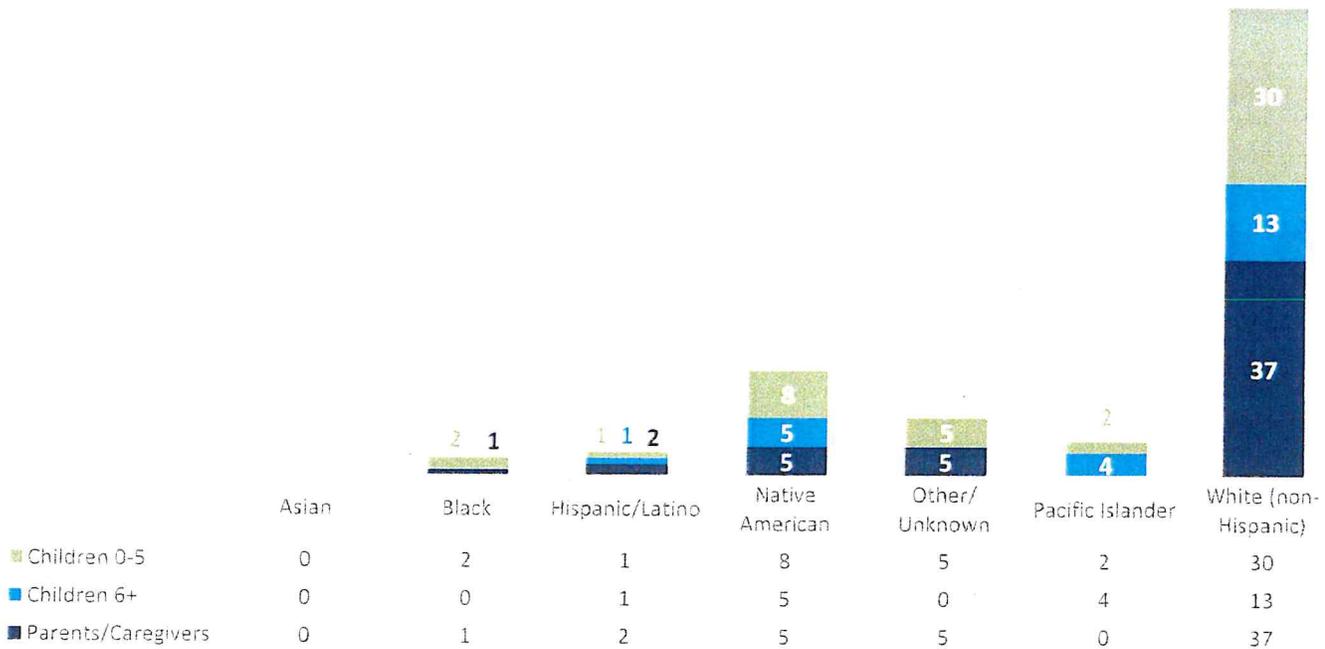


Five-Year Comparison of Individuals Served



Since FY14-15, the number of children and adults being served by the program has decreased year over year, with less than half the total number of individuals served in FY21-22 compared to FY14-15 (121 vs. 313).

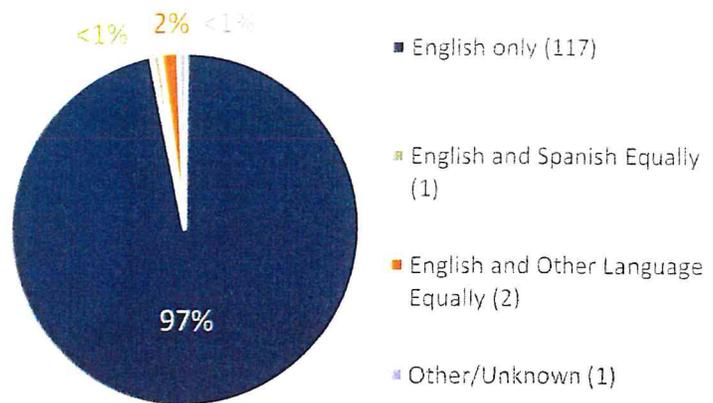
Race/Ethnicity of those Served



The majority of participants served identified as White, making up 66% of the total. The next largest group served identified as Native American (15% of total).

Language Spoken in the Home of those Served

The majority of participants served speak English as the primary language in their home. Three individuals speak English and either Spanish or another language equally at home.



High Need Characteristics

The Pathways program assesses family need as a requirement of program entry. In FY21-22, all families participating in the Pathways Home Visiting program were demonstrating at least one high-need characteristic at program entry.

Services Provided

Home Visits and Other Services

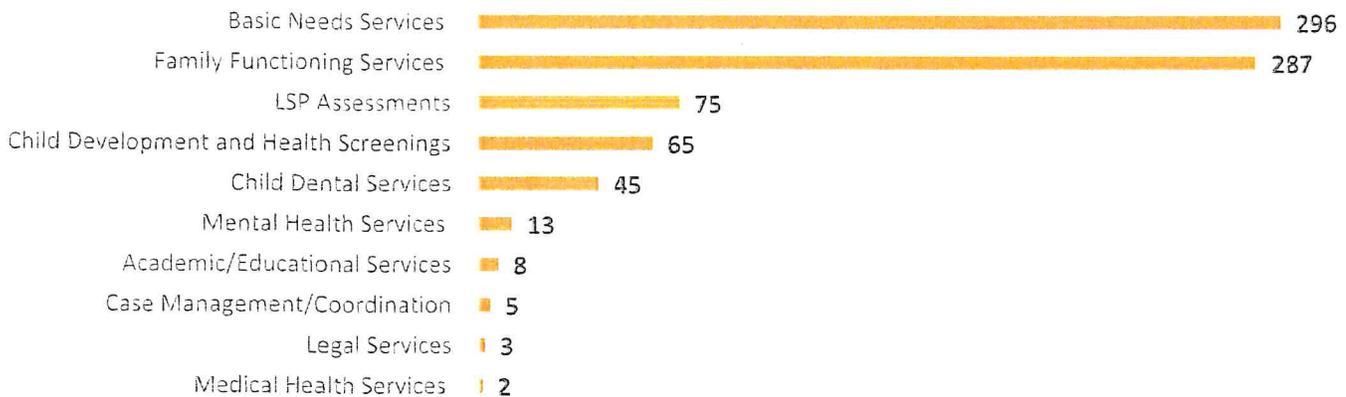


What was Provided

| | |
|--|-------------------|
| Number of Home Visits Conducted | 378 ³¹ |
| Number of Points of Contact | 1,074 |
| Number of Services Provided Outside of Standard Services | 799 |
| Number of Referrals Made | 39 |

Between July 1, 2021 and June 30, 2022, a total of **378** home visits were provided to families. During every home visit, a variety of services are provided including parenting education, family support, and case planning. In addition to these standard services, home visitors also provide additional direct services to families in the program. The chart below indicates what type of additional services were provided to families, either during a home visit or during a separate interaction.

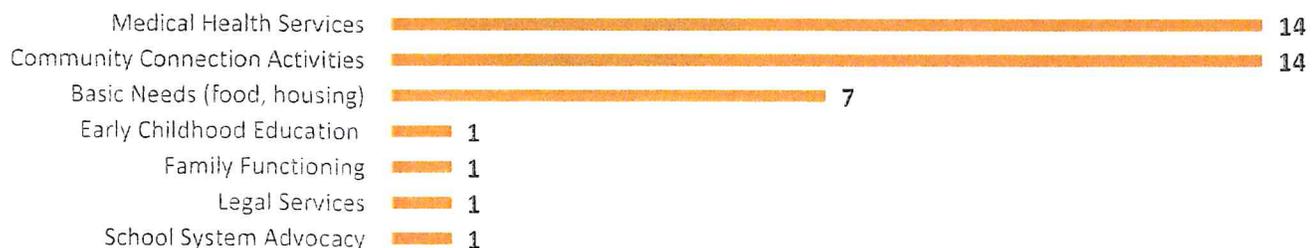
Services Provided



Referrals

Between July 1, 2021 and June 30, 2022, home visitors provided families with **39** referrals to other community resources.

Referrals Provided



Of the 39 referrals made to community resources, **21** resulted in an appointment kept by the family. Satisfaction with these referrals is detailed on the bottom of page 26.

³¹ Note that the current data management system does not provide the information necessary to determine if each visit included in this total lasted for a minimum of 60 minutes per the PAT model. The count of home visits is calculated on the number of visits received by the primary adult service recipient.