

**CHILDREN AND FAMILIES COMMISSION  
OF SAN LUIS OBISPO COUNTY**

**RAISING OUR FUTURE**

**STRATEGIC PLAN  
EXECUTIVE SUMMARY**

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

**June, 2000**

*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 Children and Families 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, pre-natal 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 TO THE STRATEGIC PLAN**

Young childhood is a critically important period of time. The experiences young children have, and the conditions in which they live, greatly influence the kinds 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 Children and Families Commission of San Luis Obispo County was created as a result of the passage of Proposition 10 in November, 1998. Its intent is to provide 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 to grow and develop to their maximum potential.

In developing their Strategic Plan the Commission has acted on the premise that parents are the single most important resources 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 Children and Families 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 Children and Families 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 secondhand 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 program impacts 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. STRATEGIC PLANNING PROCESS

The mandate for local commissions from the California Children and Families First Act of 1998 (Proposition 10) is to assess needs, plan, and implement strategies and activities within three Focus Areas:

**Parent Education and Support Services;  
Child Care and Early Education; and  
Health and Wellbeing of Children.**

The Children and Families Commission of San Luis Obispo County prepared the Strategic Plan through four steps. First was the collection of data regarding needs in the county. Second came concerted efforts 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. STRATEGIC PLAN**

The Children and Families Commission of SLO County plans 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.

This outline of the Strategic Plan summarizes the first *phase of action*, allocating funding available to the Commission through Proposition 10. The Commission has developed a plan for meeting needs within each of the three Focus Areas. The plan includes prioritized needs, goals and objectives, strategies and activities, and indicators and outcomes, a summary of which may be found in the table on the next pages. The Commission is committed to funding services which are sensitive to and competent regarding the language and culture of each community in the county.

**D. ALLOCATION OF PROPOSITION 10 FUNDS**

The final tasks during the planning process were to adopt a budget for the dissemination of Commission funds, to develop a timeline for funding, and to create an allocation process. The proposed budget for annual use of Proposition 10 funding is:

<b>ANNUAL PROPOSITION 10 ALLOCATION BUDGET TABLE</b>	
<b>Expense Category</b>	<b>Allocation Percentage (Amount)</b>
<b>DIRECT SERVICES PROVISION</b>	<b>72%</b>
<b>Parent Support/Education</b>	<b>(\$1,800,000)</b>
<b>Early Child Care and Education</b>	
<b>Health and Wellbeing 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>
• Administration                      7.9%	(\$197,500)
• Training - Agency                    0.5%	(\$ 12,500)
• Media/Marketing                      0.6%	(\$ 15,000)
<b>TOTAL</b>	<b>100%</b>
	<b>(\$2,500,000)</b>

Direct services will be funded through grants awarded in a request for proposals (RFP) process. The first awards will be for a two-year period, and will unfold according to the following timeline:

<b>ALLOCATION TIMELINE FOR PROPOSITION 10 FUNDS</b>					
<b>Funding Cycle</b>	<b>RFP Release</b>	<b>Proposal Due</b>	<b>Awards Made</b>	<b>Funding Begins</b>	<b>Funding Ends</b>
One	8/00	10/00	12/00	1/01	12/02
Two	2/02	4/02	6/02	7/02	TBA

Proposals will be reviewed by objective committees. Final funding decisions will be made by the members of the Children and Families Commission of San Luis Obispo County.

The Commission realizes the scope of its vision. The Strategic Plan is ambitious, and will take a number of years to implement. It is a work in progress. With the continuing and considerable involvement of the community, the plan will continue to evolve as long as the Commission is in operation.

Strategic Plan Summary Table

PARENT EDUCATION AND SUPPORT		
Prioritized Needs & Goals and Objectives	Indicators & Outcomes	Strategies & Activities
<p><b>Prioritized Need 1) Prenatal and post-delivery education</b></p> <p><b>Goal:</b> To prepare parents of newborns for the demands of parenting in order to promote healthy pregnancies and newborns, to increase the ability of parents to provide safe and nurturing homes, and to provide early identification of problems and referrals to services for families in need.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To provide visitation and initial screening for 75% of pregnant women prior to hospitalization and for 95% of newborns and their families prior to hospital discharge (within 2 years of implementation).</li> <li>• To complete a standardized family wellbeing assessment of 50% of the families by the third visit. (within 2 years of implementation)</li> <li>• To provide extended visitation for up to six months to 95% of the assessed families that are determined to be in need of such support.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Increased number of expecting parents who receive parenting information prior to birth.</li> <li>• Increased number of parents of newborns who receive parenting information while in the hospital.</li> <li>• Increased rate of participation in WIC, MediCal, and Healthy Families.</li> <li>• Increased rate of participation in parent education programs.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Decreased rate of late or no prenatal care.</li> <li>• Increased rate of prenatal care begun in the first trimester.</li> <li>• Decreased rate of home injuries to young children.</li> <li>• Decreased rate of child abuse and neglect.</li> <li>• Increased rate of use of existing services and programs.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Home and hospital visitation programs - visitation may be made by a public health nurse, parent mentor, social worker, or others. Home visits could be made to pregnant mothers, parents in the hospital at the of time birth, and/or to families in their homes after discharge. Both the Cal SAHF and Hawaii programs are considered appropriate models.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Educational materials (e.g., <i>Welcome Baby Kits</i>).</li> <li>• Information on existing programs and services.</li> <li>• Respite care.</li> <li>• Parent mentoring.</li> <li>• See also Need #2 under the Health &amp; Wellbeing of Children Focus Area for other in-home activities.</li> </ul>
<p><b>Prioritized Need 2) Parenting skills training</b></p> <p><b>Goal:</b> To improve the ability of parents to recognize and respond in an appropriate, positive, and nurturing manner to the needs of their young children.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>• To have at least 75% of the parents involved in parenting education courses complete the training (within 2 years of implementation).</li> <li>• To increase the knowledge of participating parents regarding child development and parenting skills by at least 60% (within 2 years).</li> <li>• To augment education and counseling concerning child abuse.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Increased number of high quality parenting classes in all regions of the county.</li> <li>• Increased number of parents attending high quality parenting skills training classes.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Increased rate of family self-sufficiency.</li> <li>• Decreased rate of child abuse and neglect.</li> <li>• Decreased rate of domestic violence.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• It is important that parent education enhance existing services, be supported by public policy, and coordinate with any home visitation and other services aimed at parents of young children. PATHS and <i>Keys to CareGiving</i> are considered model programs.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Parent education classes.</li> <li>• Individual parent education.</li> <li>• Enhancement of skills in child communication, limit-setting, feeding and nutrition, child health, etc.</li> <li>• Enhance child abuse prevention efforts.</li> </ul>
<p><b>Prioritized Need 3) Public awareness and social change</b></p> <p><b>Goal:</b> To change community norms to increase the appreciation for the importance of young childhood to human and social development.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• To increase the awareness of the community regarding the targeted education, child care, and health-related issues (within 2 years).</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• Increased media coverage of child-related issues.</li> <li>• Increased media activity promoting positive child development, health, and wellbeing.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Decreased rate of home injuries to young children.</li> <li>• Decreased rate of child abuse and neglect.</li> <li>• Increased rate of use of existing services and programs.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>• Social marketing campaigns may utilize media (e.g., television, radio, print, billboards, etc.) to raise awareness and change social and community norms.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>• Community education and community organizing.</li> <li>• Public relations.</li> <li>• Advertising.</li> </ul>

<b>Strategic Plan Summary Table</b>		
<b>PARENT EDUCATION AND SUPPORT (continued)</b>		
<b>Prioritized Needs &amp; Goals and Objectives</b> Prioritized Need 4) Literacy materials	<b>Indicators &amp; Outcomes</b>	<b>Strategies &amp; Activities</b>
<p><b>Goal:</b> To increase the readiness of young children to learn to read.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To increase by at least 500 the number of books available in each region of the county to parents and literacy programs (within one year of the implementation of strategies and activities).</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of reading programs.</li> <li>Increased number of children's books loaned to parents by libraries and literacy programs.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased number of parents reading to their children.</li> <li>Increased number of children entering kindergarten who are reading ready.</li> <li>Increased reading scores on SAT-9 tests in elementary grades.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Increase reading out loud to children by increasing the availability of books and other materials.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Purchasing books for libraries, child care facilities, preschools, parks, and other venues for families of young children.</li> </ul>
<b>CHILD CARE AND EARLY EDUCATION</b>		
<b>Prioritized Needs &amp; Goals and Objectives</b> Prioritized Need 1) Stable and well-trained child care workforce	<b>Indicators &amp; Outcomes</b>	<b>Strategies &amp; Activities</b>
<p><b>Goal:</b> To increase salaries, support, and educational opportunities for child care providers.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To have at least 50% of local child care providers join the state-wide (child development permit) matrix (within 2 years of implementation).</li> <li>To increase the average pay of all child care workers.</li> <li>To have all Master Teacher-level providers receive at least the local self-sufficiency wages and benefits.</li> <li>To have at least 15% of young children in licensed child care to be cared for in accredited programs (within 2 years of implementation).</li> </ul> <p><b>Prioritized Need 2) Expanded child care services</b></p> <p><b>Goal:</b> To develop a wide range of child care services for young children that are available 24-hours per day, seven days per week.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To establish licensed child care programs for young children during nontraditional hours (i.e., other than 7 AM to 6 PM).</li> <li>To increase the number of licensed child care programs whose staff are trained to provide care for children with special needs, including those at risk of child abuse and neglect, by at least 10% (within 2 years).</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number and quality of mentoring and networking opportunities for providers.</li> <li>Establishment of an incentive/compensation program linked to levels of training and professional experience.</li> <li>Increased amount of accessible information on accreditation.</li> <li>Increased incentives linked to accreditation in both family and center-based providers.</li> <li>Increased number of licensed programs.</li> <li>Increased skill level in licensed and licensed-exempt providers.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased number of licensed child care slots for young children.</li> <li>Decreased turnover rate in child care staff.</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of licensed child care slots during nontraditional hours.</li> <li>Increased number of licensed child care slots for children with special needs, including those at risk for child abuse.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased employment of parents.</li> <li>Increased academic performance in elementary school grades.</li> <li>Increased placement of special needs children in mainstream school environments.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Increasing the number of training opportunities including mentoring; educating, encouraging, and/or subsidizing child care providers to achieve accreditation; increasing the pay for child care workers; developing low-cost transportation for providers to get to training; expanding training to license-exempt providers; and advocacy.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Regular training programs.</li> <li>Connection of pay increases to training level.</li> <li>Subsidies for training and for accreditation.</li> <li>Classes and/or workshops on accreditation.</li> </ul> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Services could be expanded through funding, education, measurement of need and utilization of market forces, and advocacy.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Subsidies for providers to offer expanded hours.</li> <li>Market analysis to inform providers of unmet needs.</li> <li>Training for providers in nontraditional hours.</li> <li>Training for providers in services to infants and toddlers and children with special needs.</li> </ul>

<b>Strategic Plan Summary Table</b>		
<b>CHILD CARE AND EARLY EDUCATION (continued)</b>		
<b>Prioritized Needs &amp; Goals and Objectives</b>	<b>Indicators &amp; Outcomes</b>	<b>Strategies &amp; Activities</b>
<p><b>Prioritized Need 3) Universal preschool for children, ages three to five, pilot project</b></p> <p><b>Goal:</b> To develop and implement a pilot project to demonstrate the effectiveness of preschool programs for children ages 3 to 5 years.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To establish at least one full-day, full-year preschool demonstration project (e.g., Head Start, State Preschool, Montessori, or church-based).</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of eligible children participating in programs.</li> <li>Increased number of children in licensed preschool programs.</li> <li>Increased parental involvement in preschool programs.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased rate of school readiness and school attendance.</li> <li>Increased academic performance in elementary school.</li> <li>Decreased behavior problems in preschool programs.</li> <li>Increased social ability and tolerance for diversity.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Development of a pilot program for full-day, full-year preschool for children 3 to 5 years of age; and advocacy for expanded state funding.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Subsidies for development of a pilot program.</li> <li>Raise awareness in parents of the importance in developing cognitive skills in young children.</li> </ul>
<b>HEALTH AND WELLBEING OF CHILDREN</b>		
<b>Prioritized Needs &amp; Goals and Objectives</b>	<b>Indicators &amp; Outcomes</b>	<b>Strategies &amp; Activities</b>
<p><b>Prioritized Need 1) Fluoridation of drinking water</b></p> <p><b>Goal:</b> To prevent tooth decay and other dental health problems in young children through the fluoridation of municipal and other public water supplies.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To raise public awareness of the benefits of fluoridation and the lack of its harmful effects.</li> <li>To fluoridate at least seven public water supplies (within 2 years of implementation of strategies and activities).</li> </ul> <p><b>Prioritized Need 2) In-home visitation and support</b></p> <p><b>Goal:</b> To improve child health through the establishment of an in-home visitation program for parents of newborns and infants.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To make in-home visits by qualified personnel to provide early identification of problems and developmental delays, monitor immunizations, promote smoke-free homes and tobacco cessation, teach and support parents in promoting health and wellbeing of their children, and make referrals to existing programs and services for health needs including parental substance abuse and mental health issues (within 2 years).</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Policy statements by municipalities and water agencies of their intention to fluoridate drinking water supplies.</li> <li>Development of local partnerships to advocate for and contribute to the costs of fluoridation.</li> <li>Purchase and installation of fluoridation systems.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Reduced dental caries in young children.</li> <li>Reduced dental disease in young children.</li> <li>Increased nutritional health in young children.</li> </ul> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased rate of complete immunizations.</li> <li>Increased knowledge of parents in subjects such as nutrition, illness prevention, and health promotion.</li> <li>Decreased level of second-hand smoke in homes.</li> <li>Increased rate of participation in health programs and services.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Decreased onset of serious developmental disorders.</li> <li>Decreased chronic and acute childhood illnesses.</li> <li>Increased indices of child health.</li> <li>Decreased rates of child asthma and other smoking-related illnesses.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Initial political and fiscal outlay to gain support of each public water source for fluoridation; gather funding, purchase, and install equipment; and then small annual cost of fluoride and maintenance.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Raise public awareness.</li> <li>Development of political and economic support.</li> <li>Development of maintenance agreements.</li> <li>Installation of equipment.</li> <li>Ongoing maintenance.</li> </ul> <p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Home visitation program to pregnant mothers, or to families in their homes after discharge. Both the Cal SAHF and Hawaii models are considered models.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Information on existing programs and services.</li> <li>Education on health, parenting skills, nutrition, etc.</li> <li>Screening and referrals for developmental disorders.</li> <li>Screening and referrals for postpartum depression.</li> <li>Smoking prevention, education, and cessation.</li> <li>See also Need #1 under the Parent Education and Support Focus Area for other in-home activities.</li> </ul>

Strategic Plan Summary Table		
HEALTH AND WELLBEING OF CHILDREN (continued)		
Prioritized Needs & Goals and Objectives	Indicators & Outcomes	Strategies & Activities
<p><b>Prioritized Need 3) Tobacco cessation for pregnant mothers and parents of young children</b></p> <p><b>Goal:</b> To reduce second-hand smoke in homes and cars with young children.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To reduce smoking by pregnant women and parents of newborns by at least 50% (within 2 years of implementation).</li> <li>To provide smoking cessation services to all pregnant women and parents of young children who request such services.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of smoking cessation educational materials, classes, and counseling sessions.</li> <li>Increased number of parents involved in cessation activities.</li> <li>Increased number of parents committed to smoke-free homes and cars when children are present.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Decreased exposure of children to second-hand tobacco smoke.</li> <li>Decreased incidence of child asthma and other smoking-related disorders.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; social marketing; advocacy; and cessation services.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Raise parental awareness through education.</li> <li>Provision of cessation services.</li> <li>Individual counseling.</li> <li>Cessation classes.</li> <li>Smoke-free pledges.</li> <li>In-home advocacy for smoke-free homes and cars.</li> </ul>
<p><b>Prioritized Need 4) Dental preventive and restorative care</b></p> <p><b>Goal:</b> To improve dental health in young children through prevention and treatment.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To provide dental health education to at least 50% of the parents of young children (within 2 years of implementation).</li> <li>To provide dental sealant treatments to at least 25% of young children from MediCal-eligible families or families without health care coverage (within 2 years of implementation of strategies and activities).</li> <li>To augment funding for dental visits for children from MediCal-eligible families or families without health care coverage.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of parents receiving dental hygiene education.</li> <li>Increased number of children receiving dental sealant treatments.</li> <li>Increased number of children receiving dental care.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Decreased rate of caries in young children.</li> <li>Increased dental health in children.</li> <li>Increased nutritional level and general health in children.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Provision of services; education; and advocacy for public and provider policy change.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Subsidies for providers.</li> <li>Augment existing low/no-cost programs.</li> <li>Advocacy for public funding (e.g., through Healthy Families Program, increased MediCal reimbursement).</li> <li>Advocacy for reduced-fee/pro bono work by providers.</li> </ul>
<p><b>Prioritized Need 5) Screening for developmental problems and sensory deficits</b></p> <p><b>Goal:</b> To increase early identification and treatment of young children with developmental disorders and sensory deficits.</p> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>To increase by at least 35% the number of young children with developmental disorders that are identified and treated (within 2 years of implementation of strategies and activities).</li> <li>To provide counseling and treatment for families with young children with developmental disorders.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Decreased age of first entry into programs for children with special needs.</li> <li>Increased number of children in programs for special needs.</li> <li>Increased number and type of interventions available for children with developmental disorders and their families.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased academic performance in children with special needs.</li> <li>Increased number of children with special needs attending mainstream schools.</li> <li>Increased acceptance and understanding of children with developmental disorders.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; training; screening and early identification; prevention; and treatment.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Education for parents regarding signs and symptoms.</li> <li>Training for providers to recognize signs and symptoms, including those disabilities which are difficult to diagnose.</li> <li>Screening and referrals through home/hospital visitation program.</li> <li>Increase use of existing screening programs.</li> </ul>

Strategic Plan Summary Table		
HEALTH AND WELLBEING OF CHILDREN (continued)		
Prioritized Needs & Goals and Objectives	Indicators & Outcomes	Strategies & Activities
<p><b>Prioritized Need 6) Postpartum depression</b></p> <p><b>Goal:</b> To provide early identification and treatment for women who encounter depression after childbirth.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To expand accessibility of screening, treatment, and referrals for mental health services to mothers who experience postpartum depression.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of new mothers screened for depression.</li> <li>Increased number of mothers receiving mental health services.</li> <li>Increased sense of closeness between mother and child.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased health and wellbeing of children whose mothers experience postpartum depression.</li> <li>Reduction in the rate of child abuse and neglect.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; training; prevention; and treatment.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Education for parents regarding signs and symptoms.</li> <li>Training for providers to recognize signs &amp; symptoms.</li> <li>Screening &amp; referrals through visitation program.</li> <li>Expansion of treatment options.</li> <li>Advocacy for expanded services.</li> </ul>
<p><b>Prioritized Need 7) Perinatal and young family alcohol and other drug abuse</b></p> <p><b>Goal:</b> To prevent and treat alcohol and other drug abuse by pregnant women and parents of young children.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To provide alcohol and other drug prevention and treatment services to all parents who request them.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of alcohol and drug prevention classes.</li> <li>Increased number of cessation and treatment groups.</li> <li>Increased number of parents involved in treatment groups.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased health and wellness of children in families with parents in prevention classes and treatment groups.</li> <li>Decreased incidence of child abuse and neglect.</li> <li>Decreased incidence of domestic violence and other crimes.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; training; prevention; and treatment.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Education for parents regarding signs and symptoms.</li> <li>Training for providers to recognize signs &amp; symptoms.</li> <li>Screening and referrals through visitation program.</li> <li>Expansion of treatment options.</li> <li>Advocacy for expanded services.</li> </ul>
<p><b>Prioritized Need 8) Comprehensive health care for young children</b></p> <p><b>Goal:</b> To increase the number of families with young children who have a regular primary care provider, and who have increased access to comprehensive health care.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To expand the number of comprehensive pediatric sites that provide health care services, education, developmental assessment, social worker services, and nutritional education.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased number of families making regular visits to a primary care provider and comprehensive pediatric sites.</li> <li>Increased availability of psychological, nutritional, and screening services.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased child health.</li> <li>Reduction in the incidence of chronic and acute childhood illnesses and disorders and emergency room visits.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; social marketing; increase use of existing programs; and advocacy for expanded services and programs.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Raise public awareness of needs and benefits.</li> <li>Augmentation of existing services.</li> <li>Utilization of home/hospital visitation program.</li> <li>Advocacy for expanded public funding.</li> </ul>
<p><b>Prioritized Need 9) Enrollment in existing health care programs</b></p> <p><b>Goal:</b> To improve access to health care for those families of young children who are without coverage.</p> <p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>To increase enrollment of eligible families in the Healthy Families Program, Medi-Cal, and WIC.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>Increased awareness of CBOs and health care providers.</li> <li>Increased number of employers who assist with HFP premiums for low-wage workers.</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Increased health in young children from low-income families.</li> <li>Decreased rates of chronic and acute illnesses in young children from low-income families.</li> </ul>	<p><b>Strategies:</b></p> <ul style="list-style-type: none"> <li>Education; social marketing; increase enrollment in existing programs; and advocacy.</li> </ul> <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>Raise public awareness of programs and benefits.</li> <li>Training for providers in eligibility, and application.</li> <li>Advocacy for easier forms and application procedures.</li> </ul>