



Revised June 2009

RAISING OUR FUTURE

FOR CHILDREN AGES 0-5 AND THEIR FAMILIES

2009 UPDATE TO THE STRATEGIC PLAN

**Original Strategic Plan Developed: June, 2000
Strategic Plan Updated: 2002, 2004, 2006, 2008, 2009**



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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 special thanks 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

I. INTRODUCTION:

Early childhood is a critically important 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 (SLO) County was created as a result of the passage of Proposition 10 in November 1998. This Strategic Plan represents an evolving vision for a comprehensive and integrated system of prevention and early intervention services for children ages 0 to 5 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 has been updated in 2002, 2004, 2006, and 2008. 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 its 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.

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, 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.

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:

- Mobilizing the community around critical issues affecting young children and their families and identifying approaches that begin to meet their highest or broadest needs;
- Considering opportunities for leveraging or matching revenue with other private, local, state, or federal programs;
- Considering long-range financial planning based on the expectations that County allocations will become a dwindling revenue source; and
- 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.

II. DEVELOPMENT OF THE ORIGINAL STRATEGIC PLAN (2000):

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 were to assess needs, plan, and implement strategies within three Focus Areas:

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

The First 5 Commission of San Luis Obispo County prepared the original Strategic Plan by collecting data reflecting needs in the County, soliciting community input through community meetings and parent focus groups, prioritizing needs, developing a budget, and creating an allocation process for funding new services and activities. The First 5 Commission of San Luis Obispo County planned to achieve its vision in three ways:

1. Allocate funds available to the Commission through Proposition 10.
2. Advocate for expanded funding from other sources.
3. Increase awareness of the importance of early childhood development and advocate for policies supportive of young children and their families.

In addition, the Commission developed a plan for meeting needs within each of the three Focus Areas. The plan included prioritized needs, goals and objectives, strategies and activities, and indicators and outcomes. The Commission is committed to funding services which are sensitive to and competent regarding the language and culture of each community in the County.

A. Allocation of Funds for 2001 through 2002:

The budget for the first round of grant awards was:

• Direct Services (72%)	\$1,800,000
• Investment Reserve (10%)	\$ 250,000
• Operating Reserve (5%)	\$ 125,000
• Evaluation/Data (4%)	\$ 100,000
• Administration (9%)	\$ 225,000
• Total	\$2,500,000

B. Programs Funded for 2001 through 2002:

Direct services were funded for a two-year period (January 2001 to December 30, 2002) through grants awarded through a Request for Proposal (RFP) process. Grants were made to 18 programs. The following charts detail the prioritized needs for each of the three Focus Areas and a summary of the corresponding programs funded. Many of the funded activities addressed issues from more than one priority need or Focus Area.

PARENT EDUCATION AND SUPPORT SERVICES (\$636,536)		
Prioritized Needs	Primary (main objective of the program)	Secondary (as a result of program/service)
Prenatal and post-delivery education	<ol style="list-style-type: none"> 1. First Time Mothers Program (Prenatal and Infant Home Visitation Program) through the SLO County Public Health Department (\$344,536). 	<ol style="list-style-type: none"> 1. Baby Think it Over Program of the SLO County Child Abuse Prevention Council. 2. Child Health & Disability Prevention Program of SLO County Public Health. 3. Teen Academic & Parenting Program of EOC Health Services.
Parenting skills training	<ol style="list-style-type: none"> 1. Baby Think it Over Program of the SLO County Child Abuse Prevention Council (\$15,000). 2. Lunch Box Program of the Regents of the University of California (\$11,500). 3. Power of Play Program of the Regents of the University of California (\$31,500). 4. Teen Academic and Parenting Program of the Economic Opportunity Commission (EOC) of SLO County (\$150,000). 	<ol style="list-style-type: none"> 1. Babes at Breast Education and Support program of SLO County General Hospital. 2. Child Health and Disability Prevention program of the SLO County Public Health Department. 3. First Time Mothers Program (Prenatal and Infant Home Visitation Program) through the SLO County Public Health Department.
Public awareness & social change	<ol style="list-style-type: none"> 1. Healthy Kids Now/Children and Families Monthly Media Campaigns of RS Productions (\$44,000). 	
Literacy materials	<ol style="list-style-type: none"> 1. Read, Write, and Speak program of the San Luis Obispo Literacy Council (\$40,000). 	

CHILD CARE AND EARLY EDUCATION (\$1,575,793, which includes \$1,325,793 in local funds plus \$250,000 in state matching funds)		
Prioritized Needs	Primary (main objective of the program)	Secondary (as a result of the program/service)
Stable and well-trained child care workforce	1. Childcare Retention Initiative/CARES coordinated by the San Luis Obispo Child Care Planning Council (\$500,000 local funds and \$250,000 state match).	
Expanded child care services	1. Short-term/Interim Child Care Services of Economic Opportunity Commission (EOC) – Homeless Services (\$69,793). 2. 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.	
Universal preschool for children, ages three to five, pilot project	1. California State Preschools of the SLO County Office of Education (\$375,000). 2. Head Start programs of the Economic Opportunity Commission (EOC) of SLO County (\$350,000).	

HEALTH AND WELL-BEING OF CHILDREN (\$1,761,033)		
Prioritized Needs	Primary (main objective of the program)	Secondary (as a result of the program/service)
Fluoridation of drinking water	1. A contract with Boyle Construction (\$5,000).	
In-home visitation and support	1. Child Health and Disability Prevention Program of the SLO County Public Health Department (\$356,316). 2. First Time Mothers Program (Prenatal and Infant Home Visitation) of the SLO County Public Health Dept. (also has the primary objective of meeting the need of pre-natal and post-delivery education).	
Tobacco cessation for pregnant mothers and parents of young children	1. Tobacco Control Program of the SLO County Public Health Department (\$398,465).	
Dental preventive and restorative care	1. Dental Health Program of the SLO County Health Agency, Health Systems Office (\$230,000).	
Screening for developmental problems and sensory deficits		1. Child Health and Disability Prevention program of the Public Health Dept. 2. First Time Mothers Program (Prenatal and Infant Home Visitation) of the SLO County Public Health Dept. 3. Teen Academic and Parenting Program of Economic Opportunity Commission (EOC) of SLO County.

HEALTH AND WELL-BEING OF CHILDREN (\$1,761,033); continued

Prioritized Needs	Primary (main objective of the program)	Secondary (as a result of the program/service)
Postpartum depression		<ol style="list-style-type: none"> 1. Child Health and Disability Prevention program of the SLO County Public Health Department. 2. First Time Mothers Program (Prenatal and Infant Home Visitation) of the SLO County Public Health Department. 3. Teen Academic and Parenting Program of Economic Opportunity Commission (EOC) of SLO County.
Perinatal and young family alcohol and other drug abuse	<ol style="list-style-type: none"> 1. Drug and Alcohol Services of SLO County (\$145,271). 	
Comprehensive health care for young children	<ol style="list-style-type: none"> 1. Babes at Breast Education and Support program of SLO County General Hospital (\$336,935). 2. Family Care Center, Morro Bay Clinic of SLO County General Hospital (\$230,046). 3. Preschool Vision Screening project of the Lion's Club (\$59,000). 	

HEALTH AND WELL-BEING OF CHILDREN (\$1,761,033); continued

Prioritized Needs	Primary (main objective of the program)	Secondary (as a result of the program/service)
<p>Enrollment in existing health care programs</p>	<p>1. Healthy Kids Now/Children and Families Monthly Media Campaigns of RS Productions (also has a primary objective to meet the need for public awareness and social change).</p>	<p>1. Babes at Breast Education and Support program of SLO County General Hospital. 2. California State Preschools of the SLO County Office of Education. 3. Child Health and Disability Prevention Program of the SLO County Public Health Department. 4. Dental Health Program of the SLO County Health Agency, Health Systems. 5. Drug and Alcohol Services of SLO County. 6. Family Care Center, Morro Bay Clinic of SLO County General Hospital. 7. Head Start programs of the Economic Opportunity Commission (EOC) of SLO County. 8. First Time Mothers (Prenatal and Infant Home Visitation) of the SLO County Public Health Department. 9. Preschool Vision Screening project of the Lion’s Club. 10. Short-term/Interim Child Care Services of EOC – Homeless Services. 11. Teen Academic and Parenting Program of the EOC of SLO County. 12. Tobacco Control Program of the SLO County Public Health Department.</p>

C. Successes for Programs Funded for 2001 through 2002:

A few of the significant accomplishments that were achieved by programs supported by the Commission during the first 18 months of program operations.

- **Community Awareness:** Developed and implemented a multi-media campaign to deliver information (in English and Spanish) to approximately 63,000 homes regarding Proposition 10 funded projects and other local resources that serve families with young children.
- **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 and developed educational materials based on the results.
- **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, resulting in 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 enhance parent literacy by teaching them to read to their children, which increased literacy for 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.

III. THE FIRST STRATEGIC PLAN REVIEW PROCESS (2002):

The Commission conducted an extensive review process to update the strategic plan in the fall of 2001 and winter of 2002. 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). In addition, the Commission established a resource allocation approach for the following ten years which would optimize service delivery while ensuring long-term sustainability of the program.

A. Funding Decisions (Program Extensions through 2003):

Initial grantees were funded on a calendar year basis, but many programs utilized a fiscal year accounting cycle. The Commission agreed to extend the grant awards for an additional six months (January 1, 2003 through June 30, 2003) to shift funding to a fiscal rather than calendar year cycle.

B. Commission Initiated Programs in 2002:

In addition to the direct service programs funded from 2001 to 2003, 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);
- Advocating to increase awareness and support policy change related to the Initiatives.

1. Mini-grants Awarded to 44 Organizations:

The Commission solicited applications to support the development of programs which met specific 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. Requests for Proposal (RFPs) were solicited for two funding cycles. In Round One, the Commission awarded 14 grants totaling \$184,027. In Round Two, 30 grants were awarded totaling \$207,562. In summary, mini-grants were awarded to 44 organizations, totaling \$391,589. A chart follows which details the funded organizations, program descriptions, and award levels.

Round 1 Mini-grant Awards, May 2002, \$184,027

PARENT EDUCATION AND SUPPORT		
Organization/Program Name	Program Description	Award
Lucia Mar Adult Education/ Family Education Center	Purchased a re-locatable building (Family Education Center on the Oceano Elementary campus) to provide space for child care, parent participation, parent education classes, and family literacy.	\$25,000
Paso Robles Public Schools/ Paso Robles Parenting Plus Project	Purchased a van and computer, provided scholarships for teen parents to take the G.E.D. or C.H.S.P.E. exams, covered the cost of driver's training, provided child care vouchers, and distributed parent education manuals.	\$18,000
SLO County Child Abuse Prevention Council/Postpartum Depression Public Awareness, Support Line, and Treatment Services	Supported capacity building for the Postpartum Depression Task Force public awareness campaign and provided start-up funds to focus on treatment services.	\$20,000
CHILD CARE AND EARLY EDUCATION		
Organization/Program Name	Program Description	Award
Economic Opportunity Commission (EOC) – Child Care Resource Connection/Training of Trainers: Spanish Language Services	Covered the cost of salary and operating expenses to provide workshops/training by certified Spanish-speaking trainers for providers to gain information and professional development.	\$19,387
Hopkins Family Childcare	Purchased educational program materials.	\$500
Lucia Mar School District/ Economic Opportunity Commission (EOC) Step by Step Childcare Center	Contracted with the EOC Step by Step Program to provide approximately four on-site child care spaces at Lopez High to bridge a projected budget shortfall for a year.	\$20,000
Nipomo Recreation Center/ Lil Bits Pre-School Relocation and Expansion Program	Completed construction/upgrades and provided classroom equipment and a play structure to relocate and expand the existing pre-school program to the Nipomo Community Park.	\$20,000
S.T.A.R.S. Preschool/ Preschool Playground Development	Purchased and installed a play structure that meets ADA standards.	\$7,000
Ramsey Family Daycare	Purchased educational program materials.	\$500

HEALTH AND WELL-BEING OF CHILDREN		
Organization/Program Name	Program Description	Award
Community Health Ctrs. of the Central Coast/Purchase of 12 passenger van	Provided transportation to and from medical and dental visits for the Homeless and Perinatal Services Programs.	\$12,500
Easter Seals, Tri-Counties/ Children's Therapy Program	Provided therapy equipment, supplies and storage cabinets for therapy services to children, 0 to 5, with developmental disabilities.	\$5,000
Life Steps Foundation/ Pasos de Vida Children Development Center Improvement for 0 to 5	Provided equipment (play, therapy, childcare) and learning materials; expanded/improved outdoor space; delivered therapeutic preschool, regular intervention, and child therapy on-site.	\$8,700
The Partnership for the Children of San Luis Obispo County/ The Clinica de Tolosa Dental Clinic Project	Purchased pediatric dental equipment.	\$12,500
Project H.O.P.E./ Healthworks! TV "Great Expectations" Monthly Program	Produced educational videos on the following topics: Tobacco Cessation For Pregnant Mothers, Screening For Developmental Problems and Sensory Deficits in the 0 to 5 Age Group, Pre-natal and Post Delivery Education, Encouraging Reading Readiness of Young Children, Anger & Stress Management for Parents of Young Children.	\$15,000

Round 2 Mini-grant Awards, November 2002, \$207,562

PARENT EDUCATION AND SUPPORT		
Organization/Program Name	Program Description	Award
San Luis Obispo Symphony	Provided a 6-part music education series, offered free to Head Start children and their families, specifically designed to benefit preschool aged children from low-income families.	\$9,400
Consumer Credit	Conducted a parent education program that improves financial literacy skills and increases wealth for women participants who have children, ages 0 to 5.	\$8,362
Life Steps	Provided a six week multicultural Music and Movement program for children with and without special needs; classes of 20 to 25 children, divided into “walkers” and “pre-walkers” met, once per week with their parents.	\$15,000
Cal Poly Foundation	Provided nutrition education for child care providers and low-income, minority families targeting mothers with children, ages 0 to 5.	\$14,000
Regents of University of CA/ Lunch Box	Duplicated 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
Brooks Child Care Hopkins Family Childcare Julie's Family Child Care Kaleidoscope Kids Little Blossoms Little Steps Ramsey Family Daycare Shooting Stars Treehouse Kid Kare	\$1,000 each was awarded to nine Family Child Care applicants to purchase program/educational materials for children, ages 0 to 5.	\$9,000
ASI Children's Programs	Replaced play structure that was out of compliance with California Playground Safety Standards (CPSS).	\$15,000
City of Arroyo Grande	Replaced playground equipment and installed rubber landing surfaces to meet CPSS and ADA requirements.	\$4,300
Cuesta College Foundation	Expanded the North County Campus Childcare Center play yard to meet CPSS regulations and purchased shades for the expanded area.	\$15,000
New Dawn Center	Replaced existing 17-year old wooden fence surrounding the schoolyard and outdoor decking to meet state, county, and ADA requirements; corrected existing safety hazards.	\$15,000
Village Children's Center	Replaced/added program materials to complete the accreditation process and make indoor environmental improvements.	\$12,000
Economic Opportunity Commission (EOC)-ChildCare Resource Connection (CCRC) / Tools for Success	Provided a portfolio (file box) for 70 newly licensed childcare providers countywide to assist with the health, safety, and business aspects of family child care (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).	\$2,500
United Cerebral Palsy (UCP) of SLO	Purchased equipment to increase access for children with disabilities to child care facilities.	\$10,000
SLO County Office of Education/ State Preschool (Even Start)	Purchased 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

HEALTH AND WELL-BEING OF CHILDREN		
Organization/Program Name	Program Description	Award
SLO County Public Health/ Leadership Institute	Sent 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; developed a community plan to address the problem using an early intervention approach.	\$15,000
French Hospital	Developed a plan 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, and find a permanent location and ongoing funding.	\$12,500
Patrick J. Spalding/ Fetal Monitor	Purchased a portable fetal monitor for use in the County Health Department prenatal clinics at Grover Beach, Morro Bay, Atascadero, Paso Robles.	\$2,500
SLO Child Abuse Prevention (SLOCAP)	Planned strategies to improve and expand the Children's Hope Foundation Mentor Moms Program.	\$3,500
SLO Drug and Alcohol	Covered expenditures to enhance an 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; children's furniture for child care room used by children of perinatal parent clients; alteration of play therapy office to install a see-through mirror to allow parents to observe their child and play therapist interacting.	\$15,000
Best Care	Updated and improved outdated equipment such as baby scales.	\$2,000
SLO County Public Health/ Newborn and Sibling Bonding Kits	Purchased "Newborn Bags" or "Back Pack Sibling Bags", for low-income families referred to the Early Support and Medically Vulnerable Infant Program, which included: a thermometer, books, layette, diapers, baby wipes, toothbrushes, cups, age appropriate learning games, and educational materials.	\$6,000
ALPHA	Purchased new computer and software to maintain accurate records including: client information, volunteer information, information on networking agencies, client housing deposit loans, family support items, maternity clothes, diapers, strollers, safety gates, etc.	\$1,500

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

B. Commission Initiated Programs in 2002 (continued):

2. Childcare Retention Initiative/CARES (Fiscal 2000 to 2005):

The Childcare Retention Initiative/CARES was an initiative supported through the State Commission's Matching Funds for Compensation/Retention Incentives for Early Care and Education Providers. The program was coordinated by the SLO County Child Care Planning Council and was designed to retain experienced child care providers. The primary activity was financial support, but secondarily, the program encouraged longevity, licensure, accreditation, and continuing education. The State Commission committed to matching funds for this program for five years (fiscal 2000 to 2005). The contribution over the five years from the First 5 SLO Commission was \$1,262,590. The State match was \$624,627. The total program funding: \$1,887,217.

3. School Readiness Initiative (2002 planning; implementation 2003 ongoing):

The Commission agreed to support the California Children and Families State School Readiness Initiative. The State Commission determined that the Georgia Brown Elementary School in Paso Robles was eligible for matching grant funds (\$119,303/year for 4 years) based upon "low performance" on second grade test scores. The local Commission agreed to provide the local match (\$119,303/year for 4 years) to support the development of a School Readiness program for the neighborhood surrounding the elementary school.

In addition, the local 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. The program received 100% local Commission funding (\$238,606/year for 4 years).

During the first year (May 2002 to 2003), each community developed a three year strategic plan for program implementation to be delivered in years two through four. The planning process:

- Was "resident driven" at the neighborhood level.
- Incorporated the same components as the First 5 requirements (Parent Education & Support Services, Childcare & Early Education, and Health & Well-being of Children).
- Focused on integration of service delivery with funds directed at new programs, not supplantation of existing program funding.

B. Commission Initiated Programs in 2002 (continued):

4. Children's Health Initiative/Healthy Kids (2002 ongoing):

The Commission has participated in the state-wide Children's Health Initiative since 2002. The strategy of the Initiative is to ensure that all children, ages 0 to 5, in the County are covered by health insurance. Children are identified, recruited, and screened for eligibility. Eligible children are enrolled in Medi-Cal and Healthy Families. Children ineligible for those programs receive coverage through a locally-developed plan (Healthy Kids). Funding partnerships were 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 partnered with the 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.

IV. THE SECOND STRATEGIC PLAN REVIEW PROCESS (2004):

The Commission began a comprehensive process to update the Strategic Plan for the second time in the fall of 2002, which continued through winter of 2004. In the initial round of funding, the Commission awarded grants to 17 programs, participated in the Childcare Retention Initiative/CARES, and funded a one-year contract with Boyle Construction to evaluate fluoridation of drinking water in SLO County. 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. A total of 64 grants were being administered by the end of 2002.

In updating the strategic plan, the Commission considered various funding allocation strategies which would ensure the maximum return on investment, based upon measurable results in the community. The primary consideration was whether to fund numerous programs or to narrow the focus and fund fewer programs in order to achieve more demonstrable community outcomes.

To determine the most effective strategy for future funding, the Commission evaluated the results of currently funded programs, determined the funding requirements for the Childcare Retention Initiative and the Children's Health Initiative, reviewed the School Readiness Initiative strategic plans, explored the feasibility of creating a peri-natal substance abuse initiative, and updated the Community Needs Assessment to identify emerging community needs.

Evaluation and Strategic/Work Plan Reviews:

The Commission determined that program sustainability was a critical component to achieving effective outcomes. Direct service programs which achieved their stated objectives were granted funding extensions through June 2004.

Strategic plans or work plans were reviewed and funding approved for four Initiatives (Childcare Retention Initiative/CARES, Children's Health Initiative/Healthy Kids, Peri-natal Substance Abuse Prevention Initiative, and the School Readiness Initiative).

Community Needs Assessment:

A total of 15 community meetings were held to solicit input from residents on the strengths and assets of each community and the needs of children, ages 0 to 5. There was tremendous consistency between the results of the community meetings and the Prioritized Needs that were identified in the original Strategic Plan as follows: Parenting and Family Support (parent education, literacy programs), Early Childcare and Education (quality, affordable childcare and preschool), Health and Well-Being (access to health, dental, vision care; early intervention for special needs and at risk children).

These latest needs assessment results confirmed the Commission's decision to focus on specific Initiatives and target funding to the areas of greatest need in order to achieve the most significant community results and outcomes.

A. Funding Decisions:

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

- Allocate 51% of the available funding (\$3,331,185) to the four targeted Initiatives:
 - Childcare Retention Initiative/CARES (countywide)
 - School Readiness Initiative (Paso Robles and Oceano)
 - Children’s Health Initiative/Healthy Kids (countywide)
 - Peri-natal Substance Abuse Prevention Initiative (countywide)
- Enhance sustainability by continuing to fund 11 existing Direct Service programs and one social marketing program (RS Productions which produces the television show, *Children and Families Update*) which directly support the four targeted Initiatives (\$2,973,850; 46% of available funding).
- Maintain a reserve of \$200,000 (3%) to address needs which emerge during the fiscal 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.

B. Result Areas from the State Commission:

The State Commission initially identified three Focus Areas to assist local commissions in planning their program strategies (Parent Education & Support Services, Childcare & Early Education, and Health & Well-being of Children). In 2000, the State Commission refined its thinking and changed the terminology to “Result Areas”, rather than “Focus Areas”. In addition, it renamed the three areas and added a fourth. These four Result Areas detail the overall goals and objectives for all State and local 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. (See the Appendix, Section IX, for detailed information on the goals and objectives specific to each Result Area.)

Result Areas from the State Commission:

- 1) Improved Child Development
- 2) Improved Child Health
- 3) Improved Family Functioning
- 4) Improved Systems of Care

C. Programs Funded for Fiscal 2004 through 2007:

The following chart details the programs funded for fiscal 2004 through 2007 in each of the Result Areas. Many of the programs address issues from more than one Result Area. They are presented herein under the area of their primary purpose.

IMPROVED CHILD DEVELOPMENT	
Commission Initiatives	Direct Service Programs
<p>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 Compensation/Retention Incentives for Early Care and Education Providers. Its strategy is designed to retain experienced child care providers. The primary activity is financial support, but the program also encourages licensure, accreditation, and continuing education. (1 year funding to 04/05: \$236,385 including \$78,795 State Commission match; program to be reevaluated in 2005.)</p>	<p>Head Start School Readiness Enrichment Program (Economic Opportunity Commission) provided a three week school readiness enrichment program to low income, kindergarten-age children throughout SLO County. The activities were designed to prepare children for kindergarten. A secondary purpose was to connect children and their families to other First 5 resources and services. (3 year funding: \$325,650)</p>
<p>School Readiness Initiative (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)</p>	<p>State Preschool Extended-Day Program (SLO County Office of Education) provided full-day care for children in five sites throughout SLO County. Activities included 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)</p>

IMPROVED CHILD HEALTH	
Commission Initiatives	Direct Service Programs
<p>Children’s Health Initiative/Healthy Kids (First 5 SLO & Dept. 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 are identified, recruited, and screened for eligibility. Eligible children are enrolled in Medi-Cal and Healthy Families. Children ineligible for those programs receive coverage through a locally-developed plan (Healthy Kids). Three partners contributed \$128,740 to support planning and implementation. (3 year funding: \$625,000; \$100,000 Dental T.E.N. 1 yr. funding to be absorbed by Healthy Kids after 04/05)</p>	<p>BABES, Babes at Breast Education and Support Program (Public Health Department) encouraged breastfeeding through education for pregnant and parenting mothers, support groups, peer education, and training for health care professionals. (3 year funding: \$625,000)</p>
	<p>Baby’s First Breath (Tobacco Control Program) provided tobacco cessation programs, education, and support groups for families of young children to eliminate their exposure to secondary tobacco smoke. (3 year funding: \$439,868)</p>
<p>Peri-natal Substance Abuse Prevention Initiative (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)</p>	<p>CSIP, Children’s behavioral/developmental Screening and Intervention Project (EOC, Life Steps Foundation, Public Health Dept., Parents Helping Parents) provided early identification and support for developmental delays including screening, parenting education, resources, and referrals. (3 year funding: \$520,138)</p>
	<p>Dental T.E.N. (Public Health Department) provided early dental health screening and treatment, child and parent education, and financial support for families unable to pay for treatment. (1 year funding of \$100,000 to be absorbed into the Healthy Kids Initiative after 04/05)</p>
	<p>Teen Academic and Parenting Program (EOC) provided screening/early intervention for teen parents using tobacco, alcohol, or other drugs. (3 year funding: \$143,154)</p>
	<p>Vision Screening (SLO Lion’s Club) provided early identification and treatment for vision problems in preschoolers including testing, screening, treatment, and education. (3 year funding: \$72,225).</p>

IMPROVED FAMILY FUNCTIONING	
Commission Initiatives	Direct Service Programs
	<p>First Time Mothers Program (Public Health Department) used the OLDS model to provide home visitation for at-risk pregnant and parenting women including education, support, health care, resources, and referrals. (3 year funding: \$300,000)</p>
	<p>New Parent Kits (First 5 SLO and Public Health Department) distributed kits from the State Commission, which were enhanced with local resource materials, to new parents in SLO County. (1 year funding: \$10,153)</p>
	<p>Postpartum Depression Screening (SLO Child Abuse Prevention Council) provided screening, referrals, and professional education to identify and serve parents experiencing depression. (3 year funding: \$24,000)</p>
IMPROVED SYSTEMS OF CARE	
Commission Initiatives	Direct Service Programs
All funded initiatives and programs of First 5 SLO addressed issues of systems change and improvement.	<p>Healthy Kids Now/Children and Families Monthly Media Campaigns (RS Productions) used social marketing strategies including advertising, public relations, and community education (video, television, print) 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)</p>

- **Total Funding for Initiatives for 1 to 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%)**

D. Successes for Programs Funded for Fiscal 2004 through 2007:

While not a comprehensive list, the following details a few of the accomplishments achieved by funded programs during this period. For a thorough assessment of each funded program, please review the First 5 SLO County *2006 Outcome Evaluation Report*. A copy is available through the First 5 Office at 805-781-4058.

1. Improved Child Development:

- ***School Readiness Initiative:***
 - The First 5 SLO Oceano School Readiness Center opened in 2004. The preschool program served 83 children in the first two years. Students were pre/post tested on the Desired Results Developmental Profile in 2005. The data indicated that the average percentage of children scoring ***Fully Mastered*** on items in the four desired results increased by between 30% and 360%.
 - The Oceano Infant Toddler Program opened in early 2006, was licensed by the State of California, and served 26 children in the first year.
 - In June 2005, the Commission purchased property, located across the street from the Georgia Brown Elementary School, with the eventual goal of building a School Readiness Center on the site. Plans for the Center are under development.
 - In the fall of 2006, a preschool was opened on the Georgia Brown Elementary School grounds, with 42 children enrolled for the first year.
 - Both School Readiness programs included pre-Kindergarten camps during the summer. For the first two summers, an average of 80% of incoming students at Georgia Brown attended each year; 53% at Oceano.
 - In the first two years of the program, the average growth of the Academic Performance Index (API) was 17% for Georgia Brown Elementary and 10% for Oceano Elementary. (Note: The API is a numeric scale that reflects a school's performance level based on the results of statewide testing.)
- ***Kindergarten Transition Enrichment Program:*** For two years, Head Start offered three week summer programs each year, serving 191 children at 5 sites.
- ***Extended Day State Preschool Program:*** 161 children benefited from this program. Students were pre/post tested with the Desired Results Development Profile. Results indicate that the average percentage of children scoring ***Fully Mastered*** on items in the four desired results increased by between 39% and 125% for both years combined.

D. Successes for Programs Funded for Fiscal 2004 through 2007 (continued):

2. Improved Child Health:

- ***Children's Health Initiative:*** In the first nine months of the program (September 2005 to June 2006), 235 uninsured children, ages 0 to 5, were identified as eligible for the Healthy Kids program; 195 were enrolled. In addition, 686 uninsured children, ages 6 to 18, were identified as eligible for the Healthy Kids program; 392 were enrolled, 294 are on the waiting list.
- ***Peri-natal Substance Abuse Prevention Initiative:***
 - A countywide peri-natal substance abuse prevention program was started using the 4Ps Plus assessment tool. As of the 2006 Evaluation Report, 95% of obstetrics providers in the County were using the 4Ps Plus screening tool with their patients. In the first two years of the program, 3,798 pregnant women were screened for peri-natal substance abuse, representing 57% of mothers giving birth. Of those screened, 36% reported alcohol, tobacco, and other drug use before they knew they were pregnant. One quarter of those screened continued to use after they found out they were pregnant.
 - Martha's Place Children's Assessment Center opened in January 2007 to provide screening, assessment, referral, and treatment for children exposed prenatally to alcohol, tobacco, or other substances.
- ***Breastfeeding:*** Peer education and support for breastfeeding was provided to an average of 683 women annually with an additional 424 women/year participating in groups. Almost half (46%) of the group participants reported they had changed their breastfeeding plans because of the information they received. Of the 475 mothers who came to term between October 2005 and June 2006, at least 59% were still breastfeeding at 6 months.
- ***Smoking Cessation:*** 41% of pregnant women and parents of newborns reported that they continued to quit smoking six months after attending the smoking cessation program; 31% at 12 months. The quit rates were even higher for parents and other family members of children, ages 0 to 5 (51% at six months, 50% at 12 months).
- ***Developmental Delay:*** During a nine month period in 2005, 62 children suspected of having developmental delays and/or behavioral problems received assessments; the majority (62%) entered treatment with Pediatric Physical Therapy and Services, with 11% being referred for intensive treatment.
- ***Vision Screening:*** 8,188 children received vision screening services in two years with 84% of the children identified as needing vision treatment, receiving treatment. The cost of screening is \$6/child. Based on current screening levels, during any three-year period, nearly every child in the County, ages 3 to 5, is screened at least once. This small investment provides early identification of vision problems that could seriously affect a child's readiness for school.

D. Successes for Programs Funded for Fiscal 2004 through 2007 (continued):

3. Improved Family Functioning:

- ***Postpartum Depression:*** Educational presentations were made to providers and community health clinics. Brochures and posters (5,400) were distributed to community health organizations, medical clinics, and hospitals. The Support Line received 175 calls (2004-2006) for assessment, treatment, and/or referrals.
- ***Parent Literacy:*** A total of 366 parents participated in ESL/parenting education programs at both School Readiness sites. In addition, Raising a Reader programs, run by the public libraries near each School Readiness site, provided family literacy programming for 258 families.
- ***First Time Mothers Program:*** Over a two year period, this program maintained an average quarterly caseload of 183 mothers and met or exceeded the national average in all outcome areas including the percentage of premature births, infants in the expected range for height/weight, mothers who breastfed, and children with a regular medical home. This program was started with Commission funding, but is now sustainable without additional Commission funds.
- ***New Parent Kits:*** These information, education, and referral kits were distributed to an average of over 900 new mothers each year, providing a valuable resource to almost every new mother in the County.

4. Improved Systems of Care:

- ***School Readiness Initiative:*** This initiative fostered a community driven, collaborative approach to planning, implementing, and evaluating school readiness programs. Neighborhood Teams, composed of parents, local service providers, and community representatives, oversaw the operations of the School Readiness programs in each community. The Steering Committee, a multi-agency collaborative, coordinates activities throughout the County. Services at both locations were provided with braided funding from multiple sources and partner agencies.
- ***Children's Health Initiative:*** First 5 SLO County cultivated community partnerships to coordinate private and public health insurance coverage that effectively streamlined enrollment procedures and increased retention. Funding partnerships were created with The California Endowment, the California HealthCare Foundation, the SLO County Preventive Health Grant, and the SLO County Board of Supervisors to support planning and implementation efforts. A 501(c)3 non-profit corporation was formed, with representatives from various stakeholder groups in the community, to manage the program implementation.

D. Successes for Programs Funded for Fiscal 2004 through 2007 (continued):

4. Improved Systems of Care (continued):

- ***Peri-natal Substance Abuse Prevention Initiative:*** A multi-disciplinary, collaborative planning, funding, and implementation effort supported the building of Martha's Place Children's Assessment Center, an intervention program to assess and treat substance exposed children. The Commission obtained \$500,000 in funding from the County Board of Supervisors. In addition, a collaborative partnership of organizations called, "Beginnings", was formed to plan and implement education and outreach programs to prevent prenatal exposure to substances.
- ***Universal Home Visitation Planning Project:*** The Home Visitation Roundtables provided the first opportunity to convene representatives from organizations throughout the County which provided in-home visitation services for families with children, ages 0 to 5. The Roundtables identified gaps in service delivery, opportunities to coordinate services more effectively between agencies, and strategies to minimize duplication. A directory was developed, detailing the services currently available for in-home visitation.

Healthy Kids Now/Children and Families Monthly Media Campaigns (RS Productions): The one hour television program, Children and Families Monthly Update, aired approximately 26 times/month, totaling 312 hours per year. The program is designed to provide information to families with children, ages 0 to 5, on topics relevant to the goals of the First 5 Commission.

V. THE THIRD STRATEGIC PLAN REVIEW PROCESS (2006):

A primary focus of this strategic planning review process was to address funding allocation issues. This was particularly important in light of the fact that, if the level of allocated funding for 2004 to 2007 was sustained, the reserve fund balance at the end of the original ten year plan (ending fiscal 2009) was anticipated to be \$1 million less than the \$4.5 million that was expected. (See Section VI for the detailed Six Year Financial Plan that was created in part to resolve this shortfall). During these planning sessions, the Commission reviewed:

- County birth rate trends and projections (2000 to 2005).
- Financial forecasts.
- Evaluation results for all funded programs and progress on Commission Initiatives.
- Plans to develop new initiatives: Children’s Oral Health, Universal Home Visitation.
- Research on other First 5 Commission approaches to program funding.

A. Commission Funded Initiatives:

1. **Childcare Retention Initiative:** The local Commission discontinued this Initiative after the State Commission changed the matching funds requirement.
2. **Children’s Health Initiative of SLO County (CHISLO):** This Initiative provided universal health insurance coverage for all children in the County at or below 300% of the federal poverty level. It accomplished this by: 1) developing coordinated outreach, enrollment, and retention processes through a “no wrong door” approach utilizing a network of health, education, and social service partners to channel a simplified single application to CHISLO; 2) funneling eligible families to existing providers such as Medi-Cal and Healthy Families; and 3) developing and funding a local provider (Healthy Kids) to eliminate coverage gaps. Funding was provided by First 5 SLO County, the County Board of Supervisors, First 5 California, and private foundations and donors. The Commission’s funding for the first three years was \$625,000. Funding was increased to \$390,755/year for the two years, 2007 to 2009.
3. **School Readiness Initiative:** First 5 SLO County, the SLO County Office of Education, Lucia Mar Unified School District, and Paso Robles Unified School District partnered to ensure the success of this Initiative. The two School Readiness projects educated and supported parents, provided childcare and preschool, operated kindergarten transition programs, coordinated existing health and social services, and encouraged schools to be ready for children. This program was funded for four years for \$2,249,800, which included \$477,212 in matching funds from the State Commission. The Commission approved funding for an additional 4 years at \$300,000/year for each program for a total of \$2,400,000 (2007 to 2011). The State Commission will continue to provide \$477,212 in matching funds for the Georgia Brown program for this four year period.

A. Commission Funded Initiatives (continued):

4. **Peri-natal Substance Abuse Prevention Initiative:** This initiative supported a countywide, multi-disciplinary, multi-agency collaborative effort to provide screening and early intervention for prenatal use of tobacco, alcohol, and other drugs. Project milestones included:
 - **2002:** First 5 SLO County provided \$15,000 in mini-grant funding to form a Leadership Team to train with Dr. Chasnoff, a leading expert in peri-natal substance abuse prevention, based in Chicago.
 - **2003:** Obstetric providers countywide began screening for peri-natal substance abuse using the 4Ps screening tool developed by Dr. Chasnoff, which indicated a significant incidence of peri-natal substance abuse in this County.
 - **2004:** The Commission provided \$120,000 over three years for 1) full implementation of 4Ps screening countywide and 2) the formation of a new Leadership Team charged with the task of developing a Strategic Plan to address the needs of children who have been exposed to peri-natal substance abuse.
 - **2005:** “Beginnings” was formed by members of the Peri-natal Substance Abuse Task Force, the Postpartum Depression Task Force, and the Home Visitation Roundtables to implement peri-natal substance abuse prevention activities (funding approved: \$50,000/yr. for two years).
 - **2006:** The Commission approved \$500,000 in start-up funds over two years (June 2006 to 2008) to develop a children’s peri-natal substance abuse assessment center (Martha’s Place Children’s Assessment Center).

5. **Children’s Oral Health Planning Project:** The status of oral health in young children in SLO County has been a topic of significant interest to the Commission. Project milestones included:
 - **2001:** \$115,000 was provided in annual funding to Dental Treatment and Education Now (Dental T.E.N.) to provide treatment and educational outreach for children not eligible for publicly funded insurance.
 - **2004:** The treatment component of Dental T.E.N. was funded for one year to provide services to children enrolled in Healthy Kids, provided by the Children’s Health Initiative.
 - **2005:** The Commission researched oral health strategies of other First 5 Commissions, identified the magnitude of the need in the County, recognized a decline in pediatric dental resources, and evaluated several approaches to oral health prevention.
 - **2006:** \$30,000/year for two years was awarded to the WIC program, offered by SLO County Public Health, to provide dental education, screening, and referrals for infants, children, and prenatal women.
 - **2007:** \$25,000 funded a process to convene stakeholders to determine the most effective utilization of First 5 funding to support children’s oral health in the County.

A. Commission Funded Initiatives (continued):

6. Universal Home Visitation Planning Project: Project milestones included:

- **2001:** First 5 provided \$172,268/year for two years (2001 to 2002) to the SLO County Public Health Department to implement the Olds Model of Home Visitation to first time, low-income mothers. Annual funding from First 5 declined to \$100,000/year by 2007.
- **2003:** The Children's Hope Foundation received a \$3,500 mini-grant to hold a series of four community forums to seek input on the needs of new mothers in the County. The number one preferred service to support all women and their families during the first year following the birth of a child was home visitation.
- **2005:** An asset mapping process was conducted at five roundtable sessions, held with representatives from 25 home visitation programs in the County, resulting in the publication of the 2005 Home Visitation Services Directory, which details the in-home services delivered to families with 0 to 5 year old children by providers in the County.
- **2007:** The Commission authorized funding for a planning process to be implemented prior to June 2008 to reconvene these home visitation providers in the County to discuss, design, and submit a proposal to implement a countywide, coordinated, universal model of home visitation.

B. Programs Funded (2007 to 2009):

Based upon the results of program evaluation, sustainability requirements, and budget considerations, the Commission approved the following funding allocations:

Direct Service Programs	Annual Funding	Notes
BABES at Breast Education and Support Program	\$208,333	No change in annual budget.
Baby's First Breath	\$146,622	No change in annual budget.
State Preschool Expanded Day	\$152,221	No change in annual budget.
First Time Mothers	\$0	No funding requested.
Head Start School Readiness Enrichment	\$95,000	Reduced Annual Budget by \$13,550. Annual cost has been \$94,337.
Pediatric Physical Therapy (Children's behavioral/developmental screening & intervention)	\$40,000	Reduced Annual Budget by \$23,800. Reduced funding not expected to result in reduced rate of services being delivered.
Parents Helping Parents	\$39,656	No change in annual budget.
Postpartum Depression Support Services	\$8,000	No change in annual budget.
Teen Academic & Parenting Prog.	\$0	No funding recommended.
Vision Screening	\$25,075	No change in annual budget.
Kits For New Parents	\$6,144	Reduced budget by \$1,856 and re-located distribution activities from Public Health to First 5 office. Can be distributed with interns (mileage) and First 5 staff support.
WIC Oral Health Program	\$30,000	New Direct Service program to provide dental education, screening, and referrals for infants, children, and prenatal women.
Children and Families Monthly Update and Healthy Kids Now DVD's for Kits	\$18,000	No change in annual budget. Scope of Work may be revised to included additional special features (i.e. CHI, Perinatal Substance Abuse with emphasis on tobacco and learning disabilities).

Initiatives	Annual Funding	Notes
Children's Health Initiative: Admin. & Additional Premiums (July 1, 2007 to June 30, 2009)	\$390,755	Included \$53,240 in State Commission matching funds. 242 Premiums @ \$1252.32 each. \$266,200 already provided for (0-5) premiums in 2007-2009.
School Readiness Initiative: <ul style="list-style-type: none"> Georgia Brown School Readiness Center Oceano School Readiness Center (July 1, 2007 to June 30, 2011)	\$300,000 \$300,000	Final components to be determined by Neighborhood Teams.
Perinatal Substance Abuse Prevention Initiative: <ul style="list-style-type: none"> Martha's Place Children's Assessment Center Beginnings (July 1, 2007 to June 30, 2009) 	\$0 \$50,000/yr.	No additional funding for Martha's Place at this time. \$500,000 dedicated from 2006-2008.
Emerging Issues (total allocation: \$200,000 annually for 2007-09)		
Planning for a Universal Home Visitation Initiative (July 2007 to June 2008)	\$25,000 for the planning effort	
Planning for a Children's Oral Health Initiative (January 2007 to June 2008)	\$25,000 for the planning effort	
Unallocated Funding	\$100,000 available to be allocated in 07/08	
Unallocated Funding	\$150,000 available to be allocated in 08/09	

VI. SIX YEAR FINANCIAL PLAN (2007 to 2013):

A. Background

The Commission approved a financial allocation of funding as part of its first Strategic Plan in 2000. Allocations were based on a total amount of estimated revenue of \$2.5 million/year and were distributed as follows: 1) 72% to direct services; 2) 10% to investment reserve; 3) 5% operating reserve; 4) 4% to evaluation; 5) and 9% to infrastructure support including administration, training and media/marketing.

In 2001, the Commission agreed to maintain a conservative approach to ensure program sustainability while maximizing program funding. The Commission established a ten year financial plan which contained the following assumptions: 1) a yearly decline of revenue of 6.5%; 2) a 5% annual decrease in program expense; 3) an interest rate of 4% and 4) an annual increase of administration expense of 2.5%. In addition, the Commission agreed to set aside 13% of revenues over four periods, beginning with fiscal year 2002/03, with the goal of having a reserve fund ending balance of \$4.5 million at year ten (fiscal year 2008/09).

The original ten year plan assumptions listed above performed as follows: 1) the projected annual decline in revenue of 6.5% proved to be a higher percentage of decline than actual revenue received (from fiscal 2001-02 to fiscal 2004-05, actual revenues varied from projections by an average of 12%), 2) the Commission funded programs at a slightly higher level than the projected 5% decline in the original plan due to higher than expected revenue, 3) the projected annual interest rate of 4% was higher than actual interest earned, 4) administrative expenses were higher than the 2.5% projected annual increase, partially due to an increased staffing level, and 5) the remaining fund balance at year ten was projected at approximately \$1 million less than the original projection of \$4.5 million, in part due to the school readiness land purchase in Paso Robles.

The local Commission began 2006/07 with:

- Financial reserves of approximately \$5.21 million;
- An un-obligated fund balance of about \$2.57 million;
- Anticipated annual Proposition 10 revenues of \$2.19 million; and
- Budgeted program investments of \$2.31 million.

The 2007-13 Long Term Financial Plan established annual initiative and direct program investments that would be stable beginning in 2011/12 at \$1,425,000/year. (This amount did not include any future matching funds from the State or other funders.)

The 2007-13 Long Term Financial Plan provided that:

- The Commission would use current year Proposition 10 allocation funds and existing carry-over funds to support program investment through 2012/13;
- Over the six years of the plan, the Commission was expected to receive \$10.3 million in Proposition 10 revenues and allocate approximately \$11.1 million in program investments, funded in part by reserves

The Long Term Financial Plan (LTFP) was an integral part of the local Commission's ongoing planning cycle. On an annual basis, the plan was updated with actual financial data and assumptions were reviewed for continued accuracy. Changes to the Commission's LTFP were driven by changes in strategic direction and/or philosophy as reflected in the Strategic Plan.

B. Financial Plan Goals, Objectives, Assumptions, and Principles

1. Long Term Financial Plan Goals

The overarching goal of the Long Term Financial Plan is to provide a guiding framework for funding decisions made by the Commission, ensuring consistency with the implementation of the Strategic Plan.

2. Long Term Financial Plan Objectives

The Financial Plan communicated the Commission's values and philosophy by defining the level of program investment that was to be made in each of the subsequent six years. The objectives for this plan included:

- Providing a consistent and maximum level of funding to the community.
- Providing capacity for multi-year initiatives and incorporating a commitment to evaluation results as a primary criterion for future investment decisions;
- Leveraging matching funds from state initiatives and other sources that were consistent with the Commission's strategic focus;
- Establishing a cap on operating expenses;
- Allowing flexibility in decision-making;
- Creating opportunities for system change through both direct service and capacity building grants.

2. Financial Planning Model Assumptions

The calculations were based on the following assumptions:

- **Proposition 10 revenues:** The model used county-level projections based on First 5 California for Proposition 10 revenues through 2009/10. Revenues were calculated using the following formula: 50% of the difference between State projections and original Ten Year Plan projections was added back to original Ten Year Plan revenue projections. Beyond that, revenues were stabilized at approximately \$1.7 million.
- **Rate of interest earnings:** The general fund and reserve funds were both held with the County. Interest rates were estimated at 3.25%.
- **Disposition of interest earnings:** Interest earnings were used as a source of revenue for the next year.
- **Operating expenses:** The model used budgeted 2006/07 levels as a baseline, and assumed a 3.5% annual increase for inflation. Operating expenses for program support and administration included salary and benefits, data collection, services and supplies, school readiness administration, insurance and contracted/professional services.

- **Evaluation:** The model projected evaluation expense at 1.5% of allocated program investment. In addition, \$10,000 from fiscal year 2007/08 to fiscal year 2010/11 was allocated for additional evaluation efforts (e.g. special studies, surveys, etc.).
- **First 5 California special programs (or initiatives):** The model included what was anticipated based on the First 5 California Strategic Plan.
- **Level of other revenues:** The Commission intended to extend its resources and increase its impact by exploring opportunities for local public and/or private sector partnerships and actively sought other grants and matching funds programs (e.g. foundation grants, MAA/TCM federal matching funds, future State Commission matching funds, etc.). However, the model did not reflect matching or other revenues unless a commitment was established.

3. 2007-13 Long Term Financial Plan Principles

The Financial Plan's principles provided guidance and procedures for the use of and revisions to the Long Term Financial Plan (LTFP).

- The LTFP was designed to communicate the Commission's long-term approach to funding; it estimated revenues and expenses over a six year time horizon.
- The Commission used the LTFP as the framework for annual development and/or updating of its Two Year Program Investment Plan and Budget.
- The LTFP addressed programmatic funding commitments and did not obligate the Commission to actual contracts or funding awards.
- The Commission updated the financial model annually based on actual data and reviewed (and revised as appropriate) the LTFP at least every two years. As part of the update process, Commission staff validated that the assumptions in the financial model were still appropriate and made necessary changes.
- The Commission approved all changes to the LTFP. Revisions to the LTFP were approved prior to, in conjunction with, or in alignment with the development of the Two Year Program Investment Plan and/or the annual Budget.
- As necessary, the Commission made revisions to the LTFP in order to address emerging community needs and issues.
- In order to effectively implement the LTFP, and as input to its Two Year Program Investment Plans and annual budgets, the Commission regularly reviewed data on the distribution and impact of its program investment (both current and committed). These data included:
 - Distribution of program investment across Goals and Results;
 - Proportion of program investment made through multi-year vs. single-year grants (if applicable);
 - Proportion of program investment made through initiative, direct services, and/or capacity building grants;
 - Geographical areas and target populations served.

C. Memo Notations on the Budget Forecasts – Updated June 2009:

1. **Fund balance at the beginning of the period** is the balance carried forward from the previous fiscal year. Fiscal year 2008-09 begins with the audited balance from fiscal year 2007-08.
2. **Proposition 10 Tax Revenues** have been revised and reduced using projections from the State Commission through fiscal year 2012-13. The projections also include expected reductions as a result of the new federal tobacco tax.
3. **Interest Revenue** is revenue from the State and the County trust fund computed at 1.99% (reduced from 3.5% on advice from the County Auditor Controller's Office).
4. **Other Revenue:** Only matching funds that have been committed by the State are included for the indicated time frame. Revenue and the corresponding expense from The California Endowment grant has been added to the plan. Also, revenue projected from MAA has been added.
5. **Initiative Expense:** For School Readiness programs, indicated expenses are actual for fiscal year 2007-08. For fiscal years 2008-09, 2009-10 and 2010-11, expenses are estimated based on the remaining contract amount on June 30, 2008. For all other initiatives and direct services, expenditures are based on new amounts approved in June 2009.
6. **Contingency Funds for Emerging Issues:** A new initiative, the Emerging Needs 2009 Investment Initiative, was developed to address the future projects. A total of \$625,000 is allocated to the initiative for 2009-11.
7. **Contingency Funds for MAA:** A total of \$100,000 over two years is allocated as a contingency fund for MAA in the event an audit disallows any previous claimed amounts. Once established this fund will not require additional contributions unless a claim is processed.
8. **2009-11 Strategic Planning:** A total of \$25,000 is allocated for strategic planning.
9. **Future Funding Available for Programs/Initiatives:** This amount is stabilized at \$1,425,000 per year beginning in fiscal year 2011-13. Given there are no State matching funds committed beyond fiscal year 2010-11, this amount reflects an approximate 50% decrease in available funding from the two previous years. The reduced funding level will need to be addressed during the 2009-11 comprehensive strategic planning process.
10. **Evaluation:** Evaluation expense is set at 1.5% of contracted expense. There is an additional amount for School Readiness evaluation that is funded by matching coordination funds from the State. An additional amount of \$10,000 for two years has been allocated for special studies and also may be used during 2009-11 strategic planning for data collection and community needs assessment.
11. **Program Personnel/Program Operating:** Certain expenses (e.g., personnel, rent, utilities, phone, etc.) were allocated to program expense as indicated in the administrative cost policy approved by the Commission.
12. **Total Administrative Operating:** Operating expense is reduced by 10% from fiscal year 2008-09 to fiscal year 2009-10.

13. **Remaining Fund Balance End of Period:** This amount is the remaining fund balance at the end of each year, after adding current year revenue received and deducting current year expenditures from the balance at the beginning of the year.
14. **Administrative Percentage:** This amount is the percentage of administrative expenditures to total expenditures.
15. **Direct Program Investments to Total Expenses:** This amount is the percentage of direct program expenditures (not including evaluation or First 5 program operating expense) to total expenditures.
16. **Assumptions:** These are the assumptions used to create the 6-year plan.

MEMO NOTATIONS	AUDITED	CURRENT										
	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
1 Fund Balance Beginning of period	7,417,768	7,315,057	7,083,059	6,152,348	5,033,059	5,025,723	4,938,419	4,763,238	4,500,592	4,150,775	3,713,956	3,190,183
2 Prop 10 Tax Revenues (state projections plus -3% SCHIP tax)	1,965,522	2,070,882	1,941,076	1,857,111	1,789,434	1,726,131	1,657,085	1,590,801	1,527,170	1,466,083	1,407,440	1,351,142
3 Interest Revenue (changed to 1.99%)	319,786	145,570	140,953	122,432	100,158	100,012	98,275	94,788	89,562	82,600	73,908	63,485
SMIF (Interest from First 5 California)	11,507											
Total Tax/Interest REVENUE	2,296,815	2,216,452	2,082,029	1,979,542	1,889,592	1,826,142	1,755,359	1,685,589	1,616,732	1,548,683	1,481,347	1,414,627
OTHER REVENUE:												
4 MAA		39,000	40,000	40,000								
Cal Endowment		134,195	90,805									
Raising a Reader/Orfaeala/Other	7,642											
School Readiness Implementation	50,000	50,000	50,000	50,000								
School Readiness Match	119,303	119,303	119,303	119,303								
CHI State Match	40,381	38,933										
TOTAL REVENUE	2,514,141	2,597,883	2,382,137	2,188,845	1,889,592	1,826,142	1,755,359	1,685,589	1,616,732	1,548,683	1,481,347	1,414,627
TOTAL REVENUE PLUS BEGINNING BALANCE	9,931,909	9,912,940	9,465,195	8,341,194	6,922,651	6,851,865	6,693,779	6,448,827	6,117,323	5,699,458	5,195,303	4,604,810
5 INITIATIVES & DIRECT SERVICES:												
School Readiness Implementation	(41,063)	-	-	-								
School Readiness (4 yrs. Paso)	(250,449)	-	-	-								
School Readiness (4 yrs. Oceano)	(269,981)	-	-	-								
School Readiness - Land purchase/Building	(251,440)	-	-	-								
School Readiness (all programs)	-	(700,836)	(700,836)	(700,836)								
School Readiness Evaluation	(16,065)	(10,645)	(10,645)	(10,645)								
NEW CONTRACTS: 2009-11												
Children's Health Initiative	(322,812)	(458,698)	(390,755)	(390,755)								
Perinatal Substance Abuse Initiative - Martha's Place/Beginning/Marketing	(304,314)	(205,057)	(380,000)	(380,000)								
Oral Health Initiative	(55,566)											
WIC		(30,000)	(21,132)	(30,000)								
Surg Coord - CHDP		(41,000)	-	-								
Oral Health - Coordination Team (part of Cal Endow)		(71,000)	(279,000)	-								
Oral Health - Future Investment												(250,000)
6 Emerging Needs 2009 Investment Initiative			(300,000)	(325,000)								
INITIATIVE TOTAL:	(1,511,690)	(1,517,236)	(2,082,368)	(2,087,236)								
DIRECT SERVICES:			(678,554)	(678,554)								
DIRECT SERVICE TOTAL:	(694,861)	(795,952)	(678,554)	(678,554)								
Other Program (Raising A Reader)	(24,708)											
7 CONTINGENCY FUNDS FOR MAA - 2009-11			(50,000)	(50,000)								
8 2009-11 STRATEGIC PLANNING			(25,000)									
9 FUTURE FUNDING ALLOCATIONS AFTER 2011	-	-	-	-	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)
TOTAL EXPENSES (Direct Service/Initiative)	(2,231,259)	(2,313,188)	(2,835,922)	(2,815,790)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)	(1,425,000)
10 BASELINE EVALUATION EXPENSE 1.5% of total 2009-11 contracted amt. (\$1,758,309 annually)	(20,572)	(29,697)	(26,375)	(26,375)								
SPECIAL PROJECTS: EVALUATION		-	(10,000)	(10,000)								
11 Program Personnel/Ops	(99,298)	(199,377)	(201,887)	(208,953)	(216,266)	(223,836)	(231,670)	(239,778)	(248,171)	(256,857)	(265,847)	(275,151)
Administration (Personnel/Ops)	(265,723)	(287,619)	(238,663)	(247,016)	(255,662)	(264,610)	(273,871)	(283,457)	(293,378)	(303,646)	(314,274)	(325,273)
12 TOTAL ADMINISTRATIVE/OPERATING	(365,021)	(486,996)	(440,550)	(455,969)	(471,928)	(488,446)	(505,541)	(523,235)	(541,548)	(560,503)	(580,120)	(600,424)
TOTAL EXPENSES	(2,616,852)	(2,829,881)	(3,312,847)	(3,308,134)	(1,896,928)	(1,913,446)	(1,930,541)	(1,948,235)	(1,966,548)	(1,985,503)	(2,005,120)	(2,025,424)
13 Remaining Fund Balance End of period	7,315,057	7,083,059	6,152,348	5,033,059	5,025,723	4,938,419	4,763,238	4,500,592	4,150,775	3,713,956	3,190,183	2,579,385
14 Administrative %	10.15%	10.16%	7.20%	7.47%	13.48%	13.83%	14.19%	14.55%	14.92%	15.29%	15.67%	16.06%
15 Direct Program Investment to Total Expenses	85%	82%	86%	85%	75%	74%	74%	73%	72%	72%	71%	70%
16 Assumptions:												
1.99% interest												
3.5% cost of living increase Admin/Operating												
year 13 = contracted program expenditures stabilized												
SR Implementation Funds (\$200,000)												
Baseline Matching funds for Paso (\$238,606 for four years)												

VII. THE FOURTH STRATEGIC PLAN REVIEW PROCESS (2008)

The ten-year anniversary of the formation of the First 5 Commission was celebrated in November 2008. Over the past ten years, the most significant evolution in the Commission's strategy has been to shift from funding numerous grantees to funding a few key strategic initiatives that have the potential for creating the greatest community impact possible for the resources invested. However, since there is not enough money available through Prop. 10 funds to cover the full cost of initiative implementation, the role of the Commission and its staff has also evolved over the years. Instead of being primarily "grant making administrators", the Commission and staff are recognizing the need to take more of a local, regional, and statewide leadership role in building collaborative coalitions to break barriers to systems change and integrate service delivery around key initiative areas.

A. Organizational Structure & Operations:

When the First 5 Commission was formed in 1998, the Commission contracted with the County of San Luis Obispo (via a Memorandum of Understanding) to provide accounting and legal services, insurance, and staff support. More recently, staff support was provided through 3.6 full-time equivalent positions which operated under the umbrella of the SLO County Public Health Department, Tobacco Control Program. These positions were: 1) 60% of a full-time Executive Director; 2) a full-time Administrative Services Officer, 3) a full-time Accountant, and 4) a full-time Administrative Assistant. All decision-making by the Commission, as well as day-to-day operations, were autonomous from the County. Consultants were used to conduct community needs assessments, facilitate community forums and Commission planning meetings, develop and update the Strategic Plan, and evaluate program outcomes.

A primary focus of this update to the strategic plan was to evaluate the organizational structure which would best support the evolving role of the Commission and staff. The Commission evaluated the following information in order to determine the most effective organizational structure to support future operations:

- **Legal Status:** Legally, the Commission is an independent public entity. As such, it can elect to alter its staffing and operational structure without amendment to the County ordinance. The Commission can contract with the County for all, some, or none of its administrative/operational needs.
 - For comparison purposes, several independent public entities provided information on their organizational structure and relationship with the County including the Air Pollution Control District (APCD), SLO County Local Agency Formation Commission (LAFCO), SLO Regional Transit Authority (SLORTA), and the SLO Council of Governments (SLOCOG). LAFCO's structure is the most similar to the structure of the First 5 Commission and provided the best example of an independent public entity which had initially contracted for all services through the County and then chose to contract independently of the County.

- **Organizational Assessment:** An Organizational Assessment, conducted in 2004, identified four key issues related to Commission staffing which are still relevant concerns in 2008:
 - There is a lack of alignment of organizational roles with job descriptions to address community assessment, outreach, proactive development of major countywide initiatives, long-range financial planning, fund development, advocacy, and research.
 - The Executive Director duties need to be enhanced to cultivate a “leadership” role in building community coalitions and public/political will to achieve First 5 goals, creating greater public visibility, and conducting more proactive research/analysis.
 - The Executive Director position should be converted to full-time status.
 - A staffing level of 3.6 FTEs is unlikely to have the capacity to substantially address advocacy, fund raising, and leadership in the community.

- **Staffing Concerns:**
 - Since the Commission contracts under an MOU with the County for staffing services, all employees are treated as County employees. Job descriptions are “generic” and are not customizable to meet the strategic goals and unique needs of the Commission.
 - The staff size and salary ranges are still lower than most other First 5 Commissions with similar budgets. As a result, staff turnover has been extremely high.
 - Comprehensive salary equity studies (including comparison information on birth rate, annual First 5 allocation, median home price, median household income, housing affordability, housing costs as a percentage of income, staff size, salary ranges, job descriptions) were conducted with other First 5 Commissions including Marin, Yolo, Imperial, Kings, Butte, Santa Barbra, Monterey, Placer, Napa, Santa Cruz, and Kings Counties.

- **Financial Impact:** An extensive analysis was conducted of the financial implications of various organizational options. Costs were estimated for all expense items including salaries, benefits (medical, pension, etc.), professional services (legal, auditing, payroll, accounting, technology support), facilities (office rent, utilities), furniture, equipment, etc.

Benefits to Contracting Outside the County:

- **First 5 Presence in the Community:**
 - First 5 staff are better able to advocate for systems change and take a stronger leadership role in building coalitions to integrate service delivery.
 - Losing the identity with the County facilitates additional opportunities to work and communicate with community groups.
- **General Operations:**
 - First 5 operates more like a business, than a bureaucracy, and has complete control over decision-making.
 - No County overhead charges are incurred. All funding is spent directly on First 5 operations and services.
- **Staffing:**
 - Job descriptions are aligned with the required work of the Commission, enhancing the ability to manage employee performance and achieve Commission goals.
 - General recruitment, as well as requests for staffing changes, is streamlined since it is no longer regulated by the County's hiring processes and job classifications.
 - The Commission has complete control over organizational structure, staffing, and employee performance evaluation.
 - Staff work full-time for the Commission and are no longer required to fulfill any of the obligations of County employment.
 - Any conflict between serving the Commission and being a County employee is eliminated.
- **In-House Finance Only:**
 - Commission operations are not subject to County timelines for processing accounts payables.
 - On-site bookkeeping allows for instant access to financial information. Finance staff do not have to ask Auditor staff to execute required adjustments, since those functions are performed internally.
 - Staff work more directly with the outside Auditor, creating greater efficiency.
 - The bookkeeping system is set up specifically for First 5 financial and accounting requirements as detailed in the First 5 Financial Management Guide.
- **In-house and Auditor Finance Combined:**
 - Reducing the Accountant position to .50FTE and continuing with County Auditor services for the first year is a cost effective option and creates a smooth transition.
 - An employee of the Auditor's office is assigned to Commission functions which could eliminate past challenges.

The Commission conducted a thorough review of the advantages, disadvantages, and financial considerations of maintaining a contract (via Memorandum of Understanding, MOU) with San Luis Obispo County versus contracting for services with other vendors or providers. Based upon this analysis, the Commission elected not to renew the Memorandum of Understanding (MOU) with the County and instead, to contract for services with various vendors.

Effective July 1, 2008, the Commission made the following changes to the organizational structure and operations:

- **Facilities and Equipment:** The Commission leased office space on Higuera Street in San Luis Obispo which creates greater visibility in the community. Furniture and equipment purchased with Prop. 10 funds belonged to the Commission, so few purchases were required for the new space.
- **Financial Services/Auditing:** Accounts payable and receivable processing services were purchased from the County Auditor’s office via a one-year contract at an approx. cost of \$10,000/yr. After the one year contract is completed, the Commission may choose to fill the open Accountant position and manage all accounting functions internally or contract for financial services from local accounting/financial firms. A local bank account was opened to handle salary associated and miscellaneous expenses and the Contracting and Procurement Policy was amended.

Due to the delay in securing retirement benefits through CalPERS, the following functions were still contracted through the County as of December 2008:

- **Human Resources/Personnel:** In order to prepare to handle these functions independently from the County, the Commission applied for an Employer Identification Number (EIN), revised job descriptions, modified salary ranges, created a six-step salary increase structure to create greater equity with other First 5 Commissions, and developed personnel policies (i.e., Conflict of Interest, Salaries/Benefits, Administrative Rate, Contracting/Procurement, etc.).
- **Employee Retirement and Health Benefits:** As soon as feasible, the Commission intends to contract directly with CalPERS for health, retirement, and deferred compensation benefits. This will result in no change in annual expenses.

Below is a synopsis of the various *estimated* 2008-09 budgets:

Expense Category	2008-09 Status Quo With 100% County Services (3.60FTE's)	2008-09 Status Quo Budget (NO County MOU staffing at 3.60FTE)	Full-time Executive Director (NO County MOU – Staffing at 4.00FTE)	Full-time Executive Director & Half-time Acct. with Auditor Services (NO County MOU – Staffing at 3.50FTE)
Personnel/Benefits	338,206	338,206	389,983	348,814
Professional Services	30,263	40,580	40,580	60,580
Services and Supplies	60,732	83,428	83,428	83,428
County Services	93,072	n/a	n/a	n/a
Total Budget	522,273	462,214	513,991	492,822
Less Program Costs	(149,828)	(149,828)	(168,986)	(168,986)
Total Admn. Expense	372,448	312,386	345,023	323,854

B. Update on Initiative Planning Projects:

1. Children's Oral Health Planning Project:

- **Children's Dental Conference:** Representatives of the local Commission attended a Children's Dental Conference in Sacramento which provided the following "lessons learned": 1) Medi-Cal access to dental homes is a universal challenge, but 2) many counties are addressing the issues surrounding children's oral health, despite this barrier.
- **Local Focus Groups:** Stakeholder groups were convened which identified the following four goal areas: 1) Create a visible system for addressing Pediatric Oral Health issues; 2) Increase oral health education; 3) Mobilize preventive care services; and 4) Increase access to permanent dental homes for all children, beginning at age 3.
- **Resources in the County:**
 - The north county dental clinic, Clinica de Tolosa, now has a full-time pediatric dentist on staff and the program is effectively serving local children. There is a demonstrated need for a south county clinic to serve low-income families but challenges include funding, site location, equipment, and staffing.
 - Federal funding could be leveraged if Community Health Centers of the Central Coast (CHCC) recruits a pediatric dentist.
 - One of the core programs at the Family Center in Paso Robles is a combination of a Cuesta College dental hygiene program with a pediatric dentist brought on by CHCC.
- **Children's Oral Health Summit:** First 5 convened the Children's Oral Health Summit in February 2008 to facilitate the formation of a Children's Oral Health Coalition for San Luis Obispo County. The "Call to Action" for First 5 investment consideration: 1) Create and fund a Children's Oral Health Coordinator position; 2) Launch a countywide children's fluoride varnish program; and 3) Produce preventive children's oral health media messages aimed at caregivers of young children.
- **Case Manager:** Another need that has been identified is for a Case Manager to coordinate the screening and scheduling of children's oral health surgeries. The Children's Health and Disability Prevention program (CHDP) staff are no longer able to provide case management after July 1, 2008. The position serves approximately 250 children needing surgery each year.
- **Denti-Cal:** Children covered under Denti-Cal are not being served because there are not any local providers accepting this coverage. Children covered by Healthy Kids and Healthy Families have a network of providers available.

As of May 2008, the Commission agreed to fund the following:

- CHDP – Surgery Case Manager – \$41,000 for twelve months.
- Oral Health Coordination Team to establish three Dental Access Regional Teams and an Oral Health Coalition, including setting up a fluoride varnish program and expanding access to care in South County - \$120,000.

The Commission also agreed to dedicate matching funds to a grant application to The California Endowment; with the outcome of achieving systems change and building capacity in children’s oral health.

2. **Universal Home Visitation Planning Project:** The Universal Home Visitation Report included the following information:

- **History:** A review of the history of the Commission’s support of Home Visitation services: First Time Mothers Program (2000-2007), Mentor Mom’s Services Planning Project (2003), the Home Visitation Task Force (2005), and the development of the Universal Home Visitation Report (2008).
- **Best Practices & Model Programs:** Programs vary widely in content, format, home visitor training, and outcomes measured. While evaluation results have been mixed, there is evidence that programs can improve parenting skills, enhance children’s later success in school, and reduce maltreatment.
- **Linking Universal Home Visitation to San Luis Obispo County Programs:** There are numerous programs in the community which support the families of children, ages 0 to 5. The Commission has been providing funding to some of these programs to enhance their capacity to deliver services. In addition, they have sponsored key initiatives to create a more targeted impact (i.e., School Readiness, peri-natal substance abuse, children’s health, oral health, etc.). At this time, there is not a coordinated approach to ensure that families receive the support and resources they need. Universal Home Visitation could provide the missing link which brings these programs together in a unified fashion.
- **Implementation Options:** There are four primary approaches being used to implement home visitation services: target geographical areas based upon risk/need (zip codes), target “high risk” populations (i.e., Medi-Cal, first time mothers, teens, peri-natal substance abuse, etc), conduct an assessment of risk for all births (universal)/provide home visitation services based on identified risk, or universal (home visitation provided to all new births).
- **Preliminary Cost Estimates, Potential Reimbursement Options:** Using Santa Barbara’s WEB program as a model, the estimated cost of a universal home visitation program in SLO County would be \$700,000 to \$800,000/year. The Report included information on potential reimbursement options (MAA, TCM, EPSDT) and a variety of implementation options (i.e., services provided in specific geographical regions or to “high risk” families) which would reduce program costs.

- ***Stakeholder Feedback:*** A stakeholder focus group was held in March 2008 to review the Report. Stakeholder recommendations included: 1) Hire a Coordinator to strengthen the provider network, reduce duplication of services, and establish a referral system; 2) Provide universal services in specific geographic areas first (based upon zip codes or linked to school readiness areas) and expand county-wide over time; 3) If funding is limited, provide universal assessment, then refer for services based on need.

Based upon the cost estimates provided, the Commission determined that, at this point in time, they will not fund a universal home visitation program. They may reconsider this option again in the future.

VIII. THE FIFTH STRATEGIC PLAN REVIEW PROCESS (2009)

During fiscal year 2008-2009 the Commission conducted a minor review process of its Strategic Plan. From July 2008 to December 2009, the Commission assessed currently funded programs for impact and outcomes. As the economic crisis developed, the Commission recognized a need to keep current programs as stable as possible. As a result in December 2009, the Commission decided to fund most programs with contracts ending June 30, 2009, at level funding for the period of 2009-11. Additional resources and funding were also dedicated to the Children's Oral Health Initiative through 2011. No funding was awarded to Universal Home Visitation. A new initiative was identified and funded in the amount of \$625,000 from 2009-11. Called the Emerging Needs 2009 Investment Initiative, it will address future unforeseen needs that arise due to the economic conditions. In June 2009 the Commission awarded funding in the amount of \$3,028,750 to 14 programs.

The Commission also decided to enter into a comprehensive planning process during the period of June 2009 to December 2010 in order to develop a new Strategic Plan. Major tasks include to 1) implement, conduct, and complete a one-year comprehensive community assessment; 2) review/revise the Long Term Financial Plan to align with the Strategic Plan; 3) develop the 2011-16 Strategic Plan; 4) conduct public hearings to announce goals, objectives and strategies for 2011 to 2016; and 5) adopt the new plan.

A. Funding Decisions 2009-11

<u>Organization/Program (Funding Awards 2009-11)</u>	<u>2-year amount</u>
Children's Health Initiative of San Luis Obispo County	\$781,510
Community Action Partnership (Head Start Transition to K)	\$190,000
Community Action Partnership (Martha's Place)	\$500,000
Dan Hile (Vision Screening)	\$60,000
Health and Harmony Media (Children and Families Monthly Update)	\$36,000
Kathleen Phipps (Oral Health Coordination Team)	\$279,000
Parents Helping Parents	\$80,000
Pediatric Physical Therapy Services (BEST PALS)	\$106,000
San Luis Obispo Child Abuse Prevention Council (Beginnings)	\$60,000
San Luis Obispo Child Abuse Prevention Council (Postpartum Depression Support Services)	\$16,000
San Luis Obispo County Health Agency, Public Health, Tobacco Control Program (Baby's First Breath)	\$148,000
San Luis Obispo County Health Agency, Public Health, WIC Program (BABES)	\$416,666
San Luis Obispo County Health Agency, Public Health, WIC Program (Oral Health)	\$51,132
San Luis Obispo County Office of Education (State Preschools Expanded Day)	\$304,442
TOTAL	\$3,028,750

X. APPENDIX:

**Objectives,
Outcomes, & Indicators
for Currently Funded Programs**

**DIRECT SERVICE PROGRAMS
GOALS & OBJECTIVES 2009 TO 2011**

FUNDED STRATEGY: Babes At Breast Education and Support (BABES) Program

OBJECTIVES	OUTCOMES	INDICATORS
<p><u>WIC Breastfeeding Peer Counseling Program</u></p> <p>1. By June 30, 2011 to provide individual mother-to-mother support for at least 550 unduplicated breastfeeding women annually through the peer counselor support program.</p> <p>2. By June 30, 2011 to provide group education for at least 375 unduplicated pregnant women annually through the peer counselor support program.</p> <p>3. By June 30, 2011 to provide group education and support for at least 225 unduplicated breastfeeding women less than or equal to 6 weeks postpartum annually through the peer counselor support program.</p> <p>4. By June 30, 2011 annual reports of WIC Infant Feeding-Choice reports will show at least 50% infants are enrolled as breastfeeding at 6 months of age.</p> <p><u>WIC Breastfeeding Clinics</u></p> <p>5. By June 30, 2011 to provide breastfeeding education and support at WIC breastfeeding clinics for at least 425 unduplicated mothers annually as measured by tracking system.</p>	<p>Children are healthy and well nourished</p> <p>Increased accessibility of services/activities</p>	<p>Number and percentage of women who are breastfeeding (F5 CA)</p> <p>Providing services to underserved populations (F5 CA)</p> <p>Utilizing paraprofessionals to provide services (F5 SLO)</p>

**DIRECT SERVICE PROGRAMS
GOALS & OBJECTIVES 2009 TO 2011**

FUNDED STRATEGY: Baby's First Breath

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 to provide at least 50 outreach activities annually to promote Baby's First Breath (BFB) cessation activities.</p> <p>2A By June 30, 2011 to provide tobacco cessation services to at least 100 pregnant women and/or parents & family members of children, ages 0-5, annually.</p> <p>2B By June 30, 2011 to achieve at least a 25% tobacco quit rate at six months after cessation program enrollment as self-reported by pregnant women and parents & family members of children, ages 0-5.</p> <p>3. By June 30, 2011 to provide at least 15 presentations for parents of children 0-5, and childcare providers about the hazards of ETS and available cessation services annually.</p> <p>4. By June 30, 2011 to provide at least 15 presentations to children, ages 0-5 at Head Starts, State Preschools, School Readiness sites, childcare providers, and other sites about the hazards of smoking and Environmental Tobacco Smoke (ETS) annually.</p>	<p>Children are free of smoking-related illnesses</p> <p>Improved service delivery</p>	<p>Number and percentage of women who did not smoke during pregnancy (F5 SLO)</p> <p>Number and percentage of children who live in households where no adults smoke (F5 CA)</p> <p>Providing training and/or technical assistance to program staff to improve quality of services (F5 CA)</p> <p>Number and percentage of children, ages 0-5, who received an early tobacco and ETS prevention lesson.</p>

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GOALS & OBJECTIVES 2009 TO 2011**

FUNDED STRATEGY: Behavior Education Screening Therapy Parenting And Life Skills (BESTPALS)

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 to provide at least 52 assessments to children, ages 0-5, with possible developmental and/or behavioral delays who do not have an Individualized Education Plan or Individualized Family Service Plan.</p> <p>2A. By June 30, 2011 to serve at least 50 children, ages 0-5, (and/or their parents) with mild delays who do not qualify for services provided by school districts, the County Office of Education, the Tri-Counties Regional Center, or their equivalent by providing up to 15 developmental and behavioral interventions.</p> <p>2B. By June 30, 2011 at least 75% of children and parents completing at least 8 interventions and not referred for more intensive services or stopping services will demonstrate lessening of delay in relevant domains on the DAYC.</p>	<p>Children receive early screening/ intervention for developmental delays, disabilities, and other special needs</p> <p>Increased service integration</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 (F5 CA)</p> <p>Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry (F5 CA)</p> <p>Joint planning and decision making among multiple agencies (F5 CA)</p>

FUNDED STRATEGY: HeadStart School Readiness Enrichment Program

OBJECTIVES	OUTCOMES	INDICATORS
<p>1A. By June 30, 2011 to provide a three-week school readiness (SR) enrichment program at 5 sites or more for at least 100 children, ages 4-5, annually.</p>	<p>Children enter kindergarten “ready for school”</p>	<p>Number and percentage of children entering kindergarten who attend a pre-K program (F5 SLO)</p>

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<p>1B. By June 30, 2011 at least 80% of participating children will be prepared for kindergarten as measured by a survey adapted from the Desired Results Developmental Assessment (DRDA).</p>	<p>Improvements in school readiness systems</p>	<p>Number and percentage of children entering kindergarten who are ready for school as determined by teachers and parents (F5 CA/SLO)</p> <p>Number and percentage of elementary schools with formal linkages to preschools, Head Start and Early Head Start programs, childcare centers, home visiting programs, and community resources (F5 CA)</p>
<p>FUNDED STRATEGY: Parents Helping Parents</p>		
<p>OBJECTIVES</p>	<p>OUTCOMES</p>	<p>INDICATORS</p>
<p>1. By June 30, 2011 to provide at least 440 families of children 0-5 years of age, including those with special needs or at risk for delays, with access to various Parent's Helping Parents (PHP) resource services.</p>	<p>Children receive early screening/intervention for developmental delays, disabilities, and other special needs</p> <p>Increased service integration</p>	<p>Number and percentage of parents of children identified with disabilities who receive education and support (F5 SLO)</p> <p>Joint planning and decision making among multiple agencies (F5 CA)</p>
<p>FUNDED STRATEGY: New Parent Kit Distribution</p>		
<p>OBJECTIVES</p>	<p>OUTCOMES</p>	<p>INDICATORS</p>
<p>1. By June 30, 2009 to provide educational and support kits to at least 1,000 parents of children, ages 0-5, annually.</p>	<p>Parents provide nurturing and positive emotional support to their children.</p> <p>Improved Service Delivery</p>	<p>Number and percentage of new parents receiving educational and support materials (F5 SLO)</p> <p>Increased attention to prevention-focused services/activities (F5 CA)</p>

**DIRECT SERVICE PROGRAMS
GOALS & OBJECTIVES 2009 TO 2011**

FUNDED STRATEGY: Postpartum Depression and Screening Program

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 to provide at least 30 outreach activities annually in order to promote awareness of Postpartum Depression (PPD) and to encourage utilization of local resources.</p> <p>2. By June 30, 2011 to provide individual assessment, treatment, and referrals for women experiencing postpartum depression through: 1) at least 75 phone calls annually to the PPD Support Line; and 2) at least 8 in-person treatment sessions.</p>	<p>Parents provide nurturing and positive emotional support to their children.</p> <p>Improved service delivery</p>	<p>Number and percentage of providers educated in postpartum depression (F5 SLO)</p> <p>Number and percentage of mothers screened for and referred for postpartum depression (F5 CA)</p> <p>Providing training and/or technical assistance to program staff to improve quality of services (F5 CA).</p>

FUNDED STRATEGY: State Preschool Expanded-day Program

<p>1A. By June 30, 2011 to provide full-day programming for at least 80 children, ages 3-5, annually at five State Preschool sites: Cuesta College Children’s Center, Grover Beach I, Grover Beach II, Los Osos, and San Luis Obispo.</p> <p>1B. By June 30, 2011 at least 80% of participating four year-olds will be prepared to enter kindergarten as measured by the Desired Results Development Profile-Revised (DRDP-R).</p>	<p>Children participate in early education programs</p> <p>Children enter kindergarten “ready for school”</p> <p>Increased accessibility of services/activities</p>	<p>Number of children ages 3-5 that regularly attend a nursery school, preschool, pre-kindergarten, or Head Start program by the time of Kindergarten entry (F5 CA)</p> <p>DRDP Scores, annually (F5 CA)</p> <p>Expanding service hours (F5 CA)</p> <p>Providing full-day childcare (F5 SLO)</p>
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**DIRECT SERVICE PROGRAMS
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FUNDED STRATEGY: Vision Screening Program

<p>1. By June 30, 2011 to provide vision screening to at least 3,000 children, ages 2 to 5, annually.</p> <p>2. By June 30, 2011 to provide treatment to at least 80% of the screened children referred with vision disorders.</p>	<p>Children receive preventive and ongoing regular health care</p> <p>Improved service delivery</p>	<p>Number of children receiving early vision screening and treatment (F5 SLO)</p> <p>Providing training and/or technical assistance to program staff to improve quality of services (F5 CA)</p>
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**COMMISSION INITIATIVES
GOALS & OBJECTIVES 2007 TO 2011**

CHILDREN'S HEALTH INITIATIVE

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 to identify uninsured children, ages 0-5, and enroll at least 85% who are identified as eligible for each of the following: Medi-Cal, Healthy Families, and Healthy Kids (annual monthly enrollment in Healthy Kids to be up to 180 children, ages 0-5).</p> <p>2. By June 30, 2011 to retain at least 75% of children, ages 0-5, in each of the following: Medi-Cal, Healthy Families, and Healthy Kids.</p>	<p>Children have good oral health</p> <p>Increased service integration</p>	<p>Number and percentage of children, ages 1 and older, who receive annual dental exams (F5 CA)</p> <p>Number of parents of children, ages 1-5, who receive education about their children's oral healthcare (F5 SLO)</p> <p>Joint planning and decision-making among multiple agencies (F5 CA)</p>

CHILDREN'S ORAL HEALTH INITIATIVE

FUNDED STRATEGY: Children's Oral Health Coordinator

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By December 31, 2009 to develop a countywide strategic plan for the establishment of a comprehensive oral health system of care for underserved children in San Luis Obispo (SLO) County, including recommendations for policy advocacy, systems change, and implementation.</p>	<p>Children have good oral health</p> <p>Improved service delivery</p>	<p>Number and percentage of children ages 1 and older who receive annual dental exams (F5 CA)</p> <p>Joint planning and decision-making among multiple agencies (F5 CA)</p> <p>Increased attention to prevention-focused services/activities (F5 CA)</p>

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2. By January 31, 2011 to strengthen leadership capacity to address the oral health needs of SLO County’s children as evidenced by: 1) development of a countywide oral health coalition of advocates; 2) creation of an oral health coordinator within the SLO County Public Health Department; and 3) procurement of revenue streams to sustain the activities of the coalition.

3. By January 31, 2011 to increase access to oral health preventive services for young children as evidenced by: 1) at least 50% of CHDP medical providers will serve as an initial oral health home for young children; 2) at least 6 new general dentists will be trained in pediatric care, and serve young children; 3) at least a 10% increase in Medi-Cal payments to fee-for-service general and pediatric dentists for services to young children; 4) at least one more pediatric dentist in SLO County will be a “substantial” Medi-Cal provider (i.e., bill ≥ \$10,000/year); and 5) at least 50% more Medi-Cal-eligible children will make an annual dental visit.

4. By January 31, 2011 to increase engagement by non-medical sectors in SLO County in the promotion of preventive oral health for children as evidenced by the establishment and implementation of dental screening protocols within the systems of at least 2 early childhood education programs.

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FUNDED STRATEGY: WIC Oral Health Program

OBJECTIVES	OUTCOMES	INDICATORS
<p>1A. By June 30, 2011 to provide brief dental health education for at least 72 unduplicated prenatal women monthly.</p> <p>1B. By June 30, 2011 to provide a brief dental health screening and education for at least 200 infants (less than 12 months of age) each month.</p> <p>1C. By June 30, 2011 to provide a brief dental health screening and education for at least 300 children monthly.</p> <p>2A. By June 30, 2011 to provide an educational class on Dental Health to at least 150 unduplicated WIC parents and caregivers annually.</p> <p>2B. By June 2011 to provide one-on-one oral health education and demonstration to 100 parents/caregivers on how to brush their 13-17 month old child's teeth in conjunction with an oral health exam and fluoride varnish treatment being conducted in the Paso Robles WIC office by Clinica de Tolosa dentist.</p>	<p>Children have good oral health</p> <p>Improved service delivery</p>	<p>Number and percentage of children, ages 1 and older, who receive annual dental exams (F5 CA)</p> <p>Number of parents of children, ages 1-5, who receive education about their children's oral healthcare (F5 SLO)</p> <p>Increased attention to prevention-focused services/activities (F5 CA)</p>

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PERINATAL SUBSTANCE ABUSE INITIATIVE

FUNDED STRATEGY: Beginnings

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 SLO-CAP to organize at least 10 Beginnings meetings annually to coordinate and monitor countywide efforts to prevent alcohol, tobacco, and other drug use by women who are pregnant or breastfeeding.</p> <p>2. By June 30, 2009 to increase public awareness of the effects of ATOD use during pregnancy and breastfeeding through: 1) at least 40 presentations of the NineZeroSLO curriculum annually; 2) at least 2 presentations of the Beginnings community education programs annually; 3) at least 3 conference/training meetings; and 4) presence and advocacy at community events, meetings, etc.</p>	<p>Children receive preventive and ongoing regular health care</p> <p>Increased service integration</p> <p>Improved service delivery</p>	<p>Number of children receiving early vision screening and treatment (F5 SLO)</p> <p>Joint planning and decision making among multiple agencies (F5 CA)</p> <p>Increased attention to prevention-focused services/activities (F5 CA)</p>

FUNDED STRATEGY: Martha's Place - Children's Assessment Center

OBJECTIVES	OUTCOMES	INDICATORS
<p>1. By June 30, 2011 to maintain Martha's Place Children's Assessment Center (CAC) as a collaborative single point of contact for comprehensive assessment, diagnosis, treatment planning, health/Medi-Cal information and</p>	<p>Children receive early screening/intervention for developmental delays, disabilities, and other special needs</p>	<p>Number of children perinatally exposed to ATOD who are screened and receive treatment (F5 SLO)</p> <p>Joint planning and decision making among</p>

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<p>referral services, and provider access assistance for children, ages 0-5, in the target population (children who have been prenatally exposed to alcohol, tobacco, and/or other drugs, or who exhibit behaviors, developmental delays, and/or other signs of possible prenatal ATOD exposure).</p> <p>2. By June 30, 2011 at least 144 children annually in the target population will be evaluated (i.e., intake interview, medical exam (as appropriate), psychosocial assessment (as appropriate), other assessments (as appropriate), and treatment plan recommendations or a treatment plan consultation).</p> <p>3A. By June 30, 2011 approximately 15 children and their families annually in the target population will be provided mental health treatment.</p> <p>3B. By June 30, 2011 approximately 36 children in the target population will be provided occupational therapy treatment annually.</p>	<p>Increased service integration</p> <p>Increased accessibility of services/activities</p>	<p>multiple agencies (F5 CA)</p> <p>Providing services for children with disabilities and other special needs (F5 CA)</p>
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SCHOOL READINESS INITIATIVE

COUNTY-WIDE SCHOOL READINESS PROJECT

OBJECTIVES	OUTCOMES	INDICATORS
<p><u>Overall Initiative</u></p> <p><i>School Readiness Systems</i></p> <p>A. By June 30, 2011 to provide comprehensive integrated services to children, ages 0-5, and their families from the Georgia Brown school-community in the areas of family functioning, early care and education, and health.</p> <p>B. By June 30, 2011 to operate, monitor, and improve the community-based SR Plans through a collaborative system of partners.</p>	<p>Children enter kindergarten ready for school</p> <p>Systems are ready for children and families</p>	<p>API Scores (F5 SLO)</p> <p>Number of instances of joint planning and decision making with other agencies (F5 CA)</p> <p>Number of instances of joint planning and decision making with parents and other community members (F5 SLO)</p> <p>Number of participants reporting satisfaction with the content, quality, and family centeredness of services (F5 CA)</p> <p>School Readiness funds spent according to budgets (F5 CA)</p> <p>Using data to inform program refinements and future program funding (F5 CA)</p>

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Providing training and technical assistance to program staff to improve quality of services (F5 CA)

FUNDED SITE: Georgia Brown Elementary School-Community

OBJECTIVES

OUTCOMES

INDICATORS

Improved Family Functioning

Cuesta College Community-bases ESL

1A. By June 30, 2011 to provide literacy education in the Georgia Brown school-community that incorporates parenting skills training and other topics of interest to at least 50 parents of children, ages 0-5, each year.

1B. By June 30, 2011 for at least 60% of the participating parents to make significant gains in reading skills, annually.

Literatura par la Familia

2. By June 30, 2011 to provide at least 35 Literatura para la Familia meetings, annually, to at least 45 parents and children, age 0-5, in the Georgia Brown school-community.

Raising a Reader

3. By June 30, 2011 to provide family literacy materials to at least 80 families in the Georgia Brown school-community, annually.

Families are self-sufficient

Children live in home environments supportive of cognitive development

Children live in home environments supportive of cognitive development

Number of parents participating in education, training, ESL classes, literacy, and/or General Equivalency Diploma (F5 CA)

Number of parents who improve English reading skills (F5 SLO)

Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development (F5 CA)

Number of parents participating in family literacy programs (F5 CA)

Number of families who report reading or telling stories regularly to their children (F5 CA)

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<p><i>Cultural Fieldtrips</i></p> <p>4. By June 30, 2011 to provide at least two cultural fieldtrips, annually, for at least 40 parents and children, ages 0-5, from the Georgia Brown school-community.</p>	<p>Children live in home environments supportive of cognitive development</p>	<p>Number and percentage of families who are exposed to art, nature, and culture (F5 SLO)</p>
<p><u>Improved Child Development</u></p> <p><i>First 5 Preschool</i></p> <p>5A. By June 30, 2011 to provide two additional half-day preschool classes annually to serve 40 additional children, ages 3-5, in the Georgia Brown school-community.</p> <p>5B. By June 30, 2011 at least 80% of participating four year-old children will be prepared to enter kindergarten as measured by the Desired Results Developmental Profile - Revised (DRDP-R).</p> <p>5C. By June 30, 2011 at least 90% of parents will participate in activities at the First 5 Preschool.</p> <p>5D. By June 30, 2011 at least 80% of participating parents will report increased knowledge and skills concerning the development of their preschool children.</p>	<p>Children participate in early education programs</p> <p>Children enter kindergarten ready for school</p>	<p>Number of children, ages 3-5 that regularly attend a nursery school, preschool, pre-kindergarten, or Head Start program by the time of Kindergarten entry (F5 CA)</p> <p>DRDP Scores, annually (F5 CA)</p> <p>Number of parents who participate at their child's preschool (F5 SLO).</p> <p>Number of preschool staff who obtain professional development (F5 SLO)</p>

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OBJECTIVES	OUTCOMES	INDICATORS
<p><u>Improved Child Health</u></p> <p><i>Single-Point-of-Contact (Site Coordinator)</i></p> <p>8. By June 30, 2011 to serve as a single-point-of-contact for at least 35 families of children, ages 0-5, each year from the Georgia Brown school-community.</p> <p><i>Family Advocate</i></p> <p>9. By June 30, 2011 to provide family advocacy for at least 30 families of children, ages 0-5, each year from the Georgia Brown school-community.</p> <p><i>Family Support Counselor</i></p> <p>10. By June 30, 2011 to provide Family Support And Counseling Services with an emphasis on Infant, Preschool-age and Family Mental Health for at least 40 families per year while maintaining an on-going caseload of about 10 families in the Georgia Brown school-community.</p> <p><i>Children's Soccer Program</i></p> <p>11. By June 30, 2011 to provide at least 12 recreational soccer games annually to at least 40 boys and girls, ages 3-5, residing in the Georgia Brown school-community.</p>	<p>Children receive preventive and ongoing regular health care (as recommended by the AAP)</p> <p>Children receive preventive and ongoing regular health care (as recommended by the AAP)</p> <p>Children are in healthy and safe environments</p> <p>Children are healthy and well nourished</p>	<p>Number of families who receive referrals for necessary health and social services (F5 CA)</p> <p>Number of children with a regular medical home (F5 CA)</p> <p>Number of families who receive referrals for necessary health and social services (F5 CA)</p> <p>Number of children with a regular medical home (F5 CA)</p> <p>Number of families with children, ages 0-5, who receive counseling services (F5 SLO)</p> <p>Number of children, ages 3-5, who are involved in recreation/physical activity programs (with their parents' involvement) (F5 SLO)</p>

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<p>Kindergarten classes in the year prior to their entry into school.</p> <p>13D. By June 30, 2011 for at least 80% of parents of participating children to describe the visits as beneficial in preparing children for school.</p>		
<p align="center"><i>School Readiness Liaison</i></p> <p>14. By June 30, 2011 to support Georgia Brown (GB) School Readiness (SR) activities by providing support to the Site Coordinator, working as liaison with teachers, and organizing the Summer Pre-K Camp and SR Transition Programming.</p>	<p>School are “ready for children”</p>	<p>Number and percentage of children who participate in school-linked transition/school readiness immersion programs (F5 CA)</p> <p>Number and percentage of parents, teachers, and ECE providers who collaborate in preparing children to make the transition to Kindergarten (F5 CA)</p> <p>Number and percentage of children who visit school prior to enrollment in kindergarten (F5 CA)</p>
<p>FUNDED SITE: Oceano Elementary School-Community</p>		
<p>OBJECTIVES</p>	<p>OUTCOMES</p>	<p>INDICATORS</p>
<p><u>Improved Family Functioning</u></p> <p align="center"><i>First 5 Fridays</i></p> <p>1. By June 30, 2011 to provide at least two First 5 Fridays presentations per month during the school year for parents of children, ages 0-5, in the Oceano school-community.</p>	<p>Parents provide nurturing and positive emotional support to their children</p>	<p>Number and percentage of families who are familiar with the community, its needs, and service providers (F5 SLO)</p>

**COMMISSION INITIATIVES
GOALS & OBJECTIVES 2007 TO 2011**

OBJECTIVES	OUTCOMES	INDICATORS
<p><i>Literatura par la Familia</i></p> <p>2. By June 30, 2011 to provide at least 35 <i>Literatura para la Familia</i> meetings, annually, to at least 45 parents and children, age 0-5, in the Oceano school-community.</p> <p><i>Raising a Reader</i></p> <p>3. By June 30, 2011 to provide family literacy materials to at least 40 families in the Oceano school-community, annually.</p>	<p>Children live in home environments supportive of cognitive development</p> <p>Children live in home environments supportive of cognitive development</p>	<p>Number of parents taking parenting classes focused on supporting child physical, cognitive, socio-emotional development (F5 CA)</p> <p>Number of parents participating in family literacy programs (F5 CA)</p> <p>Number of families who report reading or telling stories regularly to their children (F5 CA)</p>
<p><u>Improved Child Development</u></p> <p><i>First 5 Preschool</i></p> <p>4A. By June 30, 2011 to provide two additional half-day preschool classes annually to serve 40 additional children, ages 3-5, in the Oceano school-community.</p> <p>4B. By June 30, 2011 at least 80% of participating four year-old children will be prepared to enter kindergarten as measured by the Desired Results Developmental Profile - Revised (DRDP-R).</p> <p>4C. By June 30, 2011 at least 90% of parents will participate in activities at the First 5 Preschool.</p> <p>4D. By June 30, 2011 at least 80% of</p>	<p>Children participate in early education programs</p> <p>Children enter kindergarten ready for school</p>	<p>Number of children, ages 3-5 that regularly attend a nursery school, preschool, pre-kindergarten, or Head Start program by the time of Kindergarten entry (F5 CA)</p> <p>DRDP Scores, annually (F5 CA)</p> <p>Number of parents who participate at their child's preschool (F5 SLO).</p> <p>Number of preschool staff who obtain professional development (F5 SLO)</p>

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<p>participating parents will report increased knowledge and skills concerning the development of their preschool children.</p>		
<p><i>First 5 Oceano Infant/Toddler Program</i> 5. By June 30, 2011 to provide two sessions (AM and PM) of licensed childcare services for between 12 and 15 infants and toddlers, up to 3 infants and 12 toddlers, (i.e., 3 to 36 months of age) from the Oceano school-community.</p> <p><u>Improved Child Health</u></p> <p><i>Single-Point-of-Contact (Site Coordinator)</i> 6. By June 30, 2011 to serve as a single-point-of-contact for at least 35 families of children, ages 0-5, each year from the Oceano school-community.</p> <p><i>Family Advocate</i> 7. By June 30, 2011 to provide family advocacy for at least 30 families of children, ages 0-5, each year from the Oceano school-community.</p> <p><i>Family Support Counselor</i> 8. By June 30, 2011 to provide Family Support And Counseling Services with an emphasis on Infant, Preschool-age and Family Mental Health for at least 40 families per year while</p>	<p>Children have access to high quality early care and education</p> <p>Children receive preventive and ongoing regular health care (as recommended by the AAP)</p> <p>Children receive preventive and ongoing regular health care (as recommended by the AAP)</p> <p>Children are in healthy and safe environments</p>	<p>Number of children, under 3 years of age, that regularly attend a licensed childcare program (F5 SLO)</p> <p>Number of children making developmental progress in the areas of cognitive, social, emotional, language, approaches to learning, and health/physical development (F5 CA)</p> <p>Number of families who receive referrals for necessary health and social services (F5 CA)</p> <p>Number of children with a regular medical home (F5 CA)</p> <p>Number of families who receive referrals for necessary health and social services (F5 CA)</p> <p>Number of children with a regular medical home (F5 CA)</p> <p>Number of families with children, ages 0-5, who receive counseling services (F5 SLO)</p>

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<p>entry into school.</p> <p>10D. By June 30, 2011 for at least 80% of parents of participating children to describe the visits as beneficial in preparing children for school.</p>		
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