

Strategic Plan First 5 Trinity

2025-2030



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Together, we are building a stronger foundation for every child's future success.
Thank you for being a vital part of this important work.

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Introduction

Background

The first five years of a child’s life represent a period of extraordinary growth and development that lays the foundation for lifelong learning, health, and well-being. During this critical window, a child’s brain develops at its fastest pace, forming more than one million neural connections every second. These early years are when children begin to build essential skills in language, literacy, social-emotional understanding, cognitive thinking, and physical coordination.

High-quality early experiences—whether at home, in child care, or in preschool—have a profound impact on a child’s ability to thrive in school and beyond. Research consistently shows that children who have access to nurturing relationships, enriching environments, and developmentally appropriate learning opportunities are more likely to succeed academically, socially, and emotionally.



Investing in early childhood development is not only vital for individual children and families but also for the broader community. It strengthens educational outcomes, reduces long-term costs in health and social services, and promotes a more resilient, equitable society. For these reasons, ensuring that every child in Trinity County has access to strong, supportive early learning experiences is both an urgent priority and a powerful opportunity to act.

Proposition 10: The California Children and Families Act

The passage of Proposition 10 (the California Children and Families Act) in 1998, established a new revenue stream dedicated to enhancing and improving the lives of California’s youngest residents. Proposition 10 added a 50-cent tax on all tobacco products to fund early childhood health and development, parent education, and other programs that improve services for children ages 0-5 and promote systems change.

First 5 Trinity County Children and Families Commission (herein referred to as “First 5 Trinity” or “Commission”) is one of 58 California county commissions to receive and invest Proposition 10 revenues in programs, activities, and services that benefit young children. In addition, Proposition 10 provides funding for a state-level commission, First 5

California. Together, these entities (First 5 California, the 58 California county commissions, and the First 5 Association, a nonprofit membership organization that advocates for and works with county commissions), form the First 5 Network.

Across the state, the First 5 Network is a significant funder of early care and education efforts and is the largest system of its kind in California solely dedicated to children prenatal through age 5. For over 25 years, the First 5 Network has worked to ensure California's youngest residents are safe, healthy and ready to thrive.

In addition to receiving funding based on the number of babies born each year, beginning in Fiscal Year 1999-2000, the First 5 California Commission developed the Small Population County Funding Augmentation (SPCFA) program to augment annual tax revenues to local First 5 Commissions in counties with small populations and low birth rates, such as Trinity County. This additional funding was designed to help ensure the implementation of Proposition 10 as truly a statewide effort; guaranteeing core operations and services are sustained for children and families residing in these communities. In order to participate in SPCFA, counties agree to terms outlined in a Local Area Agreement framework to implement successful local systems, measure outcomes and monitor progress, and demonstrate quality improvement in three focused investment areas:

- Developmental and Health Needs
- Engaging and Supporting Families
- High-Quality Early Learning/Early Educator Supports and Effectiveness.



The amount of funding First 5 Trinity has received through Proposition 10 has steadily declined since 1998, due to declining tobacco tax revenue. In October 2024, First 5 Trinity began a 9-month pilot program to assess the fiscal benefits of embedding First 5 Program Administration within the Health and Human Service Agency, Public Health Branch. By taking this structured approach, First 5 Trinity is able to leverage existing programs and staff to bolster First 5 objectives and maximize outcomes efficiently for populations of focus.

Trinity County Population Data

Trinity is a mountainous, rural frontier county with approximately 16,000 residents in 3,179 square miles of forested land. With just under 4 residents per square mile, Trinity County offers beautiful mountain views, pristine bodies of water, and optimal outdoor recreation opportunities. The county is made up of 13 Zip Codes and five census tracts. There are a number of micro-communities centered around a variety of cultural, social, and financial industry driven norms such as the arts and legal cannabis cultivation. Many of these micro-communities are located in very remote areas of the county and are difficult to access.

Trinity County residents face many socio-economic and healthcare barriers:

- Trinity County children under 18 were more likely to live below the poverty level as compared to children statewide (31% vs 13%).
- About 45% of Trinity County Children live in a single-parent household compared to 22% of California children overall.
- More than 41% of household income among Trinity County residents was required for childcare expenses in Trinity County compared to 30% for California overall.
- Approximately 32% of Trinity County 3 and 4-year-olds attend preschool, as compared to 47% of California 3 and 4-year-olds.
- Nearly 40% of Trinity County residents are on Medi-Cal and roughly 9.8% of Trinity County children 0-18 are uninsured, compared to 3.3% of California children overall.
- Trinity County is considered a Medically Underserved Area and most areas within the county are designated as Health Professional Shortage Areas by the U.S. Department of Health and Human Services.
- The closest birthing centers are in Shasta and Humboldt Counties, creating the potential for pregnant women having to travel anywhere from 2 – 5 hours in active labor depending on where they live in Trinity County.
- The death rate from unintentional injuries in Trinity County is three times higher than the state rate and is the highest for all counties in the state.
- Motor vehicle collisions and accidental overdoses were responsible for over 62% of these deaths.
- The Trinity County death rate due to motor vehicle collisions was six times higher than that of California and is the highest for all counties in the state.
- Significant numbers of pregnant women do not access prenatal care in the first trimester of pregnancy.
- Trinity County newborns have a higher rate of perinatal substance exposure.
- Increased risk of SIDS
- Lack of access to regular developmental screenings.

- Increased risk of adverse childhood experiences (ACEs)

First 5 Trinity plays a key role in funding vital community-based interventions; helping mitigate the impact of limited health and wellness services, geographic isolation, and inadequate amount of early care and education supports for children 0-5.



Strategic Planning Process

Proposition 10 requires all county commissions to adopt a strategic plan “for the support and improvement of early childhood development in the county.” The proposition further specifies that the “county strategic plan shall, at a minimum, include the following: 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 outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators.”

Beginning January 2025, First 5 Trinity engaged in a six-month process to develop the 2025-2030 Strategic Plan. A comprehensive review of historical documents was conducted, focusing on the history of First 5 California in general, and Trinity County specifically. We then formed two strategic planning workgroups comprised of First 5 Shasta staff, Commission members, and grantee organizations. The workgroups met in person a total of five times during the six-month planning process, and also provided input on content via phone calls and emails. In addition, First 5 Trinity gathered input from the broader community through three main mechanisms:

- in-depth interviews with partner organizations and grantees
- an online public survey available to all members of the community that gathered 53 responses

- direct family and stakeholder engagement via Community Health Worker outreach.

Publicly available data were collected on the indicators that were identified as important to help inform the strategic planning process. Our process was also driven by results from the June 2024 Trinity County Maternal, Child and Adolescent Health (MCAH) Needs Assessment, and the Trinity County Community Health Assessment 2023-2028.

Staff outreached to Network partners throughout California, to survey the fiscal benefits of various Commission structures; a total of 28 surveys were completed.

Parent and Caregiver Survey Results

In January 2025, First 5 Trinity launched a community-wide family and caregiver survey, aimed at identifying the top concerns of families with young children, prenatal through 5 years. Recognizing unique needs of infants/young toddlers vs. older toddlers/preschool age children, questions were structured in such a way to differentiate between the two. One set of questions focused on the distinctive needs and experiences of families with children prenatal to three years and another set focused on the needs of children ages three years to five years. This survey was conducted with the purpose of further grounding and informing our strategic plan priorities, outcomes, and goals specific to the needs of each age group.



In total, 53 surveys were completed. The majority of respondents were a parent/caregiver with a child under age 5; living in Weaverville, Lewiston, or Hayfork; identifying as White; who were somewhat familiar with First 5 Trinity. Parents/caregivers reported spending an average of 4.3 hours of quality time with their child each day with a range between .5 hours to 24 hours.

When given the opportunity to select from a list of things would benefit Trinity County children and families most, over half of all parents/caregivers expressed interest in: free recreational activities; early literacy resources; access to toys, books, and games; injury prevention education and resources; early detection of developmental and behavioral health concerns; and affordable childcare or preschools. The majority of respondents also provided open-ended input with common themes including: accessible pediatric health care; free or low-cost diapers, food, clothes, and other resources for low-income families; play groups; swim lessons; and more childcare options.

From this list, choose the top 5 things you think will benefit Trinity County Children:			
	Ages 0-3		Ages 3-5
74%	Free recreational activities for children 0-3 and families	76%	Free recreational activities for children 3-5 and families
38%	Parent/Guardian support or educational groups	30%	Parent/guardian support or educational groups
47%	Reading/literacy resources like story time, book sharing programs	57%	Reading/literacy resources like story time, book sharing programs
55%	Access to toys/books/games	42%	Access to toys/books/games
51%	Childhood injury prevention classes and resources (for example, drowning prevention, child passenger safety, fall, child abuse)	51%	Childhood injury prevention classes and resources (for example, drowning prevention, child passenger safety, fall, child abuse)
34%	Increased support for pregnant and new parents to strengthen their parenting capacity	21%	Increased support for pregnant and new parents to strengthen their parenting capacity
23%	Increased parent and community awareness of child development and resources	36%	Increased parent and community awareness of child development and resources
26%	Mental wellness education, resources & support	36%	Mental wellness education, resources & support
53%	Early detection of developmental and behavioral health concerns	53%	Early detection of developmental and behavioral health concerns
55%	Affordable childcare or preschools	58%	Affordable childcare or preschools
19%	Transportation assistance for childcare or preschools	21%	Transportation assistance for childcare or preschools

When given the opportunity to select from a list of things they'd like to learn more about, nearly half of all parents/caregivers expressed interest in learning more about: emotional development; early brain development; and how a parent's relationship with their child affects the child's development.

Pick the top three things you would like to learn more about for each age group:			
	Children Ages 0-3		Children Ages 3-5
62%	Emotional development	62%	Emotional development
57%	Early brain development	38%	Early brain development
38%	How and when children develop self-control	38%	How and when children develop self-control
38%	Knowing what skills to expect at different ages	40%	Knowing what skills to expect at different ages
42%	How a parent's relationship with their child affects the child's development	51%	How a parent's relationship with their child affects the child's development
25%	Recognizing when development might be delayed	25%	Recognizing when development might be delayed
21%	How to form a network or system of support	23%	How to form a network or system of support

Priorities for Funding



First 5 Trinity receives state funds that it re-invests back into the community through grant programs directed at improving the well-being of children and families. Our initiatives increase access to, and raise the quality of, valuable services in four focus areas:

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.

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.

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, and mental stimulation, living in families and communities that value them.

Improved Systems of Care: 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. As such, we promote integration, linkage, and coordination among programs, service providers, revenue resources, professionals, community organizations, and residents. Services are available in a culturally competent manner, embracing the differences in cultures and languages within our county.

Strategies for Achievement

First 5 Trinity focuses on evidence-based and evidence informed programs that build on the family's ability to meet their greatest needs. First 5 Trinity actively engages in partnerships and funds programs, services and activities that support optimal child development and healthy children who are prepared for school.

Over the last 5 years, First 5 Trinity has consistently funded the following programs addressed at achieving its 2020-2025 strategic goals and objectives:

TCOE School Readiness Program: The Trinity County Office of Education (TCOE) provides pre-K programs at various locations throughout the county. The pre-K school readiness program offers structured playgroups using a nationally recognized curriculum aimed at preparing children for the academic, social, and emotional rigors of kindergarten. The school readiness program also provides health-related supports to ensure that children are healthy upon kindergarten entry. Lastly, the program offers parenting and family literacy activities to support parents and caregivers as their child's first teacher.

TCOE Trinity Smiles: Trinity Smiles is a program that provides mobile and school-based dental services, with a focus on providing care to underserved children in the county. The program fills a critical gap in dental care as there is only one Denti-Cal provider in the entire county. Services include oral evaluations, extractions, cleanings, oral hygiene instruction, x-rays and fillings.

Human Response Network Welcome Baby Program: The Welcome Baby Program, as operated by the Human Response Network, offers new parents a lifeline to support, information, and community resources needed to raise healthy and happy children. New parents are visited in their home and offered a New Baby Bag which is full of information and items needed by new parents. During home visits, a family advocate provides information about what to expect as a new parent, coaching about creating a safe home environment, and information about available community resources. In addition, a developmental screening is completed to identify whether the child is at risk for a developmental delay.

Small Community Grants: The Commission has set aside funding to support small community grants in an effort to be responsive to the needs of families as well as the service providers and systems that serve them.

First 5 Trinity will continue to invest in programs and projects that:

- Are prevention- or early intervention-focused
- Demonstrate a positive return on investment (or are likely to, for innovative programs)
- Create equity and reduce disparities
- Have leveraging potential (ability to mobilize other resources)
- Are collaborative
- Address First 5 Trinity strategic goals and key priorities
- Address social determinants of health
- Have strong past performance on First 5 Trinity grants (if applicable)

First 5 Trinity will continue to invest in programs and projects that align with our Guiding Principles:

1. **Child and Family Focus:** First 5 Trinity places the needs of prenatal children through age 5 at the center of what we do and the work we engage in; we do so in culturally effective ways.
2. **Outcomes Driven:** First 5 Trinity creates positive results that are measurable and uses monitoring and evaluation as a tool for continuous quality improvement.
3. **Collaboration:** First 5 Trinity facilitates and participates in partnerships across all disciplines, all county commissions, stakeholder groups, and traditional silos.
4. **Financial Stewardship:** First 5 Trinity looks for opportunities to leverage funds and increase impact; invest in specific areas to create lasting systemic change; make narrow and deep investments to achieve the greatest impact.

Goals, Objectives, Key Strategies, and Indicators of Success

First 5 Trinity has chosen goals, objectives and key strategies that align with the following frameworks:

All children, 0-5, are healthy and developing optimally	Early learning opportunities are diverse & high-quality
Parents & caregivers are resilient & nurturing	Systems of care are sustainable, integrated and coordinated

Goal 1: Ensure that all children ages 0-5 and their parents/caregivers have equitable access to comprehensive resources that support healthy physical, emotional, cognitive and social development.

Objective 1: By July 2026, create a centralized resource hub (online and print) with information on child development, nutrition, mental health, and local services for families with children ages 0-5.

Objective 2: Increase participation in early childhood development programs by 25% among underserved communities within 12 months.

Objective 3: Partner with at least 10 local agencies to distribute materials and refer families to developmentally appropriate services.

Objective 4: Reduce barriers such as transportation, language, and cost by implementing mobile services and offering free resources to ensure families can easily access support regardless of socioeconomic status.



Key Strategies:

- Build a coordinated resource network establishing partnerships across healthcare, early education, housing, nutrition, and social services.
- Create a centralized, family-friendly information and resource hub that is easy to access and culturally and linguistically relevant.
- Provide parent/caregiver educational workshops, play groups and support services.
- Partner with trusted institutions (such as libraries, schools, faith centers, food banks) to share information where families already go.
- Reduce barriers to access through mobile service delivery and extended hours.
- Continue funding Trinity Smiles through TCOE.
- Conduct community needs assessment to gather input from underrepresented groups and identify service gaps and tailor resources.

Indicators of Success:

- Increased number of families accessing early childhood programs and supportive services.
- Number of parents/caregivers participating in educational workshops and play groups.

- At least 80% of families report feeling more confident in recognizing their child's developmental needs and accessing services.
- Increased rates of developmental screenings completed for children 0-5.
- More children meeting age-appropriate milestones in physical, cognitive, social and emotional domains.
- Active use of shared referral or data system that tracks family connections to multiple supports.
- 75% of families survey report awareness of at least three available community resources for early development.

Goal 2: Promote and increase early literacy among children ages 0-5 by empowering families with the tools, knowledge, and opportunities to engage in language-rich activities.

Objective 1: By December 2026, increase the number of local family-focused early literacy programs that include story-time sessions, take-home books and caregiver workshops.

Objective 2: By March 2026, increase the number of children ages 0-5 participating in early literacy activities by 30%.

Objective 3: By June 2026, increase parent/caregiver confidence and frequency of reading at home.

Key Strategies:

- Partner with libraries, medical offices, WIC offices, and childcare providers to promote literacy materials and activities.
- Train community health workers to deliver literacy workshops and model reading techniques at community events.
- Launch a public awareness campaign regarding the importance of reading to young children.

Indicators of Success:

- 75% of families report reading, storytelling, or singing with their child at least 3 times per week.
- 75% of parents/caregivers show increased understanding of how early literacy supports child development.
- Increase in library program attendance among families with young children.
- Improved expressive and receptive language skills in children 3-5 as measured by screening and assessment tools.

- Increase in number of children demonstrating age-appropriate early literacy skills upon preschool or kindergarten entry.
- Increase in early literacy program offerings across libraries, childcare centers, medical offices and other community organizations, especially in the most remote communities of Trinity County.

Goal 3: Prepare children ages 0-5 for a successful transition to kindergarten by increasing access to high-quality learning experiences that support development in language, literacy, social-emotional, cognitive, and motor skills, with at least 80% of participating children meeting age-appropriate milestones within 12 months.

Objective 1: Enhance availability of high-quality school readiness programs through Trinity County Office of Education (TCOE).

Objective 2: Increase cross-sector collaboration between preschools/child care centers and elementary schools, including data and assessment sharing to inform instruction, and utilization of a Quality Rating and Improvement System (QRIS).



Objective 4: Improve public awareness of school-readiness concepts and what is needed for kindergarten registration.

Objective 5: Increase availability of parent education and engagement programs to empower families as their child's first, most important teacher.

Key Strategies:

- Continue to fund TCOE School Readiness programs, expanding implementation to additional remote communities.
- Offer kindergarten readiness workshops, family literacy workshops, and parent-child learning activities.
- Create culturally and linguistically appropriate resources to help families support learning at home and coach parents/caregivers on developmental milestones.

- Promote cross-system collaboration by building partnerships among early learning providers, school districts, health departments and family support agencies.
- Provide embedded developmental screenings and progress monitoring tools.
- Incorporate play-based learning and daily opportunities to build literacy, numeracy, fine and gross motor, and SEL skills.

Indicators of Success:

- Number of children enrolled in TCOE School Readiness programs.
- Increase in the percentage of children meeting or exceeding benchmarks on kindergarten readiness assessments.
- Higher rates of age-appropriate developmental milestones achieved in language, cognitive, motor and socio-emotional domains (for example, ASQ scores)
- Improved parent/caregiver understanding of developmental milestones and school readiness expectations.
- Increased collaboration between early learning programs and local K-12 schools.
- Decrease in disparities in kindergarten readiness outcomes by home language, income and zip code.

Goal 4: Support the development of resilience and nurturing relationships between children 0-5 and their parents/caregivers by strengthening social-emotional skills, promoting responsive caregiving, and connecting families to supportive resources and networks.

Objective 1: Increase availability of parenting education programs focused on responsive caregiving, positive discipline, and emotional regulation, for at least 15 families per 12 months.

Objective 2: Increase the percentage of caregivers who report feeling confident in managing stress and supporting their child's emotional needs by 30% as measured by pre/post-test.

Objective 3: Develop peer-support groups for parents/caregivers in at least 3 underserved communities to reduce isolation and build social connectedness.

Objective 4: Reduce stigma around accessing mental health and parenting support.

Key Strategies:

- Implement evidence-informed parenting programs that build nurturing skills and emotional attunement.
- Increase access to family therapy, parent coaching, and caregiver support services and integrate mental health awareness into early childhood programs.

- Encourage everyday practices like talking, playing, and reading together to build trust and secure attachment.
- Embed SEL activities into early learning environments using targeted curriculum.
- Offer tools to help children and parents identify and express emotions, build relationships, and develop self-regulation skills.
- Reduce stigma around seeking mental health care through culturally relevant outreach and educational campaigns.
- Facilitate parent/caregiver support and play groups to reduce isolation and strengthen community connections.
- Create welcoming and inclusive spaces for families to gather and share experiences.
- Engage families as experts and leaders, teaching them to advocate for their needs and share their expertise with peers and providers to help inform program design.

Indicators of Success:

- 80% of participating parents/caregivers show improved knowledge of responsive caregiving and child development.
- 25% reduction in caregiver-reported stress levels as measured by tools like the *Parenting Stress Index*.
- Yearly increased attendance in parenting programs and support groups.

Goal 5: Reduce the risk of unintentional injuries among children 0-5 by increasing family awareness, promoting safe environments, and expanding access to injury prevention resources and education.

Objective 1: Increase access to free child safety programs such as swim lessons and child passenger safety.

Objective 2: Develop community partnerships between at least 5 community organizations (such as WIC, medical offices, child care centers, libraries) to host quarterly injury prevention workshops or safety checks.

Objective 3: Increase child safety awareness throughout the community.

Key Strategies:

- Continue funding free swim lessons via two local Parks & Rec Departments



- Provide training on common injury risks and prevention practices during at local childcare centers, parent workshops and other social service appointments.
- Collaborate with local agencies to expand reach and co-host events.
- Conduct regular child safety seat checks throughout all Trinity County communities.
- Create culturally and linguistically relevant injury prevention materials and use trusted community messengers to distribute education.
- Use local health and EMS data to identify injury trends and target priority communities.

Indicators of Success:

- Number of families receiving safety education and resources.
- Number of children participating in swim lessons.
- Number of organizations/agencies distributing education materials, co-hosting events.
- Number of child passenger safety seat checks.
- 40% increase in caregiver knowledge of how to prevent injuries, as measured by pre/post-tests.

Goal 6: Strengthen the community's capacity to support the healthy development and well-being of children ages 0-5 and their families by fostering collaboration among service providers, increasing awareness of available resources, and promoting family-centered policies and practices.

Objective 1: Increase referrals to early childhood programs and family support services by 25% over the next 12 months through improved outreach and provider collaboration.

Objective 2: Increase the number of individuals (such as community health workers, educators, faith leaders) trained to recognize and respond to early childhood development needs and connect families to appropriate resources by at least 10 every 12 months.

Objective 3: By July 2026, increase cross-sector collaborations to coordinate services, share resources, and address local gaps in support for families with young children.

Key Strategies:

- Establish a cross-sector Early Childhood Community of Practice connecting organizations across health, education, housing, and social services.
- Involve parents/caregivers in planning and decision-making through advisory groups and surveys.
- Launch a public awareness campaign highlighting the importance of early childhood and available community resources.

- Provide on-going professional development on trauma-informed care and developmental milestones.

Indicators of Success:

- A formal Early Childhood Community of Practice is established and meets regularly.
- An increase in the number of cross-sector partnerships between childhood agencies, schools, medical providers, and social service organizations.
- Community stakeholders report improved coordination and communication across sectors.
- 80% of families surveyed report increased awareness and use of early childhood resources.
- Increase in referrals to developmental screenings, parenting programs, early learning centers and other services.
- Number of individuals trained in early childhood development support and resource navigation, with 90% of participants reporting they feel more confident in supporting families and making referrals.
- 75% of families surveyed report feeling more connected to community services and supported in their parenting role.
- At least one new program or funding stream is launched as result of Community of Practice advocacy or coordination.