

**First 5 California  
2002-03 Annual Report Form**

**SAN LUIS OBISPO  
COUNTY COMMISSION NARRATIVE**

**PART 1**

**Susan K. Hughes, Executive Director**

**First 5 of San Luis Obispo County**

**2995 McMillan, Suite 282**

**San Luis Obispo, CA 93401**

## County Commission Narrative Form

### 1. County Priorities.

a. Describe the major issues and/or needs identified by your commission within your county.

#### i) Health and Well-being of Children

- Dental preventive and restorative care
- Screening for developmental problems and sensory deficits
- Tobacco cessation for pregnant mothers and parents of young children
- In-home visitation and support
- Comprehensive health coverage for young children

#### ii) Parent Education and Support

- Prenatal and Post Delivery Education
- Parent Skills Training
- Postpartum Depression education, prevention and treatment
- Perinatal substance abuse

#### iii) Early Education Opportunities and the Childcare Workforce.

- Stable and well-trained childcare work force
- Expanded childcare services

#### iv) Other.

In addition to submitting a School Readiness plan for the matching funds available from the State Commission for Georgia Brown Elementary in Paso Robles (1-3 deciles 1999 API), the County Commission set aside an equal amount of County Commission funds for a School Readiness project in Oceano (3-5 deciles 1999 API).

b. Please describe the funding priorities your commission has focused on in the past fiscal year (July 1, 2002 - June 30, 2003) in the following areas:

**Systems-level priorities** (*e.g., changes in policies, legislation, service integration*).

From the beginning, Commission staff has urged and encouraged funded partners to work together. The result is 15 of 17 Direct Service programs funded by First 5 San Luis Obispo have integrated service delivery with at least one other Prop. 10 funded program.

**Program-level priorities** (e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences). Please also describe any efforts aimed at specific groups within the community.

- County Commission funding in the amount of \$238,000 over four years was allocated for a second School Readiness project in Oceano; the same amount allocated for Georgia Brown Elementary in Paso Robles, the single site eligible for State Commission matching funds.
- A Children's Health Coverage (Healthy Kids) was initiated by the First 5 Commission.
- Funding for the following programs previously funded from January 2001-December 2002 was extended from January – June 2003:

### **Physical Well Being of Children**

- The First Time Mothers Program provides on-going home visitation services to 200 low-income women using the Olds' Model.
- Dental T.E.N. (Treatment and Education Now) provides preventive and restorative care to ±120 children a year who are not eligible for another publicly funded program or employer sponsored insurance. Educational outreach is also provided to ±2000 children and their parents each year.
- Baby's First Breath provides tobacco cessation services for all pregnant mothers and parents of young children referred to the program.
- A Pediatric Clinic in Morro Bay provides a medical home to ±500 children age 0-5 who live in the coastal region of the county.
- Vision Screening provides assessments for visual delays and disorders for ±5000 children each year. This program also provides a means of treatment for any child in financial need through resources such as Medi-Cal/Healthy Families enrollment, Sight For Students program, or the Vision Service Plan voucher system.

### **Psycho-Social-Emotional Well-Being of Children**

- BABES Breastfeeding provides counseling support to ±350 women annually in outlying areas of the county.
- Drug and Alcohol Services provides Play Therapy to ±50 children a year whose mothers are enrolled in the Perinatal Outpatient Extended Group.
- Children's Screening and Intervention Program provides developmental and behavioral assessments and interventions to ±200 children each year.
- The Commission awarded a mini-grant to the Postpartum Depression Task Force for a media awareness campaign and 108 therapy slots for assessment and treatment.

### **Early Education Opportunities and the Childcare Workforce**

- Head Start provides year round services to a combined 108 children in three communities. Prior to Prop. 10 funding, 59 children received year round services.
- State Preschools at five sites throughout the county have expanded day services for 80 children.
- Funding for the local CARES program, Project REWARD, to participate in years 4 and 5 of the State Commission's Matching Funds for Retention Incentives for Early Learning Staff was approved by the County Commission.

**Commission-level priorities** (*e.g., a new strategic plan adopted, civic engagement in commission planning efforts*).

The Commission prioritized Civic Engagement in two distinct ways:

- 1) Two series of 6 stakeholder meetings captured community input from parents, agencies, and businesses in developing School Readiness plans in the communities of Oceano and Paso Robles.
- 2) A Children's Health Coverage Forum was hosted by the County Commission and attended by over 90 individuals representing a broad cross section of the community (e.g. Board of Supervisors, county administrators, local physicians, members of the local community foundation, health and human organizations and the legal community). The Commission approved \$125,000 for the planning and development of universal health coverage system for children. A consultant on universal health coverage was hired, a partnership with the Department of Social Services was developed for staffing and steps are being taken towards a July 2004 implementation date.

## **2. Major Accomplishments.**

**Systems-level accomplishments** (*e.g., changes in policies, legislation, service integration*).

- The Tobacco Control Program collaborated with Public Health to develop a policy integrating tobacco use assessment into existing Public Health clinic questionnaires.

**Program-level accomplishments** (*e.g., specific initiatives or large programs that were funded and successfully implemented with target audiences*). Please also describe any efforts aimed at specific groups within the community.

- The County Commission approved funding in the amount of \$476,000 for a School Readiness project at Georgia Brown Elementary in Paso Robles. State Commission matching funds in the same amount will result in a total of \$952,000 over four years for the project. In addition, the County Commission approved an equal amount of \$952,000 over four years for a second School Readiness project in Oceano.
- The County Commission approved \$907,035 in funding to extend 13 of 17 Direct Service programs for another six months of funding at the end of the first funding cycle in December 2002.

- During a second round of mini-grant funding, 30 proposals received funding at a combined amount of \$207,562. Awards included mini-grant funding to:
  - 9 child care providers to purchase program materials
  - 2 music education programs
  - 4 child care centers to purchase playground equipment
  - 2 child care centers to make licensing upgrades
  - 1 organization to increase access for children with disabilities to childcare facilities throughout the county.
  - 2 nutrition programs for parents of preschoolers and childcare providers
- The Commission also approved \$510,000 in funds to be combined with \$255,000 in matching funds for years 4 and 5 of Retention Incentives for Early Learning Staff.

**Commission-level accomplishments** (*e.g., a new strategic plan adopted, civic engagement in commission planning efforts*).

- School Readiness plans for Oceano and Paso Robles were developed from input received from school administrators; Kindergarten teachers and Parent Site Councils at Elementary Schools; early childcare professionals; the local business community, faith based and other community based organizations during a series of 6 stakeholder focus groups in each community.
- The Commission began a Strategic Plan review to 1) determine new areas of focus relative to funding efforts, 2) measure the success of its advocacy efforts, and 3) measure the strengths and weaknesses of its organizational structure and capacity. The target date for completion of the review is the Fall of 2003.

### 3. Challenges.

- The skyrocketing cost of housing, the high cost of living, and better paying alternative employment have continued to be barriers in stabilizing the childcare work force throughout the county.
- Funding in the amount of \$105,000 was approved for fluoridation equipment at a large water treatment facility in the southern portion of the county. If approved by the five entities that draw water from this system, installation would coincide with a scheduled upgrade at the system in the next 2-3 years. Approval by the five entities has not been unanimous and will require additional community strengthening efforts.

### 4. Plans for FY 2003-2004.

- The School Readiness Plan submitted for Georgia Brown Elementary will begin implementation in the Fall of 2003 upon approval by the State Commission.

- The School Readiness plan for Oceano Elementary will be submitted to the County Commission for approval with implementation scheduled for the Fall of 2003.
- As part of its strategic plan review, the Commission will host three community focus groups in three regions in the county that are in addition to the two communities where focus groups were held for School Readiness.
- The Commission will continue to review its Strategic Plan. As part of this process, the Commission will consider the degree to which Direct Service programs have demonstrated improvement in the Strategic Plan's outcome indicators. Based on these findings and community input from the five focus groups, the Commission will decide how to approach its funding allocation plan for 2004-05 and beyond. (e.g. targeted or open-ended; county-wide or by geographic area).
- The Commission will continue to engage community partners in both the establishment of a universal health coverage system for children and providing administrative governance over the implementation of School Readiness.
- The Commission will partner with the County Office of Education in implementing a re-designed CARES program (REWARD II). The focus has shifted to increasing stipend levels targeted to providers with less than 24 ECE units and providing incentives for license-exempt childcare providers.

5. **Status of Local Evaluation, Reporting, and Data Collection.**

- a. Have there been any major findings from your local evaluation efforts?

Preliminary evaluation reports on direct service programs were developed in the Fall of 2002 and Spring of 2003. Following are some of the results by area and program:

**Early Childcare and Education**

- The **Homeless Shelter Day Care** program determined that homeless clients are generally threatened by being separated from their young children, even when day care is provided so that homeless parents can pursue opportunities fostering self-sufficiency.
- Extended Care through **State Preschool** (Full-day) and **Head Start** (full year) were found to be helpful to both the children and their parents.
- **Project REWARD** (CARES) evaluation results determined the design of the eligibility criteria for childcare stipends significantly tilted participation in REWARD to established center-based childcare providers and away from family care providers.

**Program Effectiveness/Client Retention**

- **Baby's First Breath**, Tobacco Cessation discovered that pregnant women who smoke tend to hide or deny their smoking from providers assessing their tobacco use; and that pregnant women often require a uniquely sensitive approach to engage them in cessation services due to feelings of shame or guilt.
- **Filial Play Therapy** was found to be most effective at about nine months of therapy. However, a large percentage of clients were dropping out prior to nine months.

- **Literacy 5** was found to have encountered difficulties in retaining volunteer tutors once they were trained. Numbers of parents tutored were meeting objectives, but most were short-term contacts.
- b. Explain how these findings have been used to inform policy-makers, to educate the public, to refine and plan programs, or in other ways.
- **Baby's First Breath** began to educate physicians and their staff, and home visitation nurses on the importance of their role in properly assessing and effectively referring pregnant women who smoke to cessation services. Consideration of a policy to standardize tobacco use assessment questions in Public Health clinics is underway.
  - **The Homeless Shelter Day Care** program made a number of modifications to their methodology and collaborations with other agencies and programs integral to the program design such as Child Welfare Services and Cal-Works.
  - Preliminary evaluation data led to the dissolution of several programs: the **Homeless Shelter Day Care** (see above) and **Baby Think It Over**, the latter due to difficulties in involving schools in the baby simulation program.
  - Preliminary evaluation data led to the refinement of two other programs, both aimed at boosting client retention: the **Filial Play Therapy Program** focused energies on client retention. The **Literacy 5** program refocused efforts into retaining both tutors and parents. Additionally, in both programs, efforts were made to improve outcome evaluation data collection.
  - **Project REWARD** made dramatic modifications to the design of its stipend eligibility criteria, consistent with the new requirements and priorities set forth by the State Commission.

6. **Outreach to Historically Underserved Populations.**

- a. What communities in your county have been historically underserved (*e.g., specific ethnic or linguistic groups, families with children who have disabilities or other special needs, geographically isolated families*)
- Paso Robles is a community of about 25,800 in the northern part of the county. While Paso Robles cannot be characterized as underserved, 28% of its population is Hispanic who often experience language and cultural barriers to existing services.
  - San Miguel is a community of approximately 1460 residents about seven miles north of Paso Robles in the northern part of the County. Shandon is a community of approximately 1260 residents about 20 miles east of Paso Robles. These two communities are the most geographically isolated and historically underserved areas of the county.
  - The coastal region with small communities such as Los Osos, Morro Bay, Cayucos and Cambria is geographically separated from the rest of the county. Most services are located in the city of San Luis Obispo. Travel time ranges from 20 minutes (Los Osos) to over an hour (Cambria).

- In the southwest corner of the county, Oceano is a community of about 7200 residents that has been historically isolated and underserved despite being surrounded by substantially larger and developed communities such as Arroyo Grande and Grover Beach. Since 1999, Academic Performance Index (API) scores for Oceano Elementary have increased slightly but the school's API rank has fallen from the fifth to third lowest deciles. API scores for North Oceano Elementary have increased slightly since 1999, but the API rank has remained the same placing this school in the five lowest deciles.
- b. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

In its initial consideration of which Direct Service programs to fund, the Commission selected four programs that served specific geographic areas, each with bi-lingual staff:

- **BABES** Breastfeeding is offered at existing clinics in Paso Robles, Morro Bay and Nipomo.
- **State Preschools** expanded its program from three to eight hours at five sites: Shandon, Grover Beach (near Oceano), Los Osos, Templeton, and San Luis Obispo, and also employ bi-lingual staff.
- **Head Start** offers year round services at three sites with the greatest need and longest waiting lists in Atascadero, Los Osos, and Nipomo.
- A 20 hour per week **pediatric clinic** in Morro Bay is being funded by the Commission, which provides accessible comprehensive health coverage to children living in the various Coastal communities.

In addition:

- A series of six Community Needs Assessment meetings were held in Paso Robles and Oceano as part of the School Readiness Plan development in those communities.
- Georgia Brown Elementary in Paso Robles is eligible for matching funds from the State Commission's School Readiness Initiative. The County Commission has allocated \$119,000 a year for four years of its own funding and submitted a School Readiness Plan to the State Commission for an equal amount in matching funds for Georgia Brown Elementary. In addition to addressing some identified service gaps in the area of accessible preschool to low income families, the Commission has adopted a School Readiness plan that includes as one of its main components, a bi-lingual School Readiness site coordinator to organize referrals and access to new and existing services in the area.
- The County Commission has recognized that Shandon Elementary continues to score in the lower 3-5 decile range on the Academic Performance Index (API). The Commission has discussed prioritizing the inclusion of Shandon if the School Readiness Initiative is expanded in the future.
- Oceano Elementary and North Oceano Elementary also have a history of scoring in the lowest 5 API deciles. The County Commission has allocated \$238,000 a year for four years of its own funds for a School Readiness project in Oceano. This amount is equal to the level of funding targeted at Georgia Brown Elementary utilizing State Commission matching funds.

- In its consideration to extend funding for Direct Service programs, the Commission has required funded partners to prioritize service delivery to communities with School Readiness programs.

c. How have these strategies resulted in greater access to and quality of services for these communities or groups?

In addition to **6 b.** above, the community needs assessments in Paso Robles and Oceano have resulted in increased awareness in community members about agencies and existing services, and created a vision for increased organization of, and access to existing services. These visions are captured in the School Readiness plans for these communities.

The result of requiring Direct Service programs to prioritize services in School Readiness communities will be: greater access, increased collaboration among service providers and increased service integration.

#### 7. (Optional) **Systems Change Support Activities.**

The local Commission funded \$10,000 towards the cost of sending a team of 10 representatives from various agencies to a three and a half day training with Dr. Ira Chasnoff in Chicago from April 10-13, 2003.

a. What were you trying to change and why?

- In the year 2001, 33% of women with children referred to a Public Health Nurse in San Luis Obispo County were identified as having a high risk factor that required some type of support. Based on the number of women identified, it is estimated that 8% of babies born in San Luis Obispo County have been exposed to some type of drug during pregnancy. If all women were screened prenatally, appropriate intervention could be administered to reduce drug use during pregnancy.

The goal of the program is the implementation of a comprehensive risk assessment among all health coverage providers countywide to reduce and/or prevent adverse birth outcomes due to substance abuse during pregnancy.

- In the era of mandated welfare-to-work laws, these children are seen in increasing numbers in childcare settings, posing challenging behavior management problems for childcare providers. Often these children and their families end up in the County Court system needing intensive supervision and treatment. Foster care families face additional challenges when these children are removed from the custody of their parents. Academic challenges await these children upon entering school.

The goal is to modify existing policies in order to provide treatment to substance abusing mothers and their children.

b. Who was involved?

The following representatives from a diverse group of agencies attended the three and a half day training with Dr. Chasnoff:

Perinatal Services Coordinator, County Public Health

A local perinatologist

Director of Public Health

Clinical Programs Manager, County Drug and Alcohol Services

Superior Court Judge

Executive Director, Economic Opportunity Commission

Chief Probation Officer

A member of the Board of Supervisors

Deputy Director, Department of Social Services

President, Foster Parents Association, Professor of Special Education at Cal Poly.

c. What agreements, changes, or products resulted from this work?

Upon returning from Chicago, there was agreement among the team to continue working towards implementing the lessons learned from Dr. Chasnoff. A Perinatal Substance Abuse Task Force has been formed with broad agency representation. Monthly meetings have been taking place.

d. How, ultimately, are children and families better served because of these activities?

- Early detection and/or prevention of perinatal substance abuse.
- Development of treatment services for women and children identified as having a need.

**8. Innovative and Promising Programs.**

a. What is the name of the program, and in which agency is it housed?

The Lion's Preschool Vision Screening Program originates out of the private practice of a local O.D., a professional corporation.

b. What identified need or issue does the program address?

75% of all learning takes place through the visual system. The program strives to identify disorders and delays in visual development and to provide treatment for every child in financial need.

- c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Health

- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is designed to screen all children ages 0-5 for visual disorders and delays. Screenings occur in a preschool or childcare setting, countywide.

- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (*e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways*)?

This program does not focus on a specific sub-group but does provide written screening results to parents in English and Spanish.

- f. What specific outcomes does the program aim to achieve?

To identify and find treatment for the 1880 children age 0-5 estimated to have a visual problem in this county.

- g. What activities or resources are offered through the program?

- Optometrists provide on-site screenings of every child in preschool or childcare even in the most remote areas of the county such as Carrisa Plains and California Valley, located in the far eastern part of the county. Children identified with a visual disorder are referred for treatment.
- Follow-up occurs after the referral has been made to ensure their local eye doctor or pediatric surgeon has given proper treatment to the child.
- Children who have no insurance will be provided with information regarding Medi-Cal, Healthy Families, the Sight For Students program, and the Vision Service Plan voucher system, so that no child is denied access to treatment due to inability to pay.

- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (*e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.*)?

- One doctor screens between 66% – 90% of the children.
- Two other doctors screen between 10% - 33% of the children.
- Two trained professionals provide assistance to the optometrists as needed.

- i. What makes the program innovative in meeting the needs of your county (*e.g., has it been designed or adapted for a specific population*)?

The program is innovative for the following reasons:

- The visual screening is provided in a preschool or childcare setting, eliminating access barriers created by lack of transportation and isolated communities in the county. In some cases the program has identified disorders and delays previously missed in pediatrician's offices.
- Once a child is identified with a visual delay or disorder, written results are provided to the parent and a referral is made to an O.D. Follow-up phone calls are made to increase the number of children who are actually seen by an O.D. That overall rate is currently 82% of children who are referred are treated.
- Inability to pay for services is not a barrier to treatment. If a child does not have an employer sponsored or a publicly funded insurance, application forms are provided for Healthy Families or Medi-Cal Insurance. These resources, in combination with a Vision Service Plan voucher system and the doctors' willingness to donate services as a last resort, have resulted in no child going un-served due to finances.

- j. What types of positive impacts has the program had on children and families?

In that 75% of all learning takes place through the visual system, all other factors set aside, identification and treatment of visual delays and disorders allow children to enter school optimally prepared to learn.

*Please see vignette provided in section 11 of this report for additional impacts of this program on children and families.*

- k. How were these impacts measured or documented?

A significant drop in the number of first grade children being referred to eye care is being observed throughout the county. An example of supporting data is provided below.

LUCIA MAR UNIFIED SCHOOL DISTRICT  
FIRST GRADE VISION REFERRALS

SCHOOL	1999- 2000  (Baseline)	2000- 2001	2001- 2002	<b>% Change of Reduced Referrals Between 99-00 and 01-02</b>  (Vision Screening program began in January 2001. School year is from September to June. Data shown for 2000-01 begins to reflect the impact of this program, but does not capture a full year of service delivery. % of reduced referrals reflects the comparison between the baseline established in 1999-00 and the first full year of service delivery in 2001-02).
Branch	7	1	3	57%
Nipomo	48	26	15	69%
Shell Beach	14	4	6	57%

1. *(Optional)* Is the program research based? What was the rationale for the program’s design?

9. **Innovative and Promising Programs.**

a. What is the name of the program, and in which agency is it housed?

Babes at Breast: Education & Support (BABES) is housed within County Public Health.

b. What identified need or issue does the program address?

Statistics show that throughout California the majority of women initiate breastfeeding but few continue beyond a few weeks.

c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

- Improved Child Development,
- Improved Child Health, and
- Improved Family Functioning.

- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

New mothers.

- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (*e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways*)?

This program does not focus on a specific sub-group other than new mothers. Breastfeeding Counseling and Support is provided by a bi-lingual Lactation Specialist to accommodate the Hispanic population in this county, which is predominant in the three outlying clinics where this service is provided; Paso Robles in the north county, Nipomo in the southern most part of the county, and in Morro Bay along the coast. Prior to Prop. 10 funding, breastfeeding services were primarily available in the city of San Luis Obispo.

- f. What specific outcomes does the program aim to achieve?

To increase the incidence and duration of breastfeeding by new mothers in the county.

- At least 285 breastfeeding women will use the satellite clinics on an annual basis.
- At least 60% of clients using the satellite clinics will be Hispanic.
- 50% of breastfeeding women at each WIC site (225) will receive Peer Counselor services annually to prevent premature weaning.
- Group classes will be attended by 400 pregnant or breastfeeding women annually.
- Improve the lactation management skills of at least 44 pediatric/obstetric physicians and their staff through 30 in-office seminars.

- g. What activities or resources are offered through the program?

- Individual lactation consultation, weight checks and breast pump rentals/loans are offered to breastfeeding women at satellite clinics in Nipomo, Morro Bay and Paso Robles.
- Ten trained peer counselors, four of whom are bi-lingual in Spanish, provide face to face and by phone, breast feeding consultation and support.
- Lunchtime seminars to improve lactation management skills are provided to pediatric/O.B. providers.

- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (*e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.*)?

Project Director	Registered Nurse, Certified Lactation Consultant	.10 FTE
Lactation Specialist	Registered Nurse, Certified Lactation Educator	.60 FTE
Peer Counseling Coordinator	Registered Dietician, Certified Lactation Educator	.75 FTE
10 Peer Counselors		.25 FTE
Lactation Seminar Trainer	Registered Dietician, Certified Lactation Educator	.05 FTE
WIC Program Coordinator	Registered Dietician	.10 FTE

- i. What makes the program innovative in meeting the needs of your county (*e.g., has it been designed or adapted for a specific population*)?

Breastfeeding services have been primarily available in the city of San Luis Obispo, which is geographically in the center of the county. Expansion of breastfeeding services in Paso Robles to the North, Nipomo to the South and Morro Bay to the West, allow access to remote areas of the county and eliminate the barrier posed by Cuesta Grade, also geographically in the center of the county. The eastern portion of the county is largely uninhabited and extremely remote.

- j. What types of positive impacts has the program had on children and families?

Countywide breastfeeding rates rose by 3.9% to a level of 54.9% of WIC infants enrolled as breastfeeding. Utilizing current enrollment data, this increase translates into approximately 42 more infants being breastfed each month or potentially 500 more infants being breastfed annually.

While Paso Robles experienced a minimal increase in breastfeeding rates (.2%), Morro Bay had a 10.1% increase and Nipomo a 6.2% increase (From 2000-2002).

- k. How were these impacts measured or documented?

*Percent averages* for each clinic site based on the "Enrollment by Category and Clinic Site" for time frames specified.

- l. (Optional) Is the program research based? What was the rationale for the program's design?

**10. Innovative and Promising Programs.**

- a. What is the name of the program, and in which agency is it housed?

Dental T.E.N (Treatment and Education Now) is housed in the Health Systems Division of County Public Health.

- b. What identified need or issue does the program address?

One third (33%) of parents in this county with children age 0-5 report having no regular source of dental care as opposed to 24.7% of the general population.

- c. On which of the four result areas related to school readiness does your promising program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Health

- d. For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

Program arranges and provides for preventive and restorative dental treatment for children who are not eligible for any other publicly funded program or employer sponsored insurance.

- e. If the program focuses on a specific subgroup, how does the program try to address the needs and interests of that subgroup (e.g., offering materials in primary languages, having staff who reflect the languages and ethnicities of groups being served, adapting materials in other ways)?

Program materials include oral hygiene kits, a video and color brochures in English and Spanish. Bi-lingual staff are available to communicate with Hispanic clients.

- f. What specific outcomes does the program aim to achieve?

To provide treatment to 120 children a year who would otherwise develop painful dental problems while entering preschool and kindergarten with an impaired ability to learn and develop.

In addition, Dental T.E.N. aims to provide education to 2000 children under age 5 and 2000 parents each year.

- g. What activities or resources are offered through the program?

- Dental T.E.N. provides hygiene kits complete with toothpaste, floss (and Flossman), toothbrush, rinse cup, and coloring materials.
- The hygiene kit is included in a quarterly mailing that renews the child's interest and prompts the parent with educational materials to maintain an oral hygiene regimen with their child.
- A video on oral health for parents of children in the 0-3 age range is available in English and Spanish.

- Outreach and education is also provided at health fairs and various parent-meeting venues. Interactive tools such as dental puppets provide children with lively instruction on brushing and flossing. The American Student Dental Association is a group of students from Cal Poly State University in San Luis Obispo who plan on becoming dentists and help provide outreach and education at various venues. For example:

- 1) In collaboration with Twin Cities Hospital and Sierra Vista Medical Center on their annual Health Awareness Day at the Mid-State Fair, 200 parents and their children received oral health education materials.
- 2) At the Grover Beach Stone Soup Ethnic Music Faire, oral health education materials were provided to 120 children and their parents.
- 3) At the 4<sup>th</sup> Annual Oceano Kiwanis Dental Day, a dentist and dental assistant performed pro bono screenings and instruction on oral health. Over 50 packages of educational materials were provided and over 80 people interacted with this exhibit.

- h. How many people are on the program staff? Do staff members have any professional or other training necessary for doing this type of work (*e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.*)?

Senior Account Clerk	.25 FTE	(Case management, authorizations, outreach, claims processing)
Accountant	.0317 FTE	(Fiscal manager, development of educational materials)
Health Agency Administrator	.0144 time	(Program oversight and consultation)

- i. What makes the program innovative in meeting the needs of your county (*e.g., has it been designed or adapted for a specific population*)?

San Luis Obispo County has a large population of undocumented children who do not qualify for any of the publicly funded programs. The only coverage they are able to access is restricted Medi-Cal. With restricted Medi-Cal, these children cannot access care until their dental health situation becomes emergent, involving infection, abscesses and severe pain.

- j. What types of positive impacts has the program had on children and families?

As of June 30, 2003, Dental T.E.N. has provided service delivery for 18 months.

	Authorizations for Treatment	Treatments Provided	Parent Classes	Videos Distributed	Hygiene Packets Distributed
FY 2002-03	180	124	9	128	1831
January 2002- June 2003	495	335	53	3018	5615

- j. How were these impacts measured or documented?

Prop. 10 funded computer and ACCESS data base.

- l. (Optional) Is the program research based? What was the rationale for the program's design?

11. (Optional) **Child/Family/Provider Vignettes.**

The Vision Screening Program described in Section 8 reported the following vignette.

“This was perhaps the most rewarding quarter to date for our project. We identified a child that was born so horribly far-sighted, his visual system had not begun to develop properly... We have intervened and have actually made good progress with this child. We expect him to achieve reasonably good vision, though he may never see 20/20 out of either eye. Two more children were identified with congenital cataracts, a condition that renders the affected eye functionally blind... Fortunately, we were able to arrange for cataract surgery for these children. Regretfully, neither one of these children will achieve good vision out of the affected eyes. All of these parents were quite dismayed to learn that the reduced vision could have been prevented with earlier detection. Several children that were at risk of developing ‘lazy eye’ were identified and directed to an eye doctor for treatment. One of the children we identified with a significant eye turn that was causing reduced vision, is set for surgery this week. I was able to arrange for this child to have surgery even though the family had no insurance. We were able to lecture to the county nurses and also to pediatric nurses in the county...the response was astounding as I found my 45 minute lecture turned into nearly two hours by the time all the questions were answered... We have found many parents and educators alike have been amazed when we tell them 75% of all learning takes place through the visual system. They are then able to understand how an inefficient visual system can cause an inefficient learning system.” - Quarterly Report to Children and Families Commission, January 2002.

**First 5 California Annual Report Form**  
**Part 2**  
**County Commission Revenues and Expenditures Summary**  
**for the period July 1, 2002 - June 30, 2003**

Please type only in the yellow cells. The Word document titled, "Part 2 Instructions" provides line-by-line information and instructions for filling out this spreadsheet. If you are viewing the spreadsheet on a computer, this information is also contained in "comment boxes," which are designated by a red triangle in the upper-right hand corner of each relevant cell. Simply position your mouse on the cell, and a yellow text box will appear to the right.

<b>Table 1. FY 2002-2003 Revenue Detail</b>		
1.1	FY 2002-2003 Revenues from First 5 California	\$2,081,350
<b>State School Readiness Initiative Funds</b>		
1.1.1	School Readiness Initiative - Program Funds	\$0
1.1.2	School Readiness Initiative - Implementation Funds	\$0
<b>All Other First 5 Funds</b>		
1.1.3	Monthly Disbursements	\$2,077,831
1.1.4	Augmentation Funds: Administrative	\$0
1.1.5	Augmentation Funds: Travel	\$0
1.1.6	Augmentation Funds: Minimum \$200,000	\$0
1.1.7	Child Care Retention Incentives	\$0
1.1.8	Other First 5 Funds (including SMIF)	\$3,519
1.2	FY 2002-2003 Non-First 5 Funds (Revenues from Sources Other Than First 5 California)	\$0
1.2.1	Grants	
1.2.2	Donations	
1.2.3	Other	
1.3	FY 2002-2003 Revenues from Interest Earned	\$151,714
1.0	FY 2002-2003 Total Revenues	\$2,233,064

<b>Table 2. FY 2002-2003 Funds</b>		
1.0	FY 2002-2003 Total Revenues	\$2,233,064
2.1	FY 2001-2002 Year-End Fund Balance	\$6,871,377
2.2	FY 2002-2003 Reversal of Encumbrances from Prior Year	\$0
2.0	FY 2002-2003 Funds	\$9,104,441
2.3	Encumbered Funds Brought Forward From Prior Years	\$0

<b>Table 3. FY 2002-2003 Additional Support Received by Programs</b>		
3.0	FY 2002-2003 Additional Support to Programs from Matched, Leveraged, or Blended Funds (Sum from Table 6, last column)	\$0

	State School Readiness Initiative Funds	All Other First 5 Funds	Non-First 5 Funds	Total from 2002-03 Funds
4.1 FY 2002-2003 Program Expenditures and Encumbrances	\$81,141	\$2,236,828	\$0	\$2,317,969
4.1.1 FY 2002-2003 Funds Disbursed to Externally Run Programs (Sum from Table 6)	\$81,141	\$1,971,886	\$0	\$2,053,027
4.1.2 FY 2002-2003 Funds Spent on Commission-Run Programs (Sum from Table 7)	\$0	\$252,684	\$0	\$252,684
4.1.3 FY 2002-2003 Encumbrances (Sum from Table 4.1.3.1)	\$0	\$12,258	\$0	\$12,258
4.2 FY 2002-2003 Administrative Expenditures	\$0	\$260,827		\$260,827
4.0 FY 2002-2003 Expenditures and Encumbrances	\$81,141	\$2,497,655	\$0	\$2,578,796
4.0.1 FY 2002-2003 Expenditures	\$81,141	\$2,485,397	\$0	\$2,566,538
4.0.2 FY 2002-2003 Encumbrances	\$0	\$12,258	\$0	\$12,258

4.1.3.1	List of Encumbrances (if applicable)	State School Readiness Initiative Funds: Amt. Encumbered	All Other First 5 Funds: Amt. Encumbered	Non-First 5 Funds: Amt. Encumbered
	Item 1 San Luis Obispo County Health Department		\$12,258	
	Item 2			
	Item 3			
	Item 4			
	Item 5			
	Item 6			
	Item 7			
	Item 8			
	Item 9			
	Item 10			

2.0	FY 2002-2003 Funds	\$9,104,441
4.0	FY 2002-2003 Expenditures and Encumbrances	\$2,578,796
5.0.1	FY 2002-2003 Year-End Fund Balance (Includes Committed Funds)	\$6,525,645
5.0.2	FY 2002-2003 Funding Commitments/Obligations	\$4,027,935
5.0.3	FY 2002-2003 Year-End Fund Balance (Uncommitted Funds only)	\$2,497,710

5.0.2.1	List of Funding Commitments/Obligations (if applicable)	\$ Committed/Obligated
	Item 1 School Readiness - Paso Robles	\$476,000
	Item 2 School Readiness - Oceano	\$952,000
	Item 3 REWARD II Years 4 & 5 (CARES)	\$765,000
	Item 4 Other Direct Service Programs	\$1,473,935
	Item 5 Healthy Kids Children's Health Coverage Initiative	\$125,000
	Item 6 Fluoride	\$105,000
	Item 7 Child Care Training (collaboration)	\$6,000
	Item 8 Other Collaborative Efforts	\$75,000
	Item 9 Advocacy Efforts	\$50,000
	Item 10	

**Table 6. FY 2002-2003 Program Expenditures Detail: Externally Run Programs**

Externally-Run Program: An activity or set of activities that is administered by an agency other than a First 5 Commission using First 5 dollars (i.e., the agency receives a contract or grant to provide services). For each program you enter, the Excel spreadsheet will generate a 6-digit ID number. You will be asked to enter these ID numbers in the Program Activities section (Part 3) of the Annual Report Form.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds	Non-First 5 Funds	Total First 5 Expenditures from Prior Years	Additional Support Received by Program (e.g., Matched, Leveraged, or Blended Funds)
140001	BABES Breastfeeding		\$174,193		\$132,037	
140002	Baby Think It Over		\$4,612		\$10,388	
140003	Baby's First Breath		\$186,050		\$86,256	
140004	Children's Screening and Intervention		\$177,226		\$116,336	
140005	Dental Treatment and Education Now		\$153,948		\$131,420	
140006	First Time Mother's		\$84,816		\$253,816	
140007	Head Start		\$196,196		\$212,029	
140008	Healthy Kids Now		\$23,648		\$39,808	
140009	Homeless Shelter Day Care		\$9,136		\$16,858	
140010	Literacy Five		\$17,442		\$31,895	
140011	Lunch Box		\$14,105		\$0	
140012	Pediatric Clinic, Morro Bay		\$93,251		\$70,533	
140013	Play Therapy		\$72,790		\$96,847	
140014	Power of Play		\$3,355		\$26,431	
140015	State Preschools		\$185,832		\$183,352	
140016	Teen Academic Parenting Program		\$80,890		\$106,610	
140017	Vision Screening		\$23,293		\$50,365	
140018	Project REWARD (CARES)		\$471,103		\$756,125	
140019	School Readiness- Paso Robles	\$81,141				
140020	School Readiness-Oceano	\$0				

**Table 7. FY 2002-2003 Program Expenditures Detail: Commission-Run Programs**

Commission-Run Program: An activity or set of activities funded by First 5 dollars and administered directly by County Commission staff (i.e., not by an outside agency). For example, a County Commission may disburse provider stipends or incentives, or hold community events. For each program you enter, the Excel spreadsheet will generate a 6-digit ID number. You will be asked to enter these ID numbers in the Program Activities section (Part 3) of the Annual Report Form.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds	Non-First 5 Funds	Total First 5 Expenditures from Prior Years
240001	Kits for New Parents		\$0		\$0
240002	Fluoridation of Water		\$0		\$11,410
240003	Children's Health Coverage Initiative		\$0		\$0
240004	[mini-grants]		\$252,684		\$0