

# RAISING OUR FUTURE

**FOR CHILDREN AGES 0-5 AND THEIR FAMILIES**

## **UPDATE TO THE STRATEGIC PLAN**

**Original Strategic Plan Developed: June 2000**

**Strategic Plan Revised: January 2002**

**Update to the Strategic Plan: July 2004**



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## ACKNOWLEDGMENTS

*It takes a village to raise a child.*

African proverb

This update to the Strategic Plan was produced through the time, dedication, and hard work of many people including:

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And a <b>special thanks</b> to all of the members of the communities across San Luis Obispo County who attended one of the Community Meetings, Focus Groups, and/or Public Forums, and offered their insights, perspectives, and opinions to the Commission.	

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*Children are one-third of our population and all of our future.*  
Select Panel for the Promotion of Child Health, 1981

**VISION STATEMENT**

Children in every community of San Luis Obispo County will thrive in supportive, nurturing, and loving environments, enter school healthy and ready to learn, develop resilience, and become productive, well adjusted members of society.

**MISSION STATEMENT**

The First 5 Commission of San Luis Obispo County will identify and allocate funds for programs and services that enhance early childhood development, recognizing the critical nature of early brain development. We serve children prenatal to age five, and their families to ensure that every child is healthy and ready to learn in school. We believe all children in San Luis Obispo County deserve to reach their potential in a nurturing and healthy environment.

**A. INTRODUCTION:**

Young childhood is a critically important period of time. The experiences young children have, and the conditions in which they live, greatly influence the kind of adults they will become. In ways that science is just now beginning to understand, and that our society is not even close to acknowledging, intellect, emotions, social interaction, and physicality in adulthood are intimately linked with childhood development. Deprivation at an early age, even conditions in the womb, can substantially, perhaps irreversibly, retard development, and, therefore, can affect a person’s entire life.

The First 5 Commission (formerly the Children and Families Commission) of San Luis Obispo County (SLO) was created as a result of the passage of Proposition 10 in November 1998. The Strategic Plan represents an evolving vision for a comprehensive and integrated system of prevention and early intervention services for children ages zero to five years, and their families in order to help our County’s young children grow and develop to their maximum potential. It also presents the programs funded to meet the unmet needs of this important group of people. The Strategic Plan was originally developed in June 2000 and underwent an extensive review in 2003 and 2004. With the continuing and considerable involvement of the community, it will continue to evolve as long as First 5 SLO is in operation.

In developing their Strategic Plan, the Commission has acted on the premise that parents are the single most important resource in early child development. The Commission wishes to assist parents in providing a safe, nurturing, and stimulating environment for all of the children in San Luis Obispo County.

## **GUIDING PRINCIPLES**

The First 5 Commission of San Luis Obispo County will bring programs together to provide high quality, outcome-based, integrated services to families in San Luis Obispo County. The Commission is dedicated to:

- 1) Mobilizing the community around critical issues affecting young children and their families and identifying approaches that begin to meet their highest or broadest needs;
- 2) Considering opportunities for leveraging or matching revenue with other private, local, state, or federal programs;
- 3) Considering long-range financial planning based on the expectations that county allocations will become a dwindling revenue source; and
- 4) Considering research findings in selecting the most effective programs and strategies.

The First 5 Commission's decision-making is guided by mutually agreed upon standards.

The Commission will:

- Develop a comprehensive, integrated service delivery system of early childhood development services.
- Engage in an ongoing, dynamic, and evolving strategic planning process to meet the changing needs of all communities.
- Ensure community participation in the planning process, including ethnic/cultural, income, and geographic diversity.
- Support programs to reduce the effects of adverse health risks such as second-hand smoke, other substance abuse, and family violence on infants and young children.
- Build upon existing resources and research to avoid duplication of effort during strategic plan development.
- Respect the cultural diversity among us by providing outreach to all communities in San Luis Obispo County, including families with special needs or those socially isolated.
- Encourage systems of care where services and projects are integrated into easily accessible child and family centered systems.
- Ensure positive outcomes for children and their families by evaluating the impact of programs on children and families.
- Support efforts to maintain program services and research by leveraging and/or obtaining additional matching grant funds for program enhancement and sustainability.
- Support access to services for all families in an environment of support and respect.
- Encourage and support the development of each community's capacity to provide integrated services.

### **B. OVERVIEW OF THE ORIGINAL STRATEGIC PLANNING PROCESS:**

The mandate for local Commissions from the California Children and Families First Act of 1998 is: *to facilitate the creation of a seamless system of integrated and comprehensive programs and services, and to develop a funding base for the system with program and financial accountability, that will establish community-based programs to provide parental education and family support services relevant to effective childhood development. These services include education and skills training in nurturing and in avoidance of tobacco, drugs, and alcohol during pregnancy. Emphasis is on services not provided by existing programs and on the consolidation of existing programs and new services into an integrated system from the consumer's perspective.*

Local commissions are to assess needs, plan, and implement strategies within three Focus Areas:

**Parent Education and Support Services;  
Child Care and Early Education; and  
Health and Well-being of Children.**

The First 5 Commission of San Luis Obispo County prepared the original Strategic Plan through a four-step process. First, data was collected regarding needs in the County. Second, concerted efforts were made to solicit community input through eight community meetings and four parent focus groups. Third, the Commission engaged in a thorough analysis and prioritization of needs as well as the development of a budget, timeline, and allocation process for funding new services and activities. Finally, the Executive Summary of the Strategic Plan was distributed throughout the County, and the Commission held a second round of public forums to solicit community input on the Strategic Plan before its final adoption.

**C. THE ORIGINAL STRATEGIC PLAN:**

The First 5 Commission of San Luis Obispo County planned to achieve its vision in three ways:

- 1) Allocation of funds available to the Commission through Proposition 10.
- 2) Advocacy for expanded funding from other sources.
- 3) Increasing awareness of the importance of early childhood development and advocating for policies supportive of young children and their families.

Through these three strategies, the Commission intended to work collaboratively with service providers, community representatives, and other San Luis Obispo County planning groups to help develop a consumer-oriented, comprehensive system of integrated services that is easily accessible to parents and young children.

In addition, the Commission developed a plan for meeting needs within each of the three Focus Areas (Parent Education & Support Services, Childcare & Early Education, Health & Well-being of Children). The plan included prioritized needs, goals and objectives, strategies and activities, and indicators and outcomes. The Commission is committed to funding services, that are sensitive to, and competent regarding the language and culture of each community in the County. For a copy of the detailed original Strategic Plan, please contact the First 5 Commission office at 805-781-4058.

**D. ALLOCATION OF PROPOSITION 10 FUNDS FOR THE FIRST TWO YEARS:**

For the first two years of the program, a budget was adopted for the dissemination of Commission funds, a funding timeline was developed, and an allocation process was created. The budget for annual use of Proposition 10 funding for the first round of grant awards was:

<b>ANNUAL PROPOSITION 10 ALLOCATION BUDGET TABLE</b>	
<b>Expense Category</b>	<b>Allocation Percentage (Amount)</b>
<b><u>DIRECT SERVICES PROVISION</u></b>	<b>72%</b>
<b>Parent Support/Education</b>	<b>(\$1,800,000)</b>
<b>Early Child Care and Education</b>	
<b>Health and Well-being of Children</b>	
<b>INVESTMENT RESERVE</b>	<b>10%</b>
	<b>(\$250,000)</b>
<b>OPERATING RESERVE</b>	<b>5%</b>
	<b>(\$125,000)</b>
<b>EVALUATION/DATA</b>	<b>4%</b>
	<b>(\$100,000)</b>
<b>INFRASTRUCTURE SUPPORT</b>	<b>9%</b>
• <b>Administration</b> <b>7.9%</b> <b>(\$197,500)</b>	<b>(\$225,000)</b>
• <b>Training – Agency</b> <b>0.5%</b> <b>(\$ 12,500)</b>	
• <b>Media/Marketing</b> <b>0.6%</b> <b>(\$ 15,000)</b>	
<b>TOTAL</b>	<b>100%</b>
	<b>(\$2,500,000)</b>

Direct services were funded for a two-year period through grants awarded in a Request For Proposal (RFP) process. The first RFP process began in August 2000. Proposals were received by October and were reviewed by objective committees. The members of the First 5 Commission of San Luis Obispo County made the final funding decisions. In December, awards were made to 18 programs in the community with funding for 2 years, beginning in January 2001 and continuing through December 30, 2002.

#### **E. DIRECT SERVICE PROGRAMS FUNDED IN THE FIRST TWO YEARS:**

The following are the prioritized needs for each of the three Focus Areas and a summary of the related programs funded in January, February, and March of 2001. Prioritized needs were met in two ways: 1) Primarily, as the main objective of a program; or 2) Secondarily, as a result of the program or its services. Many of the funded activities addressed issues from more than one need and even more than one Focus Area. Funding levels were for two years, except for Fluoridation of Drinking Water (C1), which was a one-time data-gathering contract.

##### **1) Parent Education And Support Services (\$636,536)**

**a) Prenatal and post-delivery education:** Services to meet this need were provided primarily through the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department (\$344,536). Services to meet this need were secondarily provided through: the Baby Think it Over Program of the SLO County Child Abuse Prevention Council; the Child Health and Disability Prevention Program of the SLO County Public Health Department; and the Teen Academic Pregnancy and Parenting Program of EOC Health Services.

**b) Parenting skills training:** Services to meet this need were provided primarily through the following programs:

- The Baby Think it Over Program of the SLO County Child Abuse Prevention Council (\$15,000).
- The Lunch Box Program of the Regents of the University of California (\$11,500).
- The Power of Play Program of the Regents of the University of California (\$31,500).
- The Teen Academic Parenting and Pregnancy Program of the Economic Opportunity Commission (EOC) of SLO County (\$150,000).

Services to meet this goal were secondarily provided by the following programs: the Babes at Breast Education and Support program of SLO County General Hospital; the Child Health and Disability Prevention program of the SLO County Public Health Department; and the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department.

**c) Public awareness and social change:** Services to meet this need were provided through the Healthy Kids Now/Children and Families Monthly Marketing Campaigns of RS Productions (\$44,000).

**d) Literacy materials:** Services to meet this need were provided through the Read, Write, and Speak program of the San Luis Obispo Literacy Council (\$40,000).

##### **2) Child Care and Early Education (\$1,575,793 – \$1,325,793 in local funds plus \$250,000 in state matching funds)**

**a) Stable and well-trained childcare workforce:** Services to meet this need were provided through the Childcare Retention Initiative/CARES coordinated by the San Luis Obispo Child Care Planning Council (\$500,000 local funds and \$250,000 state match).

- b) **Expanded childcare services:** Services to meet this need were provided through: Short-term/Interim Child Care Services of EOC – Homeless Services (\$69,793). An out-of-cycle unsolicited allocation of \$31,000 (matched by the Orfalea Foundation) was made to the Cuesta College Children’s Center for shade structures for outdoor activities.
- c) **Universal preschool for children ages three to five, pilot project:** Services to meet this need were provided through the following programs: the California State Preschools of the SLO County Office of Education (\$375,000); and the Head Start programs of the Economic Opportunity Commission of SLO County (\$350,000).

**3) Health and Well-being of Children (\$1,761,033)**

- a) **Fluoridation of drinking water:** Services to meet this need were provided through a contract with Boyle Construction (\$5,000).
- b) **In-home visitation and support:** Services to meet this need were provided primarily through the following programs: the Child Health and Disability Prevention Program of the SLO County Public Health Department (\$356,316); and the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department.
- c) **Tobacco cessation for pregnant mothers and parents of young children:** Services to meet this need were provided through the Tobacco Control Program of the SLO County Public Health Department (\$398,465).
- d) **Dental preventive and restorative care:** Services to meet this need were provided by the Dental Health Program of the SLO County Health Agency: Health Systems Office (\$230,000).
- e) **Screening for developmental problems and sensory deficits:** Services to meet this need were secondarily provided by the following programs: the Child Health and Disability Prevention program of the SLO County Public Health Department; the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department; and the Teen Academic Parenting and Pregnancy Program of the Economic Opportunity Commission of SLO County.
- f) **Postpartum depression:** Services to meet this need were secondarily met through the following programs: the Child Health and Disability Prevention program of the SLO County Public Health Department; the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department; and the Teen Academic Parenting and Pregnancy Program of the Economic Opportunity Commission of SLO County.
- g) **Perinatal and young family alcohol and other drug abuse:** Services to meet this need were provided through Drug and Alcohol Services of SLO County (\$145,271).
- h) **Comprehensive health care for young children:** Services to meet this need were provided by Babes at Breast Education and Support program of SLO County General Hospital (\$336,935); Family Care Center, Morro Bay Clinic of SLO County General Hospital (\$230,046); and Preschool Vision Screening project of the Lion’s Club (\$59,000).

- i) **Enrollment in existing health care programs:** Services to meet this need were primarily met through the Healthy Kids Now/Children and Families Monthly Marketing Campaigns of RS Productions. Services to meet this need were secondarily met through the following programs: the Babes at Breast Education and Support program of SLO County General Hospital; the California State Preschools of the SLO County Office of Education; the Child Health and Disability Prevention Program of the SLO County Public Health Department; the Dental Health Program of the SLO County Health Agency: Health Systems Office; Drug and Alcohol Services of SLO County; the Family Care Center, Morro Bay Clinic of SLO County General Hospital; the Head Start programs of the Economic Opportunity Commission of SLO County; the Prenatal and Infants Home Visitation Program through the SLO County Public Health Department; the Preschool Vision Screening project of the Lion's Club; the Short-term/Interim Child Care Services of EOC – Homeless Services; the Teen Academic Parenting and Pregnancy Program of the Economic Opportunity Commission (EOC) of SLO County; and the Tobacco Control Program of the SLO County Public Health Department.

#### F. SUCCESSES FOR PROGRAMS IN THE FIRST FUNDING CYCLE:

A few of the significant accomplishments that were achieved by programs supported by the Commission during the first 18 months include:

- **Community Awareness:** Developed and implemented a multi-media campaign to deliver information (in English and Spanish) regarding Proposition 10 funded projects and other local resources that serve families with young children that reached approximately 63,000 homes.
- **Childcare Retention Initiative/CARES:** Distributed \$231,500 in retention incentive stipends to 159 individuals (134 center-based providers and 25 family childcare providers).
- **Nutrition:** Analyzed 582 preschool lunches at five sites covering all socioeconomic brackets. Educational materials based on the results are in development.
- **Home Visits:** Provided in-home visits by public health nurses to first-time mothers with the aim of improving pregnancy outcomes, child health, and family life skills.
- **Parenting Education:** Conducted multiple workshops for low-income parents from underserved areas including toy making and learning readiness for pre-kindergarten children. Results show 95% of parents using toys at home with their children two or more times a week, exceeding program goal of 50%.
- **Literacy:** Implemented programs to teach parents to read by teaching them to read to their children, which increases literacy in parent and child simultaneously.
- **Vision Screening:** Screened 2,694 children for visual disorders and delays in visual development. Referred 138 children, 112 of whom were seen by an optometrist.
- **Breastfeeding Promotion:** Made 223 clinic contacts (212 low-income mothers, 181 Hispanic mothers) providing prenatal and post-delivery breastfeeding education.
- **Head Start:** Extended months of operation from nine to 12, benefiting 108 children from three communities with the longest waiting lists.
- **State Preschool:** Extended hours of operation in existing day programs and childcare services from three to eight hours a day, benefiting 68 children and their families.

## **G. FIRST ANNUAL STRATEGIC PLAN REVIEW PROCESS:**

The Commission conducted a fairly extensive review process to update the strategic plan in the fall of 2001. Since the original plan concentrated on allocation of funds by the Commission, the strategic plan review process focused extensively on expanding funding options by collaborating with other sources (in particular, the California Children and Families Commission State Initiatives) and increasing awareness/advocacy for policy change. The Commission designed an advocacy strategy detailing activities that will influence legislation at the federal, state, and local level. In addition, the Commission researched financial planning strategies and established a resource allocation approach for the next ten years, which will optimize service delivery while ensuring long-term sustainability of the program.

## **H. FUNDING CYCLE FOR DIRECT SERVICE PROGRAMS FUNDED IN THE FIRST TWO YEARS:**

During the strategic planning review process in the fall of 2001, the Commission evaluated the timeline for existing contracts. The initial grantees were funded on a calendar year basis, but many programs utilize a fiscal year accounting cycle. This created some challenges in administering the grants. The Commission agreed to consider, at the end of the funding cycle, extending the grant awards for an additional six months to shift funding to a fiscal, rather than calendar year cycle. At the end of the funding cycle, in the fall of 2002, the Commission evaluated the success of the existing grantee programs to ensure compliance with program goals and objectives. Based upon that assessment, the Commission agreed to extend the contracts with existing grantee programs for an additional 6 months (January 1, 2003 through June 30, 2003). The Commission also agreed that, in the future, it would change the contract length from a two-year to a three-year period in order to provide more time for grantees to demonstrate measurable results. It was anticipated that an RFP process would be initiated in January 2003 for direct service contracts to be awarded for the three-year period, July 1, 2003 to June 30, 2006.

## **I. COMMISSION INITIATED PROGRAMS:**

In addition to the direct services programs funded during the first two years, the Commission expanded its ability to address specific unmet needs by providing mini-grants (matching, planning, capital, and one-time project grants), participating in the California Children and Families State Initiatives (Childcare Retention Initiative/CARES, School Readiness, and Children's Health Initiative/Healthy Kids), collaborating with local/regional funders (San Luis Obispo Community Foundation), and advocating to increase awareness of and support policy change related to the funded Initiatives.

### **1) Mini-grants (01/01/02 to 12/31/02):**

The Commission solicited applications to support the development of programs that met Commission goals. All mini-grants were capped at \$25,000 and were used by requesting organizations to match funds received from other sources, conduct planning activities, design and implement capital projects, or other one-time projects. RFPs were solicited for two funding cycles (April 2002 for funding in June 2002; September 2002 for funding in December 2002). Review panels evaluated applications and recommended funding to the Commission. In Round 1, the Commission received 32 applications, requesting \$719,815 in funding, and awarded 14 grants totaling \$184,027. In Round 2, 70 applications requesting \$971,253 were reviewed, and 30 grants were awarded totaling \$207,562. In summary, in 2002, mini-grants were awarded to 44 organizations, totaling \$391,589. A chart follows which details the funded organizations, program descriptions, and award levels.

## HEALTH AND WELL-BEING OF CHILDREN

Round 1 MINI-GRANT AWARDS – MAY 2002

Organization/Program Name	Program Description	Award
<b>Community Health Ctrs. of the Central Coast Purchase of 12 passenger van</b>	Funding to provide transportation to and from medical and dental visits for the Homeless Programs and Perinatal Services Program.	\$12,500
<b>Easter Seals, Tri-Counties Children's Therapy Program</b>	Funding to provide therapy equipment, supplies and storage cabinets for therapy services to children ages 0-5, with developmental disabilities.	\$5000
<b>Life Steps Foundation Pasos de Vida Children Development Center Improvement for children ages 0-5</b>	Funding to provide play and therapy equipment, childcare equipment, learning materials, expand/improve outdoor space, therapeutic preschool, regular intervention and child therapy on site.	\$8700
<b>The Partnership for the Children of San Luis Obispo County The Clinica de Tolosa Dental Clinic Project (CAPITAL)</b>	Funding to purchase dental equipment.	\$12,500
<b>Project H.O.P.E. Healthworks! TV "Great Expectations" Monthly Program</b>	Funding for production costs of 4 educational videos from the following topics: Tobacco Cessation For Pregnant Mothers, Screening For Developmental Problems and Sensory Deficits in 0-5 age group, Prenatal and Post Delivery Education, Encouraging Reading Readiness of Young Children, Anger & Stress Management for Parents of Young Children.	\$15,000

## PARENT EDUCATION AND SUPPORT

Organization/Program Name	Program Description	Award
<b>Lucia Mar Adult Education Family Education Center</b>	Funding to purchase a re-locatable building (Family Education Center on the Oceano Elementary campus) to provide space for childcare, parent participation and parent education classes, and family literacy.	\$25,000
<b>Paso Robles Public Schools Paso Robles Parenting Plus Project</b>	Funding to purchase a van and computer (Capital) and scholarships for teen parents to take the G.E.D. or C.H. S. P. E. exams, and cost of driver's training; child care vouchers; and parent education manuals (Capacity)	\$18,000
<b>SLO County Child Abuse Prevention Council Building Capacity of Postpartum Depression Public Awareness, Support Line and Treatment Services</b>	Funding to maintain and build the capacity of the Postpartum Depression Task Force public awareness campaign and start-up funds focusing on treatment services.	\$20,000

## CHILD CARE AND EARLY EDUCATION

Organization/Program Name	Program Description	Award
<b>EOC – Child Care Resource Connection Training of Trainers: Spanish Language Services</b>	Funding for salary and operating expenses to provide workshops/training by certified Spanish-speaking trainers for providers to gain information and professional development.	\$19,387
<b>Hopkins Family Childcare</b>	Funding to purchase educational program materials.	\$500
<b>Lucia Mar School District EOC Step by Step Childcare Center</b>	Funding to contract with EOC Step by Step Program to provide approximately four on-site child care spaces at Lopez High to bridge a projected budget shortfall next year.	\$20,000
<b>Nipomo Recreation Center Lil Bits Pre-School Relocation and Expansion Program</b>	Funding for construction and upgrades, classroom equipment and play structure to relocate and expand existing pre-school program to the Nipomo Community Park.	\$20,000
<b>S.T.A.R.S. Preschool Preschool Playground Development</b>	Funding for costs associated with purchasing and installing a play structure that meets ADA standards.	\$7000
<b>Ramsey Family Daycare</b>	Funding to purchase educational program materials.	\$500

**Amount Granted for Round 1 Mini-grants = \$184,027**

## HEALTH AND WELL-BEING OF CHILDREN

Round 2 MINI-GRANT AWARDS – NOVEMBER 2002

Organization/Program Name	Program Description	Award
<b>SLO Health (Leadership Institute)</b>	Send a team of multi-disciplinary professionals to the Leadership Institute for Community Teams in Chicago for three and one-half days of intensive skill-building related to substance abuse during pregnancy and development of a community plan to address the problem from an early intervention approach.	\$15,000
<b>French Hospital</b>	Planning grant to evaluate the local role of Pediatric Sub-Specialty Clinics staffed by physicians who travel here from Children's Hospital Los Angeles, Lucille Salter Packard Children's Hospital-Stanford University Medical Center, and UCLA Medical Center, with the goal of finding a permanent location and ongoing funding.	\$12,500
<b>Patrick J. Spalding (Fetal Monitor)</b>	Purchase of a portable fetal monitor for use on a weekly basis in the County Health Department prenatal clinics at Grover Beach, Morro Bay, Atascadero and Paso Robles.	\$2500
<b>SLO CAP</b>	Plan and design efforts to improve and expand the Children's Hope Foundation Mentor Moms Services Program.	\$3500
<b>SLO Drug and Alcohol</b>	Capital expenditures to enhance its existing child play therapy program such as: educational books and videos for parents whose children are engaged in play therapy; curriculum and training costs for perinatal staff to enhance their skills in working with parents of children under age five; limited staff time to cover cost of a temp worker to assist with perinatal services while permanent staff are in training; children's furniture for childcare room used by children of perinatal parent clients; minor alteration of play therapy office to install a see-through mirror to allow parents to observe their child and play therapist interacting.	\$15,000
<b>Best Care</b>	Update and improve outdated equipment such as baby scales.	\$2000
<b>SLO Health (Newborn/Sib Bonding Kits)</b>	Purchase of items for low-income parents such as "Newborn Bag" or "Back-Pack Siblings Bag" which may include, but not limited to: thermometer, books, layette, diapers, baby wipes, toothbrushes, cups, age appropriate learning games and education materials. Recipients will be families referred to Early Support and Medically Vulnerable Infant Programs.	\$6000
<b>ALPHA</b>	Purchase of new computer and software for record keeping of: client records, client housing deposit loans, family support items, maternity clothes, diapers, strollers safety gates etc; information on networking agencies and volunteer records.	\$1500

## PARENT EDUCATION AND SUPPORT

Organization/Program Name	Program Description	Award
<b>San Luis Obispo Symphony</b>	Provide a 6-part music education series offered free to Head Start children and their families, and specifically designed to benefit preschool aged children from low-income families.	\$9,400
<b>Consumer Credit</b>	Conduct a parent education program that improves financial literacy skills and increases wealth for women participants who have children age 0-5.	\$8,362
<b>Life Steps</b>	Provide a 6-week multicultural Music and Movement program for children with and without special needs. Classes of 20-25 children, divided into “walkers” and “pre-walkers” will meet once per week with their parents.	\$15,000
<b>Cal Poly Foundation</b>	Provide Nutrition Education for child care providers and low-income, minority families targeting mothers with children age 0-5.	\$14,000
<b>Regents of University of CA (Lunch Box)</b>	Duplication of a one year supply of The Lunch Box handouts to distribute to preschools and in-home childcare centers that require parents to send lunches for their children.	\$10,000

## CHILD CARE AND EARLY EDUCATION

Organization/Program Name	Program Description	Award
<b>Brooks Child Care</b> <b>Hopkins Family Childcare</b> <b>Julie's Family Child Care</b> <b>Kaleidoscope Kids</b> <b>Little Blossoms</b> <b>Little Steps</b> <b>Ramsey Family Daycare</b> <b>Shooting Stars</b> <b>Treehouse Kid Kare</b>	Nine Family Child Care applicants are recommended for funding at \$1,000.00 each. Funding to be used specifically for program/educational materials for children age 0-5.	\$9,000
<b>ASI Children's Programs</b>	Purchase of one large play structure to replace existing structures that are out of compliance with California Playground Safety Standards.	\$15,000
<b>City of Arroyo Grande</b>	Replacement of playground equipment and installation of rubber landing surface to meet CPSC and ADA requirements.	\$4,300
<b>Cuesta College Foundation</b>	Expansion of the North County Campus Childcare Center play yard to meet California playground safety regulations and shades for the expanded area.	\$15,000
<b>New Dawn Center</b>	Replacement of existing 17-year old wooden fence surrounding the schoolyard and outdoor decking that has severely weathered and rotted, to meet state, county and ADA requirements, and correct existing safety hazards.	\$15,000
<b>Village Children's Center</b>	Replace or add non-existent program materials to complete the accreditation process and make indoor environmental improvements.	\$12,000
<b>EOC-CCRC (Tools for Success)</b>	Provide a portfolio (file box) for 70 newly licensed providers countywide that assists new providers with the health and safety and business aspects of family childcare, (e.g., a calendar keeper, file folders, a clipboard, small dry erase board, safety latches and a one year membership to CCRC's Toy and Resource Lending Library).	\$2500
<b>UCP of SLO</b>	Purchase of equipment to increase access for children with disabilities to childcare facilities throughout the county.	\$10,000
<b>SLOCOE State Preschool (Even Start)</b>	Purchase of furnishings and supplies for new State preschool program, early literacy program, and child care programs offered jointly with Lucia Mar Adult Education in Oceano.	\$10,000

**Amount Granted for Round 2 Mini-grants = \$207,562**

**Total Funding for Round 1 and 2 Mini-grants: \$391,589**

## **2) Childcare Retention Initiative/CARES:**

The Childcare Retention Initiative/CARES is an ongoing initiative supported through the State Commission's Matching Funds for Retention-incentives for Early Care and Education Providers. The program is coordinated by the SLO County Child Care Planning Council and is designed to retain experienced childcare providers. The primary activity is financial support, but secondarily, the program encourages longevity, licensure, accreditation, and continuing education. The State Commission is committed to matching funds for this program for 5 years (2000 to 2005). The contribution over the 5 years from the First 5 SLO Commission is \$1,262,590. The State match is \$624,627. The total program funding: \$1,887,217. The Commission will review the results of the project at the end of year 5 to determine future funding.

## **3) School Readiness Initiative:**

The First 5 Commission agreed to support the California Children and Families State School Readiness Initiative. The State Commission determined which neighborhoods throughout California were eligible for matching grant funds based upon "low performance" on second grade test scores at elementary schools. Only one school in San Luis Obispo County was eligible for matching grant funds, the Georgia Brown Elementary School in Paso Robles. The Commission agreed to apply for matching funds (\$119,000/year for 4 years from the State Commission matched by \$119,000/year from the local Commission), to support a School Readiness program for the neighborhood surrounding Georgia Brown Elementary School. In addition, the Commission identified a second school in the County as "borderline low performing" and agreed to support a School Readiness Program in the neighborhood surrounding the Oceano Elementary School in Oceano and fund the program with 100% local Commission funding (\$238,000/year for 4 years). There were several criterion to be followed:

- The process of identifying programs and services to be delivered had to be "resident-driven".
- The School Readiness plans had to incorporate the same components as the First 5 requirements (Parents & Family Support, Childcare & Early Education, Health & Well-being of Children).
- The focus of the plans had to be on integration of service delivery with funds directed at new programs, not supplantation of existing program funding.

A consultant was hired (using Planning funds provided by the State Commission) to facilitate a yearlong strategic planning process (May 2002 to May 2003) with each community to develop a School Readiness plan, which included:

- Conducting bi-lingual (Spanish/English) Community Focus Groups with parents, teachers, school administrators, agency representatives (health, social services, special needs, etc.), and members of the community (libraries, law enforcement, business, etc.) to assess community strengths, assets, and needs.
- Forming a Neighborhood Team consisting of 20 to 22 residents, representing each of the required component areas, to plan, implement, and oversee the program.
- Building consensus among Team members on the components of the plan, programs and services to be delivered, and budget forecasts.

The grant application for matching funds for the Georgia Brown Elementary School program was submitted to the State Commission in May of 2003. The application for the Oceano Elementary School program was submitted to the local Commission in June 2003.

#### **4) Children's Health Initiative/Healthy Kids:**

The First 5 SLO Commission elected to participate in the statewide Children's Health Initiative. The strategy of the Initiative is to ensure that all children ages 0 to 5, in San Luis Obispo County, are covered by health insurance. Children will be identified, recruited, and screened for eligibility. Eligible children will be enrolled in Medi-Cal and Healthy Families. Children ineligible for those programs will receive coverage through a locally-developed plan. Activities will include efforts to ensure that children retain coverage. First 5 SLO began the planning process in 2002/03 by sponsoring a community forum to build local support, identify funding sources, and cultivate collaborative relationships with other organizations. Funding partnerships have been formed with the California Endowment, the California HealthCare Foundation, the San Luis Obispo County Preventive Health Program, and the SLO County Board of Supervisors.

#### **5) Raising a Reader Program (in partnership with the San Luis Obispo Community Foundation):**

The San Luis Obispo Community Foundation is partnering with the First 5 Commission to support the School Readiness Initiatives in Paso Robles and Oceano by providing a \$50,000 grant to implement the Raising a Reader program. This program enhances literacy by providing bilingual books and educational materials for families to use at home with their children.

## **J. OVERVIEW OF THE PROCESS TO UPDATE THE ORIGINAL STRATEGIC PLAN:**

The Commission began a comprehensive process to update the original Strategic Plan in the fall of 2002, which continued through the winter of 2004. In the initial round of funding (January 2001 to December 2002), the Commission awarded grants to 17 programs and participated in the Childcare Retention Initiative/CARES. In 2002, the Commission awarded mini-grants to 44 organizations and began the planning process for the School Readiness Initiative and the Children's Health Initiative. By the end of 2002, a total of 64 grant contracts were being administered.

Initially, it was anticipated that an RFP process would be initiated in January 2003 for direct service contracts to be awarded for the three-year period, July 1, 2003 to June 30, 2006. In order to prepare for the RFP process, the Commission explored several options:

- Focus funding on the 3 Initiatives currently funded by the Commission (plus a new Initiative determined to be important, "Perinatal Substance Abuse").
- Create a general RFP and solicit proposals from organizations in the County for any program that supports the development of children ages 0-5.
- Develop an RFP that is targeted to programs that support the geographical areas of the County with the greatest identified needs (i.e., the neighborhoods surrounding the Georgia Brown Oceano Elementary schools).
- Issue an RFP targeted to address specific types of unmet needs of children, parents, and families in the community.
- Support sustainability of funded programs by extending contracts for those grantees that are achieving the goals and objectives established for their program (particularly those aligned with the established Initiatives).
- Some combination of the above options.

Discussions focused on the most effective way to ensure the maximum return on investment, based upon measurable results in the community. In other words, is there more value in funding numerous programs or in narrowing the focus, funding a more limited selection of programs, in order to achieve more demonstrable outcomes in the community? In order to answer this question and determine the most effective strategy for future funding (2004 to 2007), the Commission elected to enhance sustainability of the existing programs, which were achieving their stated objectives, by extending funding through June 2004. This provided the opportunity for the Commission to conduct a thorough and comprehensive evaluation of various types of information important to the decision-making process including:

- Evaluating the effectiveness of existing grant funded programs and assessing the requirements for ongoing sustainability. (See Section K below)
- Determining the program and budget requirements for the ongoing support of 3 Initiatives (Childcare Retention Initiative/CARES, Children's Health Initiative/Healthy Kids, Perinatal Substance Abuse). (See Section K below)
- Reviewing the Neighborhood Team Plans for the School Readiness Initiatives in Paso Robles and Oceano. (See Section L below).
- Updating the Community Needs Assessment to identify emerging unmet needs. (See Section M below).

## **K. PROGRAM EVALUATION:**

The Local Evaluator and Staff provided detailed evaluation results for each program. Only those programs that achieved their stated objectives, required additional funding for sustainability, or needed more time to achieve measurable results, were granted extensions through June 2004.

Work plans and budgets were reviewed for 3 Initiatives (Childcare Retention Initiative/CARES, Children's Health Initiative/Healthy Kids, and Perinatal Substance Abuse).

## **L. SCHOOL READINESS APPLICATIONS:**

Applications were received from each Neighborhood Team and reviewed by the Commission (May and June 2003). The Commission approved both plans for funding. The Paso Robles Georgia Brown plan was submitted and approved by the State Commission for matching funds. Funding for both programs began in September 2003.

## **M. COMMUNITY INPUT INTO NEEDS/NEEDS ASSESSMENT RESULTS:**

A total of 15 community meetings were held to solicit input from residents on the strengths, assets, and needs of the children ages 0 to 5, in their community. To prepare the School Readiness Plans, 6 community meetings were held in Paso Robles (Georgia Brown Elementary neighborhood) and 6 in Oceano (Oceano Elementary neighborhood). In addition, 3 community meetings were held in other areas of the County (the City of San Luis Obispo, Nipomo, and the Coastal Region) to ensure a comprehensive, countywide process. All meetings were facilitated by a consultant with bi-lingual (Spanish/English) interpretation available.

Representatives from all three of the required component areas were invited (Parent and Family Support, Childcare and Early Education, Health and Well-being of Children). An average of 20 participants attended each meeting. The following questions were discussed:

- What do you see as the strengths that children from your community bring with them when they enter kindergarten?
- What needs do children (ages 0-5) have that are not being met?
- What unmet needs do parents have which may limit their ability to ensure the health and well-being of their 0-5 year old children?
- What do you see as the strengths and weaknesses of the current child care system to support children ages 0 to 5?
- What do you see as the strengths and weaknesses of the current preschool system to support children ages 0 to 5?
- What services (education, health, social services) currently exist in your community that supports the health and well-being of children ages 0 to 5?
- What services (education, health, social services) need to be added or enhanced to effectively support the health and well-being of children ages 0 to 5?
- Does the need for enhanced services exist Countywide or are there geographical areas of the County with greater demand/need for services?

The Commission reviewed the detailed results of the 15 community meetings. A summary follows of the responses to 2 questions: “*What needs do children (ages 0 to 5) have that are not being met prior to kindergarten?*” and “*Does the need for enhanced services exist Countywide or are there geographical areas of the County with greater demand/need for services?*”?

***What needs do children (ages 0 to 5) have that are not being met prior to kindergarten?***

<b>Summary of 6 Oceano Community Focus Groups</b>	<b>Summary of 6 Paso Robles Community Focus Groups</b>
<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival needs (food, clothing, adequate/affordable housing, and transportation).</li> <li>▪ Immigration services; legal residency.</li> <li>▪ Parents' lack of educational skills to pass along the importance of education.</li> <li>▪ Parent education regarding services; parenting skills; knowledge of school readiness; study habits.</li> <li>▪ Family literacy (English/Spanish).</li> <li>▪ Parent participation at preschool; quality time with children.</li> <li>▪ Educational materials at home.</li> <li>▪ Better programs on radio and television.</li> </ul>	<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival needs: adequate/stable/affordable housing, nutritious food, clothing, safe/caring environment.</li> <li>▪ Parents who are stable (mental, emotional, financial, employment, transportation).</li> <li>▪ Citizenship; support to understand the American culture; lack of political influence.</li> <li>▪ Family education, values, &amp; attitudes (level of education, self-esteem, cultural issues; attitudes re: the importance of education, reading, school, education for girls, etc.).</li> <li>▪ Services to address exposure to crime, domestic violence, incarceration, generational poverty, substance abuse, divorce, culture shock, etc.</li> <li>▪ Parent and family literacy (English/Spanish); talking, listening, reading with children.</li> <li>▪ Family support &amp; involvement (extended family); quality time to spend with children.</li> <li>▪ Parenting skills; knowledge of child development; learning how to teach child.</li> <li>▪ Books, educational toys &amp; materials, technology in the home.</li> <li>▪ Exposure to the community (zoo, beach, museums, plays, aquarium, cultural events).</li> <li>▪ Parents knowledgeable about /access community resources &amp; health care.</li> <li>▪ Parents support and are comfortable with school processes.</li> </ul>
<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Quality, affordable, all day childcare and preschool for all in a safe and nurturing environment.</li> <li>▪ After school programs.</li> <li>▪ Literacy: enriching language experiences (verbal, print); experience with books; second language acquisition.</li> <li>▪ Enhanced fine motor (manipulative) skills; able to identify primary letters and numbers.</li> <li>▪ Opportunity to interact with other children &amp; enhance socialization.</li> <li>▪ Awareness of bigger world, life, cultural experiences (field trips, opportunities, enrichment)</li> </ul>	<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Access to affordable, quality day care/childcare for everyone.</li> <li>▪ Preschool experience (minimum three years); experiential learning; socialization skills/experiences.</li> <li>▪ Basic skills and language development (vocabulary, comprehension, numbers, animals, shapes, colors, etc.).</li> </ul>
<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Health care including medical, dental, vision, nutrition, speech with flexible hours; regular exams and immunizations; hygiene; breakfast program.</li> <li>▪ Emotional needs; neglect and abuse issues.</li> <li>▪ System to identify at risk 3 to 5-year-old children (i.e., language, speech, motor skills); intervention to help diagnose and treat problems early on for children with special needs.</li> <li>▪ Awareness of cultural traditions; language barriers.</li> <li>▪ Inability to connect people with programs.</li> </ul>	<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Access to basic healthcare, dental, vision services (good nutrition, immunizations and exams, etc.).</li> <li>▪ Emotional, mental, and behavioral health.</li> <li>▪ Identification of special needs, early intervention.</li> <li>▪ Proper hygiene.</li> </ul>
<p><b>Coordination between home, childcare, preschool, and kindergarten:</b></p> <ul style="list-style-type: none"> <li>▪ Lack of communication, publicity to parents.</li> <li>▪ Kindergarten orientation program (yearly or more often).</li> <li>▪ Services in Spanish.</li> </ul>	<p><b>Coordination between home, childcare, preschool, and kindergarten:</b></p> <ul style="list-style-type: none"> <li>▪ Preparing parents for kindergarten so they know what to expect; effective interaction between school and parents.</li> <li>▪ Teacher awareness and preparation for school readiness.</li> </ul>

**What needs do children (ages 0 to 5) have that are not being met prior to kindergarten?**

<b>Summary of SLO Community Focus Group</b>	<b>Summary of Nipomo Community Focus Group</b>
<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival needs: Jobs, adequate and affordable housing, and transportation.</li> <li>▪ Language barriers.</li> <li>▪ Disparity in resources for children based upon income; services for families who do not qualify for programs that only serve those that meet income eligibility requirements.</li> <li>▪ Parent services, which are age appropriate.</li> <li>▪ Coordinated access for parenting services.</li> <li>▪ “Welcome Every Baby”.</li> <li>▪ Services to address specific episodic parenting needs.</li> </ul>	<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival: Affordable housing, public transportation, homeless services, and legal assistance.</li> <li>▪ Services for undocumented families.</li> <li>▪ Cultural and social awareness training for families to prevent re-occurrence of teen pregnancy, abuse, academic failure, etc. and to understand expectations of schools, community, laws.</li> <li>▪ Parent education regarding children prenatal to age 5.</li> <li>▪ Parent participation programs.</li> <li>▪ Mental health counseling for issues such as divorce, abuse, etc.</li> <li>▪ Awareness of existing programs; reduced fear of utilizing services; information about community services in English/Spanish.</li> </ul>
<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Cost and availability of quality childcare (including infants) and preschool.</li> <li>▪ Developmentally appropriate after-school programs for kindergartners.</li> <li>▪ Higher standard for preschool teachers.</li> <li>▪ Enhanced monitoring and training of childcare providers.</li> <li>▪ Childcare provider turnover (cost of living/low pay).</li> </ul>	<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Affordable childcare; more early education programs.</li> <li>▪ Full-day Head Start.</li> <li>▪ Low wages for preschool teachers.</li> </ul>
<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Access to medical/dental services for all.</li> <li>▪ Service access for children with special needs.</li> <li>▪ Health insurance.</li> <li>▪ Access to physicians who are “in the loop” (medications/mental health issues/current research on best practices);</li> <li>▪ More social service workers, public health/mental health resources (family therapy).</li> <li>▪ Coordination between agencies with a family system orientation based upon current child development research.</li> <li>▪ Adequate funding for existing programs.</li> </ul>	<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Free immunization clinics; mobile vaccine and dental clinics; urgent care.</li> <li>▪ Mental health counseling for children and families; play therapy.</li> <li>▪ Speech therapy and other special needs services in Spanish.</li> <li>▪ Nutrition support and education; more food resources; WIC.</li> <li>▪ Health insurance.</li> <li>▪ Prenatal education.</li> <li>▪ Free car seats, bike helmets, and safety workshops.</li> <li>▪ Parks and playgrounds.</li> <li>▪ Cultural awareness training for providers to reduce clients’ fear of utilizing services or customizing service delivery approaches.</li> <li>▪ Translation of medical services, prescriptions into Spanish. Network for Spanish information.</li> <li>▪ Increased outreach by Sheriff and health community in Spanish.</li> <li>▪ Parent health counseling, outreach and education.</li> <li>▪ Women’s Shelter.</li> <li>▪ Library open on weekends; lending toy library.</li> <li>▪ Employment Development Department.</li> </ul>
<p><b>Coordination between home, childcare, preschool, and kindergarten:</b></p> <ul style="list-style-type: none"> <li>▪ Teachers need more training for special needs (preschool and kindergarten); networking between agencies/providers.</li> </ul> <p>Lack of collaboration between preschools and kindergartens.</p>	

<p><i>What needs do children (ages 0 to 5) have that are not being met prior to kindergarten?</i></p>	<p><i>Does the need for enhanced services exist Countywide or are there geographical areas of the County with greater demand/need for services?</i></p>
<p><b>Summary of Coastal Region Community Focus Group</b></p>	
<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival needs: Affordable housing, transportation.</li> <li>▪ Services for undocumented children and their families.</li> <li>▪ Mental health services to address depression, abuse, divorce, domestic violence, post-partum depression, etc.</li> <li>▪ Drug and Alcohol Services.</li> <li>▪ ESL and family literacy in Spanish.</li> <li>▪ In-home parenting support.</li> <li>▪ Awareness of existing services.</li> </ul>	<p><b>San Luis Obispo:</b> Currently, North and South Counties have the greatest needs, although since service delivery has been targeting those areas, the central area of San Luis Obispo may be impacted in the future.</p>
<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Affordable, quality childcare and preschool services; childcare center/Early Head Start; services for families who don't qualify for income eligible programs.</li> <li>▪ Low pay for childcare providers.</li> <li>▪ Socialization skills (kindergarten way too academic).</li> </ul>	<p><b>Nipomo:</b></p> <ul style="list-style-type: none"> <li>• Nipomo has been the site of ±40% of growth in the county with no significant increase in services. It is the largest unincorporated area in the County and among the farthest from SLO.</li> <li>• In general, the more rural, the farther away from San Luis Obispo, the fewer services are available.</li> <li>• The socio-economics of Nipomo are skewed. There is a higher class and a lower class and very little middle class.</li> <li>• Nipomo differs from other rural areas of the county in that the population tends not to be migrant. People who come to live in Nipomo tend to stay vs. leaving with the completion of a crop harvest.</li> <li>• The need for services in Nipomo exceeds the need for services Countywide in large part because most people needing those services do not have reliable transportation.</li> </ul>
<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Health care providers who take Medi-Cal; pediatric care (Morro Bay Clinic not sufficient to meet demand); dental care; urgent care.</li> <li>▪ Mental Health counseling (children and parents) and DSS services.</li> <li>▪ SAFE site; centralized sites for services; flexible provider hours/after hours services.</li> <li>▪ Prescription instructions in Spanish.</li> <li>▪ Provider training for children exposed to substance abuse.</li> <li>▪ Parks &amp; Rec. services for children 0-5.</li> </ul>	<p><b>Coastal Region:</b></p> <ul style="list-style-type: none"> <li>▪ There are a considerable number of invisible people in need who work at service jobs that support the tourism industry.</li> <li>▪ While the number of residents in the Coastal Region has not increased at any rate near the rest of the county, the middle class has left the area. Those who remain are the poor, many of whom are undocumented, and the retired, who tend to not support programs for young families.</li> <li>▪ The trend has been a steady increase of a high-risk population, in particular those with a need for substance abuse and counseling services.</li> <li>▪ Medi-Cal is not a good indicator of the economic well-being of residents in this area due to the high number of undocumented residents ineligible for Medi-Cal.</li> <li>▪ Los Osos, Cayucos, Cambria, and San Simeon are unincorporated. Cambria and areas north are quite isolated.</li> <li>▪ The Coastal Region has historically been ignored for services.</li> </ul>

<b>Summary of 15 Community Focus Groups</b>		
<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Basic survival needs (food, clothing, shelter, transportation).</li> <li>▪ Immigration services, citizenship, legal residency, services for undocumented families.</li> <li>▪ Parent education.</li> <li>▪ Family literacy (English/Spanish); language barriers, cultural awareness.</li> </ul>	<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Quality, affordable, all-day childcare.</li> <li>▪ Quality, affordable preschool.</li> </ul>	<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Access to basic healthcare, dental, vision services including nutrition, immunizations, speech, and emotional/mental/behavioral health.</li> <li>▪ Identification of special needs/at risk children, early intervention.</li> </ul>
<b>Prioritized Needs from Original Strategic Plan</b>		
<p><b>Parenting &amp; Family Support:</b></p> <ul style="list-style-type: none"> <li>▪ Prenatal and post-delivery education.</li> <li>▪ Parenting skills training.</li> <li>▪ Public awareness &amp; social change.</li> <li>▪ Literacy materials.</li> </ul>	<p><b>Early Childcare &amp; Education:</b></p> <ul style="list-style-type: none"> <li>▪ Stable &amp; well-trained childcare workforce.</li> <li>▪ Expanded childcare services.</li> <li>▪ Universal preschool for children ages 3 to 5, pilot project.</li> </ul>	<p><b>Health &amp; Well-being:</b></p> <ul style="list-style-type: none"> <li>▪ Fluoridation of drinking water.</li> <li>▪ In-home visitation &amp; support.</li> <li>▪ Tobacco cessation for pregnant mothers &amp; parents of young children.</li> <li>▪ Dental preventive &amp; restorative care.</li> <li>▪ Screening for developmental problems &amp; sensory deficits.</li> <li>▪ Postpartum depression.</li> <li>▪ Peri-natal &amp; young family alcohol &amp; other drug abuse.</li> <li>▪ Comprehensive healthy care for young children.</li> <li>▪ Enrollment in existing health care programs.</li> </ul>

The first section above summarizes the responses from all 15 Community Focus Groups to the question, “***What needs do children (ages 0 to 5) have that are not being met prior to kindergarten?***” There was tremendous consistency between those results and the Prioritized Needs that were identified in the original Strategic Plan, with the exception that the updated needs assessment narrowed the focus somewhat to more targeted areas of need.

## **N. RESULTS OF THE STRATEGIC PLANNING PROCESS:**

Based upon the results of the community needs assessment, program evaluation, review of Initiative work plans, and the neighborhood team planning process, the Commission agreed to narrow the focus of its funding in order to attempt to more effectively demonstrate measurable results in the community. The Commission agreed to the following objectives for the 2004 to 2007 planning cycle:

- Allocate half of the available funding (\$3,331,185, 51%) to the 4 targeted Initiatives:
  - Childcare Retention Initiative/CARES (Countywide)
  - School Readiness (Paso Robles and Oceano)
  - Children's Health Initiative/Healthy Kids (Countywide)
  - Perinatal Substance Abuse (Countywide)
- Enhance sustainability by continuing to fund 11 existing Direct Service programs and 1 social marketing program (RS Productions which produces the television show, *Children and Families Update*), which directly support the 4 targeted Initiatives (\$2,973,850, 46% of available funding).
- Maintain a reserve of \$200,000 (3%) to address needs that emerge during the 2004 to 2007 timeline.
- Continue to participate in the distribution of New Parent Kits to all new parents in San Luis Obispo County.
- Discontinue the funding of mini-grants.

## **O. RESULT AREAS FROM THE STATE COMMISSION:**

The State Commission describes four Result Areas that provide the overall purposes for all commission activities. The first three Result Areas address the needs of children and families, and the fourth involves the structural changes that would facilitate effective efforts to meet those needs.

<p style="text-align: center;"><b>RESULT AREAS FROM THE STATE COMMISSION:</b></p> <ol style="list-style-type: none"><li>1) <b>Improved Child Development</b></li><li>2) <b>Improved Child Health</b></li><li>3) <b>Improved Family Functioning</b></li><li>4) <b>Improved Systems of Care</b></li></ol>
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## **P. FUNDED STRATEGIES FOR 2004 TO 2007:**

The following are the funded strategies for 2004 to 2007 in each of the Result Areas. (Note: Many of the strategies address issues from more than one Result Area. They are presented herein under the area of their primary purpose).

### **1) IMPROVED CHILD DEVELOPMENT**

#### **Commission Initiatives:**

- **The Childcare Retention Initiative/CARES** (coordinated by the SLO County Child Care Planning Council) is an ongoing initiative supported through the State Commission's Matching Funds for Retention-incentives for Early Care and Education Providers. Its strategy is designed to retain experienced childcare providers. The primary activity is financial support, but secondarily the program encourages longevity, licensure, accreditation, and continuing education. (1 year funding through 04/05: \$236,385 which includes \$78,795 State Commission match; program to be reevaluated at the end of the 5-year funding cycle.)

- **SLO County School Readiness Program** (First 5 SLO, SLO County Office of Education, Lucia Mar USD, and Paso Robles USD) is a Commission Initiative aimed at many outcomes in all four Result Areas. The program specifically targets children and their families living in two high-need, low-resource areas: the Georgia Brown Elementary School Community in Paso Robles and the Oceano Elementary School Community. The two projects educate and support parents, provide preschool and childcare, operate kindergarten transition programs, and coordinate existing health and social services. The State Commission provided \$676,000 in funding. The Commission agreed to increase funding beyond the original matching grant amounts by \$671,800 to enhance program effectiveness. (Total 4 year funding: \$2,249,800 including State Commission matching funds)

**Direct Service Programs:**

- **Head Start School Readiness Enrichment Program** (EOC) will provide a three-week school readiness enrichment program to low income, kindergarten-age children throughout SLO County. The activities are designed to prepare children for kindergarten. A secondary purpose is to connect children and their families to other First 5 resources and services. (3 year funding: \$325,650)
- **State Preschool Extended-Day Program** (SLO County Office of Education) provides full-day care for children in five sites throughout SLO County. Activities include promotion of cognitive, emotional, and physical development, staff training, parent education and support, screening of children, and referrals to other services. (3 year funding: \$456,662)

2) **IMPROVED CHILD HEALTH**

**Commission Initiatives:**

- **Children’s Health Initiative/Healthy Kids** (First 5 SLO and Department of Social Services) is a strategy designed to ensure that all children ages 0 to 5 in San Luis Obispo County are covered by health insurance. Children will be identified, recruited, and screened for eligibility. Eligible children will be enrolled in Medi-Cal and Healthy Families. Children ineligible for those programs will receive coverage through a locally-developed plan. Activities will include efforts to ensure that children retain coverage. Three funding partners have contributed \$128,740 to support planning and implementation efforts. (3 year funding: \$625,000; \$100,000 Dental T.E.N. 1 yr. funding to be absorbed by Healthy Kids program after 04/05)
- **Peri-natal Substance Abuse** (First 5 SLO, EOC, Public Health Department, and others) is a countywide effort to provide screening and early intervention for prenatal use of tobacco, alcohol, and other drugs. Activities include education for health care providers and the development of a strategic plan to provide a network of treatment services. (3 year funding: \$120,000; an additional \$15,000 was funded through the 2002 mini-grant process to establish a local leadership team to oversee the project)

**Direct Service Programs:**

- **BABES (Babes at Breast Education and Support Program)** (Public Health Department) encourages breastfeeding through education for pregnant and parenting mothers, support groups, peer education, and training for health care professionals. (3 year funding: \$625,000)

- **Baby's First Breath** (Tobacco Control Program) provides tobacco cessation and education programs. The strategy is to eliminate exposure of young children to secondary tobacco smoke through smoking cessation for parents and family members, and promotion of tobacco-free homes and cars. Activities include cessation classes, support groups, and education related to the effects of second-hand smoke on child health. (3 year funding: \$439,868)
- **CSIP (Children's behavioral/developmental Screening and Intervention Project)** (EOC, Life Steps Foundation, Public Health Department, and Parents Helping Parents) provides early identification of and support for developmental delays. Activities include screening, parenting education, and resources and referrals. (3 year funding: \$520,138)
- **Dental TEN** (Public Health Department) provides early dental health screening and treatment. Activities include financial support for families unable to pay for treatment and child and parent education. (1 year funding of \$100,000 is included in Initiatives funding. It is anticipated that the program will be absorbed into the Healthy Kids Initiative in subsequent years)
- **Teen Academic and Parenting Program** (EOC) provides screening and early intervention for teen parents who are using tobacco, alcohol, or other drugs. (3 year funding: \$143,154)
- **Vision Screening** (SLO Lion's Club) provides early identification and treatment for vision problems in preschools. The activities include vision tests, screening, treatment, and education. (3 year funding: \$75,225)

### 3) IMPROVED FAMILY FUNCTIONING

#### Direct Service Programs:

- **FTMP (First-Time Mothers Program)** (SLO Public Health Department) provides home visitation using the OLDS model for at-risk pregnant and parenting women. Services include education, support, health care, resources, and referrals. (3 year funding: \$300,000)
- **New Parent Kit Distribution** (First 5 SLO and Public Health Department). Kits from the State Commission are enhanced with local resource materials and distributed to new parents throughout SLO County. (1 year funding: \$10,153)
- **Postpartum Depression Screening** (SLO Child Abuse Prevention Council) provides screening, referrals, and professional education in order to identify and serve parents experiencing depression. (3 year funding: \$24,000)

### 4) IMPROVED SYSTEMS OF CARE

- **Healthy Kids Now/Children and Families Monthly Marketing Campaigns** (RS Productions) focuses on social marketing. Activities include advertising, public relations, and community education through video tape, television, and print material to educate parents and other community members regarding parenting skills, child development, the Healthy Families Program, and the vision, mission, and activities of the Commission. (3 year funding: \$54,000)
- All of the other funded initiatives and programs of First 5 SLO address issues of systems change and improvement.

**5) SUMMARY:**

- Total Funding for Initiatives for 1-4 years: \$3,331,185 (51%)
- Total Funding for Direct Service Programs for 3 years: \$2,973,850 (46%)
- Total Reserves to Address Emerging Needs: \$ 200,000 (3%)

**Q. COMMON LANGUAGE FOR GOALS AND OBJECTIVES:**

Over the course of the last six years, a lexicon has emerged from state and local evaluation efforts in order to support the use of a common language. The overall goals of Proposition 10 are outlined in the *Results to Be Achieved* document of 2000, which listed a number of short and long-term results organized under the four Result Areas. The following terms and definitions have been adopted:

<b>Result Areas</b>	These serve as overall goals for all activities undertaken through Prop. 10. They are more specifically described by the Long-term Results in <i>Results to Be Achieved</i> .
<b>Goals</b>	Each funded initiative and program conducts activities that are related to at least one goal. These goals are overall statements of purpose.
<b>Objectives</b>	Each funded initiative and program has developed specific measurable objectives, which its activities are intended to achieve.
<b>Outcomes</b>	These are derived from the short-term goals of <i>Results to be Achieved</i> . They are organized under the four Result Areas. While not precisely measurable, they serve as common objectives for all Prop. 10 activities, statewide and local.
<b>Indicators</b>	These are measurable factors intended to describe progress toward each of the Outcomes, and are used to gauge achievement of local Objectives as well. There are two levels of Indicators in the Statewide Evaluation, and one additional level in the local evaluation:
<b>Key Indicators</b>	Measures dictated by the Statewide Evaluation to be collected whenever possible.
<b>State Elective Indicators</b>	Measures dictated by the Statewide Evaluation to be collected when applicable.
<b>SLO Elective Indicators</b>	Measures dictated by the locally-funded initiatives and programs.

**R. GOALS & OBJECTIVES 2004 – 2007  
(FUNDED INITIATIVES AND DIRECT SERVICE PROGRAMS):**

First 5 San Luis Obispo County has aligned its goals and objectives for the 4 Initiatives and 11 Direct Services programs funded for 2004 to 2007 to support the statewide Result Areas. The first three Result Areas list goals, funded initiatives and direct service programs for each goal, and objectives, outcomes, and indicators for each initiative/program. The fourth Result Area (Improved Systems of Care) lists outcomes and indicators for each of the funded initiatives and programs.

Goals were developed that reflect the overall purposes of the funded initiatives and programs relating to each Result Area. Thus, one funded program may appear under more than one Result Area. Objectives are taken from the Scope of Work of each program. Outcomes and indicators are taken, whenever possible, from the publication, *First 5 Statewide Evaluation Indicators (2/03)*. Statewide indicators are labeled as either Key or Elective, and include the corresponding numbers from that document. Local elective indicators are not numbered.

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED CHILD DEVELOPMENT</b>		
<b>GOAL #1: To stabilize the county's childcare workforce through increased longevity in positions, continuing education, and professional advancement</b>		
<b>FUNDED STRATEGY: Commission Initiative – Childcare Retention Initiative/CARES</b>		
<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #1.1: To provide stipends to approximately 500 applicants each year</p> <p>Objective #1.2: Childcare providers receiving stipends will attain positions of greater responsibility (i.e., demonstrate professional growth)</p> <p>Objective #1.3: Childcare providers receiving stipends will remain at the same agency (i.e., stability)</p> <p>Objective #1.4: Childcare providers receiving stipends will stay in the field of childcare (i.e., retention)</p>	<p>Children have access to high-quality early care and education</p>	<p>Number, percentage, and type of childcare workers receiving stipends for continuing education (Elective – SLO)</p> <p>Number, percentage, and type of childcare workers attaining positions of greater responsibility (Elective – SLO)</p> <p>Number, percentage, and type of childcare workers remaining at the same agency (Elective – SLO)</p> <p>Number, percentage, and type of childcare workers remaining in the field (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA:** IMPROVED CHILD DEVELOPMENT

**GOAL #2:** To increase school readiness in children ages 0 to 5

**FUNDED STRATEGY:** Commission Initiative – Georgia Brown and Oceano School Readiness Programs

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #2.1: By June 30, 2007 to implement the community-developed School Readiness Plans in the Georgia Brown and Oceano school/communities</p> <p>Objective #2.2: By June 30, 2007 to increase collaboration between existing school and community partners (including parents), professional organizations, and other identified agencies in Coordinating School Readiness activities and awareness countywide</p> <p>Objective #2.3: By June 30, 2007 to provide preschool and childcare services as described in the School Readiness Plans for the Georgia Brown and Oceano school communities</p> <p>Objective #2.4: By June 30, 2007 to provide kindergarten transition programs as described in the School Readiness Plans for the Georgia Brown and Oceano school communities</p>	<p>Children enter kindergarten “ready for school”.</p>	<p>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 (Elective – State: K1)</p> <p>Number and percentage of children who have ever attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry (Elective – State: H1)</p> <p>Number and percentage of children who participate in school-linked transition/school readiness immersion programs (Elective – State: K2)</p> <p>State standardized test scores for reading in second grade (Elective – SLO)</p> <p>Number, percentage, and type of collaborative involvement in the planning, monitoring, and implementation of the School Readiness Plans (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA:** IMPROVED CHILD DEVELOPMENT

**GOAL #2:** To increase school readiness in children ages 0 to 5

**FUNDED STRATEGY:** Direct Services Program – Head Start Transition Program

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #2.5: By June 30, 2007 up to 126 children annually, who are kindergarten-age and eligible, will experience a three-week school readiness enrichment program</p> <p>Objective #2.6: By June 30, 2007 80% of participating children will be prepared for kindergarten as measured by the Kindergarten Entry Profile Assessment</p> <p>Objective #2.7: By June 30, 2007 program staff will have an awareness of First Five resources available to families, and will share that information to 100% of participating families annually</p>	<p>Children enter kindergarten “ready for school”</p>	<p>Number and percentage of children who participate in school-linked transition/school readiness immersion programs (Elective – State: K2)</p> <p>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 (Elective – State: K1)</p> <p>Number and percentage of families of children ages 0 to 5 who are connected with available services (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED CHILD DEVELOPMENT**

**GOAL #2: To increase school readiness in children ages 0 to 5**

**FUNDED STRATEGY: Direct Service Program – State Preschool Expanded-day Program**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #2.8: By June 30, 2007 to provide the equivalent of 80 full-day slots annually at State Preschool Sites in Los Osos, San Luis Obispo, Cuesta College Children’s Center, and two sites in Grover Beach</p> <p>Objective #2.9: By June 30, 2007 100% of participating children will demonstrate growth in their social/emotional development, large and small motor development, and cognitive development</p> <p>Objective #2.10: By June 30, 2007 at least 80% of participating four year-olds will be prepared to enter kindergarten as measured by the Desired Results Assessment</p>	<p>Children participate in early childhood education programs</p> <p>Children enter kindergarten “ready for school”</p>	<p>Number and percentage of children who participate in full-day preschool and childcare programs (Elective – SLO)</p> <p>Developmental progress of children in full-day programs compared to children in traditional three-hour preschool programs (Elective – SLO)</p> <p>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 (Elective – State: K1)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVE CHILD HEALTH**

**GOAL #3: To ensure that all children ages 0 to 5, in SLO County have health care coverage**

**FUNDED STRATEGY: Commission Initiative – Healthy Kids**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #3.1: By June 30, 2008 to annually enroll 30% of the estimated 472 uninsured children ages to 5, eligible for Medi-Cal or Healthy Families</p> <p>Objective #3.2: By June 30, 2008 to enroll 85% of the estimated 242 uninsured children ages 0 to 5, eligible for Healthy Kids coverage</p> <p>Objective #3.3: By June 30, 2008 75% of the uninsured children enrolled in Medi-Cal, Healthy Families, or Healthy Kids will retain health coverage annually</p>	<p>Children receive preventive and ongoing regular health care</p>	<p>Number and percentage of children who have health insurance (Key: B5) through Medi-Cal, Healthy Families, and Healthy Kids (Elective – SLO County)</p> <p>Number and percentage of children re-enrolled annually in Medi-Cal, Healthy Families, and Healthy Kids (Elective – SLO County)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED CHILD HEALTH</b>		
<b>GOAL #4A: Infants are born healthy, at full term, and free from prenatal exposure to tobacco, alcohol, and/or other drugs.</b>		
<b>GOAL #4B: Children exposed to tobacco, alcohol, and/or other drugs prenatally will be identified early, and receive quality intervention.</b>		
<b>FUNDED STRATEGY: Commission Initiative – Perinatal Substance Abuse</b>		
<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #4.1: By June 30, 2007 80% of all pregnant women in SLO County will be assessed annually for use of tobacco, alcohol, and other drugs</p> <p>Objective #4.2: By June 30, 2007 a strategic plan to address children prenatally exposed to tobacco, alcohol, and/or other drugs will be developed, and implementation begun</p>	<p>Children are free from tobacco, alcohol, and/or other drug-related illnesses</p>	<p>Number and percentage of pregnant women who did not smoke (Key: F2) or use alcohol or other drugs (Elective – SLO) during pregnancy</p> <p>Number and percentage of children exposed prenatally to tobacco, alcohol, and/or other drugs who are identified early and who receive intervention (Elective – SLO)</p>
<b>FUNDED STRATEGY: Commission Initiative – School Readiness Programs</b>		
<p>Objective #4.3: By June 30, 2007 to provide alcohol and other drug counseling services as described in the School Readiness Plan for the Oceano school community</p>	<p>Children are free from tobacco, alcohol, and/or other drug-related illnesses</p>	<p>Number and percentage of parents of children age 0 to 5, who receive intervention (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED CHILD HEALTH</b>		
<b>GOAL #4A: Infants are born healthy, at full term, and free from prenatal exposure to tobacco, alcohol, and/or other drugs.</b>		
<b>GOAL #4B: Children exposed to tobacco, alcohol, and/or other drugs prenatally will be identified early, and receive quality intervention.</b>		
<b>FUNDED STRATEGY: Direct Service Program – Baby’s First Breath</b>		
<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #4.4: By June 30, 2007 to provide cessation services to at least 150 (50 annually) pregnant women and parents of newborns, who smoke. At least 20% will successfully quit using tobacco as measured by a 6 month follow-up survey</p> <p>Objective #4.5: By June 30, 2007 at least 180 parents of children ages 0 to 5, annually will receive educational materials about the hazards of ETS and cessation services. At least 50% of the parents will report an increased willingness to make their home and cars smoke-free as measured by a post survey</p> <p>Objective #4.6: By June 30, 2007 at least 50 parents or other family members of children ages 0 to 5, annually will request cessation services. At least 5% of these family members will successfully quit using tobacco as measured by telephone follow-up interviews</p> <p>Objective #4.7: By June 30, 2007 at least 65 family childcare and center-based providers annually will receive educational materials on the harmful effects of ETS on child development. At least 25% will report they have used the National Safety Council module regarding educating parents about ETS as measured by telephone follow-up surveys</p>	<p>Children are free from tobacco-related illnesses</p>	<p>Number and percentage of women who did not smoke during pregnancy (Key: F2)</p> <p>Number and percentage of parents and other family members of children ages 0 to 5, who quit smoking (Elective – SLO)</p> <p>Number and percentage of children who live in households where no adults smoke (Key: F1)</p> <p>Number and percentage of childcare providers who are aware of and who educate parents about the harmful effects of ETS (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED CHILD HEALTH</b>		
<b>GOAL #4A: Infants are born healthy, at full term, and free from prenatal exposure to tobacco, alcohol, and/or other drugs.</b>		
<b>GOAL #4B: Children exposed to tobacco, alcohol, and/or other drugs prenatally will be identified early, and receive quality intervention.</b>		
<b>FUNDED STRATEGY: Direct Service Program – TAPP</b>		
<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #4.8: By June 30, 2007 100% of TAPP teens annually will be assessed for perinatal substance abuse in the month before they knew they were pregnant</p> <p>Objective #4.9: By June 30, 2007 at least 10% of TAPP teens identified as using substances in the month before they knew they were pregnant will stop using during the remainder of their pregnancy</p> <p>Objective #4.10: By June 30, 2007 at least 75% of teens who stopped using drugs during their pregnancy will remain drug-free postpartum as measured by 6-month follow-ups</p>	<p>Children are free from tobacco, alcohol, and/or other drug-related illnesses</p>	<p>Number and percentage of pregnant teens who are screened for substance use in the month prior to knowing they were pregnant (Elective – SLO)</p> <p>Number and percentage of pregnant teens who did not smoke (Key: F2) or use alcohol or other drugs (Elective – SLO) during pregnancy</p> <p>Number and percentage of teens who did not smoke or use alcohol or other drugs for six months following delivery (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED CHILD HEALTH**

**GOAL #5: To provide breastfeeding education and support to low-income pregnant and parenting women**

**FUNDED STRATEGY: Direct Service Program – BABES**

<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #5.1: By June 30, 2007 to provide annually at least 8 peer counselors who will provide individual education and support to 400 and group education/support to 275 unduplicated breastfeeding women</p> <p>Objective #5.2: By June 30, 2007 to provide breastfeeding education and support at satellite clinics for 200 unduplicated mothers annually as measured by a tracking system</p> <p>Objective #5.3: By June 30, 2007 50% of the infants annually enrolled in WIC will breastfeed at 6 months as measured by WIC infant feeding-choice data reports</p>	<p>Children are healthy and well nourished</p>	<p>Number and percentage of women who attend individual and group education and support with a peer counselor (Elective – SLO)</p> <p>Number and percentage of women who attend satellite breastfeeding clinics (Elective – SLO)</p> <p>Number and percentage of women who are breastfeeding (Key: D1)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED CHILD HEALTH**

**GOAL #6: To provide screening and intervention for developmental delays and other special needs**

**FUNDED STRATEGY: Direct Service Program – CSIP**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #6.1: By June 30, 2007 EOC will annually provide 8-12 sessions of parent education and support counseling to an average caseload per month of 15 at-risk families of children ages 0 to 5. At least 75% of the parents completing the program will report improvement in 1) knowledge of parenting skills, 2) reduction in related stress, and 3) improvement in child’s problematic behavior</p> <p>Objective #6.2: By June 30, 2007 LSF will provide 60 developmental assessments and an individual case plan of 1-2 visits per week for 10-12 weeks for up to 60 qualifying children annually. At least 75% of children will demonstrate improvement in a post ASQ assessment and/or school readiness skills</p> <p>Objective #6.3: By June 30, 2007 PHP will provide at least 290 at-risk families of children ages 0 to 5, with access to various resource services. At least 80% of parents will demonstrate improvement in knowledge, skills, and overall satisfaction with library services</p>	<p>Children receive early screening/intervention for developmental delays, disabilities, &amp; other special needs</p>	<p>Number and percentage of children identified as having disabilities and other special needs [including a developmental delay] by the time of kindergarten entry (Key: I2)</p> <p>Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry (Elective – State: I3)</p> <p>Number and percentage of parents of children identified with disabilities who are receive education and support (Elective – SLO)</p> <p>Number and percentage of parents of children identified with disabilities who are referred to developmental services (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED CHILD HEALTH**

**GOAL #7: To provide dental treatment to children ages 0 to 5, in low-income families without health care coverage**

**FUNDED STRATEGY: Direct Service Program – Dental TEN**

<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #7.1: By June 30, 2005 to authorize dental treatment for approximately 160 children ages 0 to 5, who do not have dental insurance, and who do not have access to a dentist as determined by staff conducting interviews</p>	<p>Children have good oral health</p>	<p>Number and percentage of children ages 0 to 5, who receive dental treatment (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED CHILD HEALTH**

**GOAL #8: To provide education and early screening to promote visual health in children ages 0 to 5**

**FUNDED STRATEGY: Direct Service Program – Vision Screening**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #8.1: By June 30, 2007 to provide vision screening to approximately 7,500 to 9,000 children ages 0 to 5</p> <p>Objective #8.2: By June 30, 2007 to have 80% of all children with vision disorders treated by a physician</p> <p>Objective #8.3: By June 30, 2007 to inform parents, teachers, and health professionals of crucial link between vision and learning; stress early detection</p>	<p>Children will receive preventive and ongoing regular health care</p>	<p>Number and percentage of children receiving vision screening (Elective – SLO)</p> <p>Number and percentage of children receiving vision treatment (Elective – SLO)</p> <p>Number and percentage of parents, teachers, and health care professionals who participate in vision education (Elective – SLO)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED FAMILY FUNCTIONING**

**GOAL #9: To provide education and support to families of children ages 0 to 5**

**FUNDED STRATEGY: Commission Initiative – School Readiness Programs**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #9.1: By June 30, 2007 to provide literacy education in the Georgia Brown and Oceano school communities that incorporates parenting skills training and other topics of interest to parents of children ages 0 to 5</p> <p>Objective #9.2: By June 30, 2007 to provide a reading education program for parents in the Georgia Brown and Oceano school communities</p>	<p>Parents provide nurturing and positive emotional support to their children</p> <p>Children live in home environments supportive of cognitive development</p>	<p>Percentage of parents receiving parenting skills training (Elective – SLO)</p> <p>Number and percentage of families who report reading or telling stories regularly to their children ages 3 to 5 (Elective – State: J1)</p>

**FUNDED STRATEGY: Direct Service Program – Parent Kit Distribution**

<p>Objective #9.3: By June 30, 2007 to provide education and support kits to at least 1,875 new parents annually</p>	<p>Parents provide nurturing and positive emotional support to their children</p>	<p>Number and percentage of new parents receiving educational and support materials (Elective – SLO)</p>
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**GOALS & OBJECTIVES 2004 TO 2007**

**RESULT AREA: IMPROVED FAMILY FUNCTIONING**

**GOAL #10: To provide perinatal and postpartum support to children ages 0 to 5, who live in at-risk families**

**FUNDED STRATEGY: Direct Service Program – First-Time Mothers Program**

OBJECTIVES	OUTCOMES	INDICATORS
<p>Objective #10.1: By June 30, 2007 maintain ongoing home visitation services annually to 200 first-time low-income mothers in SLO County</p> <p>Objective #10.2: By June 30, 2007 provide parenting skills training such that 75% of parents will show parenting skills as evidenced by passing NCAST Feeding or Teaching scores</p> <p>Objective #10.3: By June 30, 2007 to demonstrate FTMP client outcomes:</p> <ul style="list-style-type: none"> <li>• Premature infants will be 7.6% or less</li> <li>• Children ages 0 to 2, who are in the expected range of height and weight will be at least 75%</li> <li>• Women who are breastfeeding at six months will be at least 50%</li> <li>• Children with a regular medical home will be more than 80%</li> </ul>	<p>Parents provide nurturing and positive emotional support to their children</p> <p>Children are born healthy</p> <p>Children are healthy and well nourished</p> <p>Children will receive preventive and ongoing regular health care</p>	<p>Number and percentage of first-time pregnant women and parents receiving parenting skills training and support (Elective – SLO)</p> <p>Number and percentage of first-time pregnant women and parents who demonstrate effective parenting skills (Elective – SLO)</p> <p>Number and percentage of premature births (Elective – SLO)</p> <p>Number and percentage of children ages 0 to 5, who are in the expected range of weight for their height and age (Elective – State: D2)</p> <p>Number and percentage of women who are breastfeeding (Key: D1)</p> <p>Number and percentage of children with a regular medical home (Key: B3)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED FAMILY FUNCTIONING</b>		
<b>GOAL #11: To provide early intervention and treatment for new mothers who are experiencing depression</b>		
<b>FUNDED STRATEGY: Direct Service Program – Postpartum Depression Screening Program</b>		
<b>OBJECTIVES</b>	<b>OUTCOMES</b>	<b>INDICATORS</b>
<p>Objective #11.1: By June 30, 2007 to provide postpartum depression educational presentations to 90% of the 20 private Obstetric providers, 60% of the Community Health Clinics, and 15 parent support groups countywide</p> <p>Objective #11.2: By June 30, 2007 to provide assessment and referrals for postpartum depression</p> <p>Objective #11.3: By June 30, 2007 to hold two major conferences on postpartum depression and perinatal mood disorders in SLO County</p>	<p>Parents provide nurturing and positive emotional support to their children</p>	<p>Number and percentage of providers educated in postpartum depression (Elective – SLO)</p> <p>Number and percentage of mothers screened for and referred for depression (Elective – State: O4)</p>

**GOALS & OBJECTIVES 2004 TO 2007**

<b>RESULT AREA: IMPROVED SYSTEMS OF CARE</b>	
<b>OUTCOMES</b>	<b>INDICATORS</b>
<b>FUNDED STRATEGY: Commission Initiative – Healthy Kids</b>	
Increased accessibility of services/activities (Q)	Increasing outreach and public awareness of services (Q12)
Increased service integration (T)	Joint planning and decision making among multiple agencies (T3) Advocating for policy change in collaboration with other agencies (T8)
<b>FUNDED STRATEGY: Commission Initiative – Perinatal Substance Abuse</b>	
Improved service delivery (R)	Providing training and/or technical assistance to program staff to improve quality of services (R1)
Increased service integration (T)	Joint planning and decision making among multiple agencies (T3) Advocating for policy change in collaboration with other agencies (T8)
<b>FUNDED STRATEGY: Commission Initiative – Childcare Retention Initiative/CARES</b>	
Improved service delivery (R)	Providing training and/or technical assistance to program staff to improve quality of services (R1)
<b>FUNDED STRATEGY: Commission Initiative – School Readiness Programs</b>	
Increased accessibility of services/activities (Q)	Increasing outreach and public awareness of services (Q12) Providing co-located services (e.g., multiple agencies providing services at a shared location) (Q5) Providing services in conveniently located places (e.g., schools) (Q6) Increasing outreach and public awareness of services (Q12) Providing services to underserved populations (Q14)
Improved service delivery (R)	Increased attention to prevention-focused services/activities (R4)
Increased cultural competence (S)	Service providers who are culturally and linguistically reflective of the community (S3)
Increased service integration (T)	Providing comprehensive services (combination of health, educational, social, or emotional support services) (T1) Joint planning and decision making among multiple agencies (T3) Advocating for policy change in collaboration with other agencies (T8)
Increased civic engagement of program participants (V)	Increasing public input (e.g., surveys, community hearings) (V1)
Improvements in school readiness systems (X)	Number and % of elementary schools with formal linkages to preschools, Head Start and Early Head Start programs, childcare centers, home visiting programs, community resources (X1) Number and % of preschools with formal linkages to public and private elementary schools, childcare centers, home visiting programs, and community resources (X2)

## GOALS & OBJECTIVES 2004 TO 2007

<b>RESULT AREA: IMPROVED SYSTEMS OF CARE</b>	
<b>OUTCOMES</b>	<b>INDICATORS</b>
<b>FUNDED STRATEGY: Direct Service Program – BABES</b>	
Increased accessibility of services/activities (Q)	Providing services to underserved populations (Q14) Utilizing paraprofessionals to provide services (SLO)
<b>FUNDED STRATEGY: Direct Service Program – Baby’s First Breath</b>	
Improved service delivery (R)	Providing training and/or technical assistance to program staff to improve quality of services (R1)
<b>FUNDED STRATEGY: Direct Service Program – Children’s Developmental and Behavior Screening and Intervention Project</b>	
Increased service integration (T)	Joint planning and decision making among multiple agencies (T3)
<b>FUNDED STRATEGY: Direct Service Program – First-Time Mothers Program</b>	
Increased accessibility of services/activities (Q)	Providing home-based services (Q8)
<b>FUNDED STRATEGY: Direct Services Program – Head Start Transition Program</b>	
Improvements in school readiness systems (X)	Number and % of elementary schools with formal linkages to preschools, Head Start and Early Head Start programs, child care centers, home visiting programs, and community resources (X1)
<b>FUNDED STRATEGY: Direct Services Program – Parent Kit Distribution</b>	
Improved Service Delivery (R)	Increased attention to prevention-focused services/activities (R4)
<b>FUNDED STRATEGY: Direct Service Program – Postpartum Depression Screening Program</b>	
Improved service delivery (R)	Providing training and/or technical assistance to program staff to improve quality of services (R1)
<b>FUNDED STRATEGY: Direct Service Program – State Preschool Expanded-day Program</b>	
Increased accessibility of services/activities (Q)	Expanding service hours (Q11)
<b>FUNDED STRATEGY: Direct Service Program – Vision Screening</b>	
Improved service delivery (R)	Providing training and/or technical assistance to program staff to improve quality of services (R1)
<b>FUNDED STRATEGY: RS Productions Public Education and Marketing</b>	
Increased accessibility of services/activities (Q)	Increasing outreach and public awareness of services (Q12)

## S.     **ADVOCACY:**

The Commission will continue to focus its advocacy efforts at the local level, particularly in support of the 4 Commission-Sponsored Initiatives. Examples of previous successful advocacy efforts include:

- ***Children's Health Initiative/Healthy Kids:***
  - A successful Children's Health Coverage Forum was held in March 2003, with over 100 community members in attendance, to promote the importance of universal health coverage for all children in SLO County.
  - A consultant was hired to assist in guiding the committee through the necessary steps to launch the Initiative.
  - The Commission pledged \$275,000 for planning, implementation, and administration of the project and \$350,000 to cover the cost of insurance premiums for uninsured 0-5 year old children in the County. Matching funds of \$53,240 will be solicited from the State Commission after the project has been operational for 6 months.
  - Funding partnerships were cultivated with The California Endowment (\$46,879), the California HealthCare Foundation (\$39,246), and the SLO County Preventive Health Grant (\$42,615) to support planning and implementation efforts.
  - The SLO County Board of Supervisors agreed to contribute \$200,000/year to cover the cost of insurance premiums for 6 to 18 year olds as a result of the efforts of First 5 SLO.
  - First 5 SLO is exploring opportunities to find other funding partners (including Blue Shield Foundation of California).
  - Community partnerships were formed to coordinate private and public health insurance coverage that will effectively streamline enrollment procedures and increase retention.
  - A 501(c)3 non-profit corporation is being formed with representatives from various stakeholder groups in the community to manage the program implementation.
  - Extensive outreach efforts to parents, insurance providers, the Department of Social Services, the Public Health Department, school nurses, the medical community, child care organizations, etc. will be required for the program to be successful.
  
- ***Perinatal Substance Abuse:***
  - Ten representatives from various community organizations formed a leadership team funded by a Commission mini-grant to attend training in Chicago.
  - In September 2003, over 300 people attended a conference sponsored by First 5 SLO to educate agencies, hospital staff, physicians, and the community regarding the use of tobacco, alcohol, and drugs during pregnancy and to introduce the strategic plan to the community.
  - The Commission has sponsored (and will continue to sponsor) local training for interested community stakeholders (i.e., physicians, nurses, social workers, childcare providers, school personnel, etc.), who are involved in providing services to children who have been prenatally drug exposed. The programs, which are delivered by Drs. Ira Chasnoff and Rich McGourty, identify interventions to help the children develop skills necessary for success in school and beyond.
  - The leadership team will influence systems change by providing outreach and education to the medical community to ensure that every pregnant woman in the County is screened for substance abuse (tobacco, alcohol, and drugs) and to implement strategies to identify, assess, and treat children at high risk for health and behavioral problems.

The Commission will identify 1 to 2 key priorities for each Initiative on an annual basis, which will support the ongoing development and promotion of the Initiative.

**T. FINANCIAL FORECASTS 2003 TO 2009:**

It is anticipated that Proposition 10 revenue will continue to decrease each year as tobacco sales decline. In order to help counties effectively plan for the future, the State Commission is using financial consultants to develop forecasts based upon anticipated revenue from the tobacco sales tax, birth rate projections, inflationary factors, etc. These projections were made available to all counties in the spring of 2002. The Commission agreed to maintain a conservative approach to ensure program sustainability while maximizing program funding. The following assumptions were used to project forecasts for 03/04 to 08/09: 6.5% reduction in revenues each year, 5% decrease in program allocations, 4% interest, and 2.5% increase in administrative expenses. The Commission's goal is to maintain a balance of \$4.5 million through year 10 of the program (fiscal 08/09). The Budget Allocation Projections for years 2003 to 2009 are detailed on the following chart.

**U. ORGANIZATIONAL ASSESSMENT:**

The Commission has adopted a structure utilizing the County of San Luis Obispo as an organizational infrastructure based upon a Memorandum of Understanding (MOU). The County provides fiscal and accounting services, insurance, legal advice, and staffing for the Commission. All decision-making by the Commission, as well as day-to-day operations, are autonomous from the County.

First 5 SLO County utilized consultants to conduct an extensive assessment of the organizational structure, staffing levels, and roles and responsibilities of members of numerous Commissions throughout the State of California. Based on this assessment, the Commission agreed to continue its relationship with the County of San Luis Obispo. A retreat will be held in the fall of 2004 to address additional operational issues.

**V. STAFFING:**

The Children and Families Commission of San Luis Obispo County is staffed through a contract with the Public Health Department of the County of San Luis Obispo. Staff support is currently provided through three positions that operate under the umbrella of the SLO County Tobacco Control Program. These positions are: 1) a half-time Executive Director; 2) a full-time Administrative Services Officer, and 3) a full-time Administrative Assistant. Based on the operational assessment, the Commission authorized the hiring of one additional employee, a second Administrative Services Officer, to support financial and grant management activities beginning in 04/05. The fall 2004 retreat will address capacity issues resulting from the update to the Strategic Plan.

Consultants have been hired to provide support in the following ways: research and synthesis of needs assessment data, facilitation of community forums and Commission planning meetings, development of the Strategic Plan, and program evaluation.

**W. EVALUATION:**

For a copy of the detailed 2004 evaluation plan, please contact the First 5 Commission Office at 805-781-4058.

*Unless the investment in children is made,  
all of humanity's most fundamental long-term problems  
will remain fundamental long-term problems.*

The State of the World's Children, UNICEF, 1995

First 5 Children and Families Commission of San Luis Obispo County  
Approved July 2004

	2001/02	2002/2003	Current Year		2005/06	2006-07	2007-08	2008-09
	Year 3	Year 4	2003/04	2004/05	Year 7	Year 8	Year 9	Year 10
<b>Fund Balance Beg of period</b>	6,090,424	5,349,522	6,167,637	5,983,989	5,434,913	4,807,504	4,564,851	4,506,015
Prop 10 Tax Revenues	2,288,421	2,081,350	1,870,557	1,748,970	1,635,287	1,528,994	1,429,609	1,336,684
Interest Revenue	273,573	151,714	178,503	182,012	184,140	184,949	184,498	182,834
<b>Total Tax/Interest REVENUE</b>	<b>2,561,994</b>	<b>2,233,064</b>	<b>2,049,059</b>	<b>1,930,983</b>	<b>1,819,427</b>	<b>1,713,943</b>	<b>1,614,107</b>	<b>1,519,518</b>
Other REVENUE:								
REWARD match years 1-5		425,000	120,832	78,795				
School Readiness Implementation		150,000	50,000					
School Readiness Match			119,000	119,000	119,000	119,000		
<b>TOTAL REVENUE</b>	<b>2,561,994</b>	<b>2,808,064</b>	<b>2,338,891</b>	<b>2,128,778</b>	<b>1,938,427</b>	<b>1,832,943</b>	<b>1,614,107</b>	<b>1,519,518</b>
<b>TOTAL REVENUE PLUS BEGINNING BALANCE</b>	<b>8,652,418</b>	<b>8,157,586</b>	<b>8,506,528</b>	<b>8,112,767</b>	<b>7,373,340</b>	<b>6,640,446</b>	<b>6,178,958</b>	<b>6,025,533</b>
<b>Committed Exp. (Years 1-3)</b>								
Direct Services (years 1 & 2)	(3,065,276)							
<b>Unspent funds years one and two</b>	<b>936,000</b>							
REWARD years 1 & 2	(825,000)							
Fluoride Study	(5,000)							
Evaluation Plan Budget	(100,000)							
Administration Budget (actual)	(217,620)							
Operating Reserve	(26,000)							
<b>Total:</b>	<b>(3,302,896)</b>							
<b>Direct Service (6mos) Expended Amount (\$937,035 allocated)</b>		(772,035)						
Cuesta Shades		(31,000)						
Healthy Kids Tape		(9,000)						
Minigrants Rd One (actual)		(184,027)						
Minigrants Rd Two (actual)		(207,562)						
<b>Child Care Training (collaborative effort)</b>		-						
<b>Fluoride</b>		-						
Children's Health Care Initiative (Retreat)		(5,000)						
<p>Items in Black are previous allocations  Items in Green are current/future allocation decisions from strategic planning  Items in Blue are un-dedicated amounts</p>								
<b>Collaborative Efforts (Original amt = \$75,000 (\$12,412 to Direct Service; \$30,588 to REWARD II; \$10,153 to Kits)</b>		(21,847)						
<b>Advocacy Original Amount \$75,000 (\$25,000 to Healthy Kids, \$34,000 to Direct Service)</b>		(16,000)						
Children's Health Care Initiative - admn			-	(125,000)	(150,000)			
Children's Health Care Initiative - subsidies					(350,000)			
REWARD Year 3, 4 & 5	(450,000)		(375,832)	(236,385)				
School Readiness Implementation	(50,000)		-	(150,000)				
School Readiness (4yrs. Paso)			(119,000)	(119,000)	(119,000)	(119,000)		
School Readiness (4yrs. Oceano)			(238,000)	(238,000)	(238,000)	(238,000)		
School Readiness Enhancement \$96,000 (3yrs. Implementation)				(32,000)	(32,000)	(32,000)		
School Readiness Enhancement \$345,100 (3 yrs. Paso)				(115,034)	(115,033)	(115,033)		
School Readiness Enhancement \$230,700 (3 yrs. Oceano)				(76,900)	(76,900)	(76,900)		
Perinatal Outreach Initiative				(40,000)	(40,000)	(40,000)		
<b>RESERVES (\$200,000 over three years)</b>				(66,666)	(66,667)	(66,667)		
<b>Direct Services Program Expense</b>								
BABES Breastfeeding			(229,759)	(208,333)	(208,333)	(208,333)		
Baby's First Breath (Tobacco Control)			(165,616)	(146,623)	(146,623)	(146,623)		
Children's Screening and Intervention (CSIP)			(218,446)	(173,379)	(173,379)	(173,379)		
Dental TEN			(110,736)	(100,000)				
First Time Mothers (Olds)			(135,197)	(100,000)	(100,000)	(100,000)		
Head Start			(128,332)	(108,550)	(108,550)	(108,550)		
Healthy Kids Now Video			(20,979)	(18,000)	(18,000)	(18,000)		
Literacy 5			(17,000)	-	-	-		
Pediatric Clinic			(97,762)	-	-	-		
Play Therapy (Drug and Alcohol)			(65,740)	-	-	-		
State Preschools			(182,293)	(152,221)	(152,221)	(152,221)		
Teen Academic Program (TAPP)			(77,000)	(47,718)	(47,718)	(47,718)		
Vision Screening			(25,075)	(25,075)	(25,075)	(25,075)		
SLOCAP - Post Partum Depression				(8,000)	(8,000)	(8,000)		
Kits for New Parents			(12,580)	(10,153)	-	-		
<b>Direct Service Years 9 and 10 (not committed)</b>							(1,262,845)	(1,189,596)
<b>TOTAL EXPENSES Direct Service/Initiative</b>		(1,746,471)	(2,219,347)	(2,297,037)	(2,175,499)	(1,675,499)	(1,262,845)	(1,189,596)
Administrative Budget (actual = 02-03)		(243,478)	(303,192)	(380,817)	(390,337)	(400,096)	(410,098)	(420,351)
New ASO start March 2004- 4 mos.								
<b>TOTAL EXPENSES</b>		(1,989,949)	(2,522,539)	(2,677,854)	(2,565,836)	(2,075,595)	(1,672,943)	(1,609,947)
<b>Fund Balance End of period</b>	<b>5,349,522</b>	<b>6,167,637</b>	<b>5,983,989</b>	<b>5,434,913</b>	<b>4,807,504</b>	<b>4,564,851</b>	<b>4,506,015</b>	<b>4,415,586</b>
<b>Original ending balance at 10 yrs = 4,500,000</b>	Adm. Budget Changes		2003-2004		2004-2005			
(Change in ending balance = \$71,000 to Childcare Retention, \$13,414 committee adjustment)	Budgeted		278,090		305,817		adm. staff budget	
	ASO added		25,102		75,000		expenses budgeted	
	New Total		303,192		380,817			