

2021-
2025

Strategic Plan
Amended 03.08.2021
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First 5 El Dorado
Children and Families
Commission



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Dear Parents, Partners, and Community Members:

This last year has presented our communities with a unique set of challenges. The COVID-19 pandemic and the related economic crisis have created a great deal of uncertainty for the families that we serve. While some national level data reveals that the circumstances surrounding the pandemic have resulted in an increase in mental health issues, domestic violence, food insecurity, and other challenges, it is clear that the full impact of the pandemic has yet to be fully understood. The extent of the challenges we face may not be clear for many years to come. In the face of this uncertainty, the First 5 El Dorado Children and Families Commission determined that instead of updating the Strategic Plan as scheduled, it would amend its existing 2016-2021 Strategic Plan.

The 2016-21 Strategic Plan established Community Hubs in each of the Supervisorial and Educational Districts, to increase access to services and build family resiliency in navigating those services. This innovative approach was a departure from the traditional grant making process, identifying the Commission as the backbone for collective impact and partnering to test systems-change approaches. In the last four years, the evaluation has shown that Community Hubs are effective at engaging expectant parents and families with children birth through five years of age and increasing resiliency. However, many of the families reached had high resiliency scores before engaging in Hubs, indicating an opportunity to focus efforts on those who may have been marginalized by the service delivery system.

Informed by the evaluation results and conscious of the current social climate, our Commission has reaffirmed its commitment to the Hub model, doubling up efforts to better connect families to their communities. Hubs 2.0 will seek to build upon the Hubs navigation system, expanding its reach to all children, families, and individuals in the county. Navigators will be positioned to build relationships with people who are marginalized or experience barriers to services. Case managers will support families who are struggling to make ends meet. Community Advisories will be formed to encourage local input on services, supports, and solutions.

First 5 El Dorado Children and Families Commission has refocused its vision on supporting children, individuals, and families in the complex communities in which they live, work, and play. This vision of systems change cannot be achieved without partnership, cutting through the red tape that perpetuates silos in our county. We are grateful for our work with our partners and team members with the Health and Human Services Agency, the Library Department, and the Office of Education. They are the heart of our work.

Thank you, the parents, caregivers, families, and other individuals for your support. Through your encouragement, we strive to be a county that values children.

A blue ink signature of Ginger Swigart.

Ginger Swigart,
Chair

A blue ink signature of Kathleen Guerrero.

Kathleen Guerrero,
Executive Director

Background and Introduction

First 5 El Dorado

The First 5 El Dorado Children and Families Commission (herein referred to as First 5 El Dorado) was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added taxes on cigarette and other tobacco products to fund programs promoting early childhood development for children birth through 5 and their families and created the California Children and Families Act. The findings and purpose of the act highlight the following:

The act recognizes that there is a compelling need in California to create and implement comprehensive, collaborative, and integrated system of information and services to promote, support and optimize early childhood development from the prenatal stage through five (5) years of age.

The act further recognizes that there is a compelling need in California to ensure that early childhood development programs and services are universally and continuously available for children until the beginning of kindergarten. Proper parenting, nurturing, and health care during these early years will provide the means for California's children to enter school in good health, ready and able to learn, and emotionally well developed.

It is the intent of this ordinance to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early child development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this ordinance to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems.

First 5 El Dorado acknowledges that children ages 0-5 thrive when their families and communities also thrive. As such, it recognizes the need to develop an integrated ecosystem of services that support not only young children, but also individuals, families, and communities.

Complex issues impacting communities cannot be addressed through a simple or siloed approach. First 5 El Dorado adopted goals and strategies aligned with a collective impact approach in the 2016-2021 Strategic Plan to support the “integrated, comprehensive and collaborative system” described in the language of the California Children and Families Act.

In 2020, when efforts to develop a new Strategic Plan were to begin, a confluence of world events and opportunities led the Commission to enhance and amend the existing 2016-2021 Strategic Plan. This 2021-2025 Amended Strategic Plan outlines the history of Commission efforts and provides an overview of the current environment in which the First 5 El Dorado Commission is operating. It also provides the Commission’s planned approach for investments and actions from **2021-2025**. Finally, it summarizes how the Commission intends to measure the results of the system-level investments described in the plan, using a phased approach.



Organizational Framework

First 5 El Dorado functions within their vision, mission, and common understandings. Furthermore, it has identified a shared purpose that extends beyond its own agency and works in conjunction with other partners to leverage resources, accelerate momentum, and bring about changes that are greater than any one partner could achieve alone. This framework has been revised to reinforce a holistic and systemic approach to strengthening individuals, families, and communities in El Dorado County, extending beyond expectant parents and families with children birth through five years of age and prioritizing communities that are marginalized. The following definition is offered to provide clarity: “Marginalized populations are those excluded from mainstream social, economic, cultural, or political life. Examples of marginalized populations include, but are by no means limited to, groups excluded due to race, religion, political or cultural group, age, gender, or financial status.”¹

Vision

All children, individuals, and families will live in nurturing communities and are ready to succeed in life.

Mission

First 5 El Dorado Children and Families Commission is committed to strengthening children, individuals, and families by promoting and enhancing comprehensive systems.

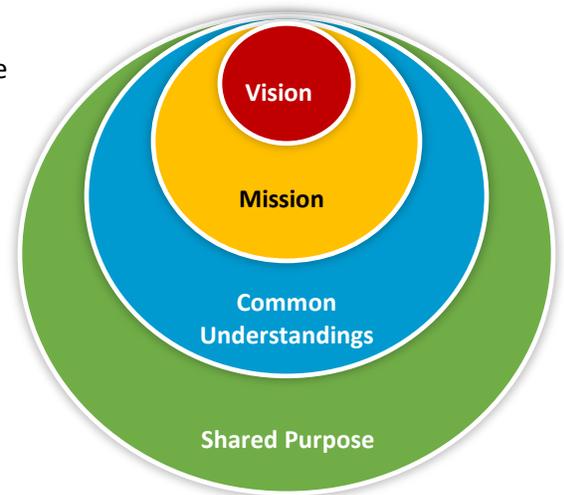
Common Understandings

The Commission will:

- Advocate for children, and families and individuals within their community within the collective impact framework.
- Respect the diversity, strength, identity, and potential of all children, individuals, families, and communities.
- Address the structural and institutional practices that marginalize children, individuals, families, and communities.
- Solicit and listen to the ideas of stakeholders and others, encouraging a reflective and open dialogue.
- Employ a collaborative, transparent and inclusionary process.
- Make investments that are research based, long range and visionary.
- Focus on enhancing and supporting existing systems to achieve the Commission mission.
- Act responsibly, making First 5 an accountable steward of public funding.

First 5 funds will only be directed to expectant parents and families with children birth through five years of age.

The Commission recognizes that greater investment is needed to fully realize the amended vision in this plan. However, these investments will directly impact children birth through five and their families by strengthening the communities in which they live. The Commission receives approximately \$1 million annually through revenues generated by Proposition 10. First 5 El Dorado encourages partnerships among agencies, organizations, and the private sector to leverage local resources and increase the value of its investments in systems that serve the primary population, as well as the individuals, families and communities served by community partners.



¹ Retrieved from: (<https://methods.sagepub.com/Reference/sage-encyc-qualitative-research-methods>)

Need for a Strategic Plan

Proposition 10 requires all county commissions “adopt an adequate and complete County Strategic Plan for the support and improvement of early childhood development within the county. The strategic plan must include a description of the goals and objectives proposed to be attained, a description of the programs, services, and projects proposed to be provided, sponsored or facilitated; and a description of how measurable results of such programs, services, and projects will be determined by the County Commission using appropriate and reliable indicators.”

Activities sponsored by Proposition 10 funds are expected to focus specifically on expectant parents and families with children birth through 5 years of age. Further, Proposition 10 has established four strategic result areas:

1. **Improved Family Functioning:** Strong families are those who are able to provide for the physical, mental, and emotional development of their children as young children are entirely dependent upon caregivers for survival and nurturing. 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.
2. **Improved Child Development:** High-quality early care and education helps children to develop the skills they need for kindergarten and later school success. Considerable research over the last several decades has demonstrated long-term gains for children that participate in high-quality early care and education, especially children from disadvantaged households.
3. **Improved Child Health:** Children who are healthy in mind, body, and spirit grow with confidence in their ability to live a fulfilling, productive life. Healthy children have sufficient nutrition, health care, nurture and guidance, mental stimulation, and live-in families and communities that value them.
4. **Improved Systems:** Many parents and caregivers with young children have difficulty in accessing existing forms of assistance, much less being able to learn about and utilize new services that are introduced. Proposition 10, therefore, included a mandate that strategic plans created by County Children and Families Commissions must show how each county will promote integration, linkage, and coordination among programs, service providers, revenue resources, professionals, community organizations, and residents. Further, services must be available in a culturally competent manner, embracing the differences in cultures and languages within the county.

These four strategic result areas serve as the basis for state and county Commission strategic plans. Consistent with this framework, First 5 El Dorado established the 2016-2021 Strategic Plan in order to effectively guide the Commission in its efforts to improve the lives of expectant parents and families with children birth through 5 years of age in El Dorado County. The following sections outline the historical context, a community needs assessment, and the subsequent Amended 2021-2025 Strategic Plan.

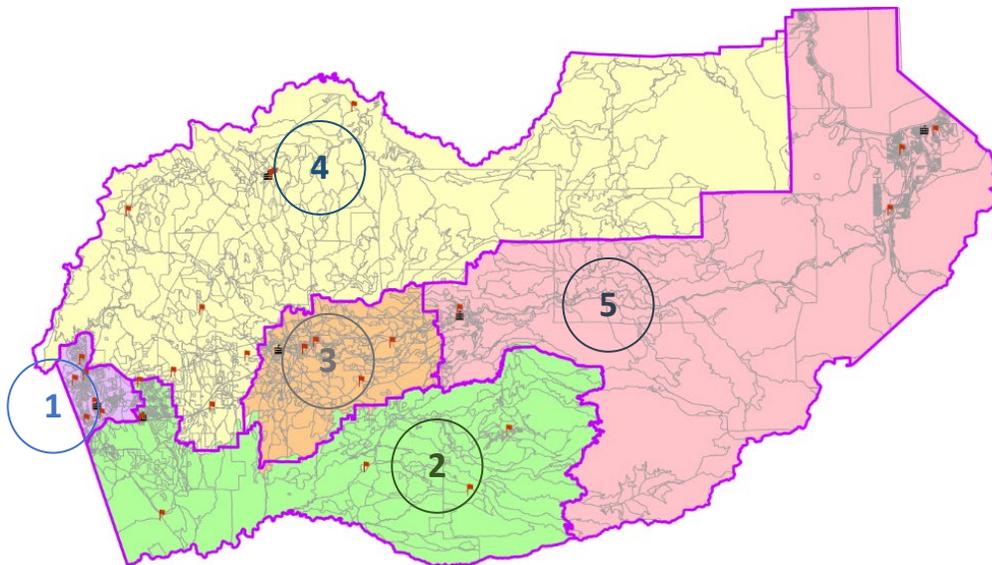
Historical Efforts

From the time of its inception in 1998, the Commission has partnered with libraries, school districts, public health, other agencies, and community-based organizations in systems building work. Through these collaborative partnerships, First 5 El Dorado has improved outcomes for children and families in early care and education, health, and community services.

In the 2012-17 Strategic Plan, initiatives were designed to fund key early childhood system elements as guided by research conducted in 2004 by First 5 California and reported in the Harvard Research Digest. The Commission developed essential strategies that it infused in each of its investment areas with the intent that they would support the research-based Strengthening Families™ approach.

The 2016-2021 Strategic Plan deepened the Commission’s investments in the Strengthening Families™ framework through the implementation of Community Hubs. In this Strategic Plan, the Commission adopted a collective impact approach with partners committed to working in the Hubs model. The Commission leveraged local leadership, neighborhood resources, and collaborative funding to lead implementation efforts in each Supervisorial and Educational District. As a result, five Hubs were formed, one within each district, where the local library branch served as the primary service delivery location.

Each Hub deployed a multidisciplinary team consisting of a public health nurse, community health advocate, family engagement specialist, and an early childhood literacy specialist. Teams offered activities to promote early literacy, child development, parenting, and preventative health activities for expectant parents and families with children birth through five years of age. Family engagement activities were guided by the Strengthening Families™ approach designed to reduce isolation, build awareness of parenting and child development, provide concrete support in times of need, and encourage parental resiliency. Families with more complex needs were offered individualized support and, if needed, referred to a public health nurse for home visiting and case management. Hub team members provided services using a trauma informed approach and sought to build relationships with families, establish trust, and encourage caregivers to seek support.



El Dorado County Supervisorial District Boundaries shown with Library Locations 1. El Dorado Hills Library, El Dorado Hills; 2. Cameron Park Library, Cameron Park; 3. El Dorado County Library, Placerville; 4. Georgetown Library, Georgetown; 5. Pollock Pines Library, Pollock Pines; and F. South Lake Tahoe Library, South Lake Tahoe.

As the backbone organization, First 5 El Dorado formed partnerships and linked with stakeholders to provide prevention services for expectant parents and families with children birth through 5 years of age. Implementation occurred across systems with key partners committed to funding Community Hubs. Partners included El Dorado County Health and Human Services, the El Dorado County Library, and the El Dorado County Office of Education.

Together, the Commission and partners committed to:

- Investing in core early childhood services while leveraging additional resources.
- Implementing Community Hubs across the five Supervisorial Districts in collaboration with key stakeholders.
- Acting as good stewards of public funds, seeking to maximize resources and reduce duplication of efforts.
- Facilitating prevention services using a holistic, family-centered approach.

2016-2021 Programming Investments

First 5 El Dorado leveraged resources to support a variety of services through the five Community Hubs, one within each of the County's supervisorial districts. Each investment is summarized below.

Ready to Read @ Your Library (RR@YL): RR@YL provided early literacy programs with the goal of establishing positive early learning experiences for families with young children and encouraging home literacy practices among families. The primary audience for this service was expectant parents and families with children birth through 5 living in El Dorado County. The library programs reached providers that care for children out of the home through early care and education (ECE) programs, and with parents through library programs for families. Each early childhood literacy specialist modeled a best-practice curriculum, which supported, informed, and encouraged family and caregiver participation to strengthen their role as their child's first teacher.

Together We Grow (TWG): Together We Grow provided families with structured activities and developmental screenings, information about activities to support optimal development, and referrals for early intervention supports when a need was identified. TWG also helped inform and train childcare providers on the value and use of developmental screenings. TWG served families with children birth through 5 that lived in El Dorado County. Families and caregivers, as well as providers, were also served as they were empowered to directly provide screenings using the ASQ & ASQ-SE.

Children's Health (CH): Children's Health provided parents with information and resources to increase regular well-child exams and oral health exams. Through Community Health Advocates, the program collaborated with community partners to increase access to services and connected families to health care resources and community services. CH also assisted families with children in obtaining or retaining health insurance, utilizing a medical home, and utilizing a dental home. The priority audience for CH was medically uninsured or underserved expectant parents and families with children birth through 5 that lived in El Dorado County.

High 5 for Quality (H5Q): First 5 El Dorado implemented a quality rating and improvement system, "High 5 for Quality" based upon the California Quality Rating Improvement Scale (QRIS) Matrix. All licensed, legally licensed exempt, and alternative setting early care and education providers serving children birth through age five in the county were eligible to apply for program services focused on continuous quality improvement activities. This process included the use of reliable assessments (environmental rating scales (ERS), CLASS, and training in child developmental screenings (ASQ and ASQ-SE). Coaches and mentors worked with program participants to review self-assessments and develop a Site Improvement Plan (SIP). The SIP assessed where a provider might fall on the QRIS Matrix and was used to prioritize quality improvement activities for the year. The program then provided guidance on implementation efforts. Alternative and family, friend, and neighbor (FFN) sites were supported utilizing best practices in parenting and family engagement curriculum.

2019-2020 Evaluation Results

The First 5 El Dorado Children and Families Commission established an evaluation framework to measure the extent to which Community Hubs were impacting families within the four primary goal areas contained within the 2016-2021 Strategic Plan. The results of commission investments were measured, and findings were used to help inform strategic planning. Based on the 2019-2020 evaluation's findings, First 5 El Dorado made purposeful gains within most of its 2016-2021 Strategic Plan result areas, supporting positive outcomes for children and families being served.

Evaluation results indicated that while Community Hubs had made gains in each of the Commission's strategic goal areas, any additional growth would require structural adjustments and supplemental funding. Recommendations offered for implementation of Community Hubs included:

- **Build upon the adjustments made during the pandemic.** Community Hubs mobilized during the pandemic to address family needs by shifting focus from prevention to basic needs, prioritizing isolated communities, and moving to virtual engagement. These efforts could be leveraged to transform the Hubs into a systems-level approach to supporting families.
- **Revise the Hub service delivery approach to maximize impact within the Commission's strategic plan goals and objectives.** If it is the intent of the Commission to improve (rather than supplement existing levels of) family functioning, child development and children's health for all families, it may want to examine if it should focus efforts on vulnerable families who may benefit the most from Commission investments.
- **Grow existing and secure additional strategic partnerships to expand and sustain Hub operations.** For Hubs to fully realize their potential, it will need the increased engagement of existing partners and new stakeholders to address issues such as leadership, outreach, navigational supports, service expansion, and data deficiencies.
- **Establish a comprehensive and efficient data management process.** Recommendations for consideration include establishing a centralized database for all Hub data collection and aligning data collection to census categories to broaden analysis opportunities.



Environmental Scan and Community Engagement

The 2016-2021 Strategic Plan was established on the foundation of the Commission's historic efforts as well as a community assessment. Rather than engage in a five-year plan, the Commission decided to amend the existing plan for two years (2021-2025) for the purposes of assessing the current operating environment and exploring opportunities to deepen impact. The decision to amend the plan was informed by extensive input gathered from Hub leadership and community members in facilitated discussions, focus groups, and parent and caregiver interviews. Emerging data regarding the impacts of the COVID-19 pandemic were also considered. This information is summarized below.

Hub Leadership Input and Visioning: November 2019

Hub leadership participated in a facilitated discussion in November 2019. Relationships and trust building, leadership, communication, and the Hub model helped partners move from their old system to achieve the vision for Hubs. Needs for the future of the Hubs included a focus on sustainability, leadership, infrastructure, funding, and data. This was reinforced by the 2019-20 evaluation recommendations which led to the amendment of the vision, mission, and strategic plan.

Focus Group Results: January 2020

Focus groups were conducted with community members in January and February 2020, prior to the onset of the pandemic in the United States. Key themes from the focus groups regarding the Hubs included the following:

- **Service Expansion:** Community members participating in focus groups suggested multiple ways that Hubs could expand services including additional programs, more frequent programming, increasing staff, and offering services on a more flexible schedule (e.g., after work, weekends, during school breaks).
- **Information Dissemination and Sharing:** Community members also indicated that more information about services and programs offered at the Hubs could be provided in multiple formats to effectively communicate, including through newsletters, text, emails, etc.
- **Engage Families and Build Connections:** Participants observed that Hubs could more effectively build strong connections, both between people and between the Hub services and other organizations. Some potential connections to strengthen included encouraging parent to parent links, deeper engagement with fathers, engagement with diverse groups within the community and stronger linkages to schools.

Parent/Caregiver Key Informant Interview Results: August 2020

As part of annual evaluation efforts, the Commission sought to understand how families' needs had changed because of the pandemic and how they might change in the future. Twenty-five interviews were conducted in August 2020 with five parents from each Hub. The results of these interviews were reviewed to focus on qualitative data that revealed families' needs arising in the context of the COVID-19 pandemic, information specific to populations who are marginalized and isolated, and needs related specifically to the social determinants of health.

Pandemic-Related Needs

Across the Hubs, families expressed a great variety of needs that arose during the pandemic. Families indicated needing more help with basic needs, such as food, housing, and utilities. Additionally, employment, childcare, and support accessing and using technology were noted by many parents. Families were also experiencing stress, isolation, and anxiety and many noted a need for greater connection, social support, and socialization opportunities for both parents and children. As a result of these stressors, many parents noted an increased need for mental health services and supports. Finally, some parents indicated a need for a reliable source of COVID-related information and supplies such as masks, hand sanitizers, and other items.

Service Expansion Suggestions

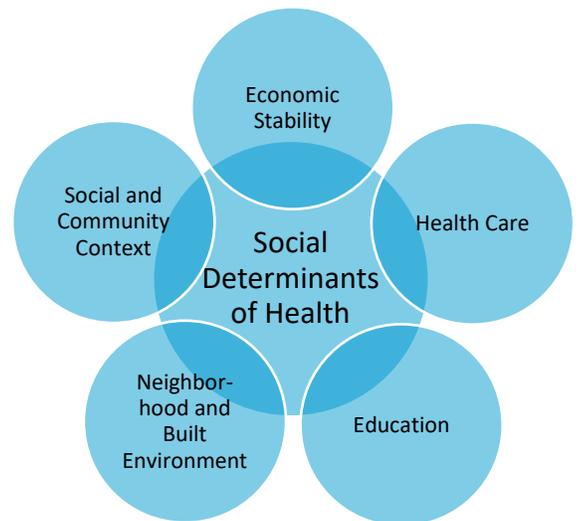
Suggestions for meaningful ways to expand services (both in response to the pandemic and in general) varied widely. Assistance with technology, mental health services for parents and children, educational workshops, discussions on a wide range of topics, support for parents schooling their children at home, transportation, and home-based activities and visits were all suggested. Some service expansion suggestions were more centered on service delivery, noting the opportunity to increase bilingual services, to engage all members of the family (including fathers and older children), and to offer services during non-traditional hours to support working families better.

Target Populations and Social Determinants of Health

Based on the current and future needs and service suggestions articulated by parents during key informant interviews, it was clear that some of populations who have been marginalized could be better served by the Hubs including families with children with disabilities and/or special needs, families whose primary language is not English, families who do not have the resources or access to technology to connect virtually (demonstrating “the digital divide”), families unable to access services during “traditional hours,” and working families without child care.

Additionally, interview data suggest that families were facing challenges related to the social determinants of health (SDoH). These are defined as:

- **Economic Stability:** Food security, employment, and financial security were all noted as areas of need for families, especially in the context of the pandemic.
- **Education:** Concerns for families included a need for academic supports for children of all ages, access to technology, and support for virtual learning. Additionally, parents noted that they were seeking more information about parenting and child development.
- **Health Care:** Access to medical and dental information and health education were mentioned as needs and potential service expansion opportunities. Additionally, access to mental health services were emphasized.
- **Social and Community Context:** Parents indicated a desire to increase social connections with other parents and families through support groups and other Hub activities.
- **Neighborhood and Built Environment:** Transportation was noted as a barrier by some parents and some interest was expressed related to nutrition information and access to healthy foods.



Emerging Data Regarding the Impacts of the COVID-19 Pandemic

Children and families have been deeply affected by the COVID-19 pandemic. According to the National Institute for Health Care Management (NICHM) Foundation, while some of the impact has yet to be seen, emerging data is signaling that “the pandemic has exacerbated existing challenges facing children and families, including food and housing insecurity, access to education and poverty... [Additionally,] the immediate and long-term impacts of this crisis have not been evenly distributed and may have substantial consequences for the most vulnerable children.”² In September 2020, the following data were presented to the Commission.

² Adapted from the National Institute for Health Care Management Foundation infographic: <https://www.nihcm.org/categories/helping-children-thrive-the-covid-19-pandemic-s-impact-on-health-and-well-being>

Mental Health	Before COVID-19, 1 in 6 children faced a mental health condition. Experts suggest that the impacts of the pandemic will only worsen mental health for children.
Poverty	Researchers estimate that poverty rates for children could increase by 53% due to the COVID-19 pandemic.
Lack of Childcare	13% of U.S. parents had to quit a job or reduce working hours due to lack of childcare. 60% of licensed childcare providers have already closed.
Education and the Digital Divide	1 in 3 public school students do not have adequate internet access or computing devices.
Food Insecurity	Before COVID-19, 14% of households with children were experiencing food insecurity. This has increased to 30% during the pandemic.
Housing Insecurity	Families with children accounted for 33% of the homeless population before COVID-19. COVID-19 and the associated mass unemployment will likely increase homelessness.
Intimate Partner Violence	Before the pandemic, 1 in 4 women and nearly 1 in 10 men experienced domestic violence in their lifetime. Intimate partner violence is rising with social distancing, quarantine, and economic stressors.
Child Abuse and Neglect	Child advocacy centers have seen 40,000 fewer children during the pandemic. Increased stress is often a predictor of abuse and school closures mean children have few contacts with adults to identify early warning signs.

The evaluation recommendations, the environmental scan, and community engagement results collectively led the Commission to deepen its commitment to the Community Hubs model, best practices, and research-based approaches, while reimagining how to operate the model to ensure every family’s needs are met effectively, equitably, and comprehensively.

Implementation of FY 2021-2023 Strategic Plan

The first year of the [FY 21-23 strategic plan extension](#) began July 1, 2021. On August 14, 2021, the Caldor fire started in the community of Grizzly Flats, the southern region of El Dorado County. The fire grew quickly, leveling the Grizzly Flats community and triggering evacuations for 20,000 residents in Pollock Pines, Camino, and Placerville. These community members were displaced to tents, parking lots, churches, friends and families. Over the next two weeks, the fire continued to spread up highway 50 to South Lake Tahoe. On September 1, 2021, the South Lake Tahoe Basin was evacuated displacing an additional 50,000 residents.

At the time of the fire, the Hub Team leadership had been working with Shaunda Crane at Marshall Medical to transition to navigational services. The new Community Hubs Model was just six weeks old. There was staff turnover in the transition of programming and many staff were new hires.

When the fire broke out, our Hub Team Navigators mobilized with Shaunda to provide outreach, support and services to displaced community members. This included knocking on doors and tents to engage families, serving at

the community resource center, coordinating community financial assistance, and mobilizing the distribution of food, water and diapers. In South Lake Tahoe, the basin was evacuated and empty. Staff were not present and recipients or services were also displaced. We mobilized the Community Hub 833 number and had a bilingual staff answering the calls. The service was promoted on social media.

Just as the Caldor Fire support was starting to slow, a series of snowstorms in mid-December brought record snowfall to the lowest elevation of the county. Nearly 20,000 residents lost power due to downed powerlines. On average residents were out of power 5 -10 days, with some going more than two weeks.

In combination with the ongoing pandemic, these two events further stressed families in our County. Resources were drained while families were displaced from their homes, finding alternate heating sources, and replacing spoiled food. Families without support left the county. Many have not returned. Children, parents, and community members have experienced pervasive trauma. Even if our team members were not directly impacted by these conditions, the act of serving the community creates an environment of secondary trauma. We have seen team members take Family Medical Leave Act (FMLA) to care for themselves or family members. Some have retired or resigned. Those that remain report being tired or overwhelmed. Our community is exhausted.

In anticipation of our current strategic plan extension expiring June 30, 2023, Commission Staff are looking for data to assess the impacts of these events on the community. Overall, data sets that we traditionally rely on are delayed or deferred. This impacts the ability to compare data between similar time frames or to see trends over the same time period. In an effort to understand the impacts of the environment, Commission Staff are relying on secondary analysis of existing community reports facilitated since 2019 as an “Environmental Scan”. These reports include:

- [El Dorado County \(EDC\) Indicator Report](#), EDC Youth and Families Commission July 2022
- [Community Health Needs Assessment](#), Barton Health, 2021.
- [Community Health Needs Assessment](#), Marshall Medical Center, 2019.
- [Landscape Analysis and Program Recommendations](#), Early Learning Lab report to First 5 El Dorado Commission, December 2021.

Environmental Scan

An environmental scan of information relevant to First 5 El Dorado Commission’s strategic plan was conducted to identify how families are being impacted by recent traumatic events: COVID-19, economic crisis and wildfire. First 5 staff, in consultation with SEI, has reviewed these reports and has found that there are consistent themes of high need in our County: access to services, behavioral health, problem substance use and maltreatment.

County Overview: El Dorado County Youth and Families Commission Indicator Report

The El Dorado County Youth and Families Commission was established in 2019 with two primary objectives for improvement:

1. Communication among all County agencies, community-based organizations, and other leaders.
2. Data and information-sharing among County agencies, community-based organizations, and other leaders in accordance with state and federal law.

As a first step toward these objectives, the Commission assessed data associated with children, youth and families. This Indicator Report compared El Dorado County with the State in several measures: health, education, child

welfare, early childhood, mental health, transition aged youth, probation and housing. The Commission’s primary focus is early childhood, as reported in Table 1. The green highlights reflect where our County exceeds the state. The red highlights reflect where the State exceeds the County.

Table 1: Early Childhood Indicators for El Dorado County as Compared to California, EDYFC, July 2022.

Indicator	State Avg	EDC Avg	Variance
Children birth to 5 who were read to every day by an adult	64%	80%	16%
Newborns who were exclusively breastfed while in the hospital	70%	82%	12%
3 and 4-year-olds who attend preschool	48%	57%	9%
Children birth to five who qualify for special education services	4%	12%	8%
Children in working families with access to licensed child care	25%	27%	2%
Newborns who were not low birthweight	93%	93%	0%
Mothers who received early prenatal care	84%	78%	-5%
Children birth to 5 in low-income families who had a dental visit in past year	39%	33%	-6%
Pregnant women who received prenatal care in the first trimester	84%	77%	-7%
Kindergarteners with up-to-date immunizations	95%	88%	-7%
Children birth to five without a substantiated allegation of maltreatment per 1000	90	88	-2%
Pregnancy hospitalizations w/out substance use diagnosis	65%	44%	-21%
Infants not Substance Affected at Birth per 1000	974	939	-35%

According to this data, young children are doing fairly well in the areas of reading, early education (preschool, special education and child care), and breastfeeding. However, our expectant persons are not faring well. The difference in rates between El Dorado County and California is greatest in infants not substance affected births (-35%). This is followed by hospitalization rates for pregnant persons (21%), prenatal care in the first trimester (-7%) and early prenatal care (-5%). The rates for substantiated child abuse claims are also high (-21%), but not unexpected given the high rates of problem substance use. Other access to care issues fall below the state level including dental visits (-6%) and immunizations (-7%).

Navigators in the Community Hub model are screening families in the registration process for “social determinants of health.” These indicators include transportation, food insecurity, a digital divide for some families, health and behavioral health. Selected indicators are reported in Table 2.

Table 2: Selected SDOH Indicators for El Dorado County as Compared to California, EDYFC, July 2022.

Indicator	State Avg	EDC Avg	Variance
Children not living in poverty	85%	90%	6%
Employment Rate	90%	92%	2%
Children who had food security	85%	87%	2%
Children who had health insurance	96%	97%	1%
Children who visited a dentist	92%	92%	0%
Computer and Internet Access	93%	93%	0%
Adults who received Behavioral Health Care when they needed it	68%	57%	-11%

Overall, these indicators were above the state average with only one indicator that fell below the state average, adults who received behavioral health care when they needed it (-11%).

County Priorities: El Dorado County Community Health Needs Assessments

Every three years, community hospitals that are considered “charitable” are required to facilitate a community needs assessment. This assessment has five requirements (retrieved from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitablehospital-organizations-section-501r3> on July 26, 2022):

“To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community’s health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

A hospital facility is considered to have conducted a CHNA on the date it has completed all of these steps, including making the CHNA report widely available to the public.” El Dorado County has two community hospitals that are required to complete these assessments, Barton Health and Marshall Medical Center, reflected in Table 3.

Table 3: Comparison of Top Five Health Priorities as identified in County Community Health Needs Assessment (CHNA), July 2022.

Barton Health CHNA 2021	Marshall Medical Center CHNA 2019
1. Mental Health	1. Substance use and misuse
2. Problem Substance Use	2. Mental health
3. COVID 19	3. Access to health care
4. Oral Health	4. Chronic diseases
5. Access to Healthcare Services	5. Community safety

Overall, the data reported by the Youth and Families Commission is consistent with the Community Health Needs Assessment priorities established by the hospitals. With the exception of conditions for expectant persons, the three priority areas are access to care, problem substance use and mental health.

County Context: Landscape Analysis and Program Recommendations, Early Learning Lab report to First 5 El Dorado Commission, December 2021.

As part of laying the foundation for community Advisories, First 5 El Dorado Commission has partnered with the Early Learning Lab and Start Early to assess the conditions in El Dorado County to engage community voices in their work. The first phase of this work was a landscape analysis where parents/caregivers, Hub Team members and other First 5 leaders were interviewed about the opportunities and barriers to including community voice in program planning and implementation. The report’s programmatic recommendations align with Commission investments:

1. *“Build on Families’ Aspirations: Consider and prioritize initiatives, strategies and programs that are responsive to the diverse needs parents identify for themselves. Take a comprehensive and systemic view of the social determinants of health and wellbeing and consider how you might make these universally available so parents don’t have to feel “singled out” and “less than” others. It is in these spaces that parents*

will be able to use their voices to inform and strengthen programming”. Moving to a Hub/Navigator model is a systematic approach to assessing the social determinants of health of families registering for services. This universal approach is inclusive and avoids singling out parents, caregivers and families.

2. *“Think Eco Systemically and Leverage Trusted Relationships: Instead of trying to replace or compete with existing institutions where families may have deep connections, understand, connect with and leverage these institutions including family resource centers, early childhood programs and schools. Deepen existing relationships with key institutions and create visible partnerships with these entities to meet the needs of parents and extend the impact of First 5’s investments”.* The current Hub model seeks to build partnerships through the use of an electronic referral system, Unite Us. When fully implemented, this system will promote efficient, effective connection to services for children, families and individuals and reduces the trauma of repetitive story telling. This data system will serve as a virtual community for our clients.
3. *“Build Parent Power and Let Them Lead: This means investing in parent leadership as part of existing First 5 initiatives, but also looking out in the community for opportunities to invest in other institutions that are already serving those families that First 5 has had difficulty connecting with. First 5 should prioritize efforts that focus on diverse communities and recognize the race and equity dynamics and tensions in the county. It should also invest in initiatives that support the development of social connections within and between target communities”.* Investments in Community Advisories will create a continuous feedback loop between our parents/caregivers to better match community investments with communities. Once established in each of our Hubs, we will invite parents to learn and lead with us, promoting parent leadership.

Extending the Strategic Plan an Additional Two Years

Last year, our Community Hub partners were tasked with a change to the service delivery model while enduring significant environmental impacts on our families. As a result, we have not made significant progress on our Strategic Plan. Strategies to address this progress include:

1. Extend the existing strategic plan amendment an additional two years through June 30, 2025 to facilitate implementation.
2. Continue to provide services that address increasing access to care, behavioral health and problem substance use in the County.
3. Seek to integrate strategies to engage parents prior to conception and in the early stages of pregnancy to reduce the number of children born to families experiencing problem substance use.

The Commission will update the strategic plan implementation timeline and will update fiscal recommendations annually as part of funding recommendations.

Plans for the Future

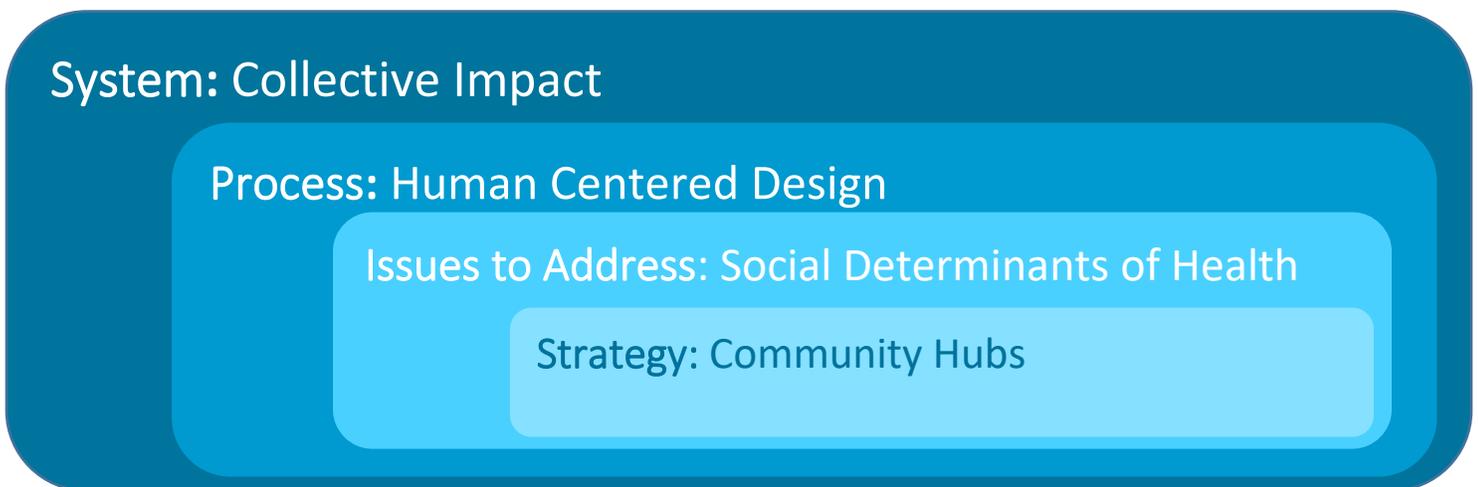
2021-2025 Strategic Plan Foundation

First 5 El Dorado is required to demonstrate results. Therefore, the Commission has and will continue to invest in systems through research-based efforts that incorporate best practices.

Best practice can be defined as...

“Ways of delivering services that have been found through research or experience as the ‘best’ ways to achieve desired outcomes.”

The following graphic illustrates the best practice approaches that are used as the foundation for the 2021-2025 Amended Strategic Plan.



Systems Change: Collective Impact

Collective impact is based on the idea that no single policy, government department, organization or program can solve complex social problems. Collective impact occurs when organizations from different sectors agree to work together on a specific social problem by using a common agenda, aligning efforts, and using common measures of success. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations, and citizens to achieve significant and lasting social change. The National Council of Nonprofits describes collective impact as “an intentional way of working together and sharing information for the purpose of solving a complex problem.”³

A collective impact approach relies on five “pillars” or conditions: 1) a shared vision and common agenda, 2) the use of evidence-based decision making and shared measurements, 3) collaborative action, 4) continuous communication and community engagement, and 5) investment and sustainability.

³ Accessed November 18, 2020: <https://www.councilofnonprofits.org/tools-resources/collective-impact#:~:text=E2%80%9CCollective%20impact%E2%80%9D%20describes%20an%20intentional,of%20solving%20a%20complex%20problem>



The Collaboration for Impact emphasizes, “Unlike collaboration or partnership, Collective Impact initiatives have centralized infrastructure – known as a backbone organization – with dedicated staff whose role is to help participating organizations shift from acting alone to acting in concert.”⁴ In the 2016-2021 Strategic Plan, First 5 El Dorado affirmed its position as a backbone organization for a collective impact approach to impacting early childhood systems.

Process: Human Centered Design

The Commission recognizes that programs are best designed by those who experience services. A Human Centered Design approach engages community members in designing services and providing feedback on implementation. This approach includes **five key principles**: empathize, define, ideate, prototype, and test. To support effective community engagement and address structural inequities, First 5 El Dorado elected to partner with the Early Learning Lab to employ human-centered design to better understand families’ experiences with current services and the service delivery system as a whole and to reconsider, inform, and redesign these services.

The [Early Learning Lab](#) is using a Human Centered Design approach to engage families in service design through the Parent Innovation Institute. This promising approach brings together parents, caregivers, and community members to build a system that they will use and provide input on an ongoing basis. According to the Early Learning Lab’s proposal to the Commission, “Human-centered design (HCD) is a structured set of processes that overcome the obstacles of working across different lived experiences by developing **empathy** for end-users and **using rapid-cycle learning** to build products or services iteratively, incorporating feedback and data from the end-users for continuous quality improvement. HCD has long been used in the business world to create products that are user-friendly and evolve with changing user needs. More recently, it is being used in the social sector to better design programs and services across a wide range of fields.”⁵

This approach is supported by a comprehensive review of Design For Social Innovation Initiative by the Stanford Social Innovation Review Journal in December 2020. Results of this respective review identified three actions for better design for the future. These include: 1) invest in infrastructure, 2) build community ownership, and 3) embrace radical collaboration focused on systemic change⁶

⁴ Retrieved from: <http://www.collaborationforimpact.com/collective-impact/>

⁵ Accessed from The Early Learning Lab’s Proposal “Integrating Human-Centered Design into First 5 El Dorado’s Community Hubs Initiative”

⁶ Retrieved from:

https://ssir.org/articles/entry/the_next_chapter_in_design_for_social_innovation?utm_source=Enews&utm_medium=Email&utm_campaign=SSIR_Now

Issues to Address: Social Determinants of Health

According to the Centers for Disease control, social determinants of health are factors associated with where an individual or family lives, works, learns, and plays. The five primary social determinants include economic stability, education access and quality, social and community context, healthcare access and quality, and neighborhood and built environment.⁷

An additional factor that impacts health outcomes and risk that should be considered is racism. Racism and racial bias are major sources of health inequities and disparities in communities that have been marginalized, such as Black/African American communities and Latino communities. These health inequities are the result of racist practices that create barriers to educational attainment and impede employment opportunities, and include redlining practices, mass incarceration, and immigration policies. Racism impacts the ability of members of communities that have been marginalized to achieve optimal health in the five social determinants listed previously.⁸

The social determinants of health that First 5 El Dorado seeks to address in this Amended Strategic Plan are summarized in the graphic below.

<p>Healthcare Access and Quality</p> <ul style="list-style-type: none"> • Access to healthcare, a primary care provider, health insurance, and health literacy to understand your own health can drastically impact health outcomes for families.
<p>Education Access and Quality</p> <ul style="list-style-type: none"> • Educational attainment from childhood through higher education, including the development of language and literacy, can mitigate health risks associated with lower-quality educational opportunities.
<p>Social and Community Context</p> <ul style="list-style-type: none"> • Connections among families, friends, neighborhoods, and communities can support optimal health and wellbeing by creating a safe and supportive network for individuals and families.
<p>Economic Stability</p> <ul style="list-style-type: none"> • Employment can increase economic stability, which improves the ability to afford healthy foods, stable housing, healthcare services, and education. All of the factors associated with economic stability improve health outcomes.
<p>Neighborhood and Built Environment</p> <ul style="list-style-type: none"> • Areas that have low rates of crime and violence, access to clean air and water, and opportunities for walking or biking can prevent certain health risks and increase health and safety for families.
<p>Racism</p> <ul style="list-style-type: none"> • Because of the impacts of implicit bias and structural racism, individuals and families in Black/African American, Indigenous, Latino and other communities of color experience worse health outcomes and are at an increased risk for health problems such as heart disease, clinical depression, low birth weight infants, poor sleep, obesity, and mortality.

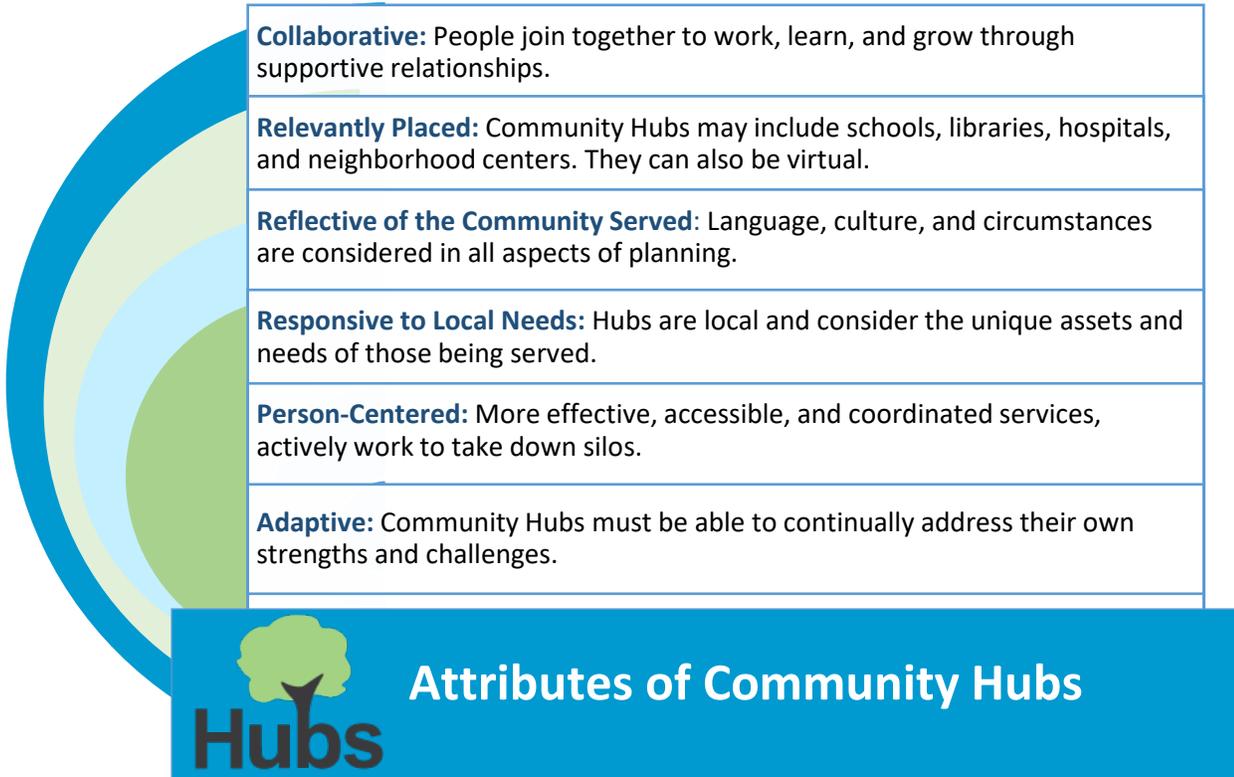
⁷ Accessed: <https://www.cdc.gov/socialdeterminants/about.html>

⁸ Gee, G. C. (2016). Racism as a social determinant of health inequities. Leveraging the Social Determinants to Build a Culture of Health, 1-2. <https://healthequity.globalpolicysolutions.org/wp-content/uploads/2016/12/RacismasSDOH.pdf>

Strategy: Community Hubs

Community Hubs have been implemented in countries across the world. There is no single definition because Community Hubs are locally driven and vary in function and structure. However, most share common attributes that set them apart from other traditional models for service delivery and coordination.

These common attributes are described in the graphic below.



In the 2021-2025 Amended Strategic Plan, First 5 El Dorado will work to refine the Hubs model that it has introduced and piloted in El Dorado County using human centered design as the driver for changes over the two-year implementation period.



Commission Investments

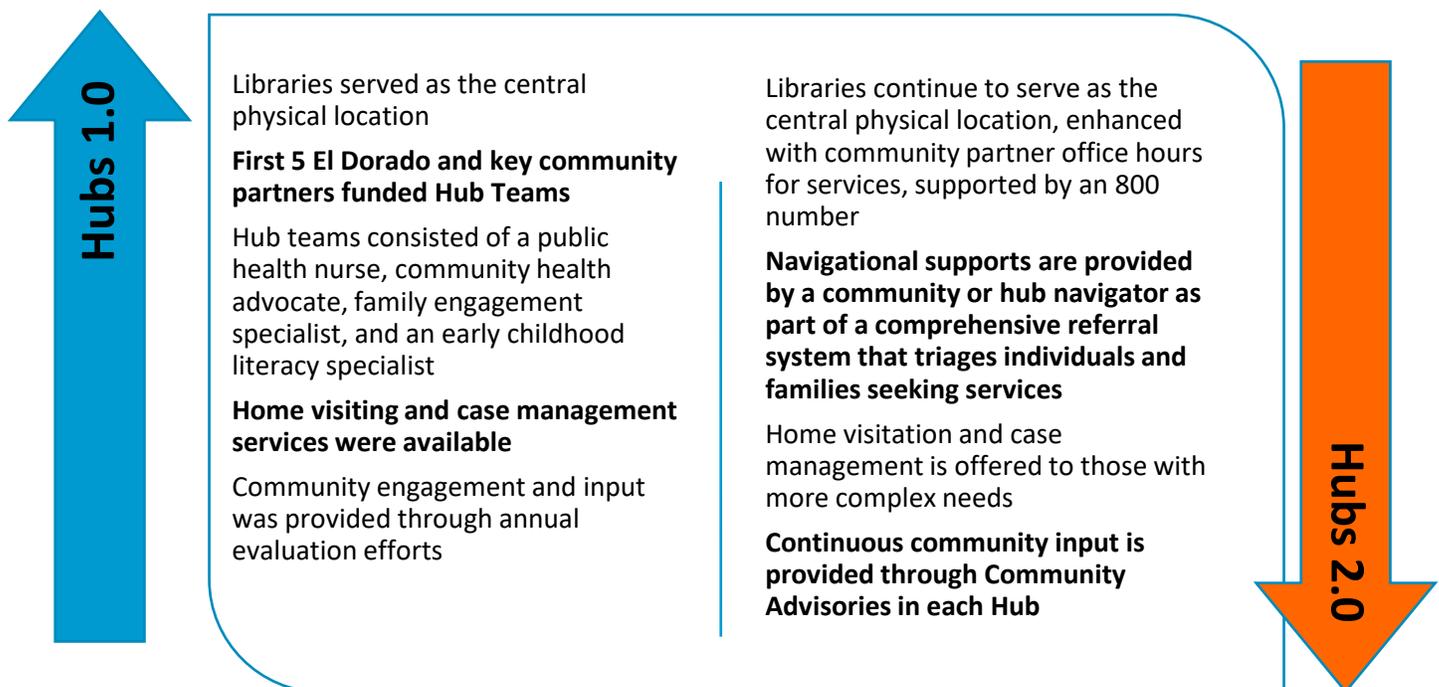
In the 2021-2025 Amended Strategic Plan, the Commission will focus investments in the fourth strategic result area mandated by Proposition 10, Improved Systems of Care. Based on lessons learned in implementing Community Hubs during the 2016-2021 Strategic Plan period, as well as extensive community input, First 5 El Dorado believes that it can effectively improve outcomes in the other First 5 strategic result areas through a re-engineering of Community Hubs. This shift focuses on improving systems of care as the primary investment strategy rather than making targeted investments in specific services.

Community Hubs 2.0

In the first iteration of the Community Hubs, First 5 El Dorado, in partnership with El Dorado County Health and Human Services, the El Dorado County Library, and the El Dorado County Office of Education contracted with service delivery providers to offer services using a trauma-informed approach. This was designed to increase the presence of protective factors in children and their families. Through the Hubs, First 5 El Dorado has made consistent gains toward realizing the goals of the 2016-2021 Strategic Plan and supporting positive outcomes for children and families in El Dorado County.

Evaluation results indicate that structural adjustments and supplemental funding are necessary to increase the efficacy of the Hubs in creating meaningful outcomes for all children, individuals, and families. Additionally, the Commission learned through implementation that active engagement of community partners, diversified sustainable funding, and a consistent and open feedback loop with the community, with providers, and with leadership are essential to ensuring the success of the Hubs. As such, Hubs are in the process of being re-engineered to increase their impact and reach.

The graphic below provides a high-level overview of some of the anticipated changes to Community Hubs in El Dorado County that the Commission will support in 2021-2025.



With input from Commissioners and Hub partners, a draft model was developed to reimagine the Hubs. It is expected that this re-envisioning of the model will more effectively engage the community in decision-making and build in feedback loops. This will move the First 5 El Dorado Children and Families Commission toward systems-level changes

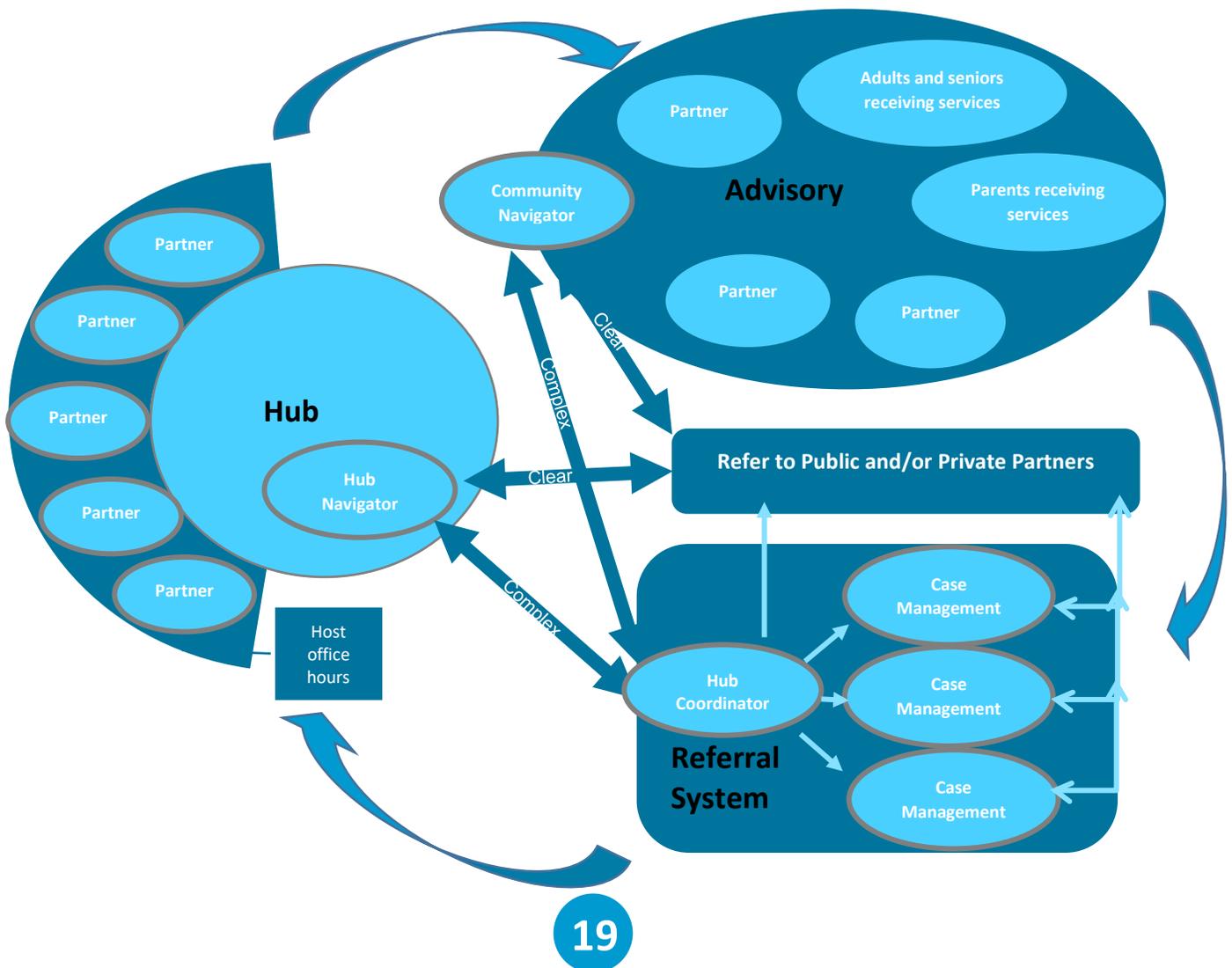
and away from program-specific investments. The key assumption is that expectant parents and families with children birth through five years of age will realize greater results from investments in service connection and coordination, rather than siloed, program specific investments.

Hubs 2.0 prioritizes access to services, referral, and navigation. In this model, all community members access a Hub by walking into a Hub location, by calling an 800 number, or by referral from another parent, caregiver, or community partner. Through Community Advisories, a focus will be placed on identifying populations who are marginalized by the system and developing strategies to better engage them in their community.

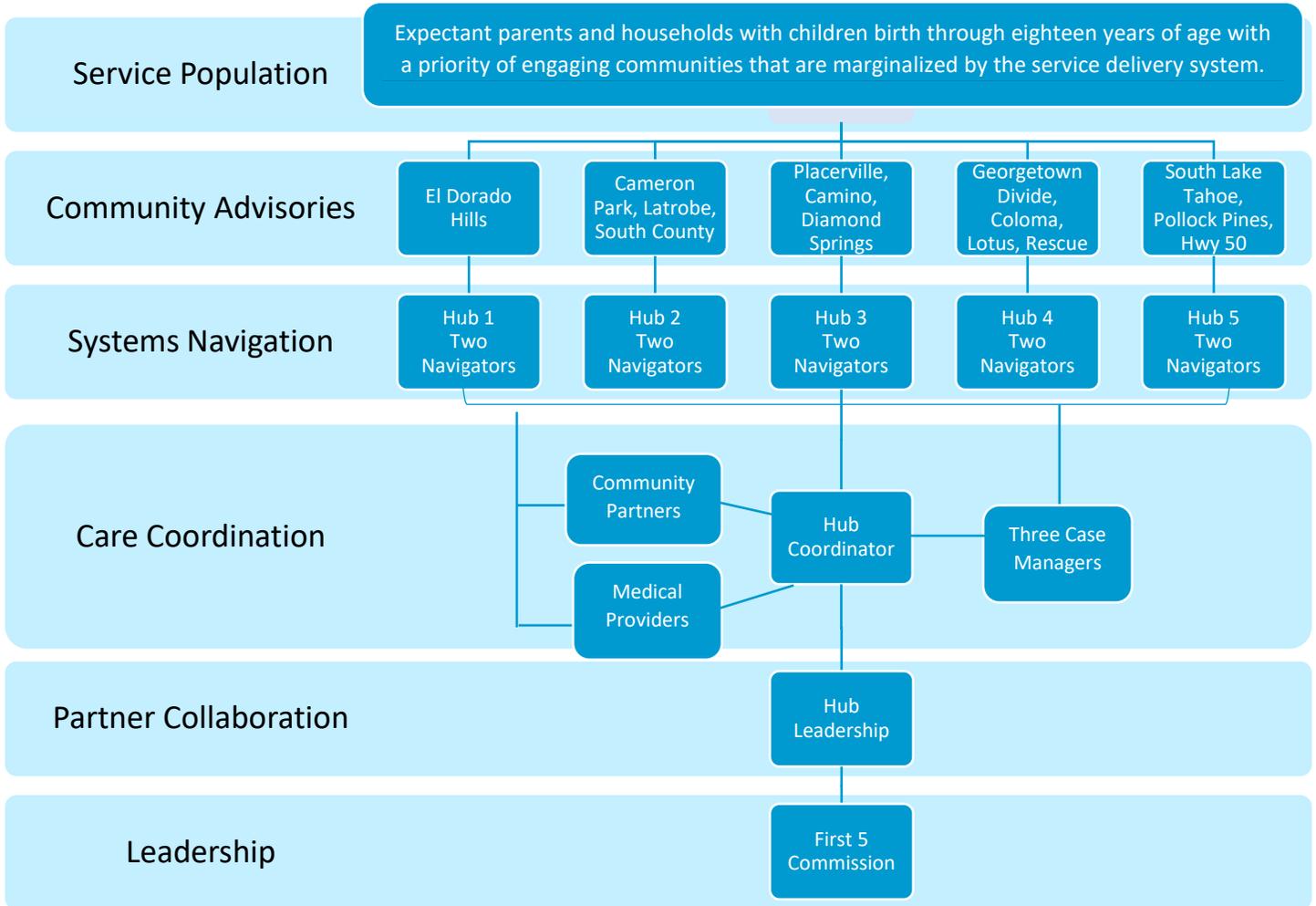
Key roles and functions within Hubs 2.0 include the following:

- **Hub or Community Navigators** can guide families and individuals to supports. Those with clear issues can be referred to partners. Those with complex issues are screened for referral or case management.
- A **Hub Coordinator** will provide additional screening and triage referrals, sending them to either a Case Manager, medical provider, or community partners.
- **Case Managers** will provide individualized support to children, individuals, and families with complex issues.
- **Community Advisories** consisting of people receiving services and community partners will monitor processes for continuous improvement by reflecting on the system and services provided through Hubs.

The following graphic illustrates how these key components interact to support the model.



Stakeholders involved in implementation of Hubs 2.0 include the service population, representatives from each community, navigators, community partners, medical providers, case managers, the hub coordinator, and hub leadership. Leadership for the redesign will be provided by the First 5 El Dorado Commission. These stakeholders and their roles in implementing Hubs 2.0 are illustrated in the graphic below.



The infrastructure, planning, and resources necessary to successfully refine and realize Hubs 2.0 are expected to be significant. Additionally, in the context of the COVID-19 pandemic, understanding the evolution of families' needs and how to better design the system to meet those needs may pose considerable challenges. The 2021-2025 Amended Strategic Plan is meant to lay the groundwork for Hubs 2.0, where First 5 El Dorado will continue to serve as the backbone organization for this effort, while engaging stakeholders across the system to strengthen and refine Community Hubs.

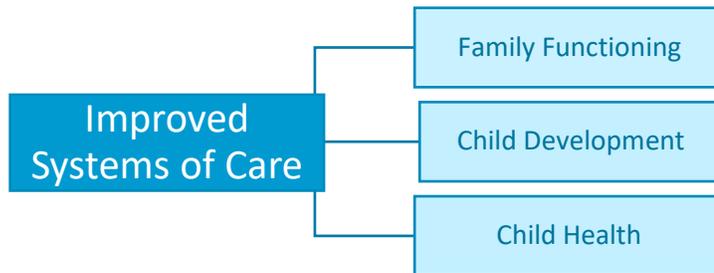
Funding Parameters

The 2021-2025 Amended Strategic Plan will continue to be based on funding decisions with the following assumptions:

- Priority to maintain Early Childhood System.
- Commission funding within the annual allocation.
- Strategic Plan serving as the basis for decision-making.
- Long-range fiscal plans assessed over a ten-year period.
- A strategic, systematic approach taken in developing recommendations.
- Staff and partners continuing to research opportunities to leverage additional funding.

Strategic Plan Objectives

The 2021-2025 Amended Strategic Plan will be implemented to achieve a variety of objectives. It is important to note that First 5 El Dorado has embarked on improving the system of care in a manner designed to positively impact and support children, individuals, and families in other strategic result areas with a focus on improved systems of care.



The Commission has established the following overarching objective to which all other efforts should contribute:

Systems of care effectively support communities through individual and family functioning, health, and development.

Other supporting objectives for the 2021-2025 Amended Strategic Plan include the following:

System of Care

- Systems are person-centered, coordinated, responsive to community needs, and aligned.
- Systems are organized to provide outreach, intake, screening, referral, and disposition with high levels of satisfaction for recipients, Community Advisories, and the community.
- Systems are sustainable.
- Services are adjusted based on information from service recipients and Community Advisories that allows for a rapid cycle of improvement.

These objectives are likely to change over the course of the Amended Strategic Plan period as learning occurs through implementation. Activities in Year 1 are designed to provide a greater understanding of the needs in each Hub. This will include who is accessing services and how they access services and supports by Hub. The review and revision of an Evaluation Plan will result from this two-year transition. Community Advisories are critical to identifying who is accessing services, what barriers exist to accessing services, and how to remove those barriers. This participatory evaluation will be embedded into the ongoing Community Advisory conversations to ensure that populations who are marginalized are reached. As noted previously, “Marginalized populations are those excluded from mainstream social, economic, cultural,

or political life. Examples of marginalized populations include, but are by no means limited to, groups excluded due to race, religion, political or cultural group, age, gender, or financial status.”⁹

Measuring our Results

The Children and Families Act of 1998 mandates the collection of data for the purpose of demonstrating results. The results-based accountability model as adopted by the state First 5 Commission requires the collection of data, the analysis of data, and the reporting of findings to evaluate the effectiveness of Commission investments. Ultimately the goal of evaluation is to demonstrate best practices in order to build a “road map” for continued improvements of approaches that serve the needs of all children.

The Commission is committed to basing its funding decisions on the results achieved. Because the Commission believes that evaluation is an ongoing feedback process, it will provide technical assistance and support to Community Hubs and program contractors for purposes of data collection and evaluation.

Implementation and Evaluation Approach

The four-year amendment and extension of the Strategic Plan is designed to foster learning, innovation, and change. Implementation will take a phased approach over the period of the amended strategic plan which will inform evaluation and the theory of change.

	FY 21-23	FY 23-24	FY 24-25
Transition to Navigator Model	Work with existing staff to redesign roles and responsibilities to meet the needs of the model	Annually review roles and responsibilities, including onboarding for new staff.	Annually review roles and responsibilities, including onboarding for new staff.
Community Advisories	Develop a plan that is informed by community input and implements rapid cycle change regularly		
	Implement human-centered design and utilize the results to inform Phase 2 the next phase.		
	Convene Community Advisories	Solicit additional partners based on needs identified by Hub in Year 1 previous year .	Solicit additional partners based on needs identified by Hub in Year 1 previous year .
	Support Community Advisories in establishing their charters	Annually review charter.	Annually review charter.
	Utilize the human centered design process and principles with Community Advisories to differentiate needs by Hub	Continue to implement human-centered design and adjust the model based on results from Year 1 previous year .	Continue to implement human-centered design and adjust the model based on results from Year 1 previous year .
	Work with Community Advisories, and Hub staff to quantify and address needs by Hubs	Refine Community Advisories by Hub based on their feedback, suggestions, and results	Communicate changes by HUBS with the community on a regular basis, soliciting feedback and buy-in

⁹ Retrieved from: (<https://methods.sagepub.com/Reference/sage-encyc-qualitative-research-methods>)

Sustainability	Engage funders in the collective impact approach Identify resources to leverage and engage in the Hubs transition and sustainability.	Continue to seek funding through partners, grants, foundations, and contract allocations	Continue to seek funding through partners, grants, foundations, and contract allocations
	Establish MOUs with partners and funders invested in the collective impact approach	Continue to cultivate MOUs with partners and funders invested in the collective impact approach	Implement customized contracts and investments based on MOUs established in Year 1 and ongoing in Year 2 future years.
Evaluation	Draft evaluation theory of change and plan based on community advisory and Hub staff input	Refine theory of change and build out evaluation plan based on lessons learned from Year 1	Award evaluation contract and engage contractor in developing an evaluation framework and plan
	Conduct ongoing evaluation of system change	Conduct ongoing evaluation of system change	Draft RFA for evaluation of collective impact approach

The table below describes evaluation activities to be conducted on an annual basis.

Evaluation Report	Description	Timing
Annual Evaluation Report	A high-level annual report that connects the strategic plan to the year in review.	October 2021
First 5 California Annual Report	Complete AR2 portion and County Commission Highlights sections of First 5 California Annual report (online and PDF).	October 2021
Improved System of Care Report	This report will synthesize quarterly information from stakeholders including service recipients, Community Advisories, HUB personnel, and partners to assess satisfaction, opportunities for rapid cycle change, and access to services throughout the service cycle.	March 2022 (recurring annually)

It is anticipated that with the enhanced implementation of Community Hubs that evaluation efforts will change from year to year. Because of this dynamic, a custom evaluation plan will be developed using the strategic plan as the basis and current conditions as the context. Evaluation efforts will also consider the theory of change which is found on the following page. This theory of change synthesizes the amended strategic plan’s approach to visually depict how the changes planned will be realized over the next two-year period.



Long-Term Fiscal Plan

The Commission is required to have a long-term fiscal plan. The Fiscal Plan guides the Commissions investments and ensures:

“The Commission will function within its annual allocation and maintain a sustainability fund that meets minimum fund balance requirements... Adjustments to annual budgets will systematically address increases or decreases in revenue, and adjustments to long-term fiscal plans will strategically address the sustainability of Commission operations and direct services.”

The Fiscal Plan is updated annually to reflect the results of annual audits with revenue projections provided by the Department of Finance (DOF) for Proposition 10 allocations. For the first time since FY 02-03, there is projected increase in this funding through FY 24-25 due to population increases projected by the California Department of Finance.

Reorganization and reallocation to implement Community Hubs 2.0 will significantly alter the funding picture over the 2021-2025 Amended Strategic Plan time-period.

Fund Balance Reporting	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Beginning of Year Fund Balance	\$ 1,233,523	\$ 1,827,943	\$ 1,622,126	\$ 1,452,983	\$ 1,378,216
Total Projected Revenues	\$ 2,902,731	\$ 1,233,523	\$ 1,150,611	\$ 1,201,464	\$ 1,219,293
Total Projected Expenditures	\$ 2,326,058	\$ 1,439,339	\$ 1,319,755	\$ 1,276,231	\$ 1,283,487
End of Year Fund Balance	\$ 1,827,943	\$ 1,622,126	\$ 1,452,983	\$ 1,378,216	\$ 1,314,022
Months of Sustainability	9.43	13.52	13.21	12.96	12.29
Revenues	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Prop. 10 Revenue	\$1,102,088	\$1,099,562	\$1,142,611	\$1,193,464	\$1,211,293
External Grant Funding	\$1,770,643	\$125,961	\$0	\$0	\$0
Local Interest	\$30,000	\$8,000	\$8,000	\$8,000	\$8,000
Total Projected Revenues	\$ 2,902,731	\$ 1,233,523	\$ 1,150,611	\$ 1,201,464	\$ 1,219,293
Expenditures	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Total: Support Services	\$ 400,000	\$ 458,378	\$ 464,755	\$ 491,231	\$ 498,487
Total: Direct Services	\$ 1,926,058	\$ 980,961	\$ 855,000	\$ 785,000	\$ 785,000
External Grant Funding	\$ 1,061,379	\$ 125,961	\$ -	\$ -	\$ -
Total Expenditures	\$ 2,326,058	\$ 1,439,339	\$ 1,319,755	\$ 1,276,231	\$ 1,283,487

Fiscal Assumptions

Proposition 10 Revenue

The Fund balance for the first year of the two-year strategic plan is based upon the FY 19-20 Annual Audit with a beginning fund balance of \$1,233,523. The five-year revenue projections are based on CA Department of Finance (May 2020) and reflect an upward trend of funding of nearly \$200,000 over the next five years. The average El Dorado County interest is at \$30,000 annually for FY 20-21 and then decreases to \$8,000 through FY 21-25.

Salary and benefit projections from El Dorado County Office of Education include an annual increase of 2.22%. Salaries are calculated at 1 FTE with the exception of the Executive Direction (ED) whose position is leveraged at .8 FTE in FY 20-21 and 21-22, and .9 FTE in FY 22-25. The annual Commission allocations are estimated at \$855,000 for FY 21-23 and \$785,000 thereafter. An allowance for evaluation, communications and community building is included in the Total Projected Expenses.

External Grant Funding

Through the 2016-2021 Strategic Plan, the Commission was able to leverage funding through the Mental Health Services Act Innovation Grant. This funding stream will expire on June 30, 2021, which requires that the Commission examine its fiscal assumptions and how best to invest to build an improved system of care. Because the current funding outlook remains uncertain, additional funding is needed to fully implement the vision of the Amended Strategic Plan. First 5 staff and partners will work prior to and throughout the period of the Amended Strategic Plan to identify additional funding that can expand the reach of the Commission’s investments.

Hubs 2.0 Supported by Leveraged Resources

The Commission will build upon the Hubs 2.0 model by leveraging funding and resources to expand and enhance services. Because this strategic plan is an update of the current plan, strategies were negotiated with existing contractors. The objective in the next four years is to build sustainability for the model by leveraging additional funding and resources. In FY 21-25, these innovations will be piloted:

Strategy	Lead Agency	Resource
Co-locate County Staff at Hubs.	Health and Human Services Agency	Staff Time
Identify referral leads for all 48 HHSA Departments.	Health and Human Services Agency	Staff Time
Expand navigation services for all children, individuals and families.	El Dorado County Library	Match Funding
Expand services to children and families through school partnerships.	El Dorado County Office of Education	Match Funding
Implement a database to facilitate and report intake, screenings and referrals.	Kaiser Permanente	Unite Us Database System
Expand Case Management for families with complex needs.	Marshall Hospital, Care Coordinator for Vulnerable Populations	Staff Time
Increase access to legal supports and services.	El Dorado County Courts	Public and Private Staff Time and Resources
Establish Community Advisories.	Early Learning Lab	Match Funding

Hubs 2.0 Supported Solely by First 5 El Dorado

In order to provide the basic Hub 2.0 infrastructure, the Commission will collaboratively fund key activities:

Community Hub Strategies	Partner(s)	Proposed Commission Funding	Proposed Match Funding
Hub Navigation	El Dorado County Library (EDCL)	\$125,000	\$126,798 EDCL \$174,035 Other
Community Navigation	El Dorado County Office of Education (EDCOE)	\$245,000	\$149,000 Other
Hub Coordination	EDCL and EDCOE	\$90,000	\$42,770 EDCL \$44,702 EDCOE \$50,000 First 5 CA
Early Literacy	EDCL	\$175,000	\$291,645
Quality Child Care	EDCL and EDCOE	\$100,000	\$36,451 EDCL \$62,147 EDCOE
Total Annual Investment		\$735,000	\$977,548

Systems Strategies		
Community Advisories	\$25,000	\$75,000 Early Learning Lab \$70,000 First 5 CA
Communications	\$20,000	
Evaluation/Database	\$75,000	
Total Annual Investment	\$120,000	\$145,000

This funding model is based upon funding recommendations at the time of Commission approval. Funding may fluctuate over the course of the 2021-2025 Amended Strategic Plan within each of the categories described above.

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