

First 5 California Annual Report Form

PART 1

FISCAL YEAR 2005-06

COUNTY COMMISSION NARRATIVE

First 5

**Children and Families Commission
of San Luis Obispo County**

County Commission Narrative Form

1. **First 5 San Luis Obispo County Commission's Priorities in Strategic Plan.** (Please limit your response to this question to **one page.**)

a) Improved Child Health

- Comprehensive Health Care Coverage For Children.
 - The Commission's initial needs assessment in 2000 indicated 31% of parents with children 5 and under in the county report having no health insurance as opposed to 15.5% of the general population.
 - As of 2004, there are an estimated 3,000 uninsured children ages 0-18 in the county. Of those, an estimated 715 children are ages 0-5.
- Perinatal Substance Abuse.
 - As of March 2006, 40% of pregnant women screened in the county reported substance abuse during early pregnancy (n=963 of 2407).

b) Childcare and Early Education

- School Readiness.
 - Two elementary schools have been identified as high need, low resource areas. Oceano Elementary in Oceano is located in the remote southwest corner of the county bordered by the Pacific Ocean to the west and a predominantly agricultural area to the east and the south. Georgia Brown Elementary in Paso Robles is surrounded by remote rural and agricultural areas in the northern part of the county and is eligible for State Commission Matching Funds.

c) Parent Education and Support

- Home Visitation Services.
 - As of 2000, one in five infants (20%) in the county is born to a mother who received late or no prenatal care during her pregnancy. This percentage is slightly higher than the State as a whole. For women who are poor (as defined by Medi-Cal eligibility) the rate more than doubled to 43%.
 - One fifth (20%) of infants born in this county are born to mothers who have less than a twelfth-grade education.

1.1 First 5 of San Luis Obispo County prioritized funding in the following areas in FY 2005-06:

- Capacity building (administrative and infrastructure costs) and subsidies for the Children's Health Initiative of San Luis Obispo County.
- Systems change activities related to identification and referral of women identified as having used substances (alcohol, tobacco or other drugs) in early pregnancy.
- Start-up funds for development of a Children's Assessment Center to assess, refer and/or treat children with symptoms of exposure to perinatal substance abuse.
- School Readiness Plans implemented in the communities of Georgia Brown Elementary in Paso Robles and Oceano Elementary in Oceano.
- Ten Direct Service programs provided a range of services to support and augment School Readiness plans in two areas of the county.

2. Primary Activities and Programs, by Funding Priorities.

- a. **Check the box(es)** below if your County Commission participated in any of the following statewide initiatives sponsored by First 5 California during fiscal year 2005-06.

- School Readiness Initiative
- Preschool for All
- Health Access for All Children
- Comprehensive Approaches to Raising Educational Standards (CARES)
- Special Needs Project

(a) Children's Health Initiative:

(1) Primary Activities and Accomplishments:

- a) Healthy Kids Insurance began in September 2005.
- b) Refinement of the processes required to interface the Healthy Kids Program with Medi-Cal and Healthy Families.
- c) State Commission Matching Funds for children insured through Healthy Kids were secured.

(2) Outcomes:

- a) By June 30, 2006 the Children's Health Initiative reached an enrollment goal originally projected to be met by June 30, 2008. After only nine months of providing coverage, 195 of the 242 estimated eligible children age 0-5 have been enrolled in the Healthy Kids program.

(b) Perinatal Substance Abuse (PSA) Initiative:

(1) Primary Activities and Accomplishments:

- a) A two-year planning grant funded by the County Commission was completed in 2005-06. Primary accomplishments include:
 - o Refinement of countywide protocols for implementing the 4 P's screening tool for perinatal substance.
 - o 17 of 19 OB provider offices implemented the 4 P's screening tool. The two offices not participating in 4 P's screening activities are primarily gynecologists with small OB caseloads (± 6 each).
 - o On-going training and support regarding the implementation of the 4 P's screening tool was provided by Public Health at participating OB provider offices. (The relationship between Public Health and OB providers will be pivotal in training OB staff countywide on the "I Am Concerned" intervention with pregnant women who report PSA in early pregnancy.)
 - o Four trainings on the 4 P's screening tool and the "I Am Concerned" intervention were provided to OB staff at local hospitals, home visitation nurses and other outreach staff providing countywide health services.
 - o Data collected implementing the 4 P's screening tool resulted in shocking findings regarding the rate of perinatal substance in this county.
 - 1) Based on the outcomes from data collected regarding the 4 P's, the County Commission approved \$500,000 over the next two years in start-up funds for development of a Children's Assessment Center.

- 2) In addition, the County Board of Supervisors also approved \$500,000 over the next two years in start-up funds for development of a Children's Assessment Center.
 - o With available start-up funds, a site has been selected and a clinical team consisting of a director, psychologist, infant mental health specialist, occupational therapist, and a public health nurse has been formed. Coordination and specialized training for the clinical team will occur in anticipation of opening the Children's Assessment Center in the fall of 2006.
- (2) Outcomes:

- a) 89% of OB providers in the county (n=17 of 19) screened pregnant women for PSA using the research based 4 P's plus screening tool. Most recent results from March 2006 indicate:
 - o A total of 2401 pregnant women were screened in 2005-06. This is an increase of 691 screens from the prior fiscal year and is \pm 25% of the annual birthrate in the county.
 - o 3031 pregnant women have been screened for PSA since December 2003, when 4 P's screening first began. Of these:
 - 1) 38.5% of women screened reported using alcohol, tobacco and/or other drugs in the month before they knew they were pregnant (n=1166 of 3031). Of these:
 - 6.5% reported smoking tobacco in the month before they knew they were pregnant (n=197).
 - 2) 31.7% of all women screened reported drinking alcohol in early pregnancy (n=962). Of the 962 women who reported drinking in early pregnancy:
 - 64.3% (n= 619) continued to drink after learning they were pregnant (prior to their first OB visit); 20.4% of all women screened.
 - 74.7% (n=719) continued to use a combination of alcohol, tobacco or other drugs once they knew they were pregnant; 23.7% of all women screened.

(c) School Readiness Initiative:

(1) Primary Activities and Accomplishments:

- a) Raised educational requirements for (2) teachers at the First 5 School Readiness Center in Oceano to a minimum of a Bachelor's Degree in Early Childhood Education (ECE) or a Bachelor's degree in a related field with two years ECE preferred, or two years of K-2 grade experience. Assistant teachers are required to have an Associate's Degree in ECE or Child Development.
- b) Improved staff to childcare ratios at the First 5 School Readiness Center Infant Toddler program from 1:8 to 1:6 for toddlers and established a 1:3 for infants. Twenty half-day childcare slots in the morning were extended into two, half-day programs with 11 children in each session.
- c) Implemented Kindergarten Transition Programs and Pre-K Summer Camps at Oceano and Georgia Brown Elementary Schools.
- d) Maintained operation of a First 5 Preschool and a State Preschool program at the First 5 School Readiness Center in Oceano.
- e) Eight Direct Service programs received funds from the local Commission and prioritized services to children age 0-5 living in the School Readiness zones at Georgia Brown Elementary and Oceano Elementary.

(2) Outcomes:

Increased Quality Childcare

- a) Increased the quality of childcare for 22 morning slots at the First 5 School Readiness Center in Oceano. Enrollment during the morning session was capped at 15 children for this fiscal year.
 - o Staff to child ratio for toddlers in the morning is now 1:6, with a maximum of 12.
 - o An infant care component for up to 3 infants was added with a staff to child ratio of 1:3.
- b) An afternoon childcare session is being implemented for up to 11 children.
 - o Staff to toddler ratio of 1:4; not to exceed 8.
 - o An infant care component for up to 3 infants was also added in the afternoon with a staff to child ratio of 1:3.

Increased Access

- a) 75% of children entering kindergarten at School Readiness sites in Paso Robles and Oceano attended a First 5 Pre-K Summer Camp.
- b) Attendance in year two of the First 5 Pre-K Summer Camps increased by 10% over last year.
- c) Enrollment for Kindergarten classes in 2006 was completed in early May, the earliest ever. (The Georgia Brown Principal credits the Pre-K camps and the year round Kindergarten Transition Program for eliminating social barriers and raising community awareness related to Kindergarten enrollment and the school system.)

Increased Learning

- a) API scores at Georgia Brown Elementary have risen 250 points since 1999, the baseline year.
API scores at Oceano Elementary have risen 100 points since 1999.

3. **Promoting Equitable Access and Outcomes.** Please answer (in no more than **one** page) the following questions:

a. **Has your County Commission formally adopted the Principles on Equity?**

Yes No

Although First 5 San Luis Obispo County has not formally adopted the Principles on Equity, these Principals have been required of all First 5 funded partners in this county since 2001 when Direct Service programs began service delivery.

b. **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)?**

Traditionally underserved populations in San Luis Obispo County are those who are geographically isolated in the northern and southern areas of the county and the Latino population who often experience language and cultural barriers.

c. What strategies has your County Commission used to reach each of the communities or groups mentioned above?

In order to address these needs, the Commission requires funded programs to prioritize services to SR areas. In the northern part of the county, communities such as San Miguel and Shandon have greater access to First 5 services coordinated in Paso Robles such as:

- Breastfeeding support at the Paso Robles Health Clinic.
- Vision screening for children in preschools and childcare in Paso Robles.
- Family Literacy opportunities in the Georgia Brown School Readiness community of Paso Robles and Paso Robles at large.
- Smoking Cessation classes and counseling services.
- Postpartum Depression Screening and Intervention.
- A Kindergarten Transition Program at Head Start.
- Home visitation services by the Teen Academic Parenting Program, the First Time Mothers Program, and the Children’s Screening and Intervention Program for behavioral and developmental delays (county wide).

To the south, families in Oceano, Grover Beach and Arroyo Grande also have improved access to services such as:

- Breastfeeding support at the Grover Beach Health Clinic.
- Expanded Day Care at two State Preschool sites in Grover Beach.
- Home visitation services by the Teen Academic Parenting Program, the First Time Mothers Program, and the Children’s Screening and Intervention Program for behavioral and developmental delays (county wide).
- Smoking Cessation classes and counseling services offered in Grover Beach.
- Preschool/childcare services at the First 5 School Readiness Center in Oceano.
- A Pre-K Summer Camp at Oceano Elementary in collaboration with two Kindergarten Transition Programs at the Head Start site in Oceano.

d) Have these strategies resulted in greater access to services and higher quality of services for these communities or groups? If so, describe how.

Focusing service delivery in SR communities has resulted in greater access by reducing travel distances to services. New services in Paso Robles reduce travel distances to outlying communities in San Miguel and Shandon in the north and Oceano, Grover Beach and Arroyo Grande in the south. In addition, half of the direct service programs funded by First 5 in the county have a home visitation component.

4. **Program Highlights.** Describe **at least three** programs that your County Commission funded during fiscal year 2004-05 that you would highlight in your County Commission profile in the annual report. (Some program descriptions may not be included in the report because of space limitations.) Please list them starting with the program your commission would most like to see highlighted in the annual report. (These programs also may be used to highlight statewide accomplishments in other chapters of the annual report.) Please make sure that at least one of the programs described is part of the **School Readiness Initiative**. For each program, provide a description that addresses each of the questions below. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. (Please limit each program description to **two pages**.)

4.1

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

Lion's Preschool Vision Screening Program

- b) **Is this a School Readiness Initiative program?**

No.

- c) **What identified need or issue does the program address?**

Visual delays and disorders in children under age 5.

- d) **Is the program research based? What was the rationale for the program's design?**

The rationale for this program is to identify and treat visual delays and disorders prior to the standard public school first grade vision exam. Seventy-five percent (75%) of all learning takes place through the visual system. Children between the ages of 0-5 who develop visual disorders or delays and are not treated, enter school with overwhelming barriers to learning. In some cases, early detection and treatment are critical in preventing what may become irreversible conditions if not treated prior to first grade.

- e) **On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?**

Improved Child Health.

- f) **For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?**

The program is designed for children in preschool and childcare throughout the county, with priority to children in School Readiness areas.

- g) 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)?**

Bi-lingual services are available at screening and follow-up. Written results of each child's vision screen and related materials are available in Spanish when needed.

- h) What specific results-based outcomes does the program aim to achieve?**

- Screen at least 3000 children each year.
- At least 80% of children diagnosed with a vision disorder receive treatment.
- Reduce the number of children entering public school with undiagnosed vision disorders as measured by a reduction in first grade vision screens.

This program has met its objectives each year since it began in 2001.

- i) What activities or resources are offered through the program?**

Activities include providing 1) verbal and written feedback to parents about the results of child's exam, 2) information about Healthy Families or Healthy Kids Insurance programs if eligible, and 3) referral to Medi-Cal or other forms of payment for treatment. No child with an identified disorder has gone without treatment because of an inability to pay. Provider served 7 children pro bono in 2005-06.

- j) Who staffs the program? What professional or other special training do the staff members have (e.g., is the program staffed by a multidisciplinary team, paraprofessionals, public health nurses, etc.)?**

A team of three optometrists and a trained assistant.

- k) In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?**

On a regular basis, this program identifies visual disorders not diagnosed in pediatric check-ups. The first grade public school exam is often too late to prevent life long conditions. The program provides over 3000 vision screens to children at preschool and childcare sites, covering even the most remote areas of the county such as California Valley, 55 miles to due east.

- l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)**

Data from three schools in the Lucia Mar Unified School District indicate a steady decline in the number of first grade vision referrals since the program started in 2000-01. For example, over the past six years, the reduction in first grade vision referrals at Nipomo Elementary has ranged from 22.1% in 1999-00 (baseline), to as low as 3.5% .

“Meant To Be”

“When I arrived at a local preschool to provide vision screening as scheduled, I was disappointed to discover many of the children were absent. I went about my business as usual and upon screening the children who were present, I went to the office to talk with the preschool director. She asked if I would mind waiting for a few minutes while she called to see if her daughter could bring her four and a half year old grandson in for a screen. When the child arrived, I was shocked to discover this child was tremendously farsighted (nearly four times the expected amount) and also had a moderate strabismus (eye turn). Both mother and grandmother shed tears in hopes this new discovery might help with some of the child’s delayed learning and behavior problems. How this was missed during well-child visits with his doctor is not clear, but the child was referred for vision care. Upon follow-up, the mother and grandmother reported remarkable improvement in his learning, behavior and self-confidence.”

-Vision Screen Program Quarterly Report.

m) How were these impacts measured or documented?

School nurses from the Paso Robles and Lucia Mar School Districts are asked to report the number of first grade vision referrals each year to First 5. Providers of Vision Screening program report anecdotal stories in Quarterly Reports to First 5.

4.2

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

The Children’s Health Initiative of San Luis Obispo County (CHISLO) is an independent, non-profit, 501 (c) (3) organization.

b) Is this a School Readiness Initiative program?

No.

c) What identified need or issue does the program address?

In San Luis Obispo County, there are an estimated 3000 uninsured children age 0-18.

- An estimated 2000 uninsured children age 0-18 are eligible to Medi-Cal or Healthy Families. Of these,
 - an estimated 472 uninsured children age 0-5 are eligible for Medi-Cal and Healthy Families.
 - an estimated 1528 uninsured children age 6-18 are eligible for Medi-Cal and Healthy Families.
- An estimated 1000 uninsured children age 0-18 are eligible for Healthy Kids. Of these,
 - an estimated 242 children eligible for Healthy Kids are age 0-5.
 - an estimated 758 children eligible for Healthy Kids are age 6-18.

d) Is the program research based? What was the rationale for the program’s design?

Evaluation of the Santa Clara County Children’s Health Initiative which began in 2001 found that Healthy Kids:

- Reduced by more than half the percentage of children who needed but did not get medical care in the past six months from 22% to 10%.
- Increased the proportion of children with a usual source of primary care from 50% to 89%.
- Increased the proportion of children receiving care in the past six months from 30% without Healthy Kids to 54% with Healthy Kids.
- Increased parental satisfaction with the care received by their child from 54% without Healthy Kids to 78% with Healthy Kids. (April 2005)

e) On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Health.

f) For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

With First 5 funds, the program is designed to insure uninsured children age 0-5 through outreach, enrollment and retention in Healthy Families, Medi-Cal and Healthy Kids. With funds from other sources, the program is designed for coverage of uninsured children between the ages of 6-18 eligible for Healthy Families, Medi-Cal and Healthy Kids. Utilizing a network of health, education, and social service partners, this program is designed to coordinate outreach, and streamline enrollment and retention processes. It identifies uninsured children using a simplified, single application process that creates a “no wrong door” approach to determine eligibility.

g) 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)?

The program employs bi-lingual staff and all materials are offered in Spanish.

h) What specific results-based outcomes does the program aim to achieve?

From September 2005, to June 30, 2008, the program will:

- Enroll 85% of the estimated 475 uninsured children age 0-5 eligible for Medi-Cal or Healthy Families.
- Enroll 85% of the estimated 242 uninsured children age 0-5 eligible for Healthy Kids.
- Enroll 85% of the estimated 1530 uninsured children ages 6-18 eligible for Medi-Cal and Healthy Families.
- Enroll 85% of the estimated 760 children eligible for Healthy Kids.

i) What activities or resources are offered through the program?

- One eligibility form is used for enrollment in Medi-Cal, Healthy Families or Healthy Kids, when eligible.
- Outreach efforts to eligible, uninsured children.
- Retention of children once enrolled in health coverage.

j) Who staffs the program?

A full-time Executive Director; a .80 full-time equivalent Outreach and Retention Coordinator, .50 full-time equivalent Administrative Assistant.

k) In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?

The Children's Health Initiative was developed to identify and enroll the estimated 2000 uninsured children in the county eligible for Medi-Cal and Healthy Families, 25% (\pm 500) of whom are age 0-5. The program also serves the estimated 1000 uninsured children eligible for Healthy Kids, of whom 25% (\pm 250) are age 0-5. By providing health insurance to all eligible children in the county, the Children's Health Initiative will improve the overall health of children by increasing the number of children receiving preventive care and increasing the number of children with a regular medical home. The result will be a considerable cost savings due to reduced utilization of emergency room services for non-emergency situations. The Children's Health Initiative has collaborated extensively with the Department of Social Services and local School Districts to achieve maximum outreach and enrollment.

l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

CHISLO began providing coverage in 2005-06. In the first 9 months, CHISLO provided Healthy Kids insurance to 95% of the children projected to be insured over the next three years (n=195 of 205 projected by June 2008).

m) How were these impacts measured or documented?

A database is managed and maintained by Santa Barbara Regional Health Authority; the agency contracted to provide health coverage.

4.3

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

Literatura Para La Familia (Literature For The Family).

b) Is this a School Readiness Initiative program?

Yes.

c) What identified need or issue does the program address?

- 1) Except for those services provided by the First 5 School Readiness Initiative, all services of interest to families with young children are located in the city center or other parts of Paso Robles. For example, the Paso Robles library is 20-25 city blocks away from the Georgia Brown School Readiness area. The Literatura Para La Familia program is offered in the center of the Georgia Brown School Readiness neighborhood.
- 2) The Georgia Brown School Readiness area is populated by predominantly Spanish speaking families. This area has historically low literacy levels in English and Spanish speaking families. (The API scores for Georgia Brown Elementary in 1999 were among the lowest in the State.)

d) Is the program research based? What was the rationale for the program's design?

The Literatura Para La Familia group began as an offshoot of Raising A Reader (RAR), an award winning, nationally acclaimed, family literacy program implemented by First 5 at the Paso Robles Study Center in the heart of the Georgia Brown School Readiness neighborhood. As a result Raising A Reader book bags and the Literature Para La Familia program are within walking distance to families living in the Georgia Brown School Readiness area.

e) On which of the four result areas does the program focus: improved child health, improved child development, improved family functioning, or improved systems of care?

Improved Child Development.

f) For whom is the program designed? How does the program directly or indirectly support children ages 0 through 5?

The program is designed for parents and young children who live in the school readiness area and find it difficult to access out of area literacy enhancement programs.

g) 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)?

The program focuses on Hispanic families in the Georgia Brown School Readiness neighborhood. Typically, these families range from predominantly mono-lingual Spanish to limited English skills. Literacy levels in either language are generally low. Music, art and written materials are provided in the primary language of the Spanish speaking participants.

h) What specific results-based outcomes does the program aim to achieve?

One in three children entering kindergarten lacks basic pre-reading skills that are proven to be a key factor in determining high-school graduation and lifelong success. Literatura

Para La Familia, an adjunct to the Raising A Reader program, fosters healthy brain development, parent-child bonding and early literacy skills critical for school success by engaging parents in a routine of daily “book cuddling” with their children from birth to age five.

i) What activities or resources are offered through the program?

- Socialization opportunities for parents and children
- Group reading times
- Raising A Reader book bag exchange
- Individual translation needs by bi-lingual family advocate
- Information and Referral to community services
- Home Visits by family advocate when requested by parents
- Educational field trips

Raising A Reader bag circulation occurs at each weekly meeting where parents empower their children by having them exchange the bag with the SR family advocate for a new one. If the bag is missing a book, the child is given the same bag to return once the book is found. It is delightful to see children's faces light up once they return the completed bag and they get to take home a new one.

A different lesson is introduced monthly with music, a primary color, and fruits and vegetables of the same color. A single young mom and her mother have, throughout the year, encouraged families to bring fruits and vegetables to the class so that the children can learn about texture, smell, and taste. The family advocate wears clothing with the color of the month and the children are encouraged to do the same.

The routine for the session begins with RAR bag exchanges; listening to music (Jose Luis Orosco-traditional songs) and having the children mingle. Once the family advocate (called teacher by the children) starts playing the maracas or kalimba, the parents gather the children so that the lesson can start. First, parents are given information about current community events such as health fairs, children's activities, etc. This is followed by making sounds (music) with the hands, instruments, and vocally. The song "Los Pollitos" (“The Baby Chicks”) was introduced in January 2006 and in June, the parents (who are not used to singing in public) and the children (who finally learned it) joined the family advocate in singing it. As one mother put it "I don't come because I work, but my daughter comes with her aunt. She has started singing “Los Pollitos” at home and wants someone to read to her."

The family advocate plans activities with input from the Georgia Brown kindergarten teachers on what the children will need to know by the time they begin public school. The advocate is available for parents who have questions or concerns during this time and may stay past reading time to help with paperwork or translation, or may follow-up with a home visit.

j) Who staffs the program?

A full-time School Readiness Family Advocate staffs the program. She is dedicated to serving families within the boundaries of the Georgia Brown School Readiness district.

k) In what special ways does the program meet the needs of your county (e.g., has it been designed or adapted for a specific population)?

Literatura Para La Familia is being implemented in the center of the Georgia Brown Elementary School Readiness area, which has a history of scoring in the lowest three deciles on the annual Academic Performance Index, qualifying the school for State Commission Matching Funds.

l) What types of positive impacts has the program had on children and families? (If quantitative data are not available, please describe any anecdotal findings about results of the program.)

A total of 54 parents and 65 children with an average attendance of 6-7 contacts are part of the increased number of participants since last year (Kindergarten class is 100 each year). The age range of the children has widened to include younger children than last year including four, first-time pregnant mothers. During one group meeting, a parent asked when was the appropriate time to begin reading to a child. Some dialogue between parents attempted to answer the question, but before the conversation ended, one parent pointed to the belly of a pregnant mother and said, “This is the right time to begin reading to your child.”

Kindergarten teachers at Georgia Brown Elementary have reported children attending their classes over the last few years are better socialized and have increased literacy skills. This allows the teachers to begin the Kindergarten curriculum at the start of school rather than beginning with remedial work as in prior years.

The API scores at Georgia Brown Elementary have increased over 250 points since the baseline year of 1999. (The API scores at Oceano Elementary have increased over 100 points since 1999.)

m) How were these impacts measured or documented?

Anecdotal stories are collected throughout the year in Quarterly Progress Reports and at various monthly School Readiness meetings attended by parents, teachers and agency representatives.

5. (Optional) Systems Change Support Activities.

First 5 San Luis Obispo County approved \$500,000 (2005-08) for start-up funds to develop an assessment and treatment center for children exposed to perinatal substance abuse. 38.5% of the 3031 pregnant women screened using the 4 P’s Plus questionnaire since December 2003 have reported using alcohol, tobacco or other drugs in the month before they knew they were pregnant. Of these, 64.3% continued to use once they knew they were pregnant.

The Commission’s investment in its Perinatal Substance Abuse Initiative and its recent investment in a children’s assessment center will result in additional coordination of the system of care for children with special needs in unprecedented ways. Initial examples of the coordination process that occurred during the 2005-06 fiscal year include:

- Convening service providers from San Luis Obispo County Health, Public Health, Mental Health, Social Services and Drug and Alcohol Services and various non-profit sectors to refine identification and referral processes related to perinatal substance abuse countywide.
- Implementation of the Ages and Stages Questionnaire and the Ages and Stages Social-Emotional Questionnaire as the standard screening tool to be used and accepted countywide by providers across all service domains.
- Refinement of implementation of the 4 P's screening tool at OB offices including on-going training on Motivational Interviewing skills with staff who deliver the "I Am Concerned" intervention to pregnant women identified as having used substances prenatally.
- Combining three separate task forces on Postpartum Depression, Perinatal Substance Abuse and Home Visitation Services into one group dedicated to the well-being of children across multiple fields.

6. (Optional) Child/Family/Provider Vignettes.

Stories of how programs and systems affect specific children and families can be powerful tools for demonstrating the effectiveness and importance of funding such activities. Please use the questions below to guide your description about a child, family, or provider who has benefited from one of your County Commission's funded programs. You may respond to each question separately or provide a narrative that addresses these questions in paragraph format. Feel free to include as many vignettes as you would like. Please try to select examples that are representative of most children and families served by this program. Some vignettes might be selected for use in the annual report to illustrate the effectiveness of commonly delivered services funded by County Commissions.

1. **Literatura Para La Familia** is a literacy program that incorporates field trips for children ages 0-5 who are culturally isolated in the Georgia Brown School Readiness community of Paso Robles. A January 2006 trip to Piedras Blancas focused on the color blue for the ocean, seals and sea life.

"A three and a half year old boy was so excited to see the seals that we had a hard time putting him back in the bus until we convinced him that he could come again. Later, his mom stated that this had been a bittersweet trip for her because she had come from Mexico years earlier in a boat, had been dumped about a mile from San Diego and almost drowned. She said, "I am terrified of the ocean and never wanted to see it again. But I have to put my fears aside so my son can experience things that I never had a chance to do."

2. **Parents Helping Parents (PHP)**, a Family Resource Center focusing on children with special needs, served a mother of a four year old boy with seizures, sensory problems and a volatile temperament who came into a PHP Resource Library after meeting with a doctor at Tri-Counties Regional Center (TCRC). She feared her son would not be able to handle the school environment successfully upon entering public school. PHP staff provided the mother with some informational brochures about children with special needs and local resources, a tour of the Resource Center Library and invited her to check out materials or call PHP whenever she needed support. PHP

followed up with a call and later mailed a “Welcome To PHP” informational packet to her.

Results of meeting with the doctor at TCRC determined her son did not qualify for TCRC services; however, because he had so many special needs, she was worried. The mother returned to PHP where she received three referrals to professionals skilled in assessing and treating children with sensory issues. She also borrowed “Communication Building, Social Skill Improvement” training and “How To Make and Keep Friends” books and videos from the PHP Library. These materials helped the mother to educate herself about the best strategies for improving her son’s abilities and outcomes. She was helped over the phone a second time by a PHP resource specialist and discussed at length effective strategies and promising resources such as whom she could call at the local school, what to ask for; and all the additional school, SELPA, community and medical resources in place which could be of assistance to her son.

Emotional support and accurate information about effective resources for the child from PHP fostered self-confidence in the parent and provided reassurance they are not parenting a challenging child alone. Supporting families in this way improves the outcomes for children with disabilities in ways that are clear and measurable in school, at home and in the community.

3. **The School Readiness Family Support Counselor (FSC)** in Oceano has maintained an average caseload of 10 families since she began her work

Story #1: A mother was dealing with post partum anxiety and depression, coupled with medical concerns for her other young child. The FSC assisted the mother with enrolling her child in the First 5 Preschool in Oceano, connected her to medical services and worked on developing coping skills. The mother’s emotional state improved, and she was able to deal with both of her children’s needs. (Footnote: The preschooler is now making a transition into Kindergarten and will be participating in the First 5 Summer Pre-K Camp.)

Story #2: A husband and wife were dealing with marital separation issues when the mother became suicidal. The FSC connected her with her psychiatrist from County Mental Health and provided one-on-one intensive counseling to work on dealing with her stressors. The FSC visited the family during an extreme crisis when the mother began to destroy things in the home. The FSC assisted the family in resolving their conflict and encouraged the father to seek counseling to deal with his own issues. Currently, the mother has stopped her anxiety medication, is working full time, and is learning healthy ways to deal with her emotions.

Story #3: A young mother with severe long-term post partum depression (over 1 year) spoke with the Oceano School Readiness Site Coordinator during a parenting session and expressed her frustrations and fear of "bringing harm to her child." The Site Coordinator worked together with the School Readiness Family Advocate and immediately facilitated a home visit and family intake. That same day, the mother received a call from the FSC who was able to initiate treatment and connect her with

a primary care physician to prescribe anti-depression medication because the patient would cry daily and become extremely overwhelmed with her baby.

The FSC encouraged her to continue with the First Time Mothers (Home Visitation) Program supported by First 5 and assisted her in working on her parenting issues. During sessions, the FSC assessed the mother's concerns about self-development and encouraged her to seek available employment options. Currently, she is working on self-awareness and learning to be a better parent. Her husband also attended some counseling sessions and both worked on communication skills and expectations.

4. **The First Time Mother's Program**, which provides home visitation services to first-time, low income mothers, served a mother with a history of sexual abuse and emotional abuse. She is bipolar and at one point was using illicit drugs. She became suicidal and was encouraged by the Public Health Nurse, Mental Health, and her family to go to Cottage Hospital for treatment. This mother is now stable on medications. She has since returned to college, where she is studying forensic science, and has a part time job in her community.

7. **(Optional) Photograph for County Commission Profile.** If you have one or more digital or scanned photographs of a child, family, or program that you would like incorporated into your County Commission profile, please submit it/them electronically with this form as JPG files. Attach a copy of the release allowing the publication of the photograph (a model release is provided with the narrative tools.) A caption also can be submitted to accompany each photograph. The number of words used in photo captions is included in the overall word count for a County Commission profile. **(PHOTO WILL BE SENT)**

Size: For horizontal photographs, the width should be 3.5" (and the height will be ~2.3"); for vertical photographs, the height should be 3.5" (and the width will be ~2.3"). Larger photographs need to be resized before submitting.

Resolution: 300 dpi. We will not be able to use any photograph that is less than 300 dots per inch (dpi). (A 3.5" x 2.3" photo at 300 dpi will have pixel dimensions of 1050 x 700.) We can make adjustments for resolutions greater than 300 dpi. However, when transmitting files, remember that the file size increases as the resolution increases.

Release: All photographs that include identifiable individuals must be accompanied by a model release form granting permission for the publication of the photograph. A sample of a release form is provided with the narrative tools.

8. **County Commission Profile.** Please indicate below whether you would like SRI International to prepare your County Commission profile or your County Commission is preparing its own draft profile. If your County Commission wants to prepare its own profile, please follow directions provided in the County Commission Profile Guidelines.

- My County Commission is preparing and attaching a draft of its own profile, using the **County Commission Profile Guidelines.**
- SRI International should prepare a draft of my County Commission's profile.

9. **County Commission Funding Priority Outcomes and Indicators.** Please indicate on the following chart the outcomes that were local funding priorities in fiscal year 2005-06.

County Commission Funding Priority Outcomes and Indicators

Directions: Please check all the outcomes listed below that were local funding priorities in fiscal year 2005-06. The associated population-based and core participant indicators do not need to be marked.

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are born healthy.	<ul style="list-style-type: none"> • Infant survival rate • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	<ul style="list-style-type: none"> • Number and percentage of births at low birth weight • Number and percentage of births at very low birth weight • Number and percentage of live births in which mothers received late or no prenatal care 	
<input checked="" type="checkbox"/> Children receive preventive and ongoing regular health care.	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended number of well-baby and child checkups by age 2 • Number and percentage of children with a regular medical home • Number and percentage of children who have health insurance 	<ul style="list-style-type: none"> • Number and percentage of children who receive the recommended vaccines for their age

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are in healthy and safe environments.	<ul style="list-style-type: none"> Number and rate of nonfatal injuries to children ages 0 to 5 requiring medical advice or treatment 		
<input checked="" type="checkbox"/> Children are healthy and well nourished.	<ul style="list-style-type: none"> Number and percentage of children whose parents rate them to be in very good or excellent health Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age 	<ul style="list-style-type: none"> Number and percentage of women who are breastfeeding at time of hospital discharge/ 6 weeks or more/6 months or more 	<ul style="list-style-type: none"> Number and percentage of children whose parents rate them to be in very good or excellent health Number and percentage of children 0 to 5 years of age who are in the expected range of weight for their age
<input checked="" type="checkbox"/> Children have good oral health.	<ul style="list-style-type: none"> Number and percentage of children age 3 or older who receive annual dental exams Number and percentage of children who have dental insurance 	<ul style="list-style-type: none"> Number and percentage of children age 3 or older who receive annual dental exams 	<ul style="list-style-type: none"> Number and percentage of children ages 0 to 5 years who have dental insurance

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children are free of smoking-related illnesses.		<ul style="list-style-type: none"> • Number and percentage of children who live in households where no adults smoke • Number and percentage of women who did not smoke during pregnancy 	
<input checked="" type="checkbox"/> Children have access to high-quality early care and education.	<ul style="list-style-type: none"> • Number of licensed center childcare spaces per 100 children • Number of licensed family childcare slots per 100 children • Number of Head Start slots per 100 low-income children • Number and percentage of licensed center childcare spaces for children with special needs 		
<input checked="" type="checkbox"/> Children participate in early childhood education programs.	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry Percentage of children with special needs who participate in early childhood care and education programs	<ul style="list-style-type: none"> • Number and percentage of children ages 0 to 5 who regularly attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry • Percentage of children with special needs who participate in early childhood care and education programs 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input checked="" type="checkbox"/> Children receive early screening/intervention for developmental delays, disabilities, and other special needs.	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children identified as having special needs by the time of kindergarten entry 	<ul style="list-style-type: none"> Number and percentage of children under age 3 who receive a developmental screening from their primary care provider Number and percentage of children identified with disabilities who receive developmental services by the time of kindergarten entry
<input checked="" type="checkbox"/> Children enter kindergarten “ready for school.”	Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is ready in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development		<ul style="list-style-type: none"> Number and percentage of children who participate in school-linked transitional practices
<input checked="" type="checkbox"/> Children live in home environments supportive of optimal cognitive development.	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	<ul style="list-style-type: none"> Number and percentage of families who report reading or telling stories regularly to their children, 3 to 5 years of age 	

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children are safe from intentional injuries in their homes and communities.	<ul style="list-style-type: none"> • Number and percentage of children with substantiated or confirmed (open) cases of child abuse • Number and percentage of child maltreatment in which there is a recurrence within a 6-month period 		
<input checked="" type="checkbox"/> Fewer teens have babies, and more parenting teens delay subsequent pregnancies.	<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers 		<ul style="list-style-type: none"> • Number and rate of births to young teenage mothers
<input type="checkbox"/> Families are self-sufficient.	<ul style="list-style-type: none"> • Number and percentage of children living in poverty 		<ul style="list-style-type: none"> • Number and percentage of children living in poverty • Number and percentage of parents reporting food security (i.e., no hunger, as opposed to moderate or severe hunger) • Number and percentage of children who move more than once in a year • Number and percentage of mothers who completed high school or its equivalent
<input checked="" type="checkbox"/> Parents provide nurturing and positive emotional support to their children.			<ul style="list-style-type: none"> • Number and percentage of mothers screened for depression

Funding Priority Outcome	Population-Based Data	Core Participants	
		Key Indicators	Elective Indicators
<input type="checkbox"/> Children achieve permanency.	<ul style="list-style-type: none"> • Number and percentage of children 0 to 5 years of age who have lived in foster care within the past year • Number and percentage of children 0 to 5 years of age in foster care who are placed in a permanent home 		

First 5 California Annual Report Form
Part 2
County Commission Revenues and Expenditures Summary
for the period July 1, 2005 - June 30, 2006

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 corner of each relevant cell. Simply position your mouse on the cell, and a yellow text box will appear to the right. If all comments are showing, go to View > Toolbars and check "Reviewing," then click the icon labeled "Hide all comments." To print this spreadsheet without the comments, go to File > Page Setup > Sheet and select "None" next to the "Comments" field, to hide the comments.

Table 1. FY 2005-2006 Revenue Detail (Please contact the State Commission if these numbers do not match the County Commission's records.)		
1.1	State School Readiness Initiative Funds	\$59,500
1.1.1	School Readiness Initiative - Program Funds	\$59,500
1.1.2	School Readiness Initiative - Implementation Funds	\$0
1.2	All Other First 5 Funds	\$2,288,320
1.2.1	Monthly Disbursements	\$2,271,540
1.2.2	Augmentation Funds: Administrative	\$0
1.2.3	Augmentation Funds: Travel	\$0
1.2.4	Augmentation Funds (Minimum \$200,000)	\$0
1.2.5	Child Care Retention Incentives	\$0
1.2.6	SMIF Funds	\$11,758
1.2.7	Other First 5 Funds	\$5,022
1.3	FY 2005-2006 Non-First 5 Funds (Revenues from Sources Other Than First 5 California)	\$253,826
1.3.1	Grants	
1.3.2	Donations	\$20,000
1.3.3	Revenues from Interest Earned	\$227,085
1.3.4	Other	\$6,741
1.0	FY 2005-2006 Total Revenues	\$2,601,646

Table 2. Funds Available for FY 2005-2006		
1.0	FY 2005-2006 Total Revenues	\$2,601,646
2.1	FY 2004-2005 Year-End Fund Balance (uncommitted funds, including adjustment)	\$991,968
2.1.1	FY 2004-2005 Year-End Fund Balance (uncommitted funds only) as reported in the 2004-2005 Annual Report	\$1,127,079
2.1.2	Adjustment to FY 2004-2005 Year-End Fund Balance (uncommitted funds only) as reported in the 2004-2005 Annual Report	(\$135,111)
	Adjustment to the CARES Initiative. Contract amount was reduced. Amount reflects overpayment of matching funds by the State Commission based on the original funding amount.	
2.2	Net Committed Funds Brought Forward from Prior Years	\$5,279,062
2.2.1	FY 2004-2005 Total Committed Funds as reported in the 2004-2005 Annual Report	\$5,279,062
2.2.2	Adjustment to FY 2004-2005 Total Committed Funds as reported in the 2004-2005 Annual Report	
	Please type an explanation for adjustment here.	
2.2.3	FY 2005-2006 Reversal of Committed Funds from Prior Year	
2.3	FY 2005-2006 Funds Reversed from Committed to Uncommitted (reported in Line 2.2.3)	\$0
2.0	Funds Available for FY 2005-2006	\$8,872,676

Table 3. FY 2005-2006 Committed Funds

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
3.1 FY 2005-2006 Total Committed Funds	\$901,216	\$2,755,909	\$15,860
3.1.1 FY 2005-2006 Encumbrances	\$901,216	\$2,354,538	\$15,860
3.1.2 FY 2005-2006 Approved Contracts Not Yet Executed (Obligations)		\$401,371	
3.1.3 FY 2005-2006 Restricted Funds Not Yet Obligated			
3.1.4 Funds Invested in Capital Assets			
3.1.5 Funds Reserved for First 5 California Initiatives			
3.1.6 Funds Reserved for Local Initiatives and Program Sustainability			

Table 4. FY 2005-2006 Expenditures

	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
4.1 FY 2005-2006 Program Expenditures	\$154,942	\$1,593,762	\$14,639
4.1.1 FY 2005-2006 Funds Disbursed to Externally Run Programs (Sum from Table 6)	\$148,023	\$1,566,963	\$14,639
4.1.2 FY 2005-2006 Funds Spent on Commission-Run Programs (Sum from Table 7)	\$6,919	\$26,799	\$0
4.2 FY 2005-2006 Administrative Expenditures		\$372,371	
4.3 FY 2005-2006 Expenditures on County Commission Capital Investments			
4.0 FY 2005-2006 Total Program, Administrative, and Capital Expenditures	\$154,942	\$1,966,133	\$14,639

Table 5. End of FY 2005-2006 Fund Balance

2.0 Funds Available for FY 2005-2006	\$8,872,676
3.1 FY 2005-2006 Total Committed Funds	\$3,672,985
4.0 FY 2005-2006 Total Program, Administrative, and Capital Expenditures	\$2,135,714
5.0 FY 2005-2006 Total Uncommitted Funds	\$3,063,977

Table 6. FY 2005-2006 Program Expenditures Detail: Externally Run Programs

Externally Run Program: An activity or set of activities funded by First 5 dollars that is administered by an agency other than a First 5 Commission (i.e., the agency receives a contract or grant to provide services). To add a program to the table, please contact your technical assistance coach or send an e-mail to first5ar@sri.com. Please report mini-grants in Table 7.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
140001	BABES		\$166,515	
140003	Baby's First Breath		\$157,243	
140005	Dental T.E.N. (Treatment and Education Now)		\$12,275	
140006	First Time Mothers Program		\$72,370	
140007	Head Start Summer Program		\$93,343	
140008	RS Productions		\$12,812	
140015	Expanded Day-State Preschools		\$138,587	
140016	Teen Academic Parenting Program		\$23,470	
140017	Vision Screening		\$27,098	
140018	REWARD/CARES		\$121,674	
140022	Developmental Screening/Intervention		\$30,825	
140023	PHP Family Resource Centers		\$29,251	
140026	Oceano State Preschool			
140027	Pregnancy and Postpartum Depression Support Services		\$7,129	
140028	Perinatal Substance Abuse		\$42,725	
140029	Child Care - Parent Volunteers			
140030	Cultural Field Trips Paso Robles SR			
140031	First 5 Preschool - Paso Robles			
140032	Family Advocate - Oceano SR			
140033	First 5 Preschool - Oceano			
140034	Individual Milestones - Site Coordinator (Georgia Brown)			
140035	Individual Milestones - Site Coordinator (Oceano)			
140036	Kindergarten Transition Program (Oceano)			
140037	Kindergarten Transition Program (Paso Robles)			
140038	Oak Park Soccer League			
140039	Mommy and Me			
140040	Family Support Counselor - Oceano			
140041	Family Advocate - Paso Robles SR			
140042	School Readiness Paso Robles	\$97,689	\$97,689	\$4,363
140043	School Readiness Oceano		\$239,021	\$10,276

140044	School Readiness Implementation	\$50,334	\$2,408	
140048	First 5 Oceano Infant/Toddler Care Center			
140049	Pediatric Physical Therapy & Services, INC		\$31,465	
140050	STRIVE			
140051	Martha's Place		\$1,214	
240001	Kit Distribution		\$5,778	
240003	Children's Health Initiative		\$254,071	

Table 7. FY 2005-2006 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. To add a program to the table, please contact your technical assistance coach or send an email to first5ar@sri.com. Please report mini-grants here.

Program ID	Program Name	State School Readiness Initiative Funds	All Other First 5 Funds (including First 5 funds used as a county match)	Non-First 5 Funds disbursed through the County Commission
140052	Obesity Planning		\$2,866	
240005	Evaluation	\$6,919	\$18,620	
240006	Benton MAA/TCM		\$5,313	

Additional Fiscal Information

Please use this space to document any issues with the information provided on this spreadsheet. Thank you!