



2021

SUMMARY REPORT

**Accelerating Community Health:
Continuum of Care Planning**

This summary was written by Dawna Shchedrov, Director of Everett Freeman Promise Neighborhood ("Corning Promise"), in collaboration with the facilitators of the series, The OCL Group. The summary provides an overview of the process participating leaders followed during the 2021 Accelerating Community Health – Continuum of Care Planning convenings.

LEADERSHIP SERIES FUNDING AND INITIATIVE

The Paskenta Band of Nomlaki Indian Tribe, a recipient of the Promise Neighborhood grant, is implementing a continuum of solutions covering early childhood, K - grade 8, high school and career, and specialized cross-cutting programs funded to strengthen the children and families in Corning and Rancho Tehama, CA ("Everett Freeman Promise Neighborhood"). Cross-sector collaboratives, from education, health, criminal justice, local government, non-profit, and other community-based organizations are working together to achieve the long-term desired outcome of transforming "our" community.

In 2019, Corning Promise launched a Leadership Series to increase the capacity of partner organizations that are focused on achieving results for children and youth. Two sessions of the Leadership Series were held in 2019, two more sessions, summarized in this report, were held virtually in April and May of 2021. The Leadership Series is built around the population-level result of "All children in Corning are successful" and incorporates building results leadership competencies based on the Results Count® model created by the Annie E. Casey Foundation, including:

- Collaborate with others –work together with urgency and attention to continuous improvement to accelerate the achievement of results.
- Use one's role to move results; individual leaders can lead from whatever position they hold.
- Take data-driven actions that contribute to equitable outcomes, focusing on those who are most disadvantaged.

PARTICIPATING ORGANIZATION

The following is an acknowledgment of those organizations that participated in the April and/or May, 2021 sessions of the Leadership Series: City of Corning, Corning Police Department, Corning Union Elementary School District, Corning Union High School District, First 5 – Tehama, New Life Assembly, Northern California Child Development Inc., River Cities Counseling, Tehama County Department of Education, Tehama County Health Services Agency, and Tehama County Child Protective Services.

CONTEXT FOR ACCELERATING COMMUNITY HEALTH

The April 2021 and May 2021 sessions of the Leadership Series convened leaders from cross-sector organizations, extending across the Tehama region, to begin strategizing and taking collaborative actions to accelerate community health. Leaders in the community know that the complex needs of families cannot be addressed with single, direct-service approaches, but require, in contrast, system-level strategizing. The goal of the 2021 sessions was to highlight the connection between community health and student success and begin implementing system-level strategies that address broad practices and community infrastructures and align leaders' actions to accelerate community health outcomes. In addition to the planned convenings, leaders met in subgroups between sessions to continue and/or deepen the work.

DATA WALK & FACTOR ANALYSIS

To accelerate the group's work and sense of urgency during the first session, in April 2021, the facilitation team displayed virtual graphs across a broad range of health indicators - life expectancy, mental health, child abuse rates, substance use, quality of life - to tell a "numerical narrative" of the quality of life of the residents in the community and County. Spurred by the data, the participating leaders discussed the connection between community health and student success and through that process, co-identified mental health as a significant indicator of health for children ages 0 - 18 years of age.

From the larger set of community health graphs, the leaders selected two primary metrics that would represent indicators of progress. The two primary metrics are:

- Positive social-emotional development in the early years using the Desired Results Developmental Profile (DRDP).
- Decrease in children reporting depression-related feelings and decline in the % of children reporting having seriously considered attempting suicide using KidsData.

During an interim meeting, the leaders conducted a factor analysis exercise to identify the "root causes" driving the trend lines of the selected indicators.

In the exercise, the leaders identified contributing factors that positively support progress and restricting factors that negatively influence the curve of the line. To address the more systemic factors (the "unseen"), the leaders dialogued about the root causes. Numerous unseen causes such as patterns of behavior, structures, and mental models may influence or give rise to the events that we see. This also illustrates that different overarching strategies and strategy components may be employed to address the seen and unseen factors. See the next section for an overview from the factor analysis discussion.



FACTOR ANALYSIS: LEADER INPUT

This section provides an overview of the factors, both contributing and restricting, for each selected indicator.

DESIRED RESULTS DEVELOPMENT PROFILE (DRDP)

DRDP reports on a child's knowledge, skills, and behaviors across a range of developmental domains. The leaders reviewed multi-year data collected through observation from children attending area preschools and head starts, specifically from the Social and Emotional Development domain.

Below is an overview of the factor and resource analysis on the social-emotional development of young children.

FACTOR & RESOURCE ANALYSIS

Contributors to the Social-Emotional Development of Young Children

- Increase in parent-child engagements
- Intentional literacy activities
- Increased focus in social-emotional learning
- Outreach services
- Counseling services
- Previous exposure to SED (active role in schools)
- Ready Rosie (video modeling)
- Strengthening of horizontal collaboration
- Enhancement of technology increased outreach
- Training accessibility for educators
- Data collection
- Centers and home visitation programs
- Pregnancy to preschools

Restricting the Social-Emotional Development of Young Children

- Mental health issues
- Behavioral health issues
- Foster care
- Homelessness
- Training for teachers (limited opportunities-difficult behaviors)
- Gap families (do not meet income to qualify for services)
- Limited English Proficiency – services limited
- Limited professional dual-language speakers
- % receiving prenatal care
- First-time parents
- Missing critical developmental milestones
- Quality of services
- Quality programming
- Limited funding to reach all families (includes gap families)
- Limited centers (families on a waiting list)
- Operations (part-time vs. full-time)

DEPRESSION-RELATED FEELINGS AND SUICIDAL IDEATIONS

Biannually, a random sample of students enrolled in California schools, in grades 7, 9, and 11, are selected to self-report on their feelings of sadness/hopelessness and suicidal ideations. This data is cited in the KidsData and collected through the California Healthy Kids Survey (CHKS).

Below is an overview of the factor and resource analysis conducted by leaders to understand the contributors and restrictions to this metric.

FACTOR & RESOURCE ANALYSIS

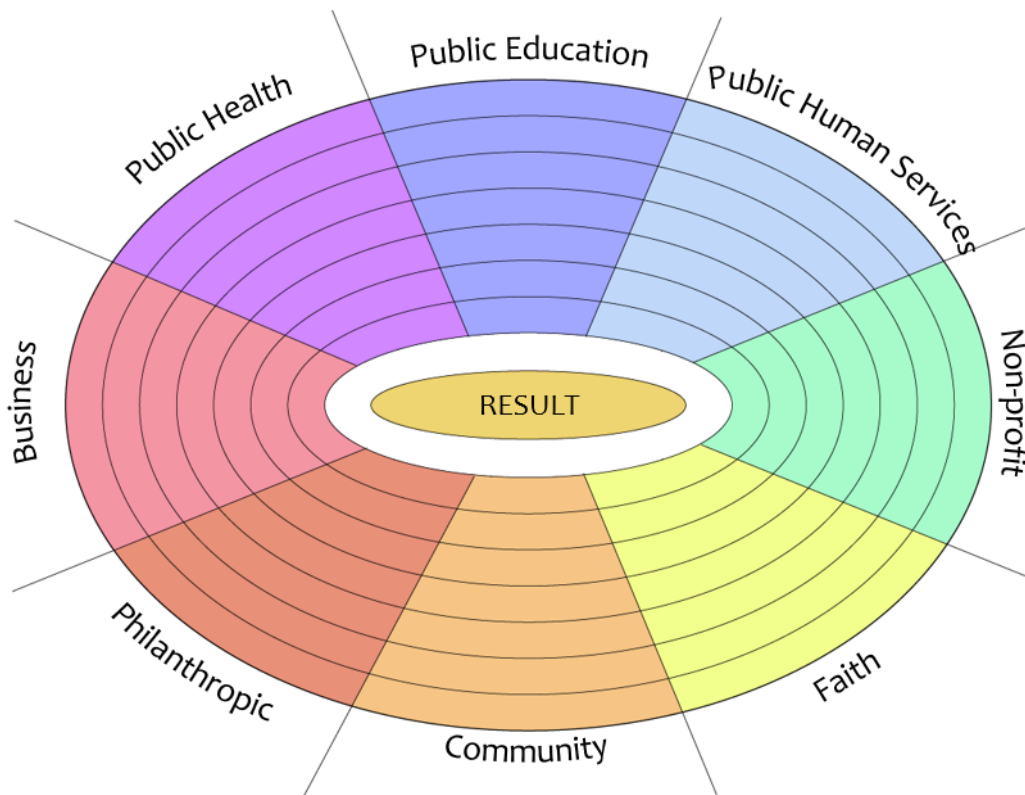
Contributors

- School-based counseling (whole family approach)
- Extra-curricular activities
- School open during the pandemic
- School psychologist
- Modified social events
- Social connectedness/adult support
- Girls Empowerment Program
- Leadership boosting
- Meal programs
- Digital literacy in schools
- Club/recreational activities
- Positive Behavioral Interventions and Supports (PBIS)

Restricting

- Mental health issues
- Lack of bilingual mental health professionals
- Drug use
- Profound addiction
- Digital babysitting
- No parenting (even when parents are present)
- Lack of parenting
- Toxic environment
- Cyberbullying
- Child abuse





From Theory of Aligned Contributions in Action by Jolie Bain Pillsbury

RESULTS IN THE CENTER - STAKEHOLDER MAPPING

Following the factor analysis conversation, the leaders began to identify the potential partners and stakeholders who would take supportive actions to move the needle on the indicator. Leaders began the process of stakeholder mapping, which is a process of identifying stakeholders who have an influence or impact on the result ("Stakeholder Mapping"). This process helps create a shared understanding of the key people who can impact the success of the strategy and highlights how a wide range of players across multiple sectors is needed to reach the result. In addition to identifying those they currently partner with on other projects, leaders were encouraged to map stakeholders not traditionally "at the table" (students, parents, etc.). Their work is noted below and leaders will continue the mapping process in the respective strategy teams.

Social-emotional Development (Early Years)

- Pre-K Program
- Empower Tehama
- Mental Health Providers
- CPS (Social Services)
- Special Education
- Mental Health Providers
- Parents
- Advocates
- Pediatricians
- Recreation
- Libraries

Depression-Related Feelings

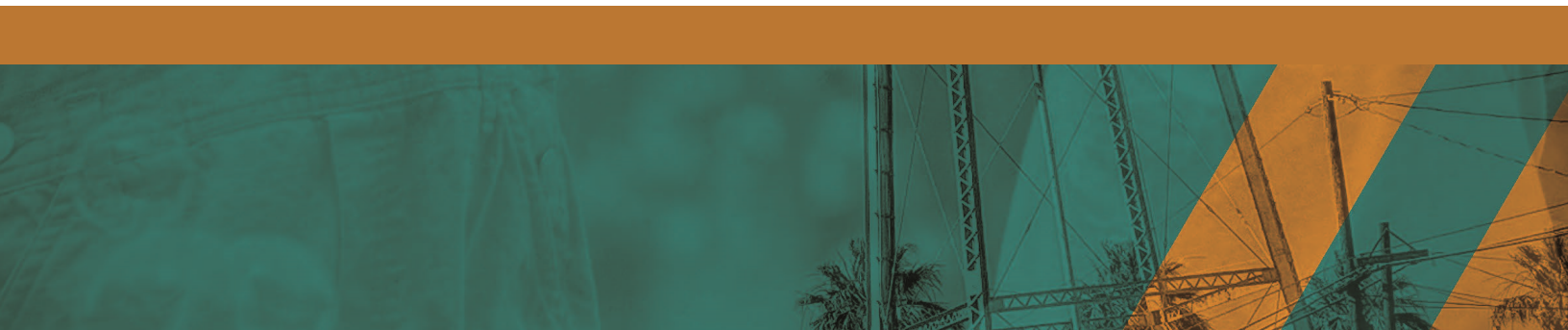
- Pre-K Program
- K – 8 School District HS District
- Law Enforcement
- CPS (Social Services)
- Parents
- Students
- Advocates
- Pediatricians
- Recreation
- Mentors

IDENTIFYING PRIORITY FACTORS

As noted above, workgroups earlier examined two domains impacting community health outcomes and student success: childhood/social-emotional development and mental health/depression. During session two, the team began identifying key priority factors and naming existing and potential programs/systems in the region that are vested in the work. The factor analysis process completed by each workgroup was reviewed and each group identified the two to three priority factors that, if addressed, will make a significant impact on moving the current trend lines in a positive direction and will positively influence outcomes. The priority factors by domain are:

EARLY CHILDHOOD & SOCIAL-EMOTIONAL DEVELOPMENT

| Top 2-3 Priority Factors | Target audience for this factor | Current/existing programs | Potential and needed partners for each factor |
|---|--|---|--|
| Centers and home visitation programs | All families, especially those in preschool programs that exhibited needs (maybe even high ACE indicator scores) | NCCDI, TCDE-Early childhood, First 5-Tehama, School Readiness | Empower Tehama, Other strengthening family trained providers for parent café's, parents, district MTSS, counselors |
| Quality programming | Specifically focused on programs that do not have a strong infrastructure to support quality | | School district coordination a year in advance, director of private centers, CCRE decision-makers, district MTSS, counselors |
| Limited funding to reach all families (includes gap families) | Increase # of available slots in the high-quality rated programs and expanding priority to include non-income requirements | | To develop later |



MENTAL HEALTH & DEPRESSION

| Top 2-3 Priority Factors | Target audience for this factor | Current/existing programs & systems that already address each factor | Potential and needed partners for each factor |
|---|--|---|---|
| Mental Health Staffing/Barriers to Access | Multiple County Agencies | County mental health, community-based organization school-based counseling, MCO's | Engage MCO's, Law Enforcement, county mental health, (other to be discussed later) |
| Economics of County | Education, Economic Development, County Agencies, etc. | JTC, Rolling Hills, Social Services, CTE/Work Prep Community Colleges, Adult Education | Community colleges (Shasta), (other to be discussed later) |
| Home Environment (ACES) | Families | Social Services, Drug and Alcohol, Empower Tehama, Head Start, First 5, Migrant Head Start, School Readiness, Probation/Law Enforcement | Social Services, Drug and Alcohol, Empower Tehama, Head Start, First 5, Migrant Head Start, School Readiness, Probation/Law Enforcement |

EMERGENT UNIVERSAL STRATEGIES

The next step in the work was for the leaders to identify universal strategies to address the identified priority factors that contribute to the health and well-being of the children and families in the community. These universal strategies are emergent and represent the current best “thinking” by leaders on how to accelerate community health in specific focus areas, with attention to specific groups of children. The leaders will continue to have exploratory conversations to refine the strategies; this is emergent and iterative.

To begin the process of narrowing actions, the leaders focused on four key strategy components: policy, systems/structures, practice/programs, and activities.



STRATEGY 1: ACCESS TO SERVICES

Members: Rich DuVarney, Tiffany Dietz, and Dave Sweringen

Strategy Result: Reduce barriers for ALL to be able to access mental health services.

| Key Strategy Components | Target Audience - who you want to influence | 6-month Goal |
|---|---|--|
| Policy: Common ROI (release of information form) and agreements amongst agencies | Community Partners | Meet with multi-agencies reviewed common release of information form (ROI) and have adopted an ROI for use across systems. |
| System/Structure: System of Support that provides one entry point and then directs to appropriate program "No Wrong Door". Who are the appropriate contacts how is that information collected/updated | Decision Makers, Directors, Superintendents, BOS, School Boards CBO's | Identify School Contacts, bring awareness to MCO's at one of the quarterly meetings, develop System of Support |
| Practice/Programs: | Will be developed in future conversations | Will be developed in future conversations |
| Activities: | | |

Access to Services Performance Plan: Timeline of Components

| Components | Workgroup Contributors | 1-month | 1-3 months | 3-6 months |
|---------------------|--|---|--|---|
| Policy: | Rich Duvarney Sara Smith | Common ROI All Stakeholders have met | Creation and Agreement regarding System of Support | Implementation of System of Support |
| System/ Structure: | Sara Smith Tiffany Dietz | Collaboration and survey of needs /barriers/ process from schools | Administer the survey | Analysis and aggregate of the data and plan to meet to inform stakeholders. |
| Practice/ Programs: | To be developed in future conversation | | | |
| Activities: | | | | |



STRATEGY 2: HIGH-QUALITY LEARNING

Team Members: Brian Hesse

Strategy Result: To be completed by team

| Key Strategy Components | Target Audience - who you want to influence | 6-month Goal |
|---|--|--|
| Policy: All programs will achieve a 3 or higher on the quality rating matrix through North State Quality Counts | Private Programs - home and center based | <ul style="list-style-type: none"> Identify sites rating below a three. Identify areas of need leverage local coaches to support tier advancement |
| System/Structure: Integrate County wide family support system that all early learning programs can access. | Private and State funded Programs - home and center based - families | <ul style="list-style-type: none"> Seek funding for a Family advocate Partner with School Readiness home visitors |
| Practice/Programs: All early educators receive and implement Teaching Pyramid. | Will be developed in future conversations | Will be developed in future conversations |
| Activities: | Will be developed in future conversations | |

Access to Services Performance Plan: Not yet developed by the strategy team

STRATEGY 3: IN-HOME SUPPORT

Team Members: Teresa Manning, Tori Prest

Strategy Result: Increase family resiliency and children's social-emotional development

| Key Strategy Components | Target Audience - who you want to influence | 6-month Goal |
|--|---|--|
| Policy: All family with risk factors assigned social worker/ home visitor/liasion | Families, Children, Teachers, Community Leaders, K-12 Leadership, ECE Leaders | Identify financial stakeholders, and influential policy makers |
| System/Structure: Districts utilize MTSS to promote home school connection and support prior to entering TK/K and through K-12 education | Families, Children, Teachers, Community Leaders, K-12 Leadership, ECE Leaders | Identify a school and ECE program to implement pilot programs |
| Practice/Programs: Consistent home visitation, onsite social worker, individual counseling/PCIT | Families, children, teachers, community Leaders, K-12 leadership, ECE Leaders | Utilizing ACEs identify families with multiple risk factors |
| Activities: Goal setting (individual/family), transition planning from program to program, program to school, teacher-to-teacher that includes Behavior Planning, home visits, conduct an Adverse Childhood Experience (ACEs) assessment | Families, Children, Teachers | Through MTSS model begin providing services |

In-Home Support Performance Plan: Timeline of Components

| Components | Workgroup Contributors | 1-month | 1-3 months | 3-6 months |
|--------------------|---|---|------------|------------|
| Policy | ECE leaders, School District Leaders, Teachers/Home Visitors, Mental Health Professionals, Social Workers, School Board, MTSS | Will be developed in future conversations | | |
| Systems/Structures | ECE leaders, School District Leaders, Teachers/Home Visitors, Mental Health Professionals, Social Workers, School Board, MTSS | | | |
| Practice/Programs | Superintendents, Principals/CBO Directors, Teachers/Home Visitors, Mental Health Professionals, Social Workers, MTSS | | | |
| Activity | Home Visitors, Social Workers, Families/children, MTSS | | | |

STRATEGY 4: ECONOMIC DEVELOPMENT

Members: Jared Caylor, Kristina Miller, Kathy Garcia, and Dawna Shchedrov

Strategy Result: Corning high school students will be prepared and successfully complete post-secondary programs

| Key Strategy Components | Target Audience - who you want to influence | 6-month Goal |
|---|---|---|
| Policy: Articulation policies between high school and colleges | Will be developed in future conversations | Will be developed in future conversations |
| System/Structure: Consistent alignment between K -12 ed, higher ed and business | | |
| Practice/Programs: Identification of need (target market) | | |
| Activities: To be developed | | |

Economic Development Performance Plan: Timeline of Components

| Components | Workgroup Contributors | 1-month | 1-3 months | 3-6 months |
|---|---|---|--|---|
| Policy: Articulation policies between high school and colleges | Shasta College, Butte College, Kathy Garcia, Kristina Miller, Economist | Send email to workgroup to start conversation | Gather for first meeting, pull data for conversation (Kathy G. grab data from Economist regarding growth in North State) | Realignment of pathways at the high school (prep for 2022-2023 HS priorities) |
| System/Structure: Consistent alignment between K -12 ed, higher ed and business | Shasta College, Butte College, Kathy Garcia, Kristina Miller, Economist | | | |
| Practice/Programs: Identification of need (target market) | Shasta College, Butte College, Kathy Garcia, Kristina Miller, Economist | | | |
| Activities: | Will be developed in future conversation | | | |

ACTION COMMITMENTS

The leaders closed each session with Action Commitments. Action Commitments are a key component of results leadership and provide a mechanism to reinforce the Accountability framework, focus the attention on advancing the work, and provide material to ground accountability conversations when participants reconvene in their strategy teams.

EMERGENT UNIVERSAL STRATEGIES

The strategy teams will continue their work to connect their strategies and strategy components to the factors/root causes those strategies address and carry out their performance plans. Important additional steps to support this process may include:

- **Identify Performance Measures** to help strategy teams evaluate whether their strategies are leading to the desired targets and objectives.
- **Establish Targets** for Year 1 and Year 3
- **Invite Partners** who can help execute ongoing strategies
- **Implement Quality Improvement** when strategies need adjustment or are not feasible
- **Address the technical and adaptive challenges** that emerge during the work
- **Build Accountability** through the continuation of Action Commitments and identifying and addressing barriers to action
- **Examine the Mental Models** or beliefs and values people hold that may hinder the work from moving forward