



FIRST 5 KERN STRATEGIC PLAN 2023 DATA PACKET

Prepared by:
Applied Survey Research

Table of Contents

EXECUTIVE SUMMARY 1

COMMUNITY INDICATORS..... 3

POPULATION DEMOGRAPHICS.....4

 Child Population 4

 Child Population by Race/Ethnicity 4

HEALTH & WELLNESS 5

 Prenatal Care 5

 Birth Outcomes 6

 Breastfeeding 8

 Well-Child Visits 9

 Developmental Screening 10

 Immunizations..... 11

 Oral Health Care..... 11

 Health Insurance 12

 Adverse Childhood Experiences (ACEs) 13

STRONG FAMILIES..... 14

 Poverty by Age 14

 Housing Affordability 15

 Public Assistance: CalFresh Enrollment 16

 Public Assistance: calWORKs Enrollment 16

 Child Maltreatment Allegations 17

 Substantiated Allegations of Child Maltreatment..... 18

EARLY EDUCATION 19

 Preschool Enrollment 19

 Enrollment in Special Education 19

 Third Grade ELA Proficiency 20

KEY INFORMANT INTERVIEWS..... 21

 Health and Wellness 22

 Strong Families..... 24

 Early Education 25

COMMUNITY SURVEY 28

 Priorities 31

APPENDIX 1- LIST OF COMMUNITY INDICATORS AND SOURCES..... 34

Table of Figures

Figure 1.	Number of Children in Kern County Under Six Years (2018-22).....	4
Figure 2.	Child Population of Kern County, by Race/Ethnicity (2021)	4
Figure 3.	Percentage of Mothers Who Received Prenatal Care in the First Trimester (2017-21).....	5
Figure 4.	Percentage of Mothers Who Received Prenatal Care in the First Trimester, by Race/Ethnicity (Kern County, 2016-20)	5
Figure 5.	Percentage of Babies Born at a Low Birthweight (2016-2021).....	6
Figure 6.	Percentage of Babies Born at Low Birthweight in Kern County, by Race/Ethnicity (2019-21)	6
Figure 7.	Percentage of Babies Born Preterm	7
Figure 8.	Percentage of Babies Born Preterm, by Race (2019-21).....	7
Figure 9.	Percentage of Breastfeeding Mothers, by Practice and Duration (2016-18)	8
Figure 10.	Percentage of Mothers in Kern County Exclusively Breastfeeding Three Months After Delivery, by Race (2016-18).....	8
Figure 11.	Percentage of Children on Medi-Cal with Six or More Well-Child Visits in the First 15 Months of Life (2020-21 and 2021-22)	9
Figure 12.	Percentage of Children on Medi-Cal Ages 15-30 Months with Two or More Well-Child Visits (2020-21 and 2021-22).....	9
Figure 13.	Percentage of Children on Medi-Cal with Developmental Screening in First Three Years of Life (2020-21 and 2021-22).....	10
Figure 14.	Percentage of Children on Medi-Cal Up to Date on Immunizations by Second Birthday (2020- 21 and 2021-22).....	11
Figure 15.	Percentage of Children Ages 3-5 on Medi-Cal with an Annual Dental Visit, by Year	11
Figure 16.	Percentage of Children 3-5 on Medi-Cal with an Annual Dental Visit, by Race (2021)	12
Figure 17.	Percentage of Children Under Six Enrolled in Health Insurance, by Year.....	12
Figure 18.	Percentage of Children with Adverse Childhood Experiences (Parent Reported, 2016-19)	13
Figure 19.	Percentage of Children Living in Poverty in the Past 12 months, by Age	14
Figure 20.	Percentage of Households Paying More than 30%of Income for Housing	15
Figure 21.	Children Ages 0-17 Participating in CalFresh (Rate per 1,000)	16
Figure 22.	Children 0-17 Participating in CalWORKs (Rate per 1,000)	16
Figure 23.	Maltreatment Allegation Rate per 1,000 Children 0-17	17
Figure 24.	Maltreatment Allegation Rate per 1,000 by Age, Kern County	17
Figure 25.	Maltreatment Allegation Rate per 1,000 by Age, California	17
Figure 26.	Substantiated Maltreatment Allegation Rate per 1,000 Children 0-17	18
Figure 27.	Racial Disparities in Likelihood of Experiencing Substantiated Allegation of Maltreatment Compared with White Children.....	18
Figure 28.	Percentage of Children Ages 3-4 Enrolled in School.....	19
Figure 29.	Percentage of Children Ages 0-5 with Special Needs, by Type of Disability (2018)	19
Figure 30.	Percentage of Third Grade Students Meeting or Exceeding Grade -Level ELA Standards	20
Figure 31.	Top Needs and Potential Strategies — HEALTH AND WELLNESS.....	22
Figure 32.	Top Needs and Potential Strategies — STRONG FAMILIES.....	24
Figure 33.	Top Needs and Potential Strategies — EARLY EDUCATION.....	25
Figure 34.	Percentage of Community Survey Respondents, by Location (n = 652).....	28

Figure 35. Percentage of Community Survey Respondents, by Race and Ethnicity (n = 650)..... 29

Figure 36. Percentage of Community Survey Respondents, by Preferred Language (n = 651) 29

Figure 37. Percentage of Community Survey Respondents, by Role (n = 680) 30

Figure 38. Common Types of Care Used by Parents/Guardians of Children 0-5 (n=251) 30

Figure 39. Barriers Faced in Trying to Get Care (n=203) 31

Figure 40. Top services needed for families and children ages 0-5 in Kern County (n = 493)..... 31

Figure 41. Percentage of Community Survey Respondents Rating Each Need by Level of Priority,
(n = 503)..... 32

Figure 42. Populations Perceived to be Most in Need in Kern County (n = 346) 33

Figure 43. What else is needed to help Kern County’s children 0-5 and their families? (n = 336)..... 33

Executive Summary

First 5 Kern County is updating its strategic plan for the next three-year term, beginning 2025. To support the agency in this effort, Applied Survey Research (ASR) was contracted to provide key community data, including community indicators, key informant interviews, and community surveys. The following presents highlights from these data collection efforts.

Our Population

- As of 2021, there were 80,054 children ages 0-5 living in Kern County, but the population is declining.
- Over half of the child population in Kern County identified as Hispanic/Latino (60%), followed by White (29%), African American (5%) and Asian (3%).

Health & Wellness



- **PRENATAL CARE:** Kern County mothers were **less likely** to receive timely prenatal care compared to the statewide average (82% vs. 87%, respectively). Latina (76%) and African American (72%) mothers are less likely to have early prenatal care.
- **PRE-TERM BIRTHS:** Kern County babies were **more likely (10%)** than babies statewide (9%) to be born preterm. One out of ten babies (9.6%) were born preterm, compared to 9% statewide. American Indian or Alaska Native (13.5%) and African American/Black (13.3%) babies were almost twice as likely as White babies (8.2%) to be born preterm.
- **BIRTHWEIGHT:** Kern County babies were **more likely (8%)** than babies statewide (7%) to be born at a low birthweight. African American/Black babies were twice as likely (13.8%) as White babies (6.3%) to be born at low birthweights.
- **BREASTFEEDING:** Kern County mothers were **less likely (29%)** than mothers statewide (34%) to be exclusively breastfeeding three months after delivery. Latina mothers (21%) were less likely to be exclusively breastfeeding at three months post-delivery, compared to 30% of African American mothers and 48% of White mothers.
- **WELL-CHILD VISITS:** Kern County children on Medi-Cal were **less likely (33%)** than children statewide (40%) to have six or more well-child visits during their first 15 months of life.
- **DEVELOPMENTAL SCREENINGS:** Kern County children on Medi-Cal were much **less likely (5%)** than children statewide (29%) to receive developmental screenings.
- **IMMUNIZATIONS:** Kern County children on Medi-Cal were **less likely (28%)** than children statewide (37%) to have all of their scheduled immunizations by their second birthday.
- **DENTAL VISITS:** Kern County children ages 3-5 on Medi-Cal were **less likely (45%)** than children statewide (52%) to have had an annual dental visit.
- **ACES:** Kern County children ages 0-17 were **more likely (19%)** than children statewide (15%) to experience two or more Adverse Childhood Experiences.
- **KEY INFORMANTS:** The **top needs** identified by respondents included: oral health care, immunizations, and collaboration with health plans or to find ways to bill Medi-Cal.

- **COMMUNITY SURVEY:** Respondents identified food security, health screenings, well-child checkups, and dental care as pressing needs for Kern County.

Strong Families



- **POVERTY:** Kern County children ages 0-17 are more likely (26%) than children statewide (16%) to live below the poverty line.
- **HOUSING COSTS:** One in three households in Kern County spent 30% or more of their income on housing, comparable to statewide numbers, and this percentage has increased substantially over the past few years.
- **FOOD SECURITY:** Kern County children are **more likely (31/1000)** to participate in CalFresh compared to children statewide (20/1000).
- **PUBLIC ASSISTANCE:** Kern County children are also **twice as likely (152/1000)** as children statewide (80/1000) to benefit from CalWORKs cash aid.
- **MALTREATMENT:** Substantiated allegation rates were almost **double the statewide rate**, at 11 per 1,000 children in Kern County compared to six per 1,000 children statewide. African American/Black children were 2.71 times more likely than White children to be represented in cases of substantiated allegation.
- **KEY INFORMANTS:** Poverty was described as a driver in the inability to meet basic needs of families and a need to support children of agricultural workers to break the cycle of poverty.
- **COMMUNITY SURVEY:** Respondents identified a need for mental health services for parents and a one stop shop or hub to coordinate referrals.

Early Education



- **PRESCHOOL:** Kern County children ages 3-4 were **less likely (31%)** than children statewide (46%) to be enrolled in preschool in 2021.
- **SPECIAL NEEDS:** About 2000 children ages 0-5 had a disability (2018); Speech or Language Impairment and Autism were the most utilized disability services.
- **READING PROFICIENCY:** Kern County third grade students were **less likely (31%)** than children statewide (42%) to be meeting or exceeding ELA standards.
- **KEY INFORMANT:** Early learning and child care was a key priority by almost all respondents.
- **COMMUNITY SURVEY:** Early learning and child care **was identified** as a main need for children and families in Kern County.

Community Indicators

First 5 Kern will utilize the community indicator findings as part of a needs assessment to inform the strategic planning process. To guide planning efforts, ASR has compiled a menu of community indicators in each of F5K's strategic result areas:

Health & Wellness	Strong Families	Early Education
<ul style="list-style-type: none"> • Prenatal Care • Birth Outcomes • Breastfeeding • Well-Child Visits • Developmental Screening • Oral Health Care • Immunizations • Health insurance • Adverse Childhood Experiences (ACEs) 	<ul style="list-style-type: none"> • Poverty • Public Assistance • Housing Affordability • Child Maltreatment 	<ul style="list-style-type: none"> • Preschool Enrollment • Special Education Services • 3rd Grade ELA Proficiency

Findings are displayed to describe trends over time as well as statewide data for comparison. Where available, data are presented by race and ethnicity in order to surface disparities where those may be present.

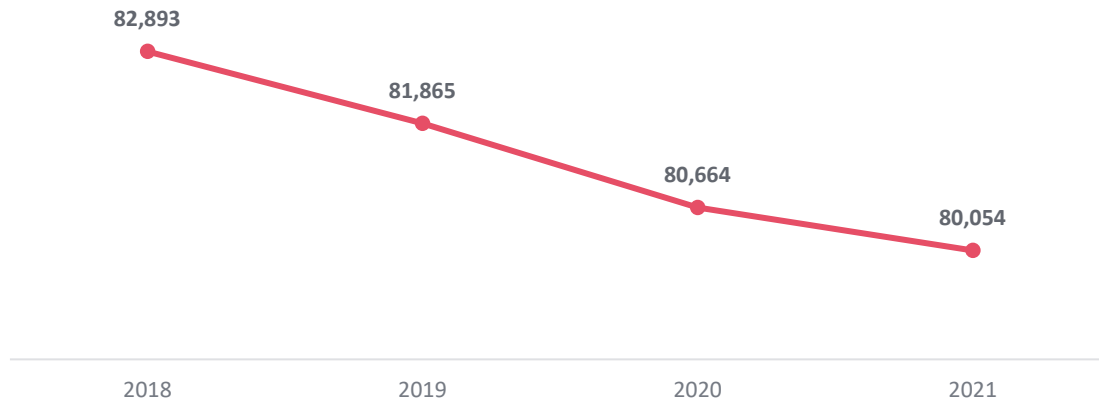
Population Demographics

CHILD POPULATION

The number of children 0-5 living in Kern County has decreased since 2018.

In Kern County, the number of children ages 0-5 living is estimated to be 80,054, but this has been steadily decreasing in recent years.

Figure 1. Number of Children in Kern County Under Six Years (2018-22)



Source: California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021) via KidsData.org. Note: 2022 data not yet available.

CHILD POPULATION BY RACE/ETHNICITY

Over half of the child population in Kern County is Hispanic/Latino.

The majority of Kern County children under six were Hispanic/Latino (60%), followed by White (29%).

Figure 2. Child Population of Kern County, by Race/Ethnicity (2021)

Race/Ethnicity	Kern County	Number
Hispanic/Latino	59.7%	150,375
White	28.7%	72,126
African American/Black	5.3%	13,373
Asian	3.1%	7,832
Multiracial	2.6%	6,568
American Indian/Alaska Native	0.5%	1,237
Native Hawaiian/Pacific Islander	0.1%	210

Source: California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021). Note: 2022 data not yet available.

Health & Wellness

PRENATAL CARE

Kern County mothers are less likely to receive timely prenatal care compared to the state.

In Kern County, the percentage of mothers who received prenatal care in the first trimester of pregnancy was 82%, compared to 87% of mothers statewide. Furthermore, eight out of ten White and Asian mothers received early prenatal care, while Hispanic mothers (76%) and African American/Black mothers (72%) were less likely to have timely prenatal care.

Figure 3. Percentage of Mothers Who Received Prenatal Care in the First Trimester (2017-21)

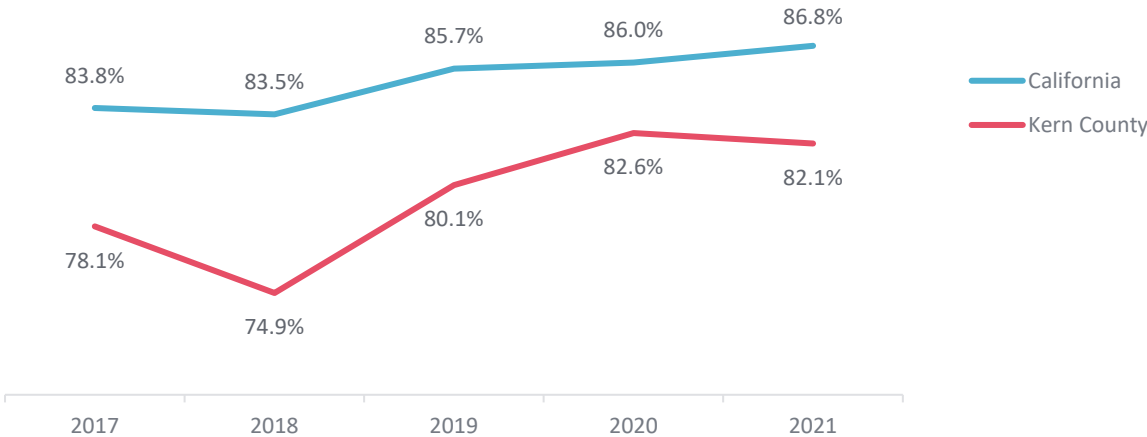
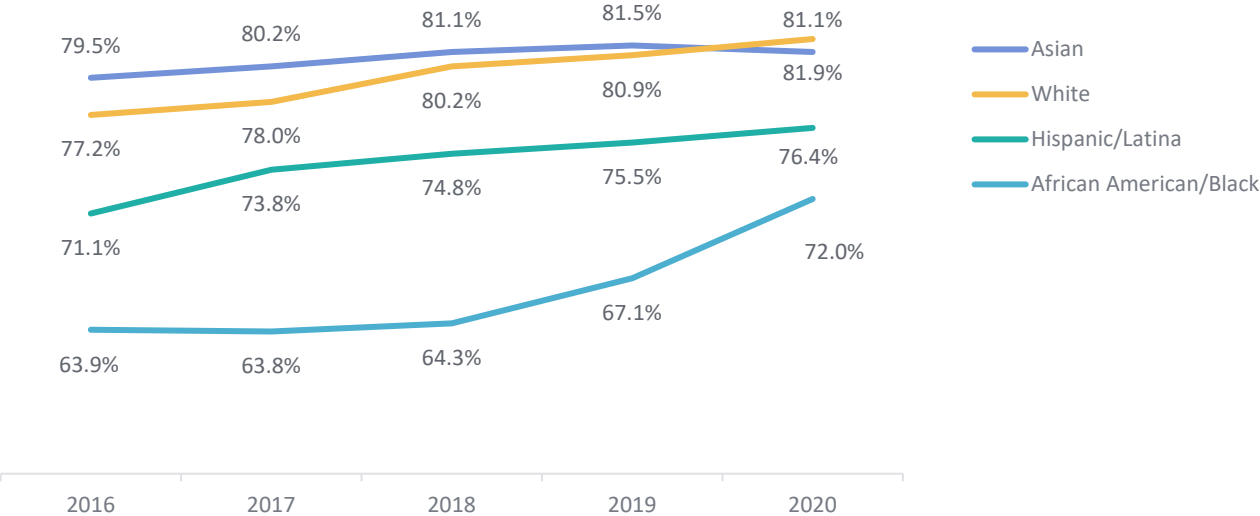


Figure 4. Percentage of Mothers Who Received Prenatal Care in the First Trimester, by Race/Ethnicity (Kern County, 2016-20)



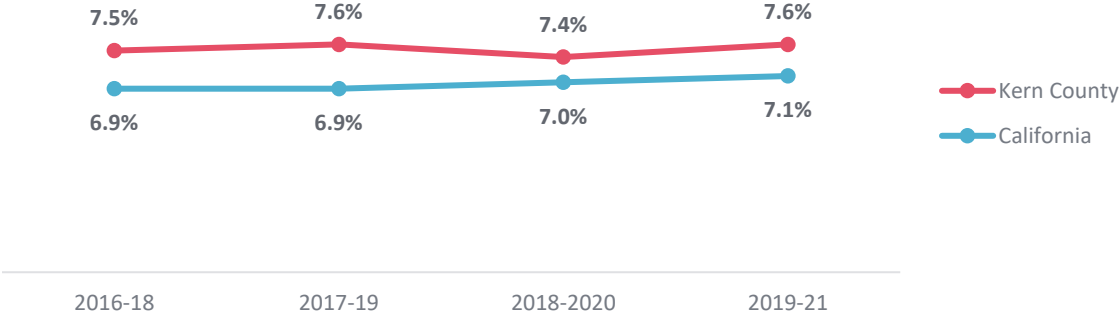
Source For both charts: CDC WONDER Online Database, Natality (May 2022), as cited on Kidsdata.org. Data for Native American mothers not shown due to small sample size and consequent instability of data.

BIRTH OUTCOMES

One out of fourteen babies (8%) were born at a low birthweight.

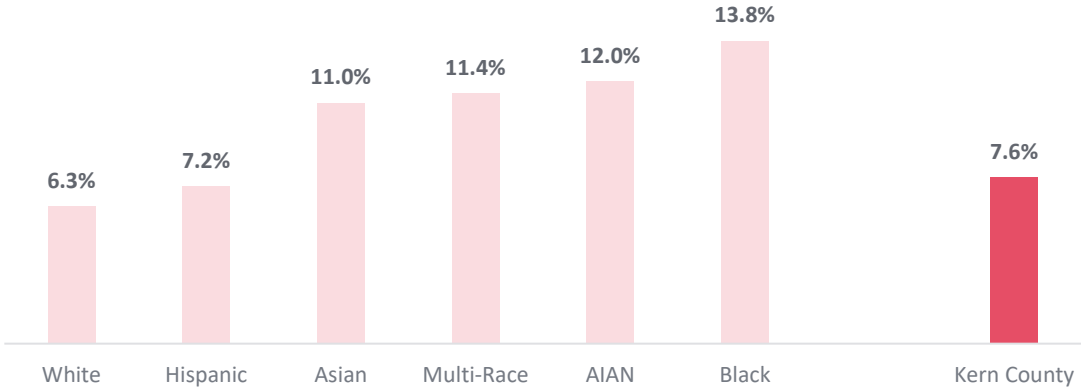
Low birthweight deliveries are defined as those in which babies are born five pounds, eight ounces or less. Being born at a low birthweight puts babies at risk for later health problems. In Kern County, the prevalence of low birthweight deliveries was slightly higher (less favorable) than across California overall. African American/Black babies were twice as likely (13.8%) as White babies (6.3%) to be born at low birthweights.

Figure 5. Percentage of Babies Born at a Low Birthweight (2016-2021)



Source: California Department of Public Health, County Health Status Profiles, Three-Year Averages (2016-21).

Figure 6. Percentage of Babies Born at Low Birthweight in Kern County, by Race/Ethnicity (2019-21)

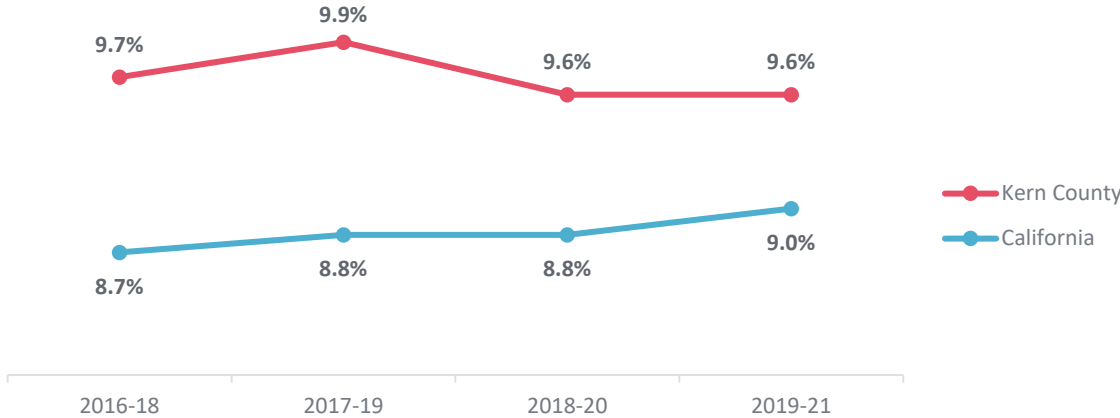


Source: California Department of Public Health, County Health Status Profiles, Three-Year Averages (2019-21).

One out of ten babies (9.6%) were born preterm.

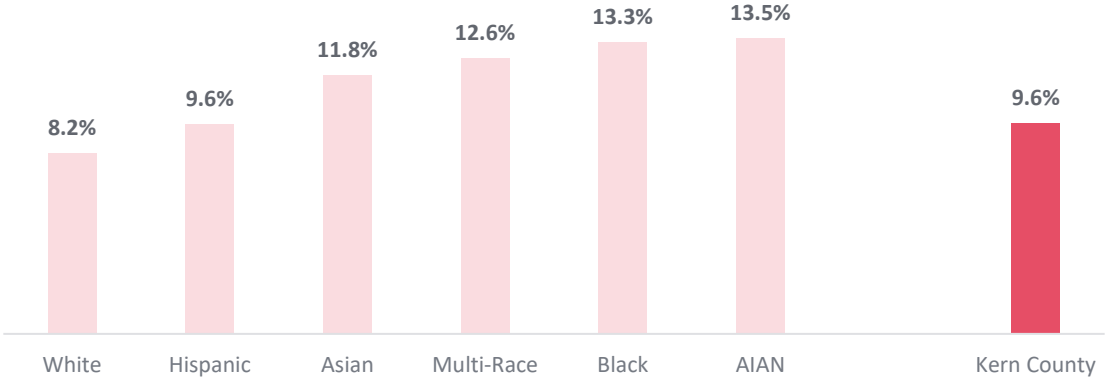
Preterm birth, or birth before 37 weeks gestation, is a driving factor for infant mortality. Surviving infants have increased risks for lifelong health and developmental problems. The prevalence of preterm births in Kern County was slightly higher (less favorable) than across California overall. However, the percentage of preterm births has been on a decline in Kern County. In Kern County, American Indian or Alaska Native (13.5%) and African American/Black (13.3%) babies were almost twice as likely to be born preterm than were White babies (8.2%).

Figure 7. Percentage of Babies Born Preterm



Source: California Department of Public Health, County Health Status Profiles, Three-Year Averages (2016-21).

Figure 8. Percentage of Babies Born Preterm, by Race (2019-21)



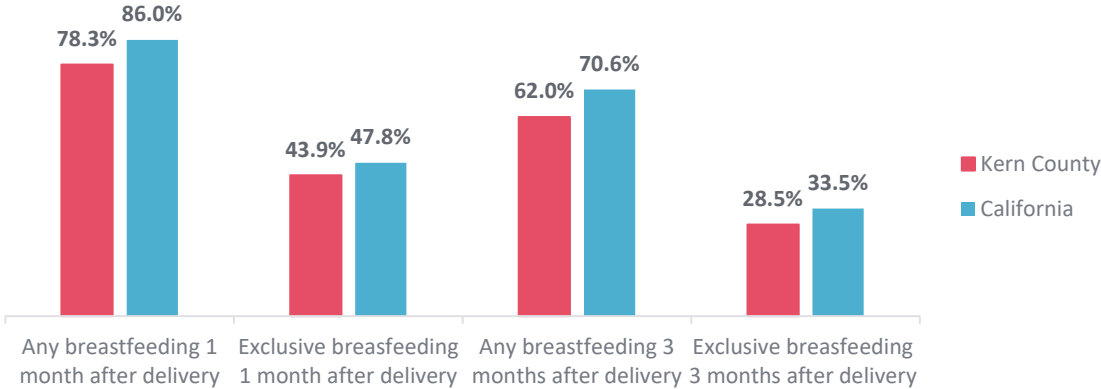
Source: California Department of Public Health, County Health Status Profiles, Three-Year Averages (2019-21).

BREASTFEEDING

Only one in three (28.5%) mothers were exclusively breastfeeding three months after delivery.

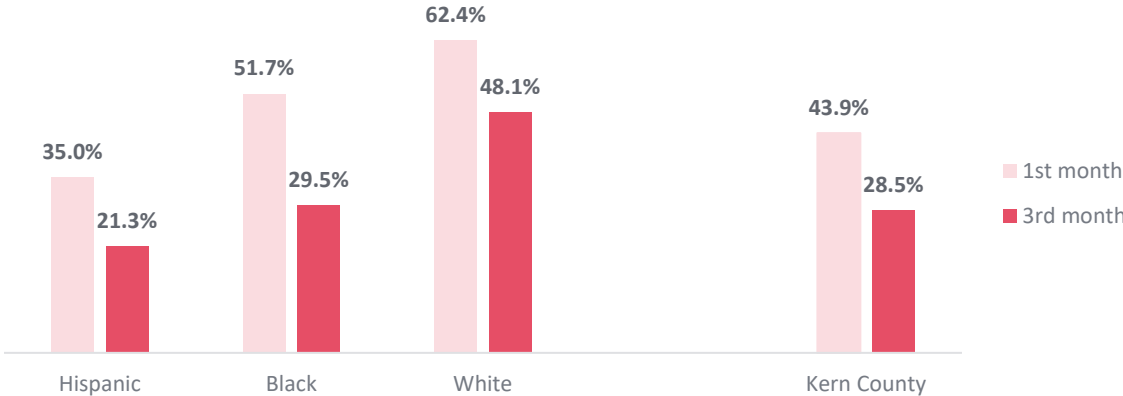
The percentage of mothers in Kern County who exclusively breastfed dropped substantially between one month after delivery (43.9%) to three months after delivery (28.5%). Latina mothers (21%) were less likely to be exclusively breastfeeding at three months post-delivery, compared to 30% of African American mothers and 48% of White mothers.

Figure 9. Percentage of Breastfeeding Mothers, by Practice and Duration (2016-18)



Source: California Department of Public Health, Maternal and Infant Health Assessment (MIHA), Breastfeeding Practices (2022).

Figure 10. Percentage of Mothers in Kern County Exclusively Breastfeeding Three Months After Delivery, by Race (2016-18)



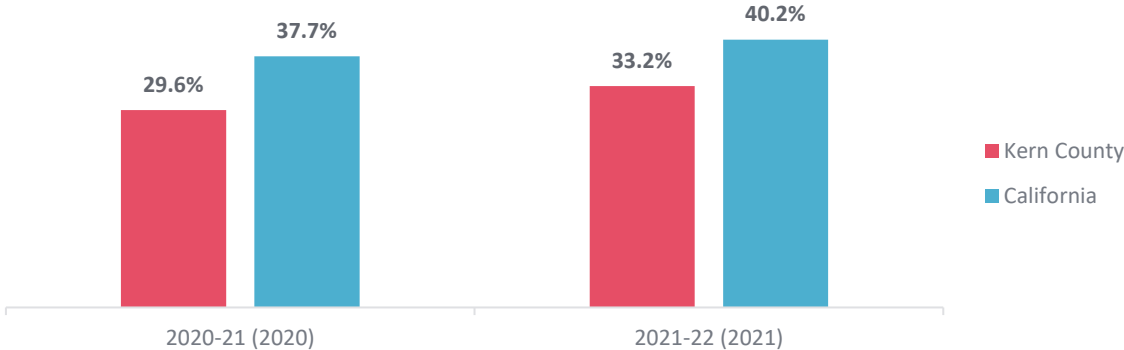
Source: California Department of Public Health, Maternal and Infant Health Assessment (MIHA), Breastfeeding Practices (2022).

WELL-CHILD VISITS

Less than half of Kern County children utilized well-child visits during their first two years of life.

Kern County children’s use of preventative health care has continued to improve, but still remains comparatively low: in 2021-22, only one in three (33.2%) children accessed six or more well-child visits during their first 15 months of life.

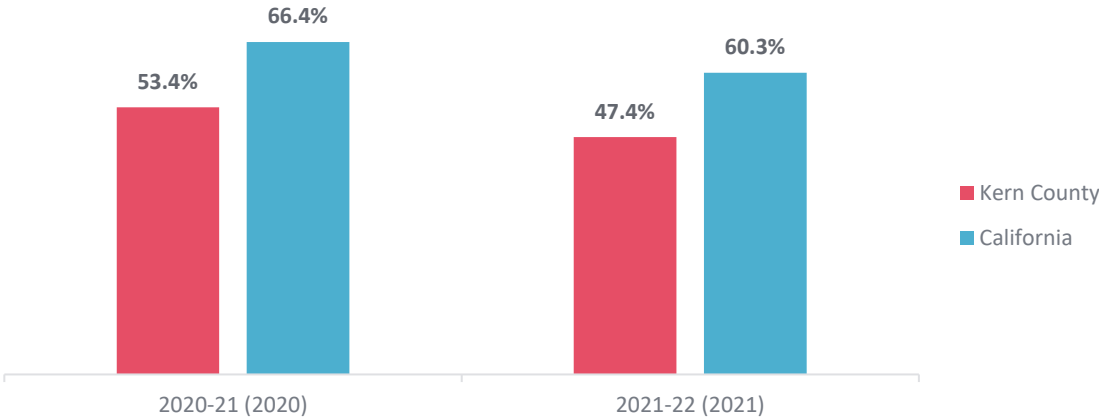
Figure 11. Percentage of Children on Medi-Cal with Six or More Well-Child Visits in the First 15 Months of Life (2020-21 and 2021-22)



Source: Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22). Data are reported for Kern Health System because it has the largest number of subscribers in the county (N = 333,440) compared to Health Net Community Services, Inc (N = 83,309).

As for older children ages 15-30 months, access to well-child visits was more favorable but still comparatively low relative to the statewide average: less than half (47.4%) of Kern County children accessed two or more well-child visits, compared with 60% of children statewide (2021-22).

Figure 12. Percentage of Children on Medi-Cal Ages 15-30 Months with Two or More Well-Child Visits (2020-21 and 2021-22)



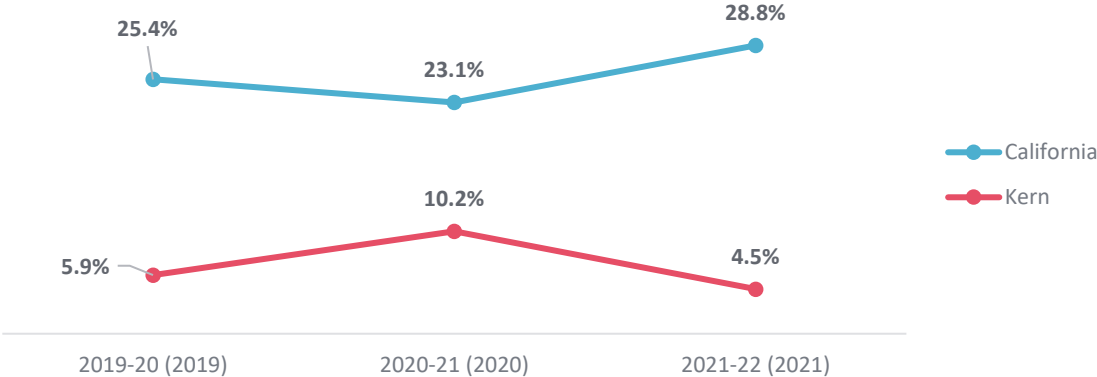
Source: Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22). Data are reported for Kern Health System because it has the largest number of subscribers in the county (N = 333,440) compared to Health Net Community Services, Inc (N = 83,309).

DEVELOPMENTAL SCREENING

Only one in twenty (4.5%) children had received a developmental screening in their first three years of life.

Kern County children (5%) were much less likely than children statewide (29%) to receive screenings. The percentage of Kern County children on Medi-Cal receiving developmental screenings in the first three years of life sharply declined, from 10.2% in 2020-21 to 4.5% in 2021-22.

Figure 13. Percentage of Children on Medi-Cal with Developmental Screening in First Three Years of Life (2020-21 and 2021-22)



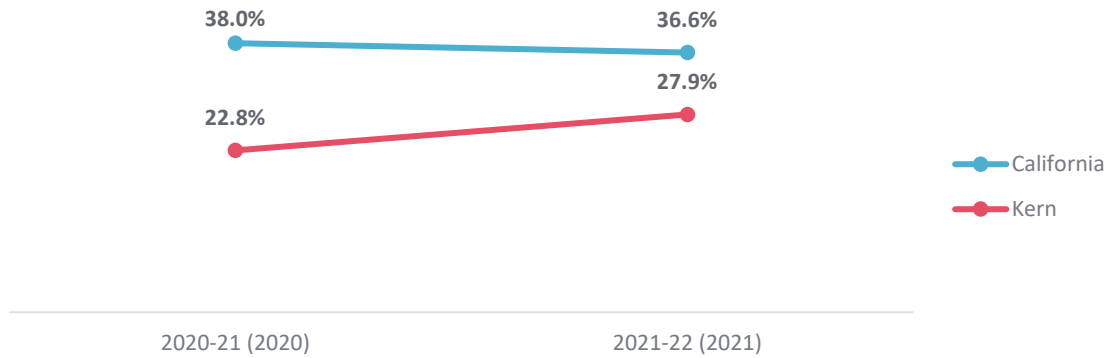
Source: Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22). Data are reported for Kern Health System because it has the largest number of subscribers in the county (N = 333,440) compared to Health Net Community Services, Inc (N = 83,309).

IMMUNIZATIONS

Only one in four children was up to date on immunizations by their second birthday.

Kern County children on Medi-Cal were less likely (28%) than children statewide (37%) to have all of their scheduled immunizations by their second birthday. The percentage of children with immunizations up to date by their second birthday slightly increased from 2021 (22.8%) to 2022 (27.9%).

Figure 14. Percentage of Children on Medi-Cal Up to Date on Immunizations by Second Birthday (2020-21 and 2021-22)



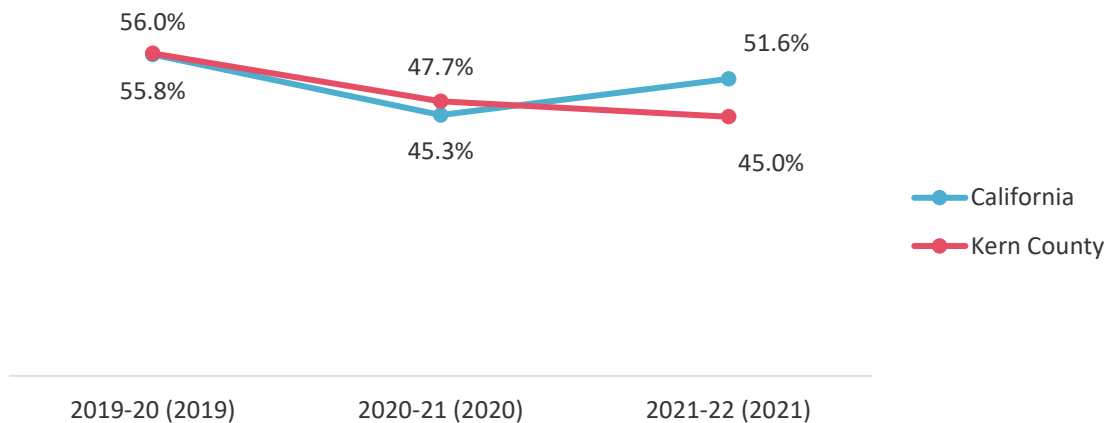
Source: Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22). Data are reported for Kern Health System because it has the largest number of subscribers in the county (N = 333,440) compared to Health Net Community Services, Inc (N = 83,309).

ORAL HEALTH CARE

Less than half (45%) of children 3-5 utilized annual dental visits in the past year.

Children ages 3-5 receiving Medi-Cal in Kern County were less likely than the statewide average to utilize annual dental visits.

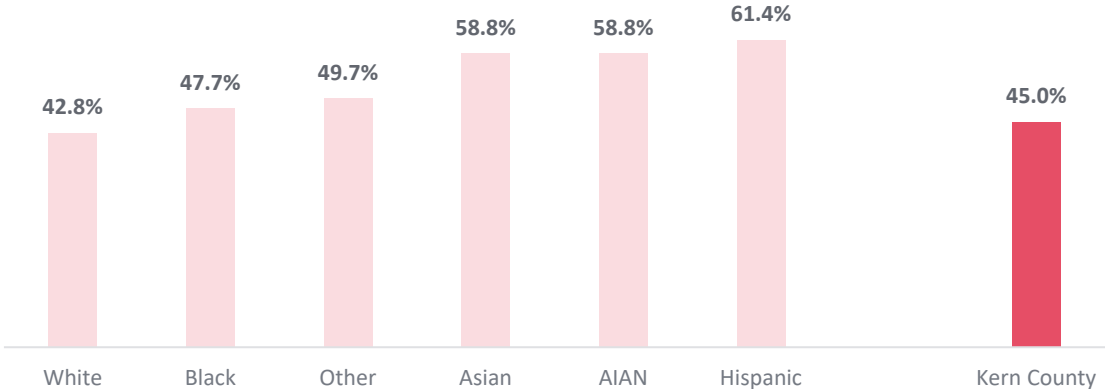
Figure 15. Percentage of Children Ages 3-5 on Medi-Cal with an Annual Dental Visit, by Year



Source: Dental Utilization Measures and Sealant Data (2021). Data includes use of Medi-Cal dental benefits by Medi-Cal members.

Utilization of annual dental visits was more favorable for all races but White (43%), and still low with less than half (45%) of Kern County children on Medi-Cal utilizing annual dental visits in 2021.

Figure 16. Percentage of Children 3-5 on Medi-Cal with an Annual Dental Visit, by Race (2021)



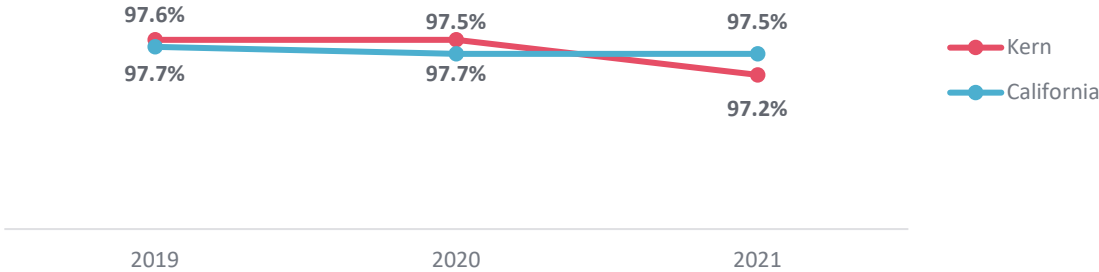
Source: California Department of Health Care Services, Dental Utilization Measures and Sealant Data (2021).

HEALTH INSURANCE

Nine out of 10 (98%) children under age six were enrolled in health insurance.

Almost all Kern County children under six were enrolled in health insurance, comparable to the state.

Figure 17. Percentage of Children Under Six Enrolled in Health Insurance, by Year



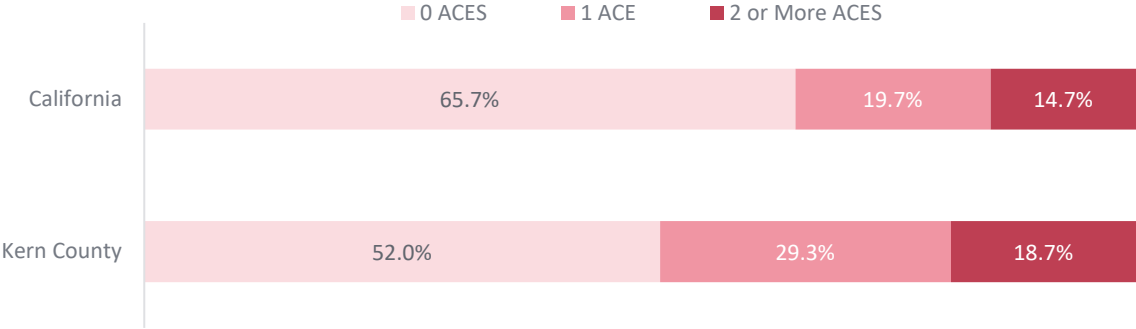
Source: American Community Survey, Health Insurance Coverage Status by Sex by Age, Five-Year Estimates (2019-21).

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Children in Kern County are more likely to experience two or more Adverse Childhood Experiences than children statewide.

Children with more Adverse Childhood Experiences are at a higher risk for negative developmental and health outcomes. Based on parent reports, the percentage of Kern County children ages 0-17 with two or more Adverse Childhood Experiences (18.7%) was higher than the average for children statewide (14.7%).

Figure 18. Percentage of Children with Adverse Childhood Experiences (Parent Reported, 2016-19)



Source: Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Jan. 2021); retrieved from KidsData.org.

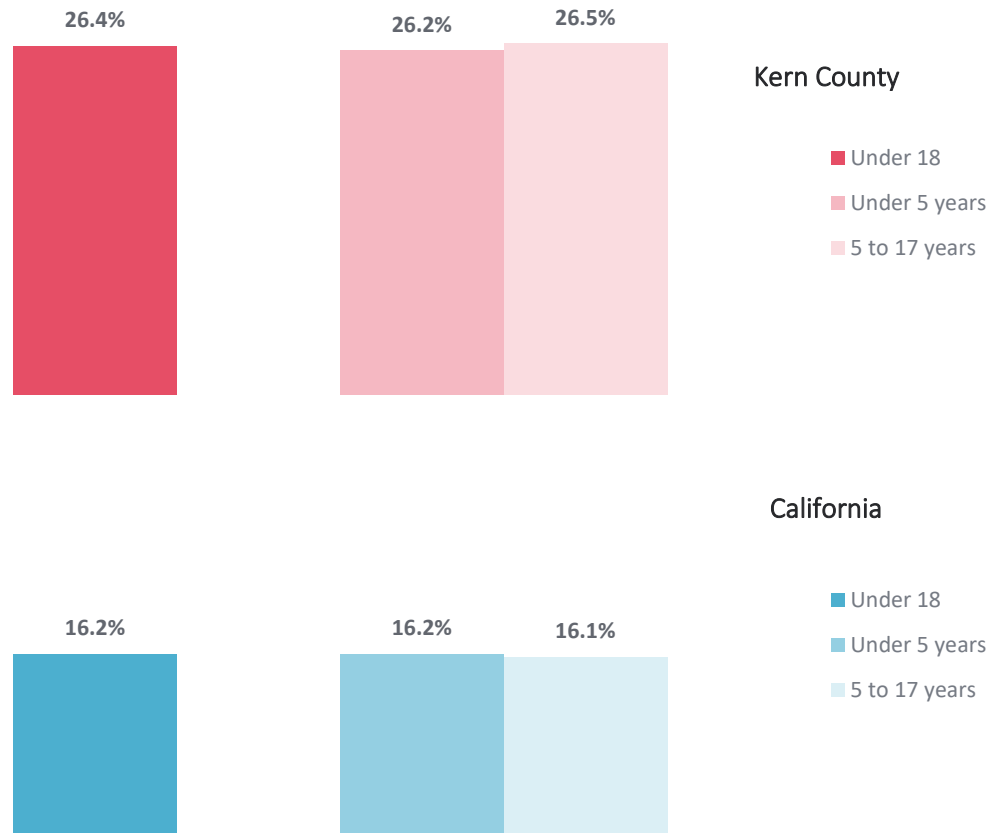
Strong Families

POVERTY BY AGE

One out of four (26%) children ages 0-17 live below the poverty level in Kern County.

Children aged 0-17 in Kern County are more likely (26%) than children statewide (16%) to live below the poverty line.

Figure 19. Percentage of Children Living in Poverty in the Past 12 months, by Age



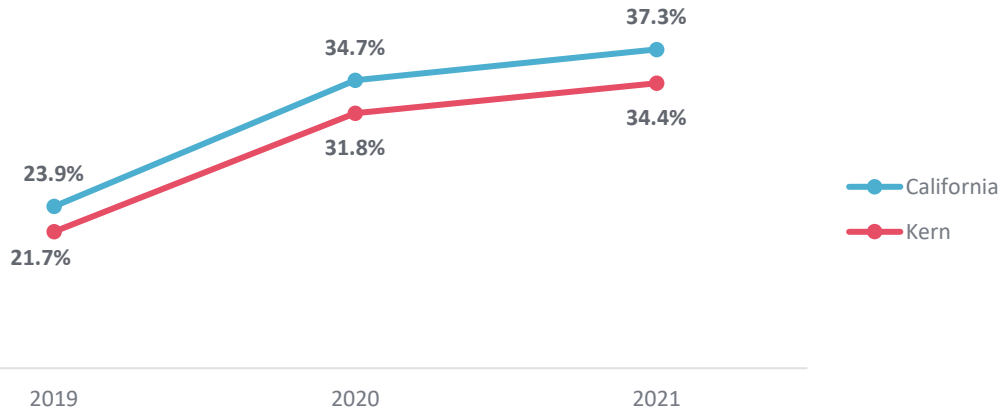
Source: American Community Survey 2021, Poverty Status in the Past 12 Months, Table ID: S1701, Five-Year Estimates (2018-22).

HOUSING AFFORDABILITY

One in three (34%) households in Kern County spent 30% or more of their income on housing.

Almost half (37.3%) of Kern County occupied households (rented and owned) spent 30% or more of their income on housing. From 2019 to 2021, there was a 15% increase in Kern County households spending 30% or more of their income on housing.

Figure 20. Percentage of Households Paying More than 30% of Income for Housing



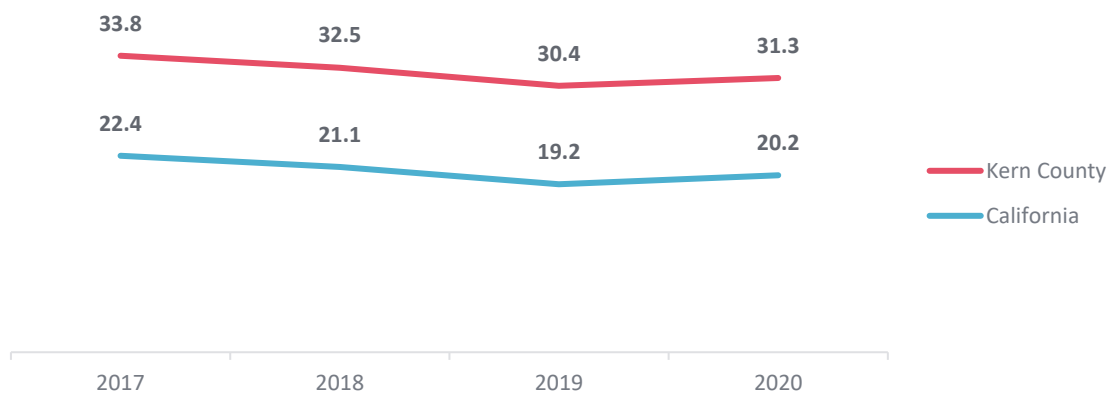
Source: American Community Survey 2021, Five-Year Estimates (2019-21).

PUBLIC ASSISTANCE: CALFRESH ENROLLMENT

Kern County children are more likely than children statewide to receive CalFresh.

The CalFresh program ensures that California’s low income children and families have food security. Benefits are based on family size; for example, a family of four receives almost \$1000 a month to purchase food. Kern County children are more likely (31/1000) than children statewide (20/1000) to participate in CalFresh.

Figure 21. Children Ages 0-17 Participating in CalFresh (Rate per 1,000)



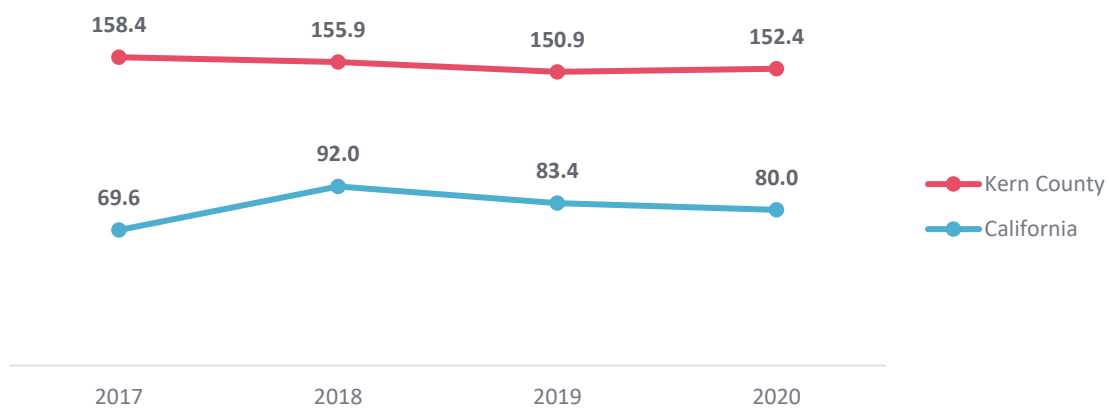
Source: California Department of Social Services via KidsData.org (2017-20).

PUBLIC ASSISTANCE: CALWORKS ENROLLMENT

Children in Kern County are more likely than children statewide to receive CalWORKs.

CalWORKs provides cash aid as well as employment or education support to families so they may become self-sufficient. Kern County children are **twice as likely (152/1000)** as children statewide (80/1000) to be in families supported by CalWORKs cash aid. However, this rate has declined slightly since 2017.

Figure 22. Children 0-17 Participating in CalWORKs (Rate per 1,000)



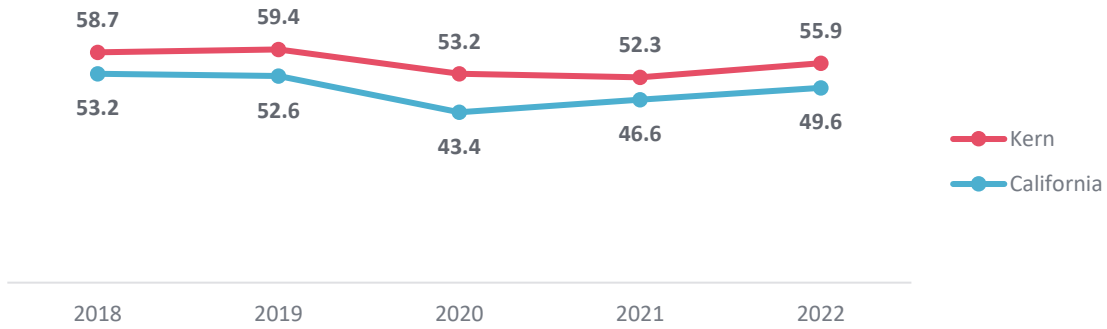
Source: California Department of Social Services via KidsData.org (2017-20).

CHILD MALTREATMENT ALLEGATIONS

The rate of child maltreatment allegations in Kern County is higher than the rate statewide.

Child maltreatment allegation rates are higher (56/1000) than they are statewide (50/1000). Rates had been declining but are now edging back up to pre-pandemic levels. When disaggregated by age, children under one, ages 1-2, and ages 3-5 are all more likely to experience allegations of maltreatment than children statewide.

Figure 23. Maltreatment Allegation Rate per 1,000 Children 0-17



Source: California Child Welfare Indicators Project (2018-22).

Figure 24. Maltreatment Allegation Rate per 1,000 by Age, Kern County

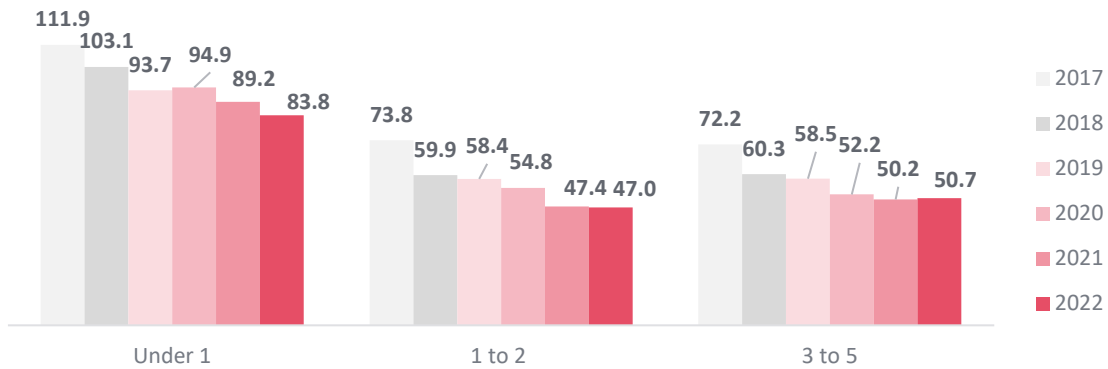
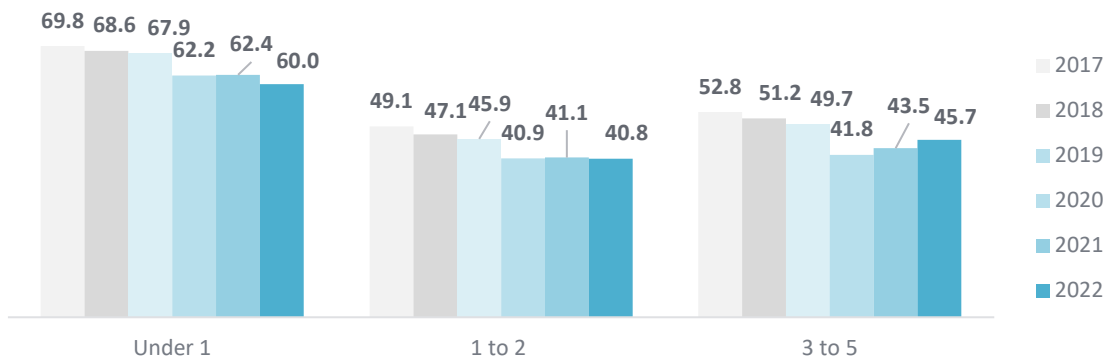


Figure 25. Maltreatment Allegation Rate per 1,000 by Age, California



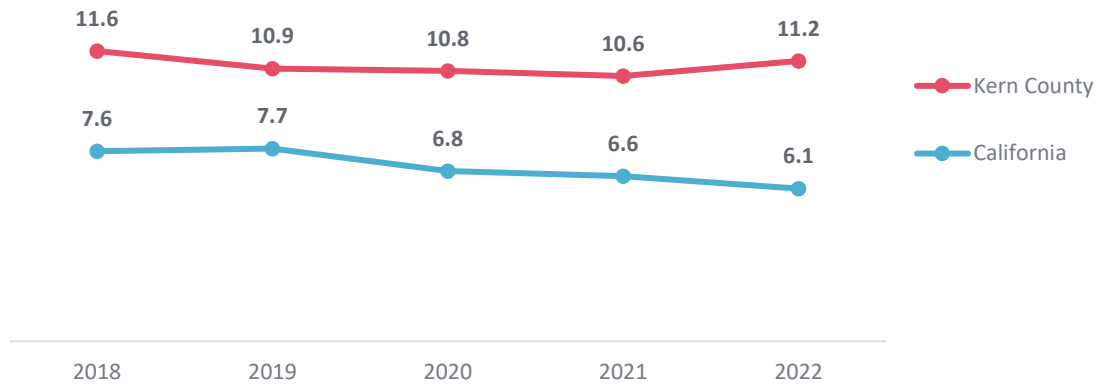
Source: Both charts: CWS/CMS 2023 Quarter 1 Extract (2017-22).

SUBSTANTIATED ALLEGATIONS OF CHILD MALTREATMENT

Kern County children are almost twice as likely as children statewide to experience substantiated allegations of maltreatment.

The rate of child maltreatment substantiated allegations in Kern County (11.2 per 1000) is almost twice that of the statewide average (6.1 per 1000). The rate had been declining but is now edging back up to pre-pandemic levels.

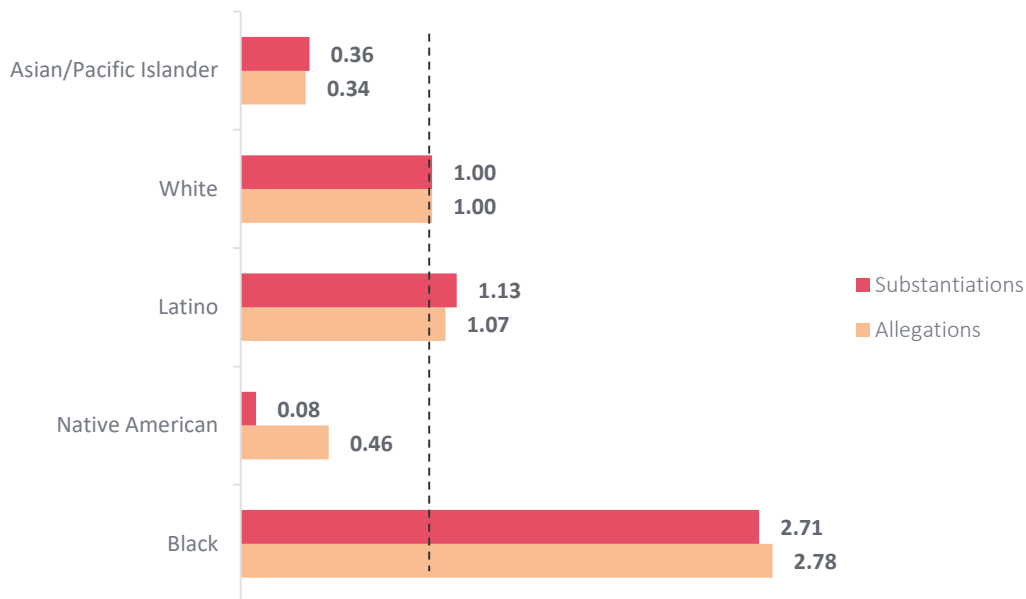
Figure 26. Substantiated Maltreatment Allegation Rate per 1,000 Children 0-17



Source: California Child Welfare Indicators Project (2018-22).

As seen in the odds ratio chart below, African American/Black children were 2.71 times more likely than White children to be represented in cases of substantiated allegation. Conversely, Asian/ Pacific Islander children were only about one-third (.36) as likely as White children to experience substantiated allegations of maltreatment.

Figure 27. Racial Disparities in Likelihood of Experiencing Substantiated Allegation of Maltreatment Compared with White Children



Source: California Child Welfare Indicators Project (2018-22).

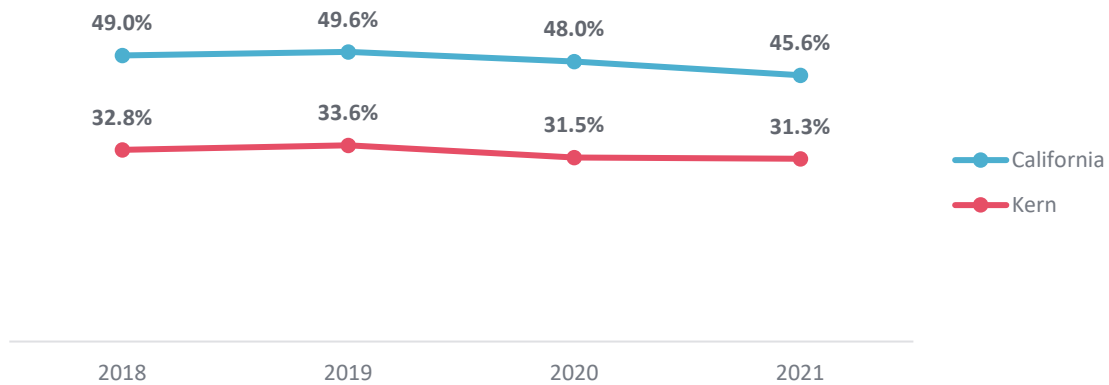
Early Education

PRESCHOOL ENROLLMENT

Only one in three Kern County children ages 3-4 is enrolled in preschool.

High quality preschool is one of the strongest predictors of children being ready for kindergarten and being proficient readers by third grade. Kern County children ages 3-4 were less likely (31%) than children statewide (46%) to be enrolled in preschool in 2021.

Figure 28. Percentage of Children Ages 3-4 Enrolled in School



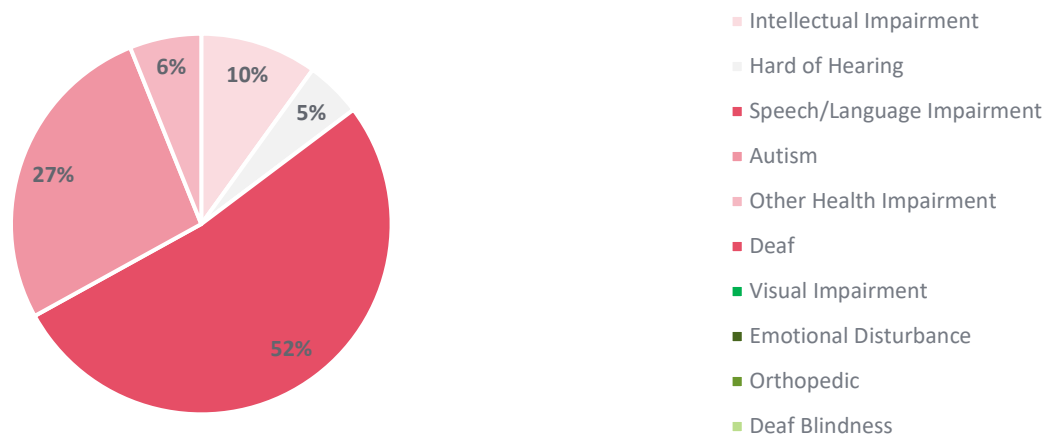
Source: American Community Survey, Five-Year Estimates (2018-21).

ENROLLMENT IN SPECIAL EDUCATION

Speech or Language Impairment and Autism were the most common disabilities for ages 0-5.

Of the 2,020 children ages 0-5 with a disability, over half (52%) had a Speech or Language impairment and one in three (27%) had Autism.

Figure 29. Percentage of Children Ages 0-5 with Special Needs, by Type of Disability (2018)



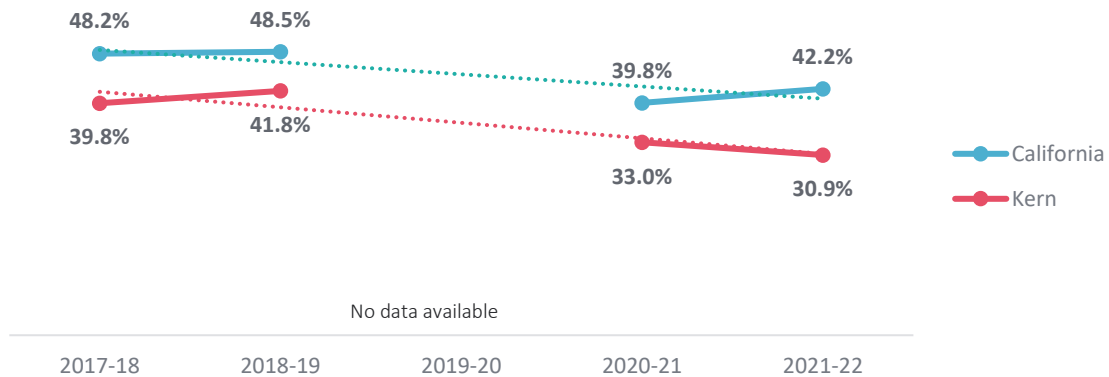
Source: California Department of Education, DataQuest (2018).

THIRD GRADE ELA PROFICIENCY

Only one in three (31%) third grade students were reading at grade level in 2021-22.

In 2021-22, Kern County third grade students were less likely (31%) than children statewide (42%) to be meeting or exceeding ELA standards. Since the pandemic, reading proficiency has decreased substantially for children in Kern County and across the state as a whole.

Figure 30. Percentage of Third Grade Students Meeting or Exceeding Grade -Level ELA Standards



Source: California Department of Education, DataQuest. For the year 2019-20, no data are available due to testing limitations arising from the COVID-19 pandemic.

Key Informant Interviews

To ensure a holistic portrait of Kern County service needs, gaps, and resources, **nine** community leaders representing health care, strong families, and early learning were engaged in individual key informant interviews with Applied Survey Research. Respondents included:

Key Informant Interview Respondents
Commissioner, Deputy Superintendent at Kern County Superintendent of Schools
Commissioner, County- System of Care
Commissioner, Kern Family Health Care
Commissioner, Director of Kern County Public Health Department
Commissioner, Superintendent of the McFarland Unified School District
Commissioner, Coordinator for School Health
Commissioner, Director of Kern County Human Services
Commissioner, County Administrative Officer for San Luis Obispo (Former CAO for Kern County)
County Supervisor, District 3

Community leaders were first asked an open-ended question about the *biggest needs* for families with children 0-5 in Kern County. Next, they were asked about each programmatic area of First 5 Kern's current investment portfolio, in terms of *current needs* and *opportunities to refine strategies*. Finally, respondents were asked *what F5K does best, strategic opportunities up ahead, and where else F5K can be strengthened*. ASR coded the data to count the number of times participants mentioned various themes. The following presents the themes.

What are the biggest needs for families with children 0-5 in Kern County?

The key informant interviewees were asked an open-ended question about the biggest needs at this time in Kern County. With no prompting, Community Leaders mentioned **four top needs for families with children ages 0-5**.

The following represents their responses:

- **Economic Opportunity** (i.e., poverty) was described as a top need and a "key driver" impacting families' ability to access basic needs, and this is an inter-generational pattern. One respondent stated, "*Children born into poverty are more likely to grow up and continue to live in poverty with their own children.*"
- **Basic Needs** were identified as a top need and included access to nutritious foods (e.g., food deserts), transportation (e.g., transit deserts), and access to affordable child care (e.g., child care deserts).
- **Access to Health Care** was identified as a top need by half of respondents, including basic health care (e.g., primary care, public health needs) and preventative care. One respondent stated, "*Early preventative health care should focus on holistic needs (prenatal, primary health, behavioral health, and wellness).*"
- **Access to Early Education** was shared as a top need by one-third of community leaders. One respondent stated, "*Head Start is either impacted, unavailable, or not accessible to our families working in agriculture.*" Overall, responses reflected the need for more quality early childhood opportunities, including in-home experiences (e.g., parent educational attainment and parent-child interactions) and out-of-home experiences (e.g., involving parents in the school settings).

Thinking about the areas in which F5K has invested, what are the specific needs?

HEALTH AND WELLNESS

Figure 31. Top Needs and Potential Strategies — HEALTH AND WELLNESS

Areas of Investment	Needs or Gap	Potential Strategies
<p>Immunizations (Current Program: Mobile Immunization Clinic)</p>	<ul style="list-style-type: none"> • There is the need for mobile units to service outlying areas. One respondent shared, “The [Mobile Immunization Clinic] does not always provide all the services children need. The mobile units mostly stay in Bakersfield and do not reach East or North Kern where they are needed most.” 	<ul style="list-style-type: none"> • Increase parent education around the importance of immunizations. • Increase public awareness of places to obtain immunization, including the Mobile Immunization Clinic (e.g., operation schedule and locations). • Continue (and expand) the use of mobile health units to deliver immunization. • Additionally, leverage mobile units to deliver other primary health services such as vision and hearing screenings. • Ensure mobile services are currently reaching all the outlying areas and tapping into more underrepresented communities. • Explore opportunities for collaborating with other agencies (e.g., Adventist Health). • Consider alternative sources of funding to offset costs (e.g., vaccine billing to Medi-Cal).
<p>Dental Care (Current Program: Children’s Dental Health Network)</p>	<p>Respondents felt oral health is still a pressing need.</p>	<ul style="list-style-type: none"> • Develop/continue partnerships with local colleges’ dental programs to help staff and expand oral health screenings. • Reach younger children with oral health screens; screening in kindergarten is “too late.” • Provide more mobile health units to host clinics and/or visit school sites. • Increase access to fluoride varnish applications. • Help families connect to dentists that take Denti-Cal and/or advocate for more dentists to take Denti-Cal.

Areas of Investment	Needs or Gap	Potential Strategies
<p>Home Visiting Programs (Current Program: Nurse Family Partnership)</p>	<ul style="list-style-type: none"> • Home visiting programs were recognized as a pressing need by all respondents. One respondent mentioned that “<i>staffing needs have hindered the program’s capacity to serve,</i>” and that “<i>we have a waitlist even with all the available funding and being fully staffed.</i>” 	<ul style="list-style-type: none"> • Find alternative ways to work within the current staffing capacity (e.g., group modalities and/or virtual home visits). • Conserve caseload for the highest needs families by connecting families of lower-level needs to other resources such as FRCs. • Identify additional funding to expand the program (FFPS). • Consider alternative evidence-based models and programs to modify the current program to not be as time intensive (e.g., rate of home visits the first few days after a child is born). • Ensure we are reaching geographically-dispersed areas (e.g., McFarland).
<p>Developmental Services and Supports (Current Program: Help Me Grow)</p>	<ul style="list-style-type: none"> • Developmental services and support along with general health access continues to be a need for the County. 	<ul style="list-style-type: none"> • Continue funding Help Me Grow. • In addition to development screenings, consider other screens (depression, emotional) to consider a holistic view of the child’s circumstances. • Continue promoting transportation services to health-related appointments (e.g., call the health service line to connect families to transportation services). • Collect information on health-care plan data at intake (e.g., do they know their health care plan and available services). • Explore the potential leverage of Community School grants and partnerships (Good Samaritan Hospitals) to do screenings in the schools.

STRONG FAMILIES

Figure 32. Top Needs and Potential Strategies — STRONG FAMILIES

Areas of Investment	Needs or Gap	Potential Strategies
Maltreatment Prevention <i>(Current Program: Differential Response)</i>	<ul style="list-style-type: none"> Respondents highlighted the need for continued investment in preventative programs for families 	<ul style="list-style-type: none"> Increase funding for Differential Response (e.g., through Family First Prevention Services FFPS). Ensure services are available in North Kern (McFarland, Wasco, Delano).
Family Support <i>(Current Program: Oasis Family Resource Center)</i>	<ul style="list-style-type: none"> Respondents agreed that family resource center hubs were still salient strategies because of the large geographic size of the county and difficulty connecting families to resources in outlying areas. 	<ul style="list-style-type: none"> Continue serving through the established partnerships (13 sites: Arvin FRC, Buttonwillow CRC, Delano CCC, East Kern FRC, Greenfield FRC, Kern County Network for Children Dream Center, Kern River Valley FRC, Lamont Weedpatch FRC, Lost Hills FRC, McFarland FRC, Mountain Communities FRC, Oasis FRC, Southeast Neighborhood Partnership FRC, West Side Outreach and Learning Center). Partner with FRCs to expand reach to families. For instance, serve families outside of HeadStart families. Ensure the urban area is being served as well as the outlying areas. Continue the practice of the re-determination of health benefits and Medi-Cal re-enrollment. Consider potential funding streams (e.g., Family First Preservation FFPS). Collaborate with local school districts (e.g., community schools grants).
Outreach <i>(Current Program: West Side Outreach & Learning Center)</i>	<ul style="list-style-type: none"> Outreach and the need for family support services continues to be a need in “poverty pockets and food desert” areas of the county. 	<ul style="list-style-type: none"> Connect families and community resources through Community Schools K-12. Provide parents with tools for effective parent-child interactions.
Other		<ul style="list-style-type: none"> Triage mental health needs (e.g., leverage community schools grant). Add a curriculum-based parenting education component (e.g., baby nutrition).

EARLY EDUCATION

Figure 33. Top Needs and Potential Strategies — EARLY EDUCATION

Areas of Investment	Needs or Gap	Potential Strategies
Affordable Early Care <i>(Current Program: Wind the Willows Preschool)</i>	<ul style="list-style-type: none"> All key informants reiterated the need to continue supporting early education, with an emphasis on increasing reach in outlying areas of the county (e.g., Delano, Taft, Ridgecrest) 	<ul style="list-style-type: none"> For the Wind the Willows Preschool, consider obtaining California State Preschool Program funding to offset First 5 Kern resources. Find ways to increase access to early learning opportunities in outlying areas of the county where there is a dearth of formal licensed child care. For instance, consider developing less formal options for enrichment care such as Family, Friend, and Neighbors (FFN) or developmental playgroups. Coordinate with the County Office of Education to leverage IMPACT funding.
Support for Homeless Families and Children <i>(Current Program: Discovery Depot Child Care Center)</i>	<ul style="list-style-type: none"> There is a need to support unhoused or precariously housed families and children. Respondents felt these services can help intercept the cycle of trauma for very vulnerable children. 	<ul style="list-style-type: none"> Invest in early literacy for high needs families (e.g., Imagination Library, Science of Reading).
Readiness <i>(Current Program: Delano School Readiness)</i>	<ul style="list-style-type: none"> Readiness was recognized as an increasing need in Kern County, particularly in “<i>Delano, Taft, and Ridgecrest.</i>” 	<ul style="list-style-type: none"> Replace First 5 funding with LCAP and CSPP funding sources. Update the readiness model to account for the fact that many of the children are now eligible for TK (e.g., serve younger children). Ensure that school readiness programs have a parent education component.
Other	<ul style="list-style-type: none"> Child literacy access and exposure through literacy mobile units was expressed as an area of need. 	<ul style="list-style-type: none"> Consider potential expansion of operating hours in outlying area libraries. Connect children to library story times. Expand book mobiles. Expand Dolly Parton Imagination Library as a way to increase access to high quality books. Promote neighborhood “little libraries” and maps of where to find such libraries. Identify and hire staff to expand services (e.g., AmeriCorps, Boys and Girls Club).

What does F5K do best? What are you proud of?

Key informants were asked an open-ended question regarding what they felt First 5 Kern does best. Overall, community leaders were most proud of First 5 Kern's focus on the early childhood period of development and the strong partnerships and collaboration among agencies. The following presents their responses:

- **Focus** *"on ages 0-5 as a critical period for child development"* was mentioned by almost all the respondents. One respondent elaborated on this critical period of development, *"It is all about forming and norming at this age. If you do not reach children, then it is even harder past age five."*
- **Partnership** and First 5's ongoing collaboration between agencies was recognized as a top strength by half of respondents. One respondent stated, *"It is truly about partnership and building capacity,"* while another stated, *"First 5 is the conduit between the major funding sources."* Overall, they were most proud to serve as the *"go-to place"* for investments and new initiatives in the community. **As one** respondent stated it best, *"We are a cog (in the wheel) for the community."*
- **First 5's ability to "problem solve"** was viewed as a strength by over half of community leaders. They attributed this strength to the agency's use of research-based practices with the combined ability to think outside of the box in identifying successful initiatives.

What are key strategic opportunities up ahead for F5K?

When asked what key strategic opportunities are up ahead for First 5 Kern, respondents shared, *"Lets embrace opportunities and grow into the next 25 years of F5."* The following presents their responses:

- **Financial Sustainability** through development of *"new funding sources"* and *"looking for ways to backfill."* And a second way is through making better use of current investments (e.g., co-location to centralize services). A respondent stated, *"We need to focus on budget and declining revenue and how to position ourselves to continue offer services and demonstrate value."*
- **Impact** was mentioned as an opportunity by some respondents. One leader shared, *"I am excited with how we are approaching this. We are taking the time to evaluate the services we provide as an agency, identify gaps, duplication in services, and if we are not making an impact, we have the opportunity to start fresh."* Another respondent mentioned the *"opportunity to demonstrate return on investment."*

What can F5K strengthen and do better?

Similar to the strategic opportunities up ahead for First 5 Kern, these areas were recognized as areas to strengthen:

- **Financial Sustainability** was mentioned by half of the respondents. One respondent stated, *"[in order to strengthen the organization], as the dollars become challenging, we need to find ways to stretch...to extend dollars with other partner agencies and seek out grant opportunities and private foundations that share our vision."*
- **Refine Programming:** To address staffing shortages and expand the workforce, *"Consider using non-conventional, such as community health workers who have lived experience and can explain why services have been important from a personal perspective."* Another respondent stated, we need anticipate the new post-Covid child and *"look forward instead of looking into the review mirror at what children used to be like and begin thinking about what children of today need."*

- **Impact** was mentioned by a third respondent as another area to strengthen, including better measurement of child outcomes, storytelling, explaining the value of First5 Kern’s services, and sharing back the findings through feedback loops to the community.
- **Operational Processes:** Continue the work that was already started to update the policy and procedures (e.g., HR).
- **Marketing and Visibility:** Two respondents mentioned the need or First5 Kern to step up marketing efforts in order to increase visibility and awareness about resources available. A respondent elaborated, *“We offer so many services that I think we could support these individuals, and many have not taken advantage of them or even know we offer the services.”*

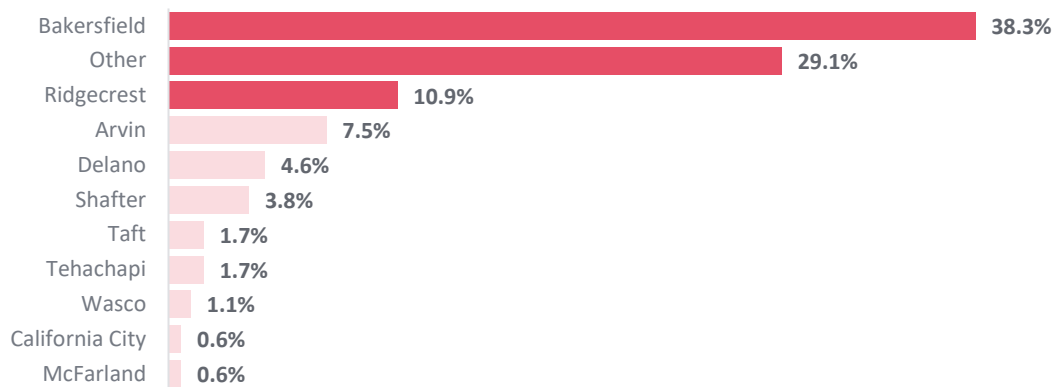
Community Survey

In order to better serve Kern County children ages 0-5 and their families in the upcoming funding cycle, First 5 Kern County partnered with Applied Survey Research (ASR) gather feedback from community members. Participants were asked to complete the survey to provide insights into the top service needs of families and children 0-5 to prioritize investment strategies.

The community survey garnered over 600 respondents.

The total number of valid respondents was 680. Respondents were reviewed and verified to be valid (e.g., not bots). The three most common areas where community members resided included Bakersfield (38%), Ridgecrest (11%), and other outlying areas (29%). Below is a list for the outlying areas where respondents currently reside.

Figure 34. Percentage of Community Survey Respondents, by Location (n = 652)

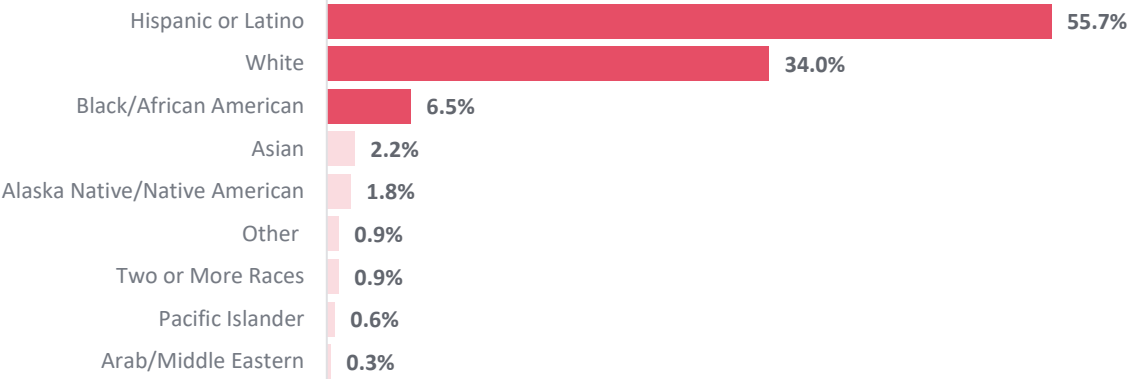


“Other” includes:	Percent
Lamont	(8%)
Frazier	(6%)
Lake Isabella	(4%)
Buttonwillow	(3%)
Lost Hills	(2%)
Boron	(1%)
Big Bear	(<1%)
Inyokern	(<1%)
Kern River Valley	(<1%)
Lebec	(<1%)
Mojave	(<1%)
Tupman	(<1%)
Weedpatch	(<1%)
Weldon	(<1%)
Wofford Heights	(<1%)

Over half (56%) of respondents identified as Hispanic or Latino Race and Ethnicity.

Of the community members who responded to the survey, over half (55.7%) identified as Hispanic or Latino Race/Ethnicity and one-third (34%) identified as White.

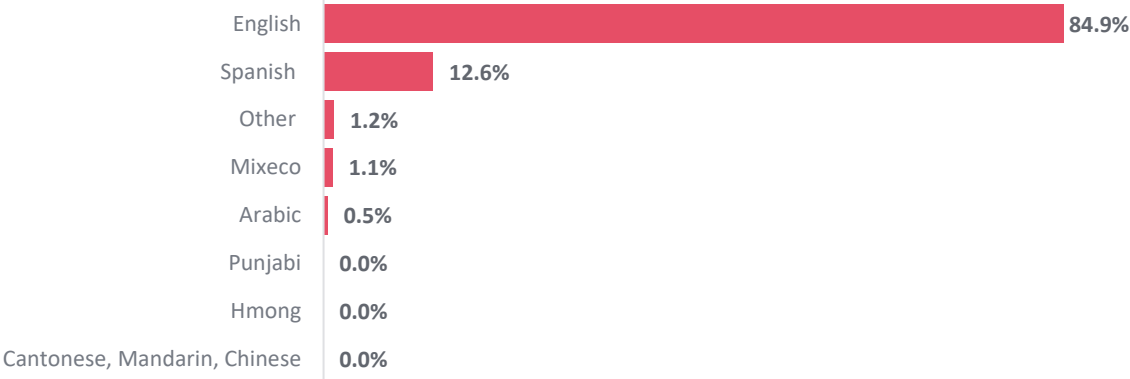
Figure 35. Percentage of Community Survey Respondents, by Race and Ethnicity (n = 650)



The majority of respondents were English speakers (85%), followed by Spanish speakers (13%).

The majority of community members completed the survey in English (85%) and 13% completed the survey in Spanish. The survey language selected was consistent with the respondents' reported preferred language, English (85%) and Spanish (13%).

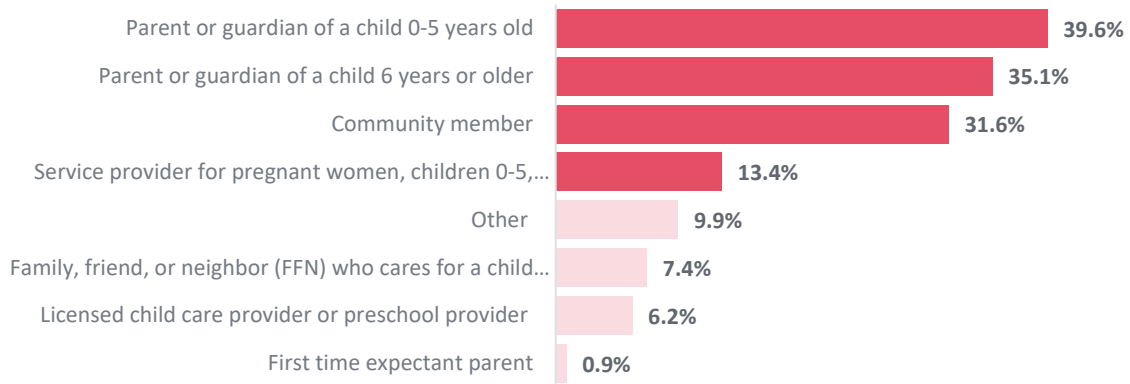
Figure 36. Percentage of Community Survey Respondents, by Preferred Language (n = 651)



Almost half of the respondents (40%) were a parent or guardian of a child ages 0-5 years of age.

Three out of four (75%) respondents were a parent or guardian of a child aged 0-18, with almost half (40%) raising a young child 0-5 years of age. Another 30% worked with children ages 0-5 in the capacity as service provider (14%), Family, Friend, or Neighbor (FFN) care, or licensed preschool. Over half of those who identified as a service provider half currently work for a program that is funded by First 5 Kern. Other roles included CASA or Family Advocates, educators, medical/health, and mental health professionals.

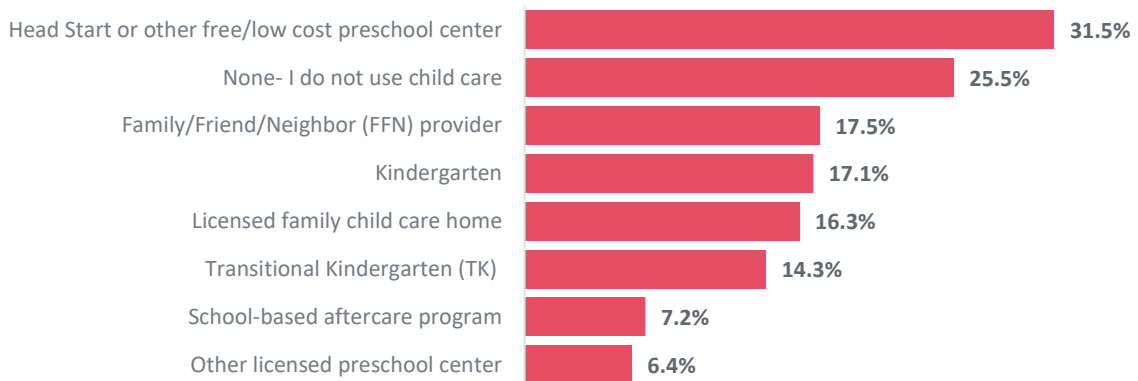
Figure 37. Percentage of Community Survey Respondents, by Role (n = 680)



Head Start or other free or low-cost preschool centers were the most common types of care utilized by parents or guardians (32%) within the last year.

One in three (32%) parents or guardians of children ages 0-5 have used Head Start or other low-cost preschool centers within the last twelve months. It is noteworthy that one in four (25%) of parents or guardians reported that they did not use child care in the last twelve months. The percentage of parents not using care was larger than those who reported using Family, Friend, or Neighbor (FFN) (18%) or licensed care (16%).

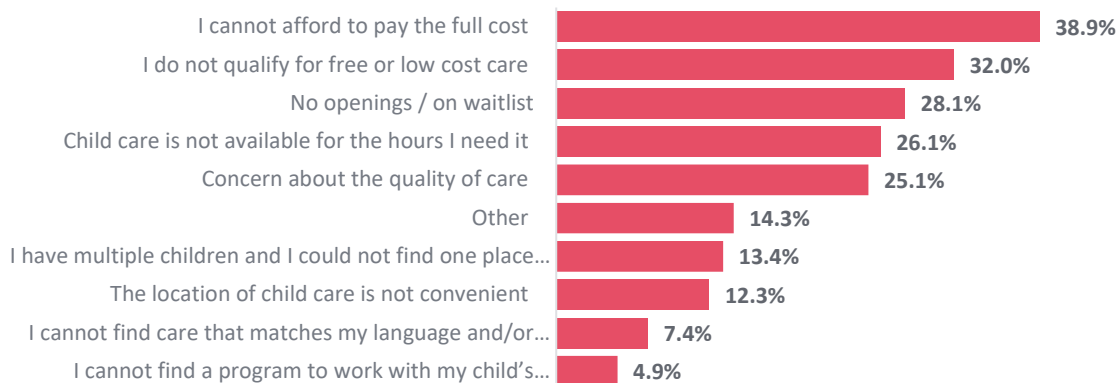
Figure 38. Common Types of Care Used by Parents/Guardians of Children 0-5 (n=251)



Almost half (39%) of parents or guardians could not afford to pay for full cost child care or did not qualify for free or low-cost care (32%).

The biggest barrier parents or guardians (39%) faced in trying to get care has been the cost. One in three (32%) parents or guardians reported that they do not qualify for free or low-cost care. Other barriers to care included limited slots with either no openings or being placed on a waitlist (28%), hours of care (26%), and an overall concern about the quality of the care (25%).

Figure 39. Barriers Faced in Trying to Get Care (n=203)



PRIORITIES

Respondents were told that there are many services already available in Kern County, but that we still may not have enough services to reach everybody who needs them. We asked a series of questions to better understand the top service needs of families and children 0-5 in Kern County.

Early learning access was shared as the number one service to better support families and help young children develop to their fullest potential.

The top needs mentioned by respondents included affordable early learning care, full-day learning options, transportation, food, housing, health, and mental wellness services.

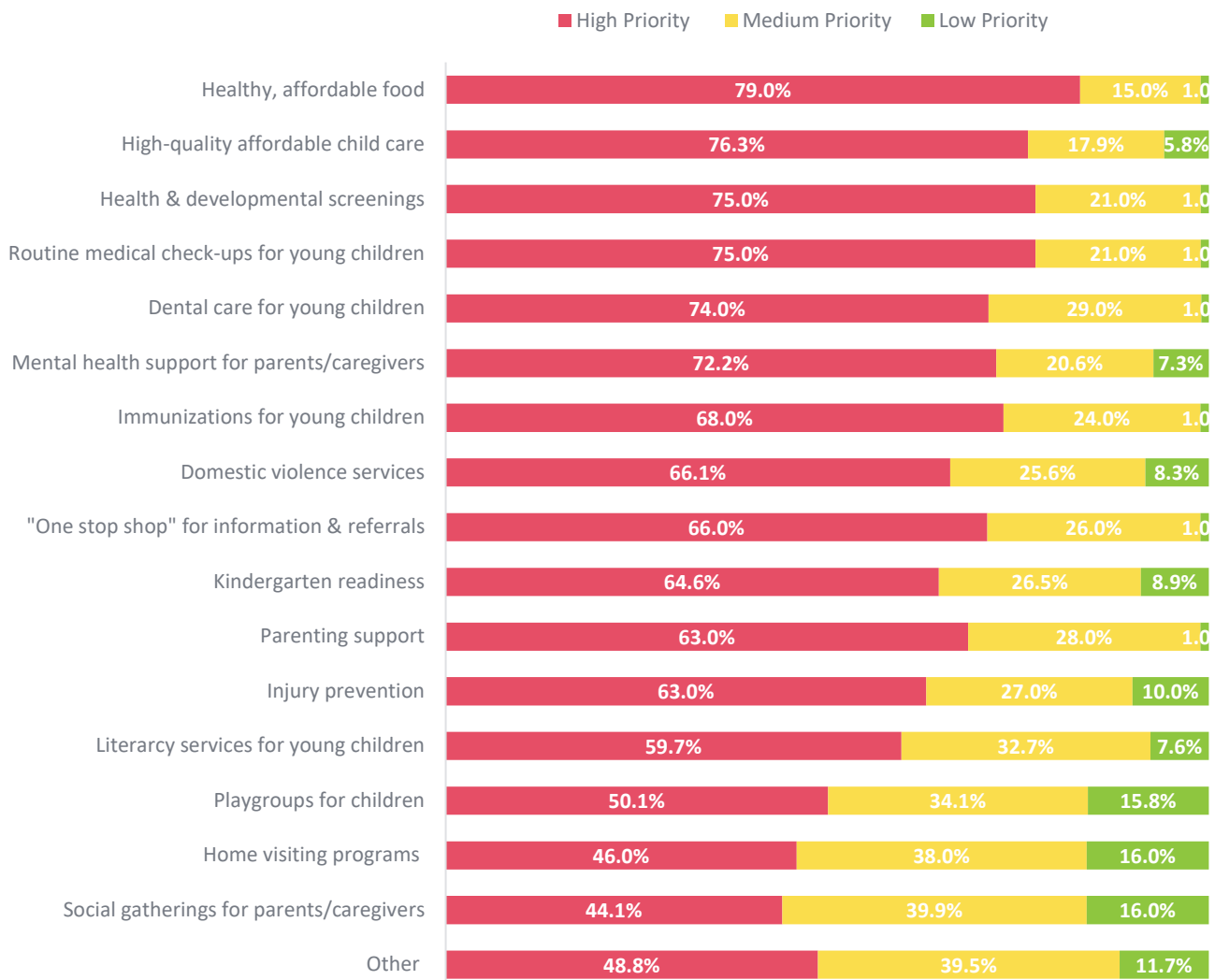
Figure 40. Top services needed for families and children ages 0-5 in Kern County (n = 493)



Three out of four (79%) respondents rated access to healthy, affordable food and access to high-quality affordable child care or preschool (77%) as top priorities for Kern County.

Respondents were asked to rate a list of existing or potential services for Kern County children and families on a scale from Low to High Priority. Healthy, affordable food (79%) and access to high-quality affordable child care or preschool (76%) were rated as the highest priority services for young children ages 0- 5 and their families in Kern County. Health and developmental screenings, routine medical check-ups, and dental care for young children were also recognized as high priorities for the county.

Figure 41. Percentage of Community Survey Respondents Rating Each Need by Level of Priority, (n = 503)



Appendix 1 - List of Community Indicators and Sources

Below is the list of desired indicators, sources, and proposed level of analysis by location and subgroup.

Category	Indicator <i>Description of data indicator</i>	Analysis <i>Description of proposed analysis</i>	Source <i>Source (include hyperlink)</i>	Time Period <i>Single or multi-year intervals</i>	Location <i>Level of detail by location</i>	Subgroups <i>Level of detail to disaggregate analysis</i>
Population Demographics	1. Number of children under six years	Line chart	As cited on Kidsdata.org , California Dept. of Finance, Population Estimates and Projections; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021) via KidsData.org. Note: 2022 data not yet available.	2018 2019 2020 2021 (5Y)	County	None
	2. Percent of children 0-5, by race/ethnicity	Cross-Tabs	As cited on Kidsdata.org , California Dept. of Finance, Population Estimates and Projections ; U.S. Census Bureau, Population and Housing Unit Estimates (Aug. 2021).	2021	County	Race/Ethnicity
Health/Wellness	3. Percentage of mothers who received early prenatal care (first trimester), by race	Line chart	As cited on Kidsdata.org , CDC WONDER Online Database, Natality (May 2022).	2016 2017 2018 2019 2020	State	Race
	4. Percentage of mothers who received early prenatal care (first trimester), by race	Line chart	As cited on Kidsdata.org , CDC WONDER Online Database, Natality (May 2022).	2016 2017 2018 2019 2020	County	Race
	5. Percentage of children born low birthweight	Line chart	CA Dept. of Public Health, County Health Status Profiles, 3-year averages	2016-2018 2017-2019 2018-2020 2019-2021	State County	None
	6. Percentage of children born low birthweight, by race	Bar chart	CA Dept. of Public Health, County Health Status Profiles, 3-year averages	2019-2021	County	Race
	7. Percentage of children born preterm	Line chart	CA Dept. of Public Health, County Health Status Profiles, 3-year averages	2016-2018 2017-2019 2018-2020 2019-2021	State County	None

Category	Indicator <i>Description of data indicator</i>	Analysis <i>Description of proposed analysis</i>	Source <i>Source (include hyperlink)</i>	Time Period <i>Single or multi-year intervals</i>	Location <i>Level of detail by location</i>	Subgroups <i>Level of detail to disaggregate analysis</i>
	8. Percentage of children born preterm, by race	Bar chart	CA Dept. of Public Health, County Health Status Profiles, 3-year averages	2019-2021	County	Race
	9. Percentage of mothers who fed babies breast milk at three months	Bar chart	California Department of Public Health Maternal and Infant Health Assessment (MIHA) Survey	2016-2018 (2022)	State County	None
	10. Percentage of mothers who fed babies breast milk at three months, by race	Bar chart	California Department of Public Health Maternal and Infant Health Assessment (MIHA) Survey	2016-2018 (2022)	County	Race
	11. Percentage of children 2+ well-child visits for age 15 months to 30 months (Medi-Cal)	Bar chart	Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22)	2020-21 (2020) 2021-22 (2021) (new measure)	State County	Age 0-5
	12. Percentage of children with 6+ well-child visits for age 15 months (Medi-Cal)	Bar chart	Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22)	2020-21 (2020) 2021-22 (2021) (new measure)	State County	Age 0-5
	13. Percentage of children with developmental screening in first three years of life	Line chart	Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22)	2020-21 (2020) 2021-22 (2021) (new measure)	State County	Age 0-5
	14. Percentage of children up-to-date on immunizations by their second birthday	Bar chart	Medi-Cal Managed Care Quality Improvement Reports. Volume 3: Managed Care Health Plan Performance Measure Comparison (2020-21 and 2021-22)	2020-21 (2020) 2021-22 (2021) (new measure)	State County	Age 0-5
	15. Percentage of children on Medi-Cal with an annual dental visit	Line chart	Dental Utilization Measures and Sealant Data by County, Ethnicity, & Age Calendar Year 2013 to 2020	2019-20 (2019) 2020-21 (2020) 2021-22 (2021)	State County	Age 0-5 Race
	16. Percentage of children on Medi-Cal with an annual dental visit	Bar chart	Dental Utilization Measures and Sealant Data by County, Ethnicity, & Age Calendar Year 2013 to 2020	2021-22 (2021)	County	Race

Category	Indicator <i>Description of data indicator</i>	Analysis <i>Description of proposed analysis</i>	Source <i>Source (include hyperlink)</i>	Time Period <i>Single or multi-year intervals</i>	Location <i>Level of detail by location</i>	Subgroups <i>Level of detail to disaggregate analysis</i>
	17. Percentage of children enrolled in health insurance	Line chart	American Community Survey 1-Year or 5-Year Estimates Data Profiles, Table ID: S2704	2019 2020 2021	State County	Age 0-5
	18. Percentage of children with Adverse Childhood Experiences (parent reported – (0, 1, or 2 or more ACEs)	Stacked bar chart	Population Reference Bureau, analysis of data from the National Survey of Children's Health and the American Community Survey (Jan. 2021); retrieved from KidsData.org .	2016-2019 (2021)	State County	Age 0-17
Strong Families	19. Percentage of children (0-5) living in poverty	Bar chart	American Community Survey 5-Year Estimates, Poverty Status in the Past 12 Months , Table ID: S1701.	5 years	State County	Age 0-5
	20. Percentage of households paying more than 30% of income for housing	Line chart	American Community Survey 1-Year or 5-Year Estimates Data Profiles , Table ID: DP04	2019 2020 2021	State County	None
	21. Number of children participating in CalFresh	Bar chart	As cited by kidsdata.org , California Dept. of Social Services, CalFresh Data Dashboard (Aug. 2021).	2020	State County	Age 0-17
	22. Number of children participating in CalWORKs	Bar chart	As cited by kidsdata.org , California Dept. of Social Services, CalWORKs Cash Grant Caseload Movement Report; California Dept. of Finance, Population Estimates and Projections (May 2020).	2020	State County	Age 0-5
	23. Maltreatment allegation rate per 1,000 children	Trend over time	California Child Welfare Indicators Project (CCWIP)	2018 2019 2020 2021 2022	State County	Age 0-5
	24. Maltreatment Allegation Rate per 1,000, by age	Bar chart	CWS/CMS 2023 Quarter 1 Extract , (2017-2022).	2017 2018 2019 2020 2021 2022	County	Age 0-5
	25. Maltreatment Allegation Rate per 1,000, by age	Bar chart	CWS/CMS 2023 Quarter 1 Extract , (2017-2022).	2017 2018 2019 2020	State	Age 0-5

Category	Indicator <i>Description of data indicator</i>	Analysis <i>Description of proposed analysis</i>	Source <i>Source (include hyperlink)</i>	Time Period <i>Single or multi-year intervals</i>	Location <i>Level of detail by location</i>	Subgroups <i>Level of detail to disaggregate analysis</i>
				2018 2019 2020 2021 2022	State County	Age 0-5
	26. Substantiated maltreatment allegation rate per 1,000 children	Trend over time	California Child Welfare Indicators Project (CCWIP)	2018 2019 2020 2021 2022	State County	Age 0-5
Early Education	27. Percentage of children (3-4) enrolled in school	Trend over time	American Community Survey 5-Year Estimates Detailed Tables, Table ID: S1401	2018 2019 2020 2021	State County	Age 0-5
	28. Number of children enrolled in special education	Pie Chart	CA Dept. of Education DataQuest	2018	County	Age 0-5
	29. Number of children enrolled in special education, by Disability Service	Pie Chart	CA Dept. of Education DataQuest	2018	County	Age 0-5
	30. Percentage of 3 rd grade students meeting or exceeding grade level ELA standards	Trend over time	California Assessment of Student Performance and Progress , retrieved from DataQuest, California Department of Education	2017-18 2018-19 2019-20 no data 2020-21-state only 2021-22	State County	None

Design the Planning Process

- ▶ **SCOPE**
On the **Levels of Strategic Planning**, decide what you most need to “figure out” or answer with this Plan.
- ▶ **VALUES**
Agree on the values that should guide this planning process.
- ▶ **STAKE**
Decide what is at stake with your Plan, and who will be impacted.
- ▶ **PARTICIPATION**
Based on what’s at stake, decide who should be included in the planning process, including their role and when they should be involved.
- ▶ **LANGUAGE**
Along your **Ladder of Outcomes**, decide what terminology you prefer.
- ▶ **PRIORITIZATION PROCESS**
Decide what criteria will help you prioritize your strategic options, and which **Prioritization Format** works best.
- ▶ **DATA COLLECTION**
Based on your prioritization criteria, decide which data is needed to help you understand your strategic options.
- ▶ **REPORTING**
Identify your audience (s) for the Strategic Plan, and which reporting format works best for each audience.
- ▶ **TIMELINE**
Agree on key monthly milestones.

Confirm Vision, Mission, Values and Community Goals

- ▶ **VISION**
Describes the *desired status or conditions* for your priority populations. Revise your Vision statement if needed.
- ▶ **MISSION**
Describes the *unique role and contribution* of your organization toward your vision. Use community input to inform your agency’s mission.
- ▶ **VALUES**
Describes *the way in which you do your work* and how staff, clients and stakeholders are working with you (*e.g., equity and inclusion, accountability*). Use community input to inform your agency’s values.
- ▶ **COMMUNITY GOALS**
Describes the change (s) you *aspire to achieve across your entire population* to promote your mission and vision. Goals are sometimes referred to as a “north star” in organizational development thinking, and typically don’t change from plan to plan unless a major new community need arises.

Engage Community to Gather Data

- ▶ **ASSESS NEEDS AND OPPORTUNITIES**
Use a variety of data to understand your proximity to your goals, and the needs, factors or drivers that may be standing in the way.

Gather the level and type of data needed in order apply your prioritization criteria. For instance, if racial disproportionality is a criterion, you need to disaggregate data by race/ ethnicity and hold community listening sessions with underrepresented populations. Data sources include:
 - ✓ **Community indicators** to understand trends
 - ✓ **Listening sessions and surveys to explore and/ or confirm issues** from the perspective of families, community members, service providers, collaborators, funders, agency staff, leadership, and board/ Commission.
 - ✓ **Program performance** data to gauge past impact
 - ✓ **Other recent assessments**
- ▶ **SYNTHESIZE**
Synthesize themes about pressing needs into a **Data Compendium**.

Prioritize Program Outcomes

- ▶ **PREPARE TO PRIORITIZE**
Meet with project team to share emerging themes from the data collected. Agree on the set of needs /outcomes to be considered for prioritization. Prepare materials to conduct the **Prioritization Format** you selected initially.
- ▶ **PRIORITIZE!**
Convene participants and complete the prioritization exercise. Review results for face validity and revisit or refine results of the process as needed. (Once **outcomes** are selected, a second wave of prioritization may be needed to select strategies for each outcome).
- ▶ **THEORY OF CHANGE**
Put all the strategic plan elements back together on your **Ladder of Outcomes** to test your theory of change. *Do the outcomes you’ve selected 1) respond to the identified needs, 2) directly contribute to your goals, which then 3) promote your mission and vision?*

Define Measures of Success

- ▶ **EVALUATION FRAMEWORK**
A high-level evaluation plan reflects the intended impact or influence of the new strategic plan. An evaluation plan matrix connects the goals and outcomes selected with the appropriate indicators.

Community goal areas are monitored by *community indicators*.

Program outcomes are measured using *program-level indicators*, often organized into these three categories:
 - ✓ **How much do you plan to do?** (Quantity)
 - ✓ **How well do you plan to do it?** (Quality)
 - ✓ **Is anybody better off?** (Extent to which clients experience the desired outcomes)

Produce Strategic Plan

- ▶ **EXECUTIVE SUMMARY**
Prepare a two-to-three-page snapshot of your Strategic Plan. This should include your key strategic plan elements: Vision, Mission, Values, Goals, Outcomes, Strategies and Measures of Success.
- ▶ **FULL STRATEGIC PLAN**
Prepare the full Strategic Plan to provide more detail about your data collection process, your prioritization process, and the resulting strategic plan elements: Vision, Mission, Values, Goals, Outcomes, Strategies and Measures of Success. Include data to provide rationale for each of the community goal areas and specific program outcomes selected.