

# Children and Families Commission of San Luis Obispo County

## Outcome Evaluation Report

2011



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of San Luis Obispo County  
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**CHILDREN AND FAMILIES COMMISSION  
OF SAN LUIS OBISPO COUNTY**

**First 5 SLO County**

**OUTCOME EVALUATION REPORT 2011**

November 2011

*Children are one-third of our population and all of our future.*

Select Panel for the Promotion of Child Health, 1981

**VISION STATEMENT**

**Children in San Luis Obispo County thrive in nurturing, respectful environments, and enter school healthy and ready to learn.**

**MISSION STATEMENT**

**The Children and Families Commission of San Luis Obispo County allocates funds and advocates for quality programs and services, supporting children prenatal to age 5, to ensure that every child is healthy and ready to learn in school.**

**Thomas Keifer Consulting**

## II. INTRODUCTION TO THE OUTCOME EVALUATION REPORT

*The old notion that children are the property of parents  
dies very slowly. In reality, no parent  
raises a child alone*

Marion Wright Edelemon

One of the mandates from the *Children and Families First Act* is to conduct outcome-based evaluation of all the Commission's activities. Proposition 10 required the state and county commissions to "use outcome-based accountability to determine future expenditures." It also set forth state and local roles in enacting that accountability.

The State Commission's roles are: a) define results to be achieved, and collect and analyze data to measure progress towards such results; b) provide for independent research, identify best standards and practices, and support demonstration projects; and c) annually review county reports. The Statewide Evaluation of First 5 California Funded Programs is the State Commission's response to this mandate. The Statewide Evaluation has provided a common set of outcomes and indicators for each of Prop 10's four Result Areas.

**Result Areas:**

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

The County Commission's roles in evaluation are: a) adopt strategic plans with measurable outcomes; b) conduct local evaluation activities to document program activities and assess program results; and c) prepare an annual audit and report covering implementation, progress toward program goals and objectives, and the measurement of specific outcomes.

The Children and Families Commission of San Luis Obispo County (First 5 SLO County) has been dedicated to structured and pervasive evaluation throughout its existence. The intent of its local program evaluation activities is to provide data to gauge program effectiveness and to constantly improve strategies and activities.

This *Outcome Evaluation Report 2011* is a discussion of the results of First 5 SLO County's local strategies in 2010/11 as presented in its 2009 Update to the Strategic Plan, *Raising Our Future*. Data from the funded strategies are discussed in the following order – Commission Initiatives followed by Direct Service programs. Each strategy is briefly described. Then the outcomes and indicators are listed. Results are grouped under each strategy's specific outcome objectives. Finally, since 2010/11 is the last year of the current Strategic Plan, key data are summarized for all previous years.

### III. INTRODUCTION TO THE STRATEGIC PLAN

*We worry about what a child will become tomorrow,  
yet we forget that he is someone today.*

Stacia Tauscher

The First 5 SLO County Strategic Plan, *Raising Our Future*, represents an evolving vision for a comprehensive and integrated system of prevention and early intervention services for children, ages 0-5, and their families. It also presents the programs funded to meet the unmet needs of this important group of people.

The Strategic Plan was originally developed in June 2000, and underwent revisions in 2001, 2003 and 2004, 2006, 2008, and again in 2009. With the continuing and considerable involvement of the community it was revised in 2009-11, and operation under the new Strategic Plan 2011-15, *What Future for Our Children*, commenced on July 1, 2011. The Plan will continue to evolve as long as First 5 SLO County is in operation.

The 2010/11 fiscal year was the final year under *Raising Our Children*. For the past seven years the Commission has funded activities through two different methods:

**Commission Initiatives** – Four of these initiatives were funded by First 5 SLO during 2010/11. These are broad collaborative efforts to impact areas of particular interest to the Commission.

**Direct Service Programs** – Eight contracts were awarded through the 2009 Update to the Strategic Plan for specific direct services under the four Result Areas. The Commission operated a ninth activity in cooperation with the State Commission, the distribution of Kits for New Parents.

#### A. COMMISSION INITIATIVES

**Children’s Health Initiative (CHISLO)** (CHISLO, First 5 SLO County, and the Department of Social Services). The strategy is to ensure that all children, ages 0 to 5, in San Luis Obispo County are covered by health insurance. Children will be identified, recruited, and screened for eligibility. Eligible children will be enrolled in Medi-Cal and Healthy Families. Others will receive coverage through Healthy Kids, a locally developed and funded plan. Activities include efforts to ensure that children retain coverage. Funded for \$781,510 for 2009/10 to 2010/11.

**Children’s Oral Health Initiative** (First 5 SLO County) was established as the fourth local initiative in 2006, though the status of oral health in

young children in SLO County has been a topic of significant interest to the Commission since its first Strategic Plan in 2000. The funding during the current Strategic Plan was earmarked for planning and implementing programs to meet the oral health needs of children throughout the county. The primary objective for 2009/10 was the development of a strategic plan to meet the oral health needs of children, ages 0-5. Funding in 2009/10 and 2010/11 was \$589,000, including: 1) \$279,000 for coordination; 2) \$60,000 for the WIC Oral Health Program (SLO County Public Health), which provides brief oral health education to pregnant mothers, parents, and caregivers, as well as brief oral health screening to infants and children, ages 2-5; and 3) \$250,000 for three oral health activities in 2010/11 and 2011/12: a) \$80,000 for an Oral Health Coordinator position in Public Health; b) \$21,000 for pediatric dental equipment for Community Health Centers; and c) \$37,138 for expanded pediatric dental services at Clinica de Tolosa.

**Perinatal Substance Abuse Initiative** (First 5 SLO County, Department of Social Services, Drug & Alcohol Services, Community Action Partnership of SLO County (CAPSLO), Mental Health Department, Public Health Department, and others) is a countywide effort to provide screening and early intervention for prenatal use of alcohol, tobacco, and other drugs (ATOD). Activities include prevention and education through the Beginnings program, and early identification and screening for children at risk for perinatal ATOD exposure at Martha's Place - Children's Assessment Center. Beginnings was funded for 2009/10 and 2010/11 for \$60,000, and Martha's Place - CAC was funded for the two years at \$500,000.

**School Readiness Initiative** (First 5 SLO County, SLO County Office of Education, Lucia Mar Unified School District, and Paso Robles Unified School District) is a Commission Initiative begun in 2003, and aimed at many outcomes in all four Result Areas. The program specifically targets children, ages 0-5, 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 in the South County. The two projects educate and support parents, provide preschool and childcare, operate kindergarten transition programs, coordinate existing health and social services, and encourage schools to be ready for children. Funded for an additional four years (2007/08 through 2010/11) for \$2,400,000, which includes \$477,212 in matching funds from the State Commission).

## **B. DIRECT SERVICE PROGRAMS**

**BABES (Babes at Breast Education and Support)** (Public Health Department) encourages breastfeeding through education for pregnant and

parenting mothers, support groups, peer education, and training for health care professionals. Funded for 2009/10 through 2010/11 for \$416,666.

**Baby's First Breath** (Tobacco Control Program) provides tobacco cessation and education. The strategy is eliminating exposure of young children to secondary tobacco smoke through smoking cessation for parents and family members and promotion of tobacco-free homes and cars. Activities include cessation classes and support groups and education in the harmful effects of second-hand smoke on child health. Funded for two years for \$148,000.

**BEST PALS (Behavior Education Screening Therapy Parenting And Life Skills)** (Pediatric Physical Therapy Services). The strategy is early identification of and support for children with developmental delays that do not meet the criteria for treatment by the established system. Activities include screening, parenting education, and short-term treatment. Funded for two years for \$106,000.

**Head Start School Readiness Enrichment Program** (CAPSLO) provides a three-week school readiness enrichment program to low income, kindergarten-age children throughout SLO County. The activities are designed to prepare children for kindergarten. A secondary purpose is to connect children and their families to other First 5 resources and services. Funded for 2009/10 and 2010/11 for \$190,000.

**Kits for New Parents Distribution** (First 5 SLO County). Kits from the State Commission are enhanced with local resource materials and distributed to new parents throughout SLO County. Funded on an annual basis for \$8,000, separate from Direct Services.

**Parents Helping Parents** (United Cerebral Palsy of SLO County) provides resources and referrals for parents of children with special needs. They operate two resource libraries, offer resources and referrals, and provide outreach activities. Funded for two years for \$80,000.

**Postpartum Depression Support Services** (SLO Child Abuse Prevention Council (SLO-CAP)) provides screening, referrals, and professional education in order to identify and serve parents experiencing postpartum depression. Funded from 2009/10 through 2010/11 for \$16,000.

**State Preschool Extended-Day Program** (SLO County Office of Education) provides full-day care for children in four sites throughout SLO County. Activities include promotion of cognitive, emotional, and physical development, staff training, parent education and support,

screening of children, and referrals to other services. Funded for two years for \$304,442.

**Vision Screening** (Gary Englund, OD). The strategy of the program is early identification and treatment of children in preschool who have visual disorders. The activities include vision tests, screening, treatment, and education. Funded for two years for \$60,000.

## IV. EVALUATION PLAN OUTLINE

*Children are the hands by which we take hold of heaven.*

Henry Ward Beecher

### A. EVALUATION PLAN

The Commission's vision and mission statements provide a significant challenge. Meeting this challenge will necessitate a complicated series of tasks involving many individuals and organizations performing a variety of activities based on numerous strategies.

Evaluating this comprehensive countywide effort presents an equally complicated challenge. The Commission utilizes multiple interlocking strategies and activities. It has been necessary to meld the local evaluation with the Statewide Evaluation, the design of which undergoes intermittent change. And, local evaluation capacity development is an ongoing challenge.

The Commission's Evaluation Plan was based on the State Evaluation Plan. All activities are evaluated through common outcomes and indicators (derived from both the Statewide Evaluation and the local Strategic Plan). The data collected guide planning and improve the strategies and activities, as well as providing measurements of the effectiveness of the strategies in meeting the objectives in the Strategic Plan.

### B. THE LANGUAGE OF FIRST 5 EVALUATION

Over the course of the last ten years, an evolving lexicon of evaluation has emerged from state and local evaluation efforts. In order to use a common language, the First 5 SLO Evaluation Plan has adopted the language of the Statewide Evaluation, although the continuing evolution of the State Plan has proven a challenge to consistency. (See First 5 SLO County's *Evaluation Plan 2010* (on the website) for a complete discussion.)

The overall goals of Proposition 10 are outlined in the *Results to Be Achieved* document of 2000, which listed a number of short and long-term results organized under the four Result Areas. This document has driven evaluation of all First 5 activities. The Statewide Evaluation and First 5 SLO local evaluation have adopted the following terms and definitions:

**Result Areas** These serve as overall goals for all activities undertaken through Prop 10. They are more specifically described by the Long-term Results in *Results to Be Achieved*.

**Objectives** Each funded initiative and program has developed specific measurable objectives that its activities are intended to achieve.

**Outcomes** These are derived from the short-term goals of *Results to be Achieved*. While not precisely measurable, they serve as common objectives for all Prop 10 activities, both statewide and local.

**Indicators** These are measurable factors intended to describe progress toward each of the Outcomes, and are used to gauge achievement of local Objectives as well. There are two levels of Indicators in the Statewide Evaluation, and one additional level in the local evaluation:

**Key Indicators** Measures dictated by the Statewide Evaluation to be collected whenever possible.

**State Elective Indicators** Measures dictated by the Statewide Evaluation to be collected when applicable.

**First 5 SLO Elective Indicators** Measures dictated by the locally funded initiatives and programs, but not included in the Statewide Evaluation.

## V. OUTCOME EVALUATION RESULTS

*If you bungle raising your children,  
I don't think whatever else you do well matters very much.*

Jacqueline Kennedy Onassis

The evaluation of First 5 SLO County-funded initiatives and programs is modeled after the Statewide Evaluation of First 5. Each funded strategy has developed a list of objectives with predicted and measurable results. These objectives are evaluated through data representing various indicators of achievement. Whenever possible, outcomes and indicators were chosen from the State document, *County Commission Funding Priority Outcomes and Indicators*. Occasionally, indicators were chosen that reflect our Commission's local priorities.

This evaluation report presents data from each First 5 SLO County-funded strategy. A brief introduction provides a description of the program. Then outcomes and indicators for the strategy are listed. Data are presented according to the strategy's specific objectives. Finally, some conclusions are presented. The Commission's Initiatives are discussed first, followed by the Direct Service Programs.

### A. FUNDED STRATEGIES: COMMISSION INITIATIVES

#### 1. CHILDREN'S HEALTH INITIATIVE

##### **Introduction**

The Children's Health Initiative of San Luis Obispo County (CHISLO) has an ambitious plan: to improve access to healthcare services through universal health insurance coverage for all children at or below 300% of the federal poverty level in San Luis Obispo County. It aims to accomplish this goal through three methods: 1) to work with the Department of Social Services and a community network of health, education, and social service partners to identify and channel children through a "no wrong door" approach utilizing a simplified single-page referral process; 2) to funnel eligible families to existing health plans such as Medi-Cal and Healthy Families; and 3) to develop and fund a local health plan (Healthy Kids) to eliminate coverage gaps.

First 5 SLO County, the SLO County Board of Supervisors, the California Endowment, Blue Shield Foundation, and the California HealthCare Foundation provided funding for program planning and start-up costs. Funds from First 5 SLO County, the County Board of Supervisors, First 5 California, and private foundations and donors sustain the effort.

##### **Initiative Outcome**

Children receive preventive and ongoing regular health care

**Indicators**

- Number and percentage of children who have health insurance (Key)
- Number and percentage of children who have health care through Medi-Cal, Healthy Families, and Healthy Kids (F5 SLO)

**Program Data and Results**

Objective 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.

The effort to identify and enroll uninsured children in SLO County is a multi-agency partnership. Children enter the process primarily through two ways. The first is directly through the Department of Social Services. The second is a web of community partners across the county who refer children to CHISLO via a one-step referral form (815-form) initially developed by the Department of Social Services.

Referrals to CHISLO on 815-forms are logged and forwarded to the DSS regional office closest to the family. CHISLO mails a postcard to families informing them that their information has been sent to DSS and they should expect a packet from DSS. The postcard suggests that families contact CHISLO in the event they have questions, need help, or if the DSS packet does not arrive in a timely manner.

Once DSS receives the completed application they determine eligibility for Medi-Cal, Healthy Families, or Healthy Kids. Those eligible for Medi-Cal are enrolled through DSS. Families determined to be eligible for Healthy Families must apply directly to the State. Those who meet income requirements, but are found ineligible for Medi-Cal or Healthy Families, are deemed eligible for Healthy Kids, and are referred to CHISLO.

CHISLO provides assistance to families at any point in the process. They often receive requests for assistance with applications to Healthy Families. The Healthy Kids Care Coordinator is certified by the Healthy Families Program to assist families in completing the Health-E-App Public Access (Hea PA) online application process, which is a statewide portal to eligibility determination for Healthy Families.

Tracking children throughout this process is a considerable challenge, as is communicating this information between agencies. Through Memoranda of Understanding, however, CHISLO is able to track applications for new enrollees, as well as for children renewing their insurance, as the disposition of referrals coming through CHISLO is communicated through data provided by DSS. There can be a lag time as the database is submitted by CHISLO for updating by DSS.

The available data help to illustrate health coverage in SLO County for low-income children, but there are significant gaps in this picture. First, the data available only concern children identified through the 815-form. Children who enter the process

another way are not tracked in the same database, and data for them are not included in this analysis.

Second, the State of California has refused requests for county-level data concerning children enrolled in Healthy Families (California's S-CHIP program). So even with data from DSS and CHISLO, it is not currently possible to identify all low-income children who are covered. The only Healthy Families data concern those families deemed to be eligible by DSS.

### **Enrollment Data**

#### *Low-Income Children's Health Coverage in SLO County*

CHISLO tracks data from all children referred through the one-step referral process (815-form). Annual and quarterly data were provided for fiscal 2010/11 concerning applications and enrollment for Medi-Cal and Healthy Kids, and referrals to Healthy Families for those families who meet the qualifications.

Of the 515 uninsured children that applied through DSS for health coverage last year 354 (69%) received coverage (see Table 1 on the next page). Of the 199 children, ages 0-5, making first-time applications 81% gained coverage, or 95% of the stated objective, and 19% were not covered. One-eighth of the children who applied (13%) were accepted for Medi-Cal, 48% were referred to Healthy Families, and 21% were accepted into Healthy Kids. One-eighth of the applications (12%) were still pending.

For young people, ages 6-18, the coverage rate was 54% in 2010/11. One-seventh (15%) of those applying were covered through Medi-Cal, 39% were referred to Healthy Families, and 1% were eligible for Healthy Kids, but were put on the waiting list due to lack of funds. Slightly more than one-fourth of the applications (28%) were still pending.

Applications are rejected for two categories of reasons: Avoidable and Unavoidable (see Table 2 on the next page). The avoidable reasons are of interest, because theoretically they can be influenced by various agencies and organizations, and, so, it should be possible to reduce them. Enrollment was denied for 13% of all applicants.

Children, ages 0-5, were not enrolled 7% of the time. Children, ages 6-18, were not enrolled 18% of the time.

#### *Healthy Kids*

CHISLO has identified 686 children, ages 0-5, as eligible for Healthy Kids between September 1, 2005 and June 30, 2011, enrolling 613 (89%) (see Table 3 on page 13). In 2010/11 forty-two children were identified as eligible, and all were enrolled.

**Table 1**

<b>New Children, 0-18, Eligible and Enrolled in Medi-Cal, Healthy Families, &amp; Healthy Kids in SLO County in 2010/11</b>			
<b>Source/Age/Coverage</b>	<b>Referrals</b>	<b>Enrolled</b>	<b>Percent*</b>
<b>0-5 Years</b>	<b>199</b>	<b>183</b>	<b>81%</b>
Medi-Cal		25	13%
Healthy Families		95	48%
Healthy Kids		42	21%
<b>Pending</b>		<b>24</b>	<b>12%</b>
<b>6-18 Years</b>	<b>316</b>	<b>171</b>	<b>54%</b>
Medi-Cal		46	15%
Healthy Families		124	39%
Healthy Kids		0	0%
Healthy Kids Wait List		4	1%
<b>Pending</b>		<b>87</b>	<b>28%</b>

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\* Percent of All Children Eligible with Follow-up Data (except for Healthy Families, which are referred only)

**Table 2**

<b>New Children, 0-18, Eligible and Not Enrolled in Medi-Cal, Healthy Families, &amp; Healthy Kids in SLO County in 2010/11</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
<b>0-5 Years</b>	<b>13</b>	<b>7%</b>
Unavoidable Reasons	5	3%
Avoidable Reasons	8	5%
Incomplete Application	1	1%
No Verification/Paperwork	7	4%
Missed Appointment	0	0%
<b>6-18 Years</b>	<b>56</b>	<b>18%</b>
Unavoidable Reasons	15	6%
Avoidable Reasons	39	12%
Incomplete Application	3	1%
No Verification/Paperwork	36	11%
Missed Appointment	0	0%

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\* Percent of Eligible Children with Follow-up Data

**Table 3**

<b>Children, 0-5, Eligible and Enrolled in Healthy Kids in SLO County, Total and 2010/11</b>			
<b>Year</b>	<b>Eligible</b>	<b>Enrolled</b>	<b>Percent</b>
2010/11	42	42	100%
<b>Total (9/05 thru 6/11)</b>	<b>686</b>	<b>613</b>	<b>89%</b>

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The mean monthly enrollment in CHI during 2010/11 was 97 children, ages 0-5, (see Table 4). This is a drop of 25% compared to 2009/10 and a drop of 47% from the mean of the first two full years of CHISLO. In fact, enrollment has decreased steadily since the high of 187 in 2007/08, reaching 86 children in June 2011. The primary reason suggested for the drop in enrollment over the last two years has been fewer undocumented families living in the area. Other factors thought to play a role are the recession and more families qualifying for Medi-Cal and Healthy Families.

**Table 4**

<b>Mean Monthly Cumulative Enrollment Children, 0-5, in Healthy Kids in SLO County</b>	
<b>Year</b>	<b>Mean</b>
2006/07	177
2007/08	187
2008/09	158
2009/10	130
2010/11	97
<b>Mean</b>	<b>150</b>

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While First 5 SLO County does not fund CHISLO to provide health coverage to children over the age of five years, data concerning those children are presented to provide a complete picture of CHI’s activities. One thousand two hundred forty-two children, ages 6-18, were determined to be eligible for Healthy Kids since September 2005. Three hundred ninety (31%) were enrolled in Healthy Kids (see Table 5 on the next page), which does not includes 207 children who aged out of 0-5 coverage (i.e., turned six), but remained covered. No new children, ages 6-18, were enrolled in 2010/11. Eight hundred fifty-two (69%) were on the waiting list due to lack of funding to provide coverage.

**Table 5**

<b>Children, 6-18, Eligible, Enrolled, and on Wait List in Healthy Kids in SLO County, Total and 2010/11</b>				
<b>Year</b>	<b>Eligible</b>	<b>Enrolled</b>	<b>Percent</b>	<b>Wait List</b>
2010/11	43	0	0%	43
<b>Total (9/05 thru 6/11)</b>	<b>1,242</b>	<b>390</b>	<b>31%</b>	<b>852</b>

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Objective 2: By June 30, 2011 to retain 75% of children, ages 0-5, in each of the following: Medi-Cal, Healthy Families, and Healthy Kids.

One hundred fifty-three children, ages 0-5, faced reenrollment in 2010/11 (see Table 6). One hundred five (69%) were successfully reenrolled. This represents 92% of the stated objective, though a sizeable percentage of reapplications (27%) were pending. Four hundred sixty-nine children, ages 6-18, faced reenrollment during 2010/11. Sixty-nine percent (325) were reenrolled, with 37% (175) still pending.

**Table 6**

<b>Children, 0-18, Eligible and Reenrolled in Medi-Cal, Healthy Families, &amp; Healthy Kids in SLO County in 2010/11</b>			
<b>Source/Age/Coverage</b>	<b>Eligible</b>	<b>Enrolled</b>	<b>Percent*</b>
<b>0-5 Years</b>	<b>153</b>	<b>105</b>	<b>69%</b>
Medi-Cal		49	32%
Healthy Families		44	29%
Healthy Kids		12	8%
<b>Pending</b>		<b>42</b>	<b>27%</b>
<b>6-18 Years</b>	<b>469</b>	<b>325</b>	<b>69%</b>
Medi-Cal		126	29%
Healthy Families		135	29%
Healthy Kids		42	9%
Healthy Kids Wait List		11	2%
<b>Pending</b>		<b>175</b>	<b>37%</b>

First 5 SLO Quarterly Reports

\* Percent of Eligible Children with Follow-up Data

**Conclusion**

The Children’s Health Initiative of San Luis Obispo County has developed into a strong collaborative organization working in a variety of ways to link children with health care.

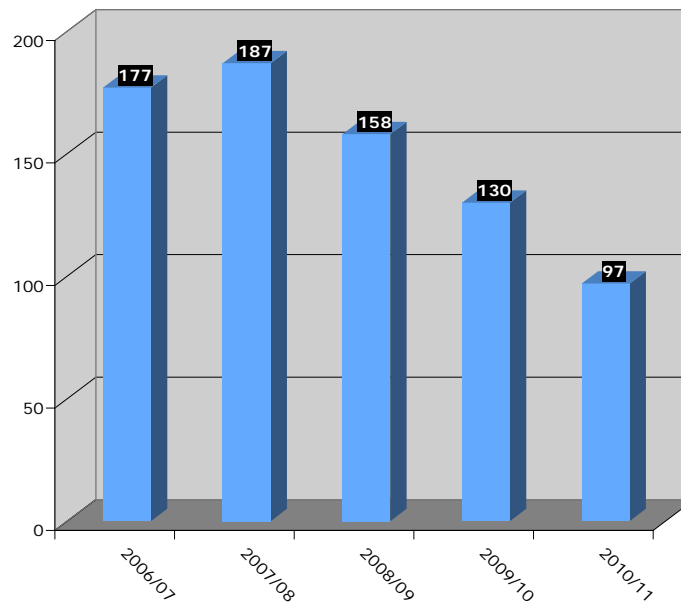
Yet, several factors have undercut their ability to provide health coverage to low-income children.

The economic downturn beginning in 2007 had a tremendous impact on the entire CHI movement in California. What had begun as an effort to begin a program at the community level in order to force adoption at the state level was undercut by plummeting state revenues. Regardless of the impact of CHIs, funding not only did not increase, but began to fall. That left local CHIs with no choice but to engage in fundraising. But, the lean economic times made that challenging as well. Grant funds ended, and efforts to replace them could not keep up.

A challenge unique to small counties such as San Luis Obispo was the price of the health insurance itself. Bigger cities could choose from a number of options, and that competition produced lower premiums. SLO County could attract only one provider. Efforts were made by CHISLO in 2010/11 to restructure the Healthy Kids coverage, and contracts were developed with two local providers, Community Health Centers and Gary Englund and Associates, to provide medical and vision care rather than simply paying for insurance premiums. The cost savings was helpful, but, ultimately, too little, too late.

Along with economic challenges, came the declining enrollments in SLO County (see Figure 1). The number of children identified and enrolled in CHI in SLO County never approached the original estimate that had helped drive CHIs development. It was estimated that there were 282 uninsured children eligible for CHI in 2006. The peak for mean monthly enrollment was 187 in 2007/08 (the highpoint), or 34% below the original estimate.

**Figure 1**  
**CHISLO Mean Monthly Enrollment for Children, Ages 0-5**  
**2006/07 to 2010/11**



The result has been that the Commission made the decision in its Strategic Plan 2010-2015 to fund CHISLO for one more year, to support children, ages 0-5, currently covered, but without any new enrollees. First 5 SLO County will then turn its efforts toward helping families access available health care for low-income children. This move reflects a growing statewide reexamination and restructuring of the CHI movement.

## **2. CHILDREN'S ORAL HEALTH INITIATIVE**

### **Introduction**

The Children's Oral Health Initiative is a partnership between First 5 SLO County, the California Endowment, and the communities of SLO County. The First 5 SLO County Commission has had an interest in children's oral health since its first Strategic Planning process. Fluoridation of drinking water was an element of the first plan, as was Dental TEN (Treatment and Education Now). While fluoridation was not successfully implemented, Dental TEN provided dental treatment for children, ages 0-5, who did not have dental insurance or access to a dentist. Administered by the Public Health Department, the program provided dental treatment for 479 children between 2000/01 and 2004/05. The program also provided 61 dental education classes, and provided packets to 7,307 parents and children. The packets contained a video on oral health, printed educational materials, a tube of children's toothpaste, floss, and a teeth-brushing timer.

Two developments brought the Dental TEN program to an end. One was the opening of La Clinica de Tolosa in the North County Region. While unable to provide services to all children in need, it definitely expanded dental capacity in the county. Second was the advent of the Children's Health Initiative, which, theoretically, should have brought the number of uninsured children to near zero.

However, children's oral health was still a concern for First 5 SLO County, and in response to that concern, the Commission authorized the development of the Children's Oral Health Initiative, which originally involved two parallel efforts: the Children's Oral Health Planning Project and the WIC Oral Health Program. The First 5 SLO County Commission moved to support the Oral Health Strategic Plan produced by the Planning Project through three additional activities in 2010/11: the SLO County Oral Health Coordinator and expansions of capacity for pediatric dentistry at two local safety net providers: Community Health Centers of the Central Coast and La Clinica de Tolosa.

#### **a. Children's Oral Health Planning Project**

The project began in July 2007 as an 18-month planning process. A needs assessment process was completed with focus groups of local stakeholders, and culminated in the SLO County Children's Oral Health Summit in February 2008. A Coordination Team was selected in Summer 2008 to provide countywide coordination of activities with the long-term goal of establishing a centralized and sustainable response to improve children's oral health. A grant from the California Endowment extended the planning

process through the middle of 2010/11, and expanded the focus from children, ages 0-5, to all youth.

The Coordination Team was charged with four goals: 1) establish the community infrastructure to support children's oral health, which included a countywide Children's Oral Health Coalition and three regional Dental Access Resource Teams (DARTs); 2) support the community-based infrastructure in increasing and improving efforts to prevent childhood oral disease; 3) support the community-based infrastructure in increasing children's access to dental treatment; and 4) develop a Strategic Plan for further action.

The Strategic Plan was unveiled just prior to the second SLO County Children's Oral Health Summit, which was held in February 2010. The activities of the Coordination Team began to diminish during 2010/11, as other activities under the Initiative were implemented. The Planning Project itself ended in April 2011, when the SLO County Oral Health Coordinator began to assume responsibilities.

### **Initiative Outcome**

Children have good oral health  
Increased service integration

### **Indicators**

- Number and percentage of children, ages 1 and older, who receive annual dental exams (F5 CA)
- Number of parents of children, ages 1-5, who receive education about their children's oral health care (F5 SLO)
- Joint planning and decision-making among multiple agencies (F5 CA)

### **Program Data and Results**

Objective 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.

The Strategic Plan was developed by the Children's Oral Health Coalition with input from the regional DARTs. It was presented to the Commission on January 27, 2010 by the Coordination Team.

The plan was comprised of three main components: 1) increased access to preventive services; 2) increased access to dental care; and 3) development of an infrastructure for community coordination. The plan as presented to the Commission did not include prioritization of the goals and strategies, nor were responsible parties completely

identified. But, it did provide a road map for the Commission to move forward in implementing its Oral Health Initiative.

The Strategic Plan was publicly unveiled at the second countywide Children's Oral Health Summit on February 5, 2010. Over 125 medical and dental providers, elected officials, educators, health and social service providers, and community members attended.

Objective 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 position within the SLO County Public Health Department; and 3) procurement of revenue streams to sustain the activities of the coalition.

The SLO County Oral Health Coalition continues to meet regularly. The Coalition includes representatives from around the county, meets bimonthly, and is responsible for monitoring countywide needs and coordinating countywide activities.

The DARTs (Central County, North County, and South County) acted as local resource groups, to identify local needs and issues, and work to implement activities to meet them. They stopped meeting during the first half of 2010/11 as the attendees felt that the need for local focus was not as great as anticipated, and that the meetings of the Coalition were sufficiently able to address local concerns. Some discussion is ongoing about resurrecting the DARTs primarily as a means to attract and involve local oral health care providers.

As part of implementing the Oral Health Strategic Plan the Commission approved a two-year contract with the County of SLO Public Health Department to create a position to serve as the countywide Oral Health Coordinator. The contract provided \$80,000 for the period of July 1, 2010 to June 30, 2012 to: 1) implement the Strategic Plan; 2) provide oral health screening and education; and 3) to provide oral health case management. See the next section (beginning on page 19) for a discussion of this activity.

Objective 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  $\geq$  \$10,000/year); and 5) at least 50% more Medi-Cal-eligible children will make an annual dental visit.

Activities related to the first two parts of this objective were reported in 2009/10. The Coordination Team reported that 7 of the 17 CHDP providers (41%) were "providing fluoride varnish and oral health anticipatory guidance" as of the end of 2009/10. This constitutes 82% of the stated objective. Training in pediatric dentistry was offered twice last year. Five pediatricians, representing 38% of the private practice CHDP pediatric

practices in SLO County, attended the first training. The second was attended by six general dentists employed by Community Health Centers of the Central Coast. The Team reported that “all of these dentists are now providing preventive, diagnostic and restorative services to young children.”

Data concerning Medi-Cal payments for young children in SLO County during 2009 or 2010 have not yet been provided by the State of California, but one additional dentist in SLO County and one from Santa Maria (where a sizable percentage of South County Children have their dental homes) were accepting Medi-Cal as of 2009/10. Two additional providers applied to be Medi-Cal providers, and are anticipating approval in the middle of 2011/12. Medi-Cal data concerning the percent of children with an annual visit during 2010 were unavailable as of this report (data from 2008 and 2009 are presented in Figure 2 on page 24).

Objective 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.

Community Health Centers of the Central Coast (CHC) began providing dental examinations and fluoride varnishes at all Head Start programs in SLO County through their mobile dental van in fall of 2010. A member of the Coordination Team also provided regular dental screenings and quarterly varnish applications during 2010/11 to children at all Early Head Start, Migrant Head Start, and California State Preschools, as well as at WIC sites in Paso Robles and Cambria. The Oral Health Coordinator began to assume these responsibilities in the last month of 2010/11.

## **Conclusion**

The Oral Health Initiative has met its primary objectives. A Strategic Plan has been developed, and is being implemented. An Oral Health Coordinator position has been created, and the Coordinator began work in April 2011. Capacity for pediatric dental treatment has been expanded in the county through the Initiative, as well as through efforts by local providers (i.e., private practitioners, CHC, and La Clinica de Tolosa). Prevention capacity has increased through screening, tooth brushing, and fluoride treatment programs in early education programs that serve low-income at-risk youth (e.g., Head Starts and State Preschools). All of these activities seem sustainable, and should continue after the end of the Initiative’s current funding cycle on June 30, 2012.

## **b. SLO County Oral Health Coordinator**

### **Introduction**

As part of the grant from the California Endowment, First 5 SLO County pledged to work with and support the SLO County Public Health Department in creating and funding a

SLO County Oral Health Coordinator. The position (Oral Health Program Manager) was created during the summer of 2010, and recruitment began immediately. The preferred candidate was not immediately available, so the start date was delayed until April 2011.

The First 5 SLO County Scope of Work involves three primary tasks: 1) coordinating the implementation of the SLO County Children's Oral Health Strategic Plan; 2) offering dental screenings, fluoride varnishes, and oral health education to children, ages 0-5, and their parents; and 3) providing case management to families in obtaining needed dental treatment for their children, ages 0-5.

### **Program Outcome**

Children have good oral health

### **Indicators**

- Number and percentage of children, ages 1 and older, who receive annual dental exams (F5 CA)
- Number and percentage of children, ages 1 and older, who receive fluoride varnishes and/or dental screenings (F5 SLO)
- Number of parents who receive education about the importance of oral health for themselves and their children (F5 SLO)
- Increased attention to prevention-focused services/activities (F5 CA)
- Number of children, ages 1 and older, who receive dental treatment (F5 SLO)
- Joint planning and decision making among multiple agencies (F5 CA)

### **Program Data and Results**

Objective 1: By June 30, 2011 to coordinate implementation of the SLO County Children's Oral Health Strategic Plan.

The transition from the Coordination Team to the Oral Health Coordinator began at the Children's Oral Health Coalition meeting in April 2011. The Coordinator assumed the duties of manager, secretary, and logistician for the Coalition. Options were presented in June 2011 for the formalization of the Coalition organizational structure, and a Chairperson was elected from among the participants. The Coalition also reviewed a summary of activities to date related to the Children's Oral Health Strategic Plan. The Coalition website, SLO Oral Health.org (initial development of which was supported directly through First 5 SLO County funds), was unveiled, and participants were asked to review and offer suggestions as to structure and content. These two Coalition meetings were attended by 42 members (duplicated count).

The Coordinator met with 18 different partners on 24 different occasions in her first three months. She also made formal outreach presentations to five groups, attended by over 80 individuals from across SLO County. During these presentations she explained the

history of the Oral Health Initiative, the Oral Health Coalition, and the Oral Health Strategic Plan. Other activities included: 1) securing a donation of \$1,500 in dental supplies from the Oral Health America *Smiles Across America* program; 2) submitting two grant proposals to support an oral health literacy campaign; and 3) researching data collection and evaluation databases for tracking prevention activities and case management.

Objective 2A: By June 30, 2012 to provide at least 1,200 children, ages 0-5, annually, with a dental screening, toothbrush prophylaxis, and three fluoride varnishes.

During 2010/11 prevention activities (e.g., screenings, toothbrush prophylaxis, varnish applications, and oral hygiene education) occurred through WIC Dental Days. The current model for WIC Dental Days was successfully piloted in 2009/10 by La Clinica de Tolosa through the WIC Oral Health Program (see section d on page 27), and became established as an ongoing program in 2010/11. In June 2011 the Oral Health Coordinator assumed responsibility for WIC Dental Days at the existing site (Paso Robles), and saw the clients who were already scheduled for the dedicated preventive-care appointments on the two half-days. Twenty-one children were screened, given toothbrushes and oral-hygiene kits, and had fluoride varnish applied to their teeth. This is 21% of the stated objective, prorated for the one month the screenings were scheduled (see Table 7).

**Table 7**

<b>Preventive Dental Services for Children, Ages 0-5 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent*</b>
Screenings	2	
Children Screened	21	21%
Receiving Toothbrush	21	21%
Receiving Fl Varnish	21	21%

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (prorated for the month program operated)

The Coordinator also began working to expand to three additional WIC sites across the county in order to provide preventive oral health services to more children. These sites, Morro Bay, Grover Beach, and SLO, were prioritized based on caseloads within the targeted age groups (9 months - 3 years). These sites were scheduled to begin offering oral health services in October 2011.

The successes of the Paso Robles model are due, in part, to the commitment from the partners. The WIC program has dedicated resources to oral health, including their own appointment times. They handle scheduling clients and client check-in and flow, and they reinforce the oral health self-management goals established with each family. La Clinica de Tolosa continues to support the program in Paso with supplies for screenings and staff

support to help with patient intake and interviewing. Tolosa has also agreed to prioritize treatment for WIC children who are identified as needing a dental home through the dedicated preventive-care appointments.

Objective 2B: By June 30, 2012 to provide at least 300 parents of children, 0-5, annually, with education about preventive dental care for their children.

All educational opportunities were in conjunction with WIC Dental Days. While most parents at WIC are mothers, there were a few occasions where other caregiving adults were also present to receive the same messages regarding children’s oral health. Parent education was provided at the two half-days in Paso Robles, and 28 parents and caregivers received instruction about the importance of and proper methods for children’s oral hygiene. This is 112% of the stated objective, prorated for the one month the events were scheduled (see Table 8).

**Table 8**

<b>Oral Hygiene Education for Parents 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent*</b>
Events	2	
Parents/Caregivers	28	112%

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\* Percent of Stated Objective (prorated for the month program operated)

Objective 2C: By June 30, 2012 to reduce previous decay experience and untreated dental disease in low-income children, 0-5, by at least 20% from baseline as determined by the SLO County Smile Survey 2009.

During 2008/09 the Coordination Team conducted oral health screenings for children in Head Start, Migrant Head Start, and the California State Preschool. The data from that year are available as a baseline. The screenings were repeated at the same sites (except for Head Starts in the South County Region, because Community Health Centers had already screened those children), plus screenings were done at the county’s Early Head Start programs. No data are available for the number of children screened in 2010/11 (data were presented as percentages), but it reasonable to assume that the numbers were approximately equal.

For the county as a whole the mean percentages of decay experience (one or more dental caries, treated or untreated), untreated decay, and children needing dental treatment all decreased (see Table 9 on the next page). Decay experience decreased 11% from baseline, untreated decay decreased 15% from baseline, and children needing dental treatment decreased 60% from baseline.

**Table 9**

<b>Percentage of Preschool Children Screened with Oral Health Problems in SLO County</b>		
<b>Region/Oral Health Problem</b>	<b>2008/09</b>	<b>2010/11</b>
<b>SLO County</b>		
Decay Experience	54%	48%
Untreated Decay	35%	29%
Need Dental Care	30%	12%
<b>Central Region</b>		
Decay Experience	48%	38%
Untreated Decay	31%	25%
Need Dental Care*	29%	3%
<b>North County</b>		
Decay Experience*	59%	51%
Untreated Decay*	42%	32%
Need Dental Care*	37%	18%
<b>South County</b>		
Decay Experience	51%	50%
Untreated Decay	28%	29%
Need Dental Care	22%	10%

Oral Health Coordination Team Report to the Commission (9/09)

\* Statistically significant

While all scales in all regions except two were lower in 2010/11 compared to 2008/09 (decay experience and untreated decay were unchanged in the South County), most of the differences came from the North County, where all three indices were significantly lower. The other statistically significant change was children’s need for dental care in the Central County Region. While these data are supportive of SLO County’s efforts to address the oral health needs of young children from low-income homes, a cautionary note must be made regarding a comparison of two single years. More data are needed before a trend can be clearly established or interpreted.

Objective 3A: By June 30, 2012 to provide case management to at least 50 parents of children, ages 0-5, annually, in the following: locating a dentist to treat their child; “convincing” a dentist to accept their child into the dental practice (dental home); and/or scheduling and/or keeping appointments.

During the first quarter of work by the Oral Health Coordinator referrals for case management came in two ways, WIC Dental Days and telephone calls to the Public Health Department. Twenty-one parents were referred to dental care while attending Dental

Days, and ten called on the phone (see Table 10). Five of these referrals were confirmed as successfully completed. This is 120% of the stated objective prorated for the one month the Coordinator was working with families. This may be a low figure, since the case management tracking system was still in development at the time.

**Table 10**

Oral Health Case Management for Children, Ages 0-5 2010/11		
Activity	Number	Percent*
Case Management	31	
Appointments Completed	5	120%

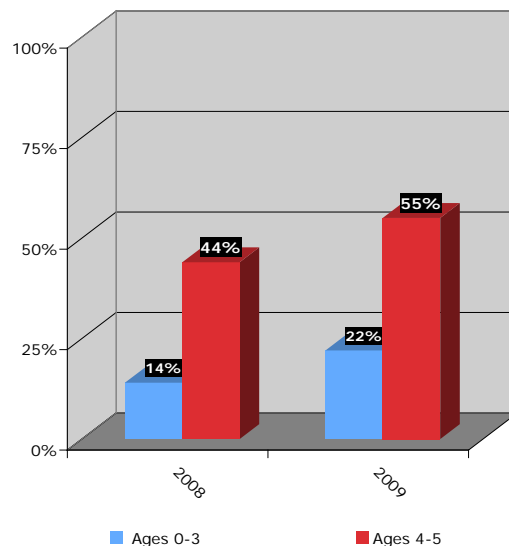
First 5 SLO Quarterly Reports

\* Percent of Stated Objective (prorated for the month program operated)

**Objective 3B** By June 30, 2012 to increase the number of low-income children, 0-5, who had a dental visit during the year by at least 20% from baseline as determined by the SLO County Smile Survey 2009.

Preliminary data concerning dental visits by children, ages 0-5, from low-income homes in SLO County are presented in Figure 2. The data represent the percentage of Medi-Cal children with any dental visit during 2008 and 2009. The proportion of children having a dental visit increased for each age group. Overall the percentage in 2009 was 39% higher than in 2008. These data are preliminary, and only represent two points in time (Medi-Cal data are typically available one to three years after the fact). More complete data over multiple years are needed before any trend may be clearly established or interpreted.

**Figure 2**  
**Medi-Cal Children, Ages 0-5, with a Dental Visit in SLO County**  
**2008 and 2009**



### **c. Dental Home Project**

#### **Introduction**

The Commission moved to expand capacity in the county to provide dental homes for low-income children, ages 0-5, through the release of a Request for Proposals in March 2010. Two contracts were subsequently awarded in June 2010. One contract for \$21,090 was awarded to Community Health Centers of the Central Coast (CHC) to purchase pediatric dental equipment and supplies to expand their capacity to provide children's oral health services at their North and South County clinics. The second contract for \$74,635 was awarded to the Partnership for the Children to provide young children's oral health services at La Clinica de Tolosa in the North County region for the period of July 1, 2010 to June 30, 2012.

#### **Community Health Centers of the Central Coast**

#### **Program Outcome**

Children have good oral health

#### **Indicators**

- Number and percentage of infants and children who receive annual dental exams (F5 CA)
- Number and percentage of children with untreated dental disease (F5 SLO)
- Number of children, ages 1 and older, who receive dental treatment (F5 SLO)

#### **Program Data and Results**

Objective 1A By June 30, 2011 to reduce untreated dental disease in low-income children, 0-5, by at least 20% from baseline as determined by the SLO County Smile Survey 2009.

Objective 1B By June 30, 2011 to increase the number of low-income children, 0-5, who had a dental visit during the year by at least 20% from baseline as determined by the SLO County Smile Survey 2009.

Community Health Centers used First 5 SLO County funds to purchase pediatric dental equipment (e.g., high-speed handpieces and nitrous oxide equipment) and pediatric dental supplies (e.g., pediatric crowns, sutures, and sponges). These were used during 2010/11 at CHC sites in Nipomo and Templeton by both their pediatric dentist and five general dentists.

The equipment and supplies were used with approximately 690 children, ages 0-5 (see Table 11). Altogether, the children were seen in 1,531 appointments, or a mean of 2.2 appointments per child.

**Table 11**

Use of Pediatric Equipment & Supplies at CHC with Children, Ages 0-5 2010/11		
Activity	Children	Appointments
Pediatric Dentist	615	1,417
General Dentists	75	114
<b>Total</b>	<b>690</b>	<b>1,531</b>

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CHC reported that the equipment and supplies allowed them “to expand services and provide more comprehensive services for children 0-5, thus, reducing the need for hospital dental treatment and increasing CHC’s ability to prevent the escalation of untreated dental problems in children from 0-5.” This activity was contracted for only one year, 2010/11.

**La Clinica de Tolosa**

**Program Outcome**

Children have good oral health

**Indicators**

- Number and percentage of infants and children who receive annual dental exams (F5 CA)
- Number and percentage of children with untreated dental disease (F5 SLO)
- Number of children, ages 1 and older, who receive dental treatment (F5 SLO)

**Program Data and Results**

Beginning in late 2009/10 La Clinica de Tolosa underwent expansion of its capacity to provide dental services to children. They replaced a part-time general dentist who worked with children, ages 9 and up, with a pediatric dentist in March 2010, thereby increasing their capacity to work with children, ages 0-5. They added two dental chairs (going from 4 chairs to 6) in May 2010. The new pediatric dentist added a half-day a week to her load of two days a week in July 2010. In August 2010 they hired an

additional Registered Dental Assistant (RDA) to support the additional dental days provided by the pediatric dentist and the two additional chairs.

Tolosa did not bill First 5 SLO County for services until the last quarter of 2010/11. The invoice was for \$9,214, about 12% of the total grant amount. The funds were used to help pay for one of the additional chairs, and some of the time for the RDA. This small amount of funding in the last quarter of the year was insufficient to expect significant programmatic outcomes in so short a time, so no quantitative data are presented for 2010/11. It is expected that data will be more meaningful in the second year of the contract, 2011/12.

#### **d. WIC Oral Health Program**

##### **Introduction**

The WIC Oral Health Program was funded beginning in 2007/08, as a direct service program in support of the First 5 SLO County Oral Health Initiative. It expands oral health education and services provided to WIC mothers, and their children, ages 0-5, throughout SLO County. The activities include: 1) brief dental education for pregnant women; 2) brief dental screening for infants and children; 3) referrals for treatment to the CHDP Dental Program for children with visible signs of dental decay; and 4) oral health classes to parents and caregivers of children, ages 0-5. Services are offered to women and children by Public Health Nutritionists and Aides as part of regular WIC visits.

##### **Program Outcome**

Children have good oral health

##### **Indicators**

- Number and percentage of children, ages 1 and older, who receive annual dental exams (F5 CA)
- Number of parents of children, ages 1-5, who receive education about their children's oral health care (F5 SLO)
- Number and percentage of children, ages 1-5, reported by their parents to have serious cavities (F5 SLO)

##### **Program Data and Results**

Objective 1: By June 30, 2011 to provide brief dental health education for at least 72 unduplicated prenatal women monthly.

One thousand forty-nine unduplicated women received brief dental health education during their WIC visits during 2010/11, or an average of 87 women per month (see Table 12 on the next page). This is 121% of the stated objective. This is the same as the last three years (Year 1 the program operated 9 months, Years 2 and 4 it operated 12 months,

and Year 3 it operated 6 months, accounting for different numbers yielding the same percentage).

The women also received an oral health guide that includes information on the importance of prenatal dental care for the mother and oral health’s effects on the baby. It has a number of specific steps a pregnant woman can do to improve her own oral health.

**Table 12**

<b>Brief Oral Health Education for Pregnant Women</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	789	122%
2008/09	1,062	123%
2009/10	524	121%
2010/11	1,049	121%
<b>Total</b>	<b>3,424</b>	<b>122%</b>

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\* Percent of Stated Objective (prorated for months program operated: nine in 2007/08; six in 2009/10; and 12 in 2008/09 and 2010/11)

Objective 2: 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.

Brief oral health screening was provided to 965 infants (unduplicated\*) in 2010/11 (see Table 13 on the next page). There were 2,752 contacts with infants, which is 115% of the stated objective. The mean number of contacts per infant in 2010/11 was 2.9, indicating that most infants were seen all three times. There are three oral health guides for infants: 3-5 months, 5-7 months, and 8-10 months. Each has general information on oral health, as well as specific steps to take in each age range to improve an infant’s oral health.

Objective 3: By June 30, 2011 to provide a brief dental health screening and education for at least 300 children monthly.

Brief oral health screening and education was provided to 915 unduplicated<sup>1</sup> children, ages 1-5, during 2010/11. Four thousand seven hundred thirty-nine contacts were made with these children (see Table 14 on the next page), which translates to a mean of 395 children screened per month. This represents 132% of the stated objective. Each child was seen a mean of 5.2 times, though most multiple contacts would take place with younger children.

\* Unduplicated infants and children are calculated by counting all infants seen in the first quarter (as it is unlikely any infant will be seen more than once) and adding that number to contacts with new infants and children in each subsequent quarter. Due to record-keeping challenges new infants were defined as six-month-old infants, and new children were defined as 18-month old children. These counts were selected as the estimates for new infants and children during program planning.

**Table 13**

<b>Brief Oral Health Screening &amp; Education Contacts for Infants (less than 12 months)</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	2,308	128%
2008/09	2,957	123%
2009/10	1,401	117%
2010/11	2,752	115%
<b>Total</b>	<b>9,418</b>	<b>121%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (prorated for months program operated: nine in 2007/08; six in 2009/10; and 12 in 2008/09 and 2010/11)

**Table 14**

<b>Brief Oral Health Screening &amp; Education for Children, Ages 1-5</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	3,079	114%
2008/09	4,436	123%
2009/10	2,374	132%
2010/11	4,739	132%
<b>Total</b>	<b>14,628</b>	<b>125%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (prorated for months program operated)

There are two oral health guides for children: 1-2 years and 3-5 years. Each has general information on oral health, as well as specific steps to take with children in the age ranges to improve their oral health.

Objective 4: By June 30, 2011 to provide an educational class on Dental Health to at least 150 unduplicated WIC parents and caregivers annually.

Dental Health classes were held at WIC sites during the fourth quarter of 2010/11. The seventy-five 20-minute classes were attended by a mean 3.5 women each. Individual instruction was also offered to parents and caregivers during their regular WIC visits, thereby reaching an additional 814. One thousand eighty-two parents and caregivers attended a class or received one-on-one education, or 721% of the stated objective (see Table 15 on the next page).

**Table 15**

<b>Women &amp; Caregivers Attending Child Oral Health Classes</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	679	453%
2008/09	725	483%
2009/10	998	665%
2010/11	1,082	721%
<b>Total</b>	<b>3,484</b>	<b>581%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

Objective 5: 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 the La Clinica de Tolosa dentist.

In 2010/11 one hundred eighty-eight parents and/or caregivers of 197 children received health education and a tooth-brushing demonstration (see Table 16) while their children visited a dentist. This is 188% of the stated objective. Although the program was designed to target children, ages 13 to 17 months, WIC staff scheduled parents/caregivers of older children into available appointments if the children had never been to a dentist.

**Table 16**

<b>Parents &amp; Caregivers Receiving Tooth Brushing Education &amp; Demonstration</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2009/10	79	79%
2010/11	188	188%
<b>Total</b>	<b>267</b>	<b>127%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective (the program operated as two-month pilot in 2009/10)

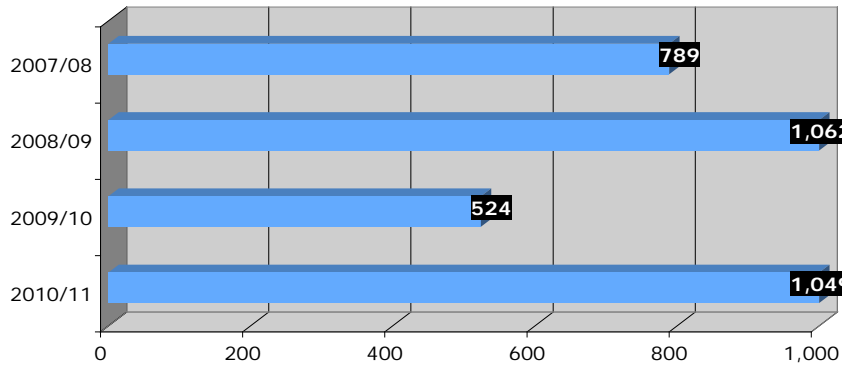
**Conclusion**

The WIC Oral Health program was designed to achieve two purposes. One was to incorporate dental health activities into regular WIC programming. The second was to begin to create a culture of awareness of dental health in low-income families. The program operated for only six months in two years (the first year, 2007/08, and last year,

2009/10). The other two years it operated all 12 months. The program has consistently served more clients than anticipated through the stated objectives.

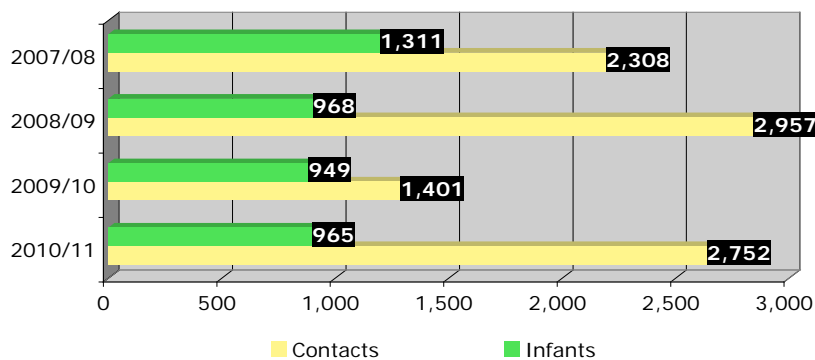
Over 3,400 pregnant women have received brief oral health education (see Figure 3). This equates to 95 women per month of program operation, or 132% of the stated objective of 72 women per month.

**Figure 3**  
**Pregnant Women Receiving Brief Oral Health Education**  
**2007/08 to 2010/11**



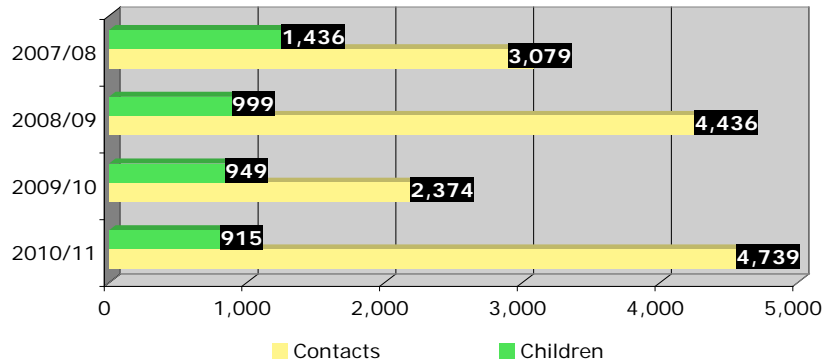
The WIC Oral program has provided brief screenings to over four thousand infants, ages 12 months and younger (see Figure 4). These infants have received this screening an average of 2.2 of the 3 scheduled times, mostly due to the program only operating six months in two of the four years. The program has averaged 261 contacts per month, or 130% of its stated objective of 200.

**Figure 4**  
**Brief Oral Health Screenings for Infants, 12 months and under**  
**2007/08 to 2010/11**



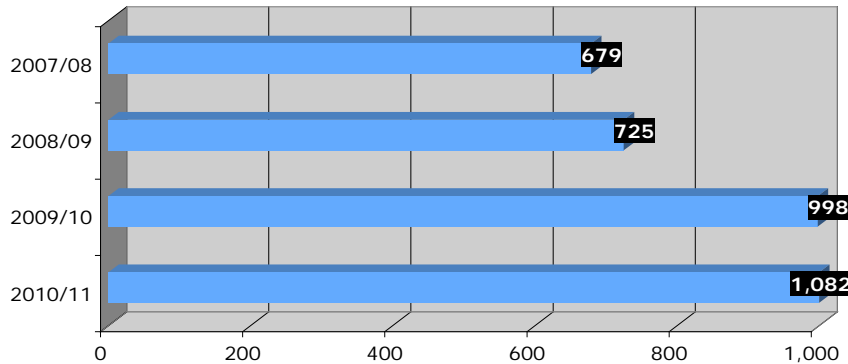
Over 14,500 brief oral health screenings have been provided to over 4,000 children, ages 1-5, through the WIC program in its four years of existence (see Figure 5 on the next page). This is an average of 406 children per month, or 135% of the stated objective of 300. Each child has received a mean of 3.4 screenings.

**Figure 5**  
**Brief Oral Health Screenings for Children, 1-5**  
**2007/08 to 2010/11**



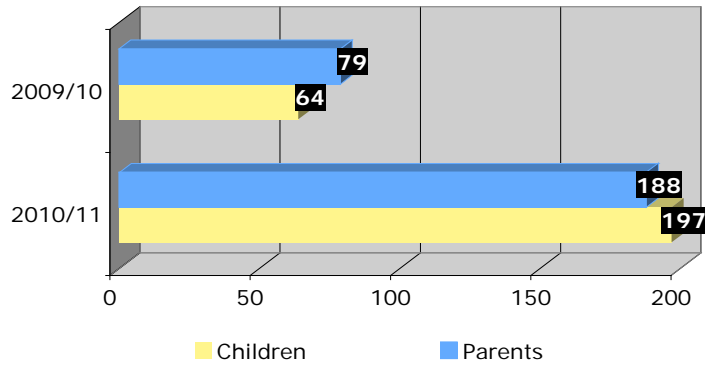
The oral health education classes for parents was challenging to implement. The first year’s attendance in the classes was low, so individual education was offered as an option to the classes. Over 3,400 women and other caregivers have received instruction in their children’s oral health (see Figure 6). This is a mean of 871 per year, or 580% of the stated objective of 150.

**Figure 6**  
**Parents & Other Caregivers Receiving Brief Oral Health Education**  
**2007/08 to 2010/11**



Parenting education and screening were augmented beginning in 2009/10 by WIC Dental Days, wherein WIC appointments are dedicated to oral health education and screenings. More than 250 parents and other caregivers have received instruction in tooth brushing (see Figure 7 on the next page), and more than 250 children have received dental screening by either a dentist or other oral health professional through La Clinica de Tolosa.

**Figure 7  
Attendance at WIC Dental Days  
2009/10 to 2010/11**



**3. PERINATAL SUBSTANCE ABUSE PREVENTION INITIATIVE**

**Introduction**

The Perinatal Substance Abuse Prevention (PSAP) Initiative is a multi-disciplinary, multi-agency collaborative developed to accomplish two things: 1) to identify and prevent perinatal substance abuse (Beginnings); and 2) to provide comprehensive assessment for children who are at-risk for prenatal exposure to alcohol, tobacco, and other drugs (ATOD).

Beginnings was the original name for the First 5 SLO County PSAP Initiative planning effort, which began in 2003/04 with the support of a First 5 mini-grant to fund a diverse team of community leaders (the Children’s Leadership Team) to undergo training from the Child Study Center in Chicago. The team learned about the effects of ATOD use on children *in utero*, and about strategies to prevent as well as ameliorate those effects. Upon returning to SLO County, the team received more funding from First 5 supporting two activities: 1) the establishment of a process for screening pregnant women throughout the county to identify and prevent perinatal substance abuse using Chasnoff’s 4 P’s Plus screening tool; and 2) planning for the countywide assessment of children at-risk due to potential parental ATOD abuse, an effort that produced Martha’ Place - Children’s Assessment Center, which opened in January 2007.

Subsequent to the efforts of the Children’s Leadership Team the SLO County Child Abuse Prevention Council (SLO-CAP) applied for First 5 funding to continue and expand Beginnings role in the prevention of perinatal substance exposure. That funding was granted, and the program began its new incarnation in July 2007.

**a. 4 P’s Plus**

Screening in SLO County began in December 2003. Through 2010 over 8,500 women have been screened. In the first full year 36% of the county’s pregnant women were

screened, 45% of the then stated objective of 80% (see Table 18 on the next page). The percentage of pregnant mothers screened was up to 54% in 2005. The last four years the percentage of screened mothers has been a mean of 45%, though it was up somewhat (53%) in 2010.

The significance of this lies in two factors. The first is the sample size of the screenings. The fact that slightly less than half of the population has been sampled doesn't necessarily mean the sample is not representative. That depends on how the sampling is done. In the case of the 4 P's Plus tool, sampling is dependent on the provider's willingness to perform the screening and report the data. Data related to ethnicity and income status (in the form of insurance type) have been available since late in 2006 (see Table 17). Data indicate that the sampling of 4 P's Plus, at least since 2006, has been skewed toward minority and lower-income women such that they are twice as likely to be screened as their representation in the population would suggest.

**Table 17**

4 P's Plus Demographics 2006 - 2010				
Demographic		4 P's Plus		SLO County
		Number	Percent	Percent
Ethnicity	Hispanic	2,855	41%	20%*
	White	3,955	57%	72%*
Insurance	Medi-Cal	2,840	58%	26%**
	Private Pay	2,047	42%	74%**

NTI Upstream

\* U.S. Census, 2010

\*\* Action for Healthy Communities, Community Awareness Report, 2010

The second factor affected by the sample size is prevention of perinatal substance exposure. An important part of the 4 P's Plus screening process is the *I Am Concerned* message. Upon receiving a positive screening the physician briefly counsels the pregnant woman on the dangers that substance use poses for her developing baby. The idea is to deter the woman from continued use. If around half of pregnant women are screened, the scope of the prevention message is half of what it could be.

The screening data from the last seven years are also presented in Table 18 on the next page. The first report on screening data indicated a positive screening rate of 42% (which included a small sampling from the first 5 months of 2003, not included herein). This decreased considerably to 31% in 2006 and 32% in 2007, and has fluctuated at a slightly higher mean since then.

**Table 18**

<b>Results of ATOD Screenings for Pregnant Women in SLO County</b>														
<b>Category</b>	<b>2004</b>		<b>2005</b>		<b>2006</b>		<b>2007</b>		<b>2008</b>		<b>2009</b>		<b>2010</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Births	2,694		2,681		2,755		2,884		2,809		2,611		2,617	
Screened*	1,042	39%	1,438	54%	1,182	43%	1,175	41%	1,250	44%	1,199	46%	1,382	53%
Positive Screens**	443	43%	577	41%	361	31%	372	32%	456	36%	482	40%	493	36%
Alcohol	364	36%	479	33%	268	23%	304	26%	360	29%	407	34%	392	28%
Tobacco	177	17%	238	17%	194	16%	155	13%	191	15%	205	17%	200	15%
Illicit Other Drug	97	9%	99	7%	92	8%	99	8%	105	10%	80	7%	167	12%
Continued Use**	254	22%	386	27%	252	21%	218	18%	244	20%	224	19%	264	19%
Alcohol	230	22%	301	21%	160	14%	155	13%	167	13%	156	13%	166	12%
Tobacco	5	<1%	127	9%	135	11%	107	9%	117	9%	122	10%	126	9%
Illicit Other Drug	52	5%	73	5%	50	4%	43	4%	44	4%	28	2%	101	7%

NTI Upstream

\* Percent of Births

\*\* Percent of Screened Mothers

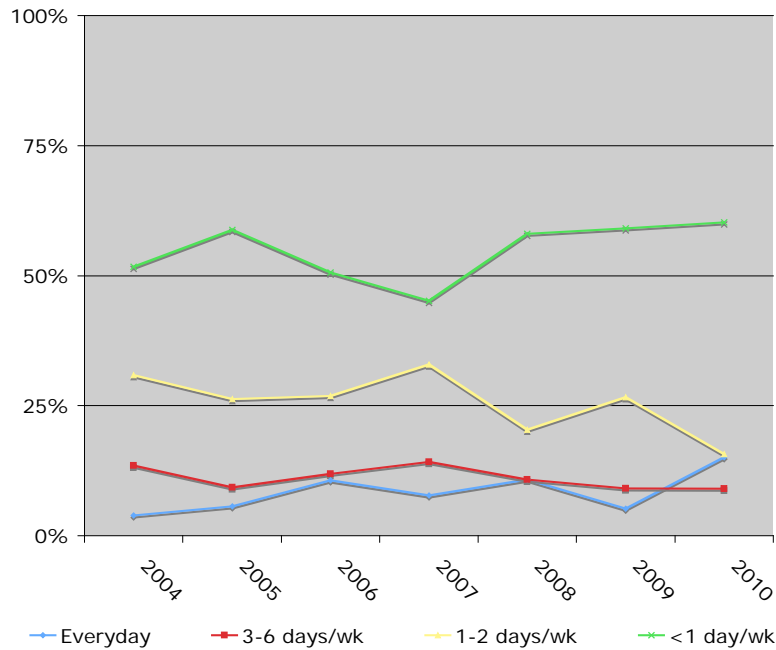
<b>Percent of Live Births Screened</b>							
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
Percent	39%	54%	43%	41%	45%	43%	53%
Percent of Original Objective (80%)	45%	67%	54%	53%	56%	54%	66%

The mean rate of positive screenings in the past seven years was 40%. Alcohol use before women knew they were pregnant averaged 32%, and tobacco use averaged 16%.

Positive screenings after the positive pregnancy test averaged 21%. Alcohol use after women knew they were pregnant averaged 17%, and tobacco use averaged 9%. Thus, positive screenings after women knew they were pregnant (compared to before they knew) were down an average of 48%, alcohol use decreased an average of 47%, and tobacco use decreased an average of 44%.

Data are available concerning reported frequency for women who reported use of alcohol after they knew they were pregnant (see Figure 8). The majority of women who continue to drink while pregnant (21% of the total population) reported doing so less than once a week (mean = 55%). One-quarter of the women reported drinking 1 to 2 times per week (26%). One-eighth of the women reported drinking 3 to 6 times per week (11%), and 8% reported drinking daily. It should be noted that, while there is some debate, a significant number of experts view any alcohol or other substance use during pregnancy as a threat to a developing child.

**Figure 8**  
**Frequency of Continued Alcohol Use During Pregnancy**  
**2004 to 2010**



**b. Beginnings**

**Introduction**

Beginnings is operated by the SLO County Child Abuse Prevention Council (SLO-CAP), and has two primary goals. The first is the operation of the Beginnings collaborative of

service providers and other experts in fields related to prenatal and neonatal health. The group meets regularly to coordinate efforts to raise awareness in other agencies and organizations as well as in the general community regarding alcohol, tobacco, and other drug (ATOD) use during pregnancy. The second goal is to prevent perinatal substance exposure in SLO County through raising community awareness and through presenting curricula aimed at specific target groups.

### **Program Outcome**

Increased service integration

Children are born healthy

### **Indicators**

- Joint planning and decision making among multiple agencies (F5 CA)
- Number and percentage of women who report no alcohol, tobacco, and/or other drug use during pregnancy (F5 SLO).

### **Program Data and Results**

Objective 1: By June 30, 2011 for SLO-CAP to organize at least 4 Beginnings meetings annually to coordinate and monitor countywide efforts to prevent alcohol, tobacco, and other drug use by women who are pregnant or breastfeeding.

SLO-CAP provides organizational and fiscal management services for the Beginnings collaborative, and promotes relations between partner agencies, coordinates public awareness efforts, and guides development/evaluation activities of the awareness projects. Meetings incorporate agenda items related to home visitation, perinatal substance abuse prevention, and postpartum depression.

The membership of Beginnings includes a range of agencies and organizations, including: ALPHA Pregnancy and Parenting Support, Cuesta College Early Childhood Education Department, Cuesta College Nursing Dept, CAPSLO Family Support Services, Foster Parent Association, Friday Night Live, Martha's Place – Children's Assessment Center, North County Connection, Planned Parenthood, SLO Child Development Center, SLO County DSS Child Welfare Services, Women's Shelter of SLO County, and SLO County Public Health Department.

Beginnings meetings have been scheduled quarterly. In earlier years, Beginnings meetings were monthly, but were reduced to allow time for meetings of the Steering Committee and other working and planning groups. There were 5 meetings of the entire collaborative in 2010/11 (see Table 19 on the next page), averaging an attendance of 15. They reported a decision to make meetings more frequent (bimonthly), but only reported doing that in the third quarter of 2010/11.

**Table 19**

<b>Beginnings Meetings</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	10	111%
2008/09	5	55%
2009/10	4	100%
2010/11	5	125%
<b>Total</b>	<b>24</b>	<b>98%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (amended in 2009/10 to 4 quarterly meetings)

The bulk of the work of the collaborative is now done in the Steering Committee and workgroups: e.g., Curriculum (e.g., evaluation and modification of prevention trainings) and Public Relations (e.g., website, planning for events, etc.). The Steering Committee primarily provides financial and administrative guidance. The workgroups meet as needed. In 2010 there were 14 meetings, attended by a mean of 6. These meetings included the Steering Committee (1); Fetal Alcohol Spectrum Disorder (FASD) Awareness Day Planning (8); Retreat Planning (4); and Perinatal Outreach Extended Groups (POEG, a substance abuse treatment group) Video Planning (1).

Beginnings also wrote four grant proposals to support and expand its efforts. Three were funded. One, to the March of Dimes, was funded for \$2,500 to support expanded outreach to local medical providers. A second, to the Women’s Legacy Fund was received for \$1,500 to support a PILOT Shared Leadership Program. And, a third to the National Organization on Fetal Alcohol Syndrome (NOFAS), was funded for \$2,250 to pay for coordination and technical services related to updating the Beginnings high school and community college curricula.

In addition, Beginnings became a member of NOFAS, and the Beginnings Coordinator represented SLO County at the 2011 NOFAS Summit in Washington, D.C. All travel and lodging expenses were reimbursed by NOFAS.

Objective 2: By June 30, 2011 to increase public awareness of the effects of ATOD use during pregnancy and breastfeeding through: 1) at least 40 presentations of the high school curriculum annually; 2) at least 2 presentations of the adult community education programs annually; 3) at least 3 conference/training meetings; and 4) presence and advocacy at community events, meetings, etc.

Beginnings works to increase public awareness in a number of ways. The Beginnings curriculum uses a multimedia PowerPoint presentation to provide information to high school-age youth on the effects of alcohol, tobacco, and other drugs on a developing fetus. The training was presented to 41 classrooms in 2010/11 with 1,105 young people in attendance (see Table 20 on the next page). This is 103% of the stated objective.

**Table 20**

<b>Beginnings Trainings for Adolescents</b>		
<b>Year</b>	<b>Groups/Classes</b>	<b>Attendance</b>
2008/09	35	770
2009/10	38	856
2010/11	41	1,105
<b>Total</b>	<b>114</b>	<b>2,731</b>

First 5 SLO Quarterly Reports

<b>Percent*</b>
103%

\* Percent of Stated Objective

The Beginnings curriculum has been adapted for use with adults. This training was presented to 3 groups of adults (32 participants) and 1 group of college students (online presentation to 55 students) in 2010/11 (see Table 21). This is 150% of the stated objective. The adolescent curriculum is presented under a subcontract by ALPHA Pregnancy and Parenting Support.

**Table 21**

<b>Beginnings Trainings for Adults</b>		
<b>Year</b>	<b>Groups/Classes</b>	<b>Attendance</b>
2009/10	3	117
2010/11	4	87
<b>Total</b>	<b>3</b>	<b>204</b>

First 5 SLO Quarterly Reports

<b>Percent*</b>
200%

\* Percent of Stated Objective

Beginnings also sponsors trainings and other community education programs. In 2010/11 they had 14 such activities, which is 467% of the stated objective. A few examples are: a training for public health employees attended by 15 field nurses, another in evidence-based practices in prenatal care at French Hospital attended by 32, and three sessions of Teen Monologues attended by 343 youth.

Beginnings helps raise awareness by being a presence at community events. They increase awareness through distribution of their brochures and other materials. Examples of the 14 events in 2010/11 included Children’s Day in the Plaza, Sobering Truth

Conference, Birth and Baby Resource Fair, and World Homeless Day. They also produce print-medium advertisements, and displayed them in seven different venues, including the two local college newspapers, SLO Transit buses, and a billboard on the Public Health Campus.

The Beginnings website has news, meeting schedules, agendas and minutes, and also has a link to the Beginnings curriculum, which was used online by 79 individuals (not counting the one Cuesta college classroom previously mentioned). They also have developed a Facebook page, and are developing methods for using this and other social networking sites.

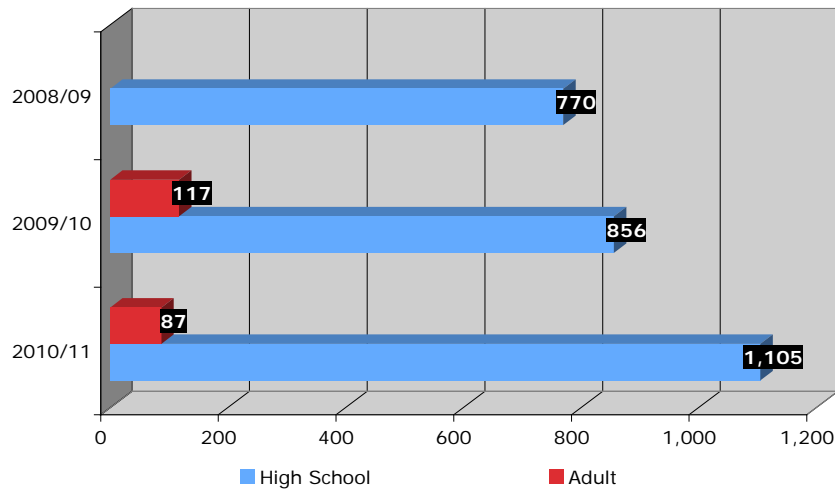
**Conclusion**

Beginnings is an established community collaborative aimed at reducing ATOD use by pregnant women. The group maintains the countywide collaborative, raises awareness, and provides prevention programming.

The Beginnings collaborative regularly draws an average of 15 participants. Beginnings representatives are a presence at many local meetings and events. And, they have been champions in the local fight against Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder. Most of the trainings and events stress FAS and FASD as possible results of alcohol use during pregnancy.

Primary prevention efforts have been largely aimed at high school-age students. In the past three years 114 presentations were made to 2,731 members of that population (see Figure 9). Four prevention trainings were provided to college students, and three to other adults, and these adult trainings were attended by 204 participants.

**Figure 9**  
**Attendance at Beginnings Prevention Curricula Presentations**  
**2008/09 to 2010/11**



Other trainings were offered targeting providers, other agencies, and peer educators. Print and billboard ads, the Beginnings website and Facebook page, and brochures also provide outreach and raise awareness.

### **c. Martha's Place – Children's Assessment Center**

#### **Introduction**

Martha's Place - Children's Assessment Center (MP-CAC) was developed with consultation from Ira Chasnoff, M.D. from the Child Study Center in Chicago. It was born from a First 5 SLO County-sponsored effort, the Children's Leadership Team, a diverse group of community leaders that was formed in 2003/04. The team was trained in Chicago by Dr. Chasnoff, and came back to organize MP-CAC based on the Model of Care developed by Dr. Chasnoff in consultation with the team.

Martha's Place began as a collaborative program of agencies and organizations providing a comprehensive system to identify, refer, and treat children who have been prenatally exposed to alcohol, tobacco, and other drugs (ATOD) or who are exhibiting at-risk behaviors that interfere with normal development. The goal was to provide comprehensive assessment to identify the appropriate interventions to assist each child in reaching their full potential. In this way the center works to significantly increase the number of high-risk children who are prepared to enter school.

The assessments form a comprehensive review of each child's medical, cognitive, behavioral, social, educational, and emotional development, as well as of parental functioning. The Model of Care calls for children to be referred to treatment in their communities, including pharmacological treatment, occupational therapy and sensory integration, physical therapy, speech and language support, parent education, and coordination and case management.

Martha's Place was reorganized prior to the start of 2010/11. It ceased to be a quasi-independent organization, and was incorporated into SLO County Behavioral Health.

#### **Outcomes**

- Increased service integration
- Increased accessibility of services/activities

#### **Indicators**

- Joint planning and decision making among multiple agencies (F5 CA)
- Number and percentage of children (with possible perinatal substance exposure) identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry (F5 CA/SLO)

**Program Data and Results**

Objective 1: By June 30, 2011 to maintain Martha’s Place - Children’s Assessment Center as a collaborative single point of contact for comprehensive assessment, diagnosis, treatment planning, health/Medi-Cal information and referral services, and provider access assistance for children, ages 0-5, in the target population.

Martha’s Place - Children’s Assessment Center opened in January 2007. It is now operated by SLO County Behavioral Health. MP-CAC is still overseen by an independent body, the Model of Care Partnership Oversight Committee (MoCPOC). The committee is composed of representatives of the various component agencies and organizations. No data were available about the meetings during 2010/11.

Objective 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).

During 2010/11 Martha’s Place-CAC received 189 referrals (see Table 22). This is 26% above the mean of about 150 received for the previous two years. About half of the referrals (53%) came from county agencies. All children referred (100%) were between the ages of zero and five years.

**Table 22**

<b>Number and Sources of Referrals to MP-CAC in 2010/11</b>		
<b>Source</b>	<b>Number</b>	<b>Percent</b>
Department of Social Services	78	41%
Drug & Alcohol Services	9	5%
Mental Health	6	3%
Public Health Department	8	4%
Tri-counties Regional Center	10	5%
ECE Programs	9	5%
Schools	6	3%
Nonprofits	18	10%
Private Practitioners	13	7%
Others (SAFE, etc)	30	16%
<b>Total Referrals</b>	<b>189</b>	<b>100%</b>

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Tracking individual clients through Martha’s Place has presented significant challenges in the past. The evaluation, intake, and assessment activities are complicated, and can vary with the child’s age and presenting symptoms. The process is as follows: 1) a child

is referred to MP-CAC; 2) once information is received from the referral source a medical evaluation is scheduled to determine the existence and nature of developmental delays; 3) some children are referred for treatment at this point, and others are scheduled for a mental health intake, during which a licensed therapist prepares a written assessment and determines “medical necessity” (i.e., meeting criteria for a DSM IV diagnosis and demonstrating at least a moderate level of impairment in development); 4) some children are referred for treatment at this point, and others are scheduled for a full psychological assessment (the primary service activity provided by Martha’s Place), which includes a spectrum of analytic and diagnostic tools and procedures to determine special needs and future treatment options for the child; 5) a full team report is compiled with information from all levels of assessment along with future treatment options; 6) a feedback session is scheduled during which the report is discussed with the child’s parents and/or caregivers; and 7) the child is referred for treatment, which may include Mental Health, Medical Occupational/Physical Therapy, and/or Speech Therapy. Add in medical and psychological reevaluations, dropouts who return, children’s changing needs as they age, and things only get more complicated.

SLO County Behavioral Health moved to expand internal capacity to deal with the complexities of process through two methods. First was the integration of young children, ages 0-5, into the SLO County SAFE System of Care. SAFE SOC brings many players together at the same table to identify resources and develop treatment options to meet the needs of children and their families. Second was the modification of the assessment process. They developed a Short-team Report based on information collected by the medical evaluation and the mental health intake. Thus, parents whose children are referred at that point in the process get a report and feedback analogous to those at the final full-assessment stage. If the resulting treatment recommendations do not prove effective, the child is scheduled for a full psychological assessment.

One hundred eighty-two of the referrals were entered into the system, that is, paperwork was completed and submitted by the referral source. One hundred seventy-four of the 182 (96%) were successfully scheduled for medical evaluations (see Table 23). Two were judged to be inappropriate at this early stage, and referred elsewhere. Six families (3%) did not show up for their appointments.

**Table 23**

<b>Disposition of Referrals to MP-CAC in 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Completed Referral Information	182	
Scheduled for Medical Evaluation	174	96%
Inappropriate/Referred Elsewhere	2	1%
No Shows	6	3%

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Of the 174 children scheduled for the first step in the assessment process, medical evaluation, 149 (86%) received medical evaluations (see Table 24). Two-thirds of those scheduled (68%) were moved on to step 2, a mental health intake. The others either did not qualify for medical necessity and were referred to other resources (18%), or were no shows or did not complete paperwork (13%). This was the highest no-show rate in the process.

**Table 24**

<b>Medical Evaluations at MP-CAC in 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Scheduled for Medical Evaluation	174	
Completed Medical Evaluation	149	86%
Eligible for a Mental Health Intake	119	68%
Inappropriate for Intake/Referred	31	18%
No Shows	24	13%

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One hundred eleven of those eligible (93%) were scheduled for step 3, a mental health intake (see Table 25). One hundred seven intakes (96%) were successfully completed, with 43 (39%) being determined to be eligible for step 4, a complete psychological assessment. Slightly more than half of the clients (56%) were inappropriate for a psychological assessment and were referred for treatment, and 4% did not show up for the appointment.

**Table 25**

<b>Mental Health Intakes at MP-CAC in 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Scheduled for Mental Health Intake	111	
Completed Mental Health Intake	107	96%
Eligible for a Psychological Assessment	43	39%
Inappropriate for Assessment/Referred	62	56%
No Shows	4	4%
Short-Team Reports (3 <sup>rd</sup> and 4 <sup>th</sup> Quarters)	26	37%*

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\* Percent of Intakes Completed in 3<sup>rd</sup> & 4<sup>th</sup> Qtrs

Fifty-two children (69%) were scheduled for a full psychological assessment (see Table 26 on the next page), and another 9 (12%) were pending at the end of the year. Forty-eight psychological assessments (92%) were completed, and all of those were determined to be in need of treatment.

**Table 26**

<b>Psychological Assessments at MP-CAC in 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Scheduled for Psychological Assessment	52	
Completed Psychological Assessment	48	92%
Eligible for Treatment	48	92%
Inappropriate for Treatment/Referred	1	1%
No Shows	1	1%
Reports (% Completed Assessments)	51	106%
Feedback Sessions (% Completed Assess.)	50	104%

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The final step in the MP-CAC assessment process is the completion of a full report and the presentation of that report to the family in a feedback meeting. Fifty-one reports (106% of those with psychological assessments) were completed as of this report, and 50 feedback meetings with families (104%) were held. Additional services included: 40 children received psychological testing; 108 children received medical reevaluations.

Children deemed inappropriate for the next step at MP-CAC and referred for treatment before the psychological assessment stage averaged 25%, with the highest percentage (56%) at the mental health intake stage. No shows for service averaged 6%, and were highest (13%) at the medical evaluation step.

One hundred forty-one children (95% of the 149 children successfully entering MP-CAC, i.e., completing an initial medical evaluation) were referred for treatment, either at an intermediate step (93 or 63%), or at the end of the assessment process (48 or 32%). See Table 27 on the next page. For purposes of this evaluation these would constitute completed assessments, and equal 98% of the stated objective of 144 completed assessments.

Data concerning the kind of treatment needed by the assessed children are presented in Table 28 on the next page. Most children (72%) were referred to occupational/recreation therapy. Somewhat fewer (66%) were referred for mental health treatment. Sixteen percent were referred for medical treatment, and 15% were referred for speech therapy.

One of the challenges faced by MP-CAC in its three-and-a-half years of operation has been the low number of qualified treatment providers in SLO County. Follow-up information was available the children referred for treatment, and the results are presented in Table 29 on the next page. Most children referred for mental health treatment (86%) and speech (86%) therapy were in treatment. About two-thirds of the children (65%) referred for medical treatment were receiving it. But, only 44% of those referred for OT/PT were in treatment. The overall mean was two-thirds of referred children (69%) were in the treatment for which they were referred.

**Table 27**

<b>Completed Assessments at MP-CAC in 2010/11</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Completed Initial Medical Evaluation	149	
Referred at Medical Evaluation	31	21%
Referred at Mental Health Intake	62	42%
Referred at Feedback Sessions	48	32%
Pending	9	6%
No Shows after Medical Eval	5	3%

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<b>Number</b>	<b>Percent*</b>
141	98%

\* Percent of Stated Objective

**Table 28**

<b>Children Referred for Treatment by MP-CAC in 2010/11</b>		
<b>Status</b>	<b>Number</b>	<b>Percent</b>
Completed Assessments	141	
Mental Health Treatment*	93	66%
Occupational/Physical Therapy*	102	72%
Medical Treatment*	23	16%
Speech Therapy*	21	15%

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\* Percent of Referred over 100% due to Multiple Referrals

**Table 29**

<b>Children Referred for AND in Treatment by MP-CAC in 2010/11</b>		
<b>Status</b>	<b>Number</b>	<b>Percent</b>
Mental Health Treatment	80	86%
Occupational/Physical Therapy	45	44%
Medical Treatment	15	65%
Speech Therapy	18	86%
<b>Mean</b>	—	<b>69%</b>

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Objective 3A: By June 30, 2011 approximately 15 children and their families annually in the target population will be provided mental health treatment.

All of the children referred for mental health treatment (80) were treated at MP-CAC during 2010/11 (see Table 30). This is 533% of the stated objective of 15, a substantial increase over the previous three years, when the mean number referred was 209% of the stated objective (or 31 children).

**Table 30**

<b>Children Receiving Treatment at MP-CAC</b>		
<b>Period</b>	<b>Number</b>	<b>Percent*</b>
2007/08	40	267%
2008/09	25	167%
2009/10	29	193%
2010/11	80	533%
<b>Total</b>	<b>160</b>	<b>356%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

Objective 3B: By June 30, 2011 approximately 36 children in the target population will be provided occupational therapy treatment annually.

While specific data were not available, it is reasonable to assume that the 45 children successfully engaged in Occupational/Recreational Therapy were served under the subcontract with Pediatric Therapy Solutions, Inc. (see Table 31). The mean monthly caseload was 11.2, or about the same as 2009/10 when it was 12.3.

**Table 31**

<b>Children Receiving Occupational Therapy</b>		
<b>Period</b>	<b>Number</b>	<b>Percent*</b>
2009/10	49	136%
2010/11	45	125%
<b>Total</b>	<b>94</b>	<b>131%</b>
<b>Mean Quarterly Caseload 10/11</b>	<b>11.2</b>	

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

**Conclusion**

Referrals were up in 2010/11 compared to the mean of three prior years; 189 versus 150 (see Table 32 on the next page). So, too, was the percentage of referrals successfully entering the MP-CAC assessment system (96% versus 72%). Assessments were completed on 71% of the children referred (plus those scheduled from the prior year), up from 42%.

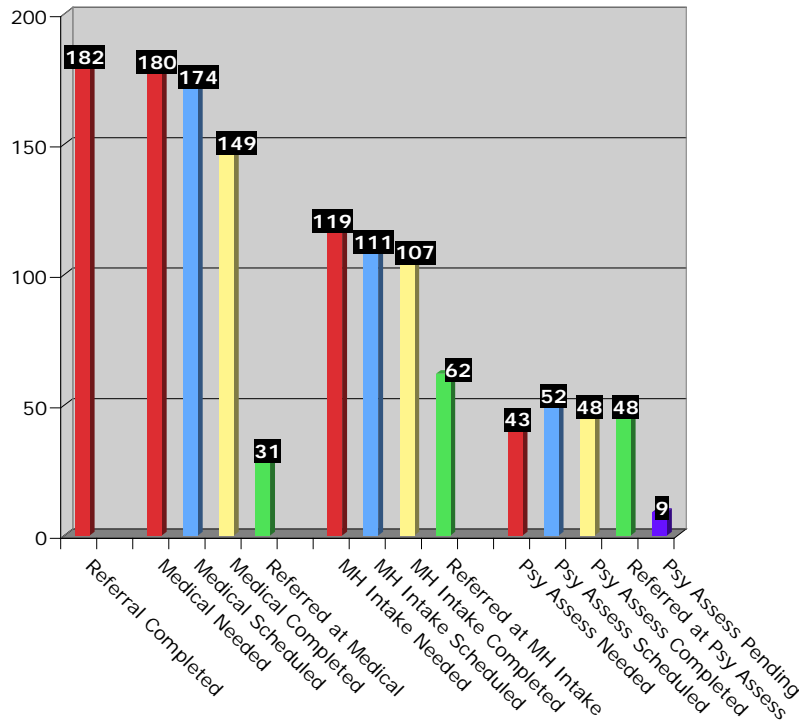
Table 32

Children Referred to, Entering, and with Completed Assessments at MP-CAC 2007/08 to 2010/11					
Period	Referred	Entered MP-CAC		Completed Assessments	
	Number	Number	Percent*	Number	Percent**
2007/08	145	99	68%	25	17%
2008/09	154	119	77%	119	67%
2009/10	151	107	71%	140	64%
2010/11	189	174	92%	141	71%

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 \* Percent of Children Referred  
 \*\* Percent of Children Referred Plus Previous Year’s Referrals Scheduled

The assessment process at MP-CAC is comprehensive, rigorous, and complicated. Figure 10 presents summary data for each of the steps (medical evaluation, mental health intake, and full assessment) in 2010/11 concerning the number of children entering, completing, and referred at each step.

Figure 10  
 MP-CAC Assessment Steps & Results  
 2010/11



Treatment capacity in SLO County is still an issue. While most children referred to mental health treatment (86%) and speech therapy (86%) were in treatment, fewer were

in treatment for medical (65%) or OT/PT (44%) needs, the latter of which was the most common referral reason (72%).

#### **4. SCHOOL READINESS INITIATIVE**

##### **Introduction**

First 5 SLO County has school readiness projects in two school-communities: Georgia Brown Elementary School in Paso Robles and Oceano Elementary School in the South County. Only the Georgia Brown project is funded in conjunction with First 5 California's School Readiness Initiative. Oceano Elementary School did not qualify for the State Commission matching funds program, however its historically low API scores (in the 3-5 decile range) and the community's demographics were such that the local Commission decided to establish and fully fund a program there.

The purpose of the School Readiness (SR) Initiative is to improve the ability of families, schools, and communities to prepare children to enter school ready to succeed. First 5 SLO County's School Readiness Programs build on existing infrastructure and services and respond to local needs using strategies based on the Five Essential and Coordinated Elements: 1) early care and education; 2) parenting/family support; 3) health and social services; 4) schools' capacity; and 5) program infrastructure, administration, and evaluation. The programs link early care and education settings to neighborhood school sites, as well as provide services at or near schools or through mobile delivery strategies.

The First 5 SLO County School Readiness Initiative was developed through a grassroots community process. Parents and professionals in each community identified their community's needs, and planned strategies to meet those needs. What is more, these Neighborhood Teams still meet regularly to monitor the implementation of the funded activities.

##### **Initiative Outcomes**

Children enter kindergarten "ready for school"

##### **Indicators**

- Number and percentage of children who have ever attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry (Key)
- Number and percentage of children who participate in school-linked transition/school readiness immersion programs (Elective)
- State standardized test scores for reading in second grade (F5 SLO)
- Number, percentage, and type of collaborative involvement in the planning, monitoring, and implementation of the School Readiness Plans (F5 SLO)

- Number and percentage of children who enter school “ready to learn” (Elective)
- Number and percentage of children who have access to full-year and/or full-day preschool (F5 SLO)
- Number and percentage of parents who participate in parenting education (F5 SLO)
- Number and percentage of parents of children, ages 0 to 5, who receive family support and counseling services (F5 SLO)
- Number and percentage of parents receiving parenting skills training and support (Elective)
- Number and percentage of families who report reading or telling stories regularly to their children, ages 3 to 5 (Key)

### **Overall Outcome Measure**

When the program began there were two overall measures of the efficacy of SR activities in the two school-communities. The first was the Kindergarten Entry Profile (KEP) designed by First 5 California for the statewide SR Initiative. This measure was administered twice, once in 2004 (baseline) and once in 2006 (treatment). Data from those two administrations were reviewed in the *2006/07 First 5 SLO County Outcome Evaluation Report*. As part of the ever-evolving statewide evaluation, the KEP was suspended as an outcome measure by the State Commission in 2008. First 5 SLO County has not administered the KEP on its own since 2006.

The second measure, used by First 5 SLO County, is the Academic Performance Index (API), which was used to select the original list of schools eligible for the statewide SR initiative. SLO County continues to track API scores at both participating schools.

### **Academic Performance Index**

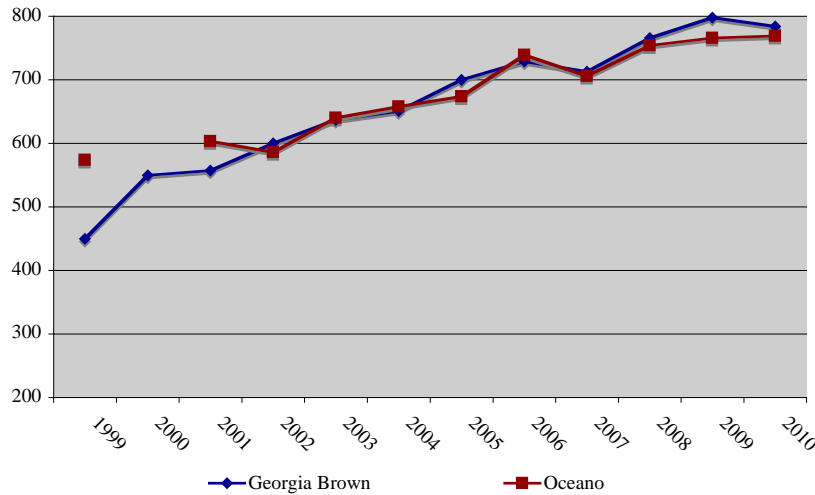
Objective 1: By June 30, 2011 to help to increase children’s readiness to enter kindergarten in the two school-communities as measured by the API through comprehensive integrated services to children, ages 0-5, and their families from the Georgia Brown and Oceano school-communities in the areas of family functioning, early care and education, health, and systems of care.

The Academic Performance Index (API) is a numeric index (or scale) ranging from a low of 200 to a high of 1000 that reflects a school’s performance level based on the results of statewide testing: California Standards Test, California Achievement Test, and the California High School Exit Exam. The statewide API performance target for all schools is 800. Schools with scores below 800 are expected to increase their scores by at least 5% each year, with a minimum annual growth of 5 points.

Figure 11 presents data from Georgia Brown’s and Oceano’s API reports since 1999. The years 1999 through 2003 can be considered baseline scores relative to the School

Readiness Programs. API scores at both Georgia Brown and Oceano have risen fairly consistently during the seven years of the School Readiness Project. At Georgia Brown the increase has been 31.4% over mean baseline, and at Oceano it has been 28% over mean baseline.

**Figure 11**  
**API Scores for Georgia Brown and Oceano Elementary**



**Program Data and Results**

Both the Georgia Brown and Oceano School Readiness Programs began in fall 2004. Implementation of the activities took time, and some original activities have been replaced by new activities. The opening of the Georgia Brown First 5 Preschool in the fall of 2006 was the final programmatic step from the original SR plan. The plans at each school were developed through significant community input to address school and community needs in the four result areas: family functioning, early care and education, health, and systems of care. They are constantly reviewed and changed according to emerging needs in each school-community.

**Result Area #1: Improved Family Functioning**

**Family Literacy**

Objective 2: By June 30, 2011 to provide family literacy materials to at least 80 families in the Georgia Brown school-community and to at least 40 families in the Oceano school-community, annually.

Through grants (originally from the SLO County Community Foundation, then through the Orfaea Foundation, and most recently from support through local donors) both school-communities have enjoyed a Raising a Reader (RAR) program. Parents and their children receive a bag of books. Parents are encouraged to read daily to their children, and to return to obtain a new bag.

Raising a Reader was operated by the Paso Robles Public Library Study Center located in the Georgia Brown school-community from December 2003 through 2009/10. In 2010/11 it was shifted to the Georgia Brown First 5 Preschool and Liberty High School (for children of high school students). Twenty-eight families participated in Paso Robles’ RAR in 2010/11 for a total number of 515 participants over the course of the seven and a-half years of the program (see Table 33). The 28 families in 2010/11 represent 35% of the program’s objective.

**Table 33**

Families Participating in Raising a Reader 2007 to 2011				
Year	Georgia Brown		Oceano	
	Annual	Total	Annual	Total
2007/08	30	30	92	92
2008/09	78	108	120	212
2009/10	102	210	98	310
2010/11	28	238	105	415
<b>Total (Since Inception) GB: 2003 Oc: 2005</b>		<b>515</b>		<b>467</b>

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Site	Percent*
Georgia Brown	35%
Oceano	263%

\* Percent of Program Objective

The Oceano RAR began in November 2005. For the first two years it operated at the Oceano Library adjacent to the First 5 SLO School Readiness Center. Five Cities Head Start and the First 5 SLO Preschool took over the program in 2007/08 after the library decided to end its participation. *Hora de Literatura* added RAR in 2010/11. One hundred five families took part in Oceano’s RAR in 2010/11 (see Table 33). Four hundred sixty-seven families have participated in the six years of the program. The participating families in 2010/11 represent 263% of the program’s objective.

**Parenting Education**

The two school readiness sites each offer programs in parenting education. Georgia Brown had three such programs in 2010/11, and Oceano had two, First 5 Fridays and *Hora de Literatura*\*. The programs at Georgia Brown were the Cuesta College Community-based English-as-a-Second-Language Program, *Literatura para la Familia*, and Cultural Fieldtrips.

Georgia Brown

*Cuesta College Community-based ESL Program (Georgia Brown)*

Objective 3: 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.

Parenting education is combined with parent literacy at Georgia Brown through an ongoing partnership with Cuesta College. Classes were offered in 2010/11 at two sites: the Paso Robles Library Study Center (one class per semester) and Georgia Brown Elementary (two classes per semester). Participation in classes in Cuesta College literacy classes was as follows: 96 parents in the fall and 102 in the spring (396% of the stated objective) (see Table 34). One hundred thirty-four of them (68%) had children who attended Georgia Brown Elementary. The rate of completion of classes (assuming all who finished were post-tested: see Table 34 on the next page) was 66%.

**Table 34**

<b>Participants in Cuesta College Reading/Parenting Education in Georgia Brown School-Community</b>	
<b>Year</b>	<b>Number</b>
2007/08	210
2008/09	163
2009/10	203
2010/11	198
<b>Total</b>	<b>774</b>

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Themes covered in the fall reading classes were adult education and DMV. Spring classes focused on the environment and banking.

\* Though the Oceano Infant/Toddler Program also partners with Lucia Mar Adult Education by limiting participation in its morning session to parents who attend Adult Ed, the School Readiness Initiative does not receive data from Adult Ed concerning the parents. Thus, it is not listed as a formal partner in the SR Plan.

Objective 4: By June 30, 2011 for at least 60% of the participating parents to make significant gains in reading skills, annually.

This objective is evaluated at Cuesta College through the exams given in the ESL classes (see Table 35). A mean of 75% of those tested showed significant improvement on the post-test as compared with mean scores on the pre-test, which is 125% of the stated objective.

**Table 35**

<b>Parents Participating in Cuesta ESL Classes with Significant Gain on CASAS Reading Test 2010/11 (n=198)</b>					
<b>Site</b>	<b>N Enrolled</b>	<b>N Pre- tested</b>	<b>N Post- tested</b>	<b>N Sig Gain</b>	<b>Percent Sig Gain</b>
Georgia Brown Level I	69	65	46	40	87%
Georgia Brown Level II	53	42	33	22	67%
Library Study Center	76	63	52	36	69%
<b>Total</b>	<b>198</b>	<b>160</b>	<b>131</b>	<b>98</b>	<b>75%</b>

Cuesta College Semester Exams

*Literatura para la Familia*

Objective 5: 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.

At Georgia Brown *Literatura para la Familia* has operated for seven years. It has become a weekly class for both parents and their children. A total of thirty sessions were held in 2010/11 (86% of the program’s objective). In all, 119 children and 86 parents attended at least one session of *Literatura*, which is 264% of the stated objective. The mean attendance was 29 children and 21 parents, both fathers and mothers (see Table 36 on the next page).

In addition the Family Advocate ran two groups in 2010/11. One was for teen mothers, at Liberty High School, which attracted 24 mothers and 27 children, though not all were from the Georgia Brown school-community. The second was a Spanish language group at the Oak Park Housing Project. It had 8 mothers and 7 children. These two groups are not reflected in Table 36.

**Table 36**

<b>Participants in <i>Literatura para la Familia</i> 2007 to 2011</b>				
<b>Year</b>	<b>Mean/Class</b>		<b>Total</b>	
	<b>Children</b>	<b>Parents</b>	<b>Children</b>	<b>Parents</b>
2007/08	25	16	167	92
2008/09	30	20	161	90
2009/10	22	15	288	222
2010/11	29	21	119	86
<b>Total</b>	<b>27</b>	<b>18</b>	<b>735</b>	<b>490</b>

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*Cultural Fieldtrips*

Objective 6: 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.

Another of the parent (and child) education components at Georgia Brown is cultural fieldtrips. Two fieldtrips occurred in 2010/11. Forty-one children, ages 0-5, and 107 parents and other family members were bussed to Templeton High School for the Nutcracker Ballet (see Table 37 on the next page). Eighty children attended a visit by Zoo to You, a wildlife education program. They were joined by 129 parents and other family members. Altogether, 105 families with children, ages 0-5, were exposed to cultural learning experiences, or 263% of the stated objective.

Oceano

Objective 7: By June 30, 2011 to provide at least two presentations per month during the school year for parents of children, ages 0-5, in the Oceano school-community.

In Oceano the Site Coordinator started First 5 Fridays in 2005/06 in affiliation with the Even Start Program. One Friday each month the Site Coordinator would highlight a local service agency for the parents of children involved in Even Start childcare. The program was highly successful. However, the program ended when the Site Coordinator left to become a kindergarten teacher.

The new Site Coordinator began the process of restarting the program in the third quarter of 2007/08. A total of 21 programs (125% of the stated objective) were offered in 2010/11 (see Table 38 on the next page). Four hundred seventeen (duplicated) parents attended the sessions for a mean of 20 per session. Topics included Meditation & Relaxation, Fruits & Vegetables, Depression, Domestic Violence, Discipline, Drugs &

**Table 37**

<b>Cultural Field Trips for Georgia Brown Children and Parents</b>			
<b>Year</b>	<b>Trip</b>	<b>Children</b>	<b>Parents</b>
2007/08	Nutcracker Ballet	18, 0-5 yrs 20, 6+ yrs	19
2008/09	Nutcracker Ballet	24, 0-5 yrs 21, 6+ yrs	31
	Jose Luis Orosco Latin-American Folk Singer	30, 0-5 yrs 4, 6+ yrs	17
	Piedras Blancas Beach	22, 0-5 yrs 16, 6+ yrs	26
2009/10	Nutcracker Ballet	50, 0-5 yrs 41, 6+ yrs	63
	Jose Luis Orosco Latin-American Folk Singer	16, 0-5 yrs 27, 6+ yrs	20
	Piedras Blancas Beach	26, 0-5 yrs 14, 6+ yrs	30
2010/11	Nutcracker Ballet	41, 0-5 yrs 52, 6+ yrs	55
	Zoo to You	80, 0-5 yrs 4, 6+ yrs	125
<b>Total</b>	<b>9 Trips</b>	<b>205, 0-5 yrs</b> <b>199, 6+ yrs</b>	<b>331</b>

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**Table 38**

<b>Participants in First 5 Fridays 2007 to 2011</b>		
<b>Year</b>	<b>Presentations</b>	<b>Parents*</b>
2007/08	4	60
2008/09	22	242
2009/10	24	438
2010/11	21	417
<b>Total</b>	<b>71</b>	<b>1,157</b>

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\* Duplicated Count

Alcohol, CPR, Understanding Diversity & Group Process, and a coffee hour with the Principal of Oceano Elementary School. There was also a ten-session Leadership Training course, attended by 26 parents.

In 2008/09 the Site Coordinator developed an *Hora de Literatura* for parents and their children. The meetings involve reading, story telling, and other activities. Fifty-four meetings were held in 2010/11 (up from 35 in 2009/10), with 83 children and 47 parents attending at least one (see Table 39).

**Table 39**

<b>Number of Meetings &amp; Participants in <i>Hora de Literatura</i> 2007 to 2011</b>			
<b>Year</b>	<b>Meetings</b>	<b>Participants</b>	
		<b>Children</b>	<b>Parents</b>
2007/08	—	—	—
2008/09	3	28	28
2009/10	35	53	39
2010/11	54	83	47
<b>Total</b>	<b>92</b>	<b>164</b>	<b>114</b>

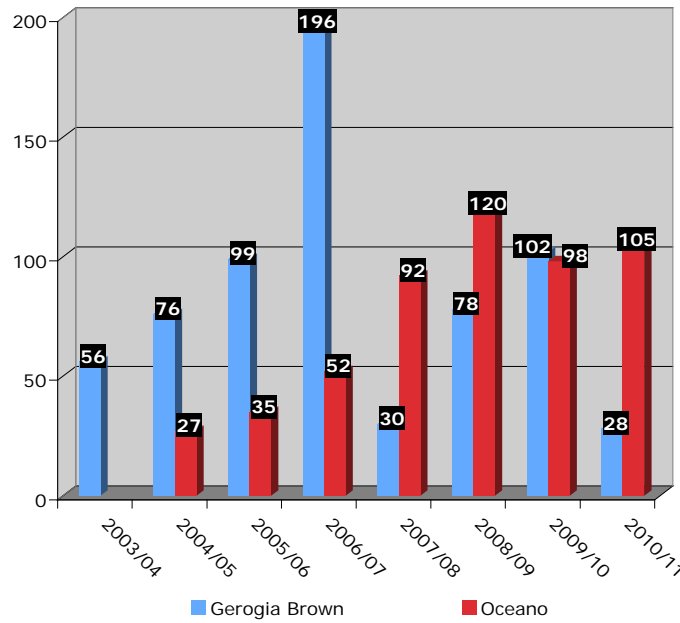
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**Conclusion**

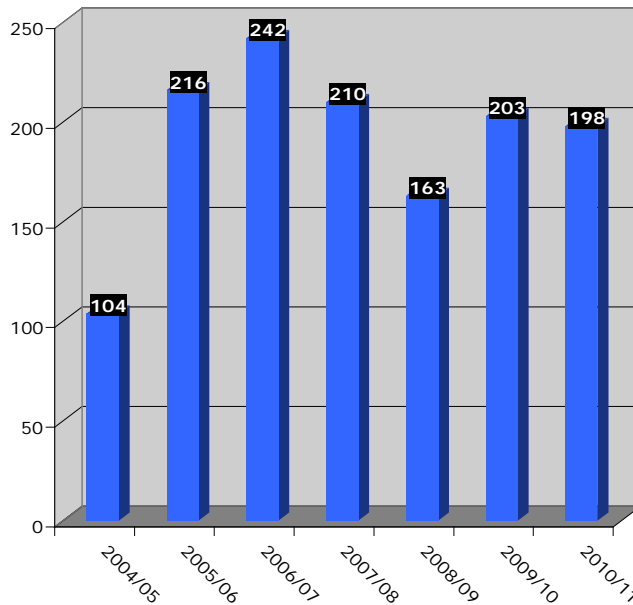
Raising a Reader was the first activity operating in the School Readiness Initiative, beginning in January 2003, while the community planning process was still going on. The program began in a partnership with the Paso Robles Library. RAR was expanded to Oceano the following year, at the Oceano Library. Enrollment steadily increased at Georgia Brown until 2007/08, when staffing changes at the Library resulted in a precipitous drop (see Figure 12 on the next page). That same year in Oceano enrollment rose considerably when coordination of the program was transferred to local programs such as Five Cities Head Start and the First 5 Preschool. The Paso Robles Library ended its involvement at Georgia Brown in 2010/11, and enrollment dropped there again. RAR at both sites illustrates problems associated with changes in staffing and in program partners.

Cuesta College has provided ESL instruction to over 1,300 parents and other residents in the Georgia Brown school-community since the inception of the School Readiness Initiative (see Figure 13 on the next page), for a mean of 191 over the seven years. Though not all of the participants were parents of children, ages 0-5, data from the past three years indicate that roughly two-thirds of the participants have children who are or will attend Georgia Brown. This would equate to a mean of 130 parents, or 261% of the stated objective.

**Figure 12**  
**Raising a Reader Participation in Georgia Brown and Oceano**  
**2003/04 to 2010/11**



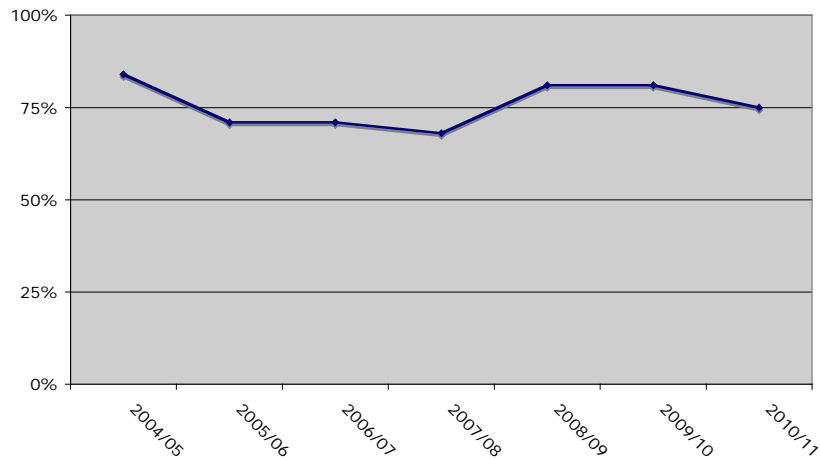
**Figure 13**  
**Enrollment in Cuesta College (Georgia Brown) ESL Classes**  
**2004/05 to 2010/11**



The ESL program has demonstrated effectiveness in helping adults learn to speak English. Over the seven years of the program a mean of 76% of the participants finishing the classes showed significant progress on reading tests (see Figure 14 on the next page). This is 126% of the stated objective. While not paid for through First 5 SLO County

funding, this activity was a part of the original SR Plan developed by the community planning process in 2002/03, and it has provided language instruction along with parenting and family education to families of children, ages 0-5.

**Figure 14**  
**ESL (Georgia Brown) Participants**  
**with Significant Gain on CASAS Reading Test**  
**2004/05 to 2010/11**

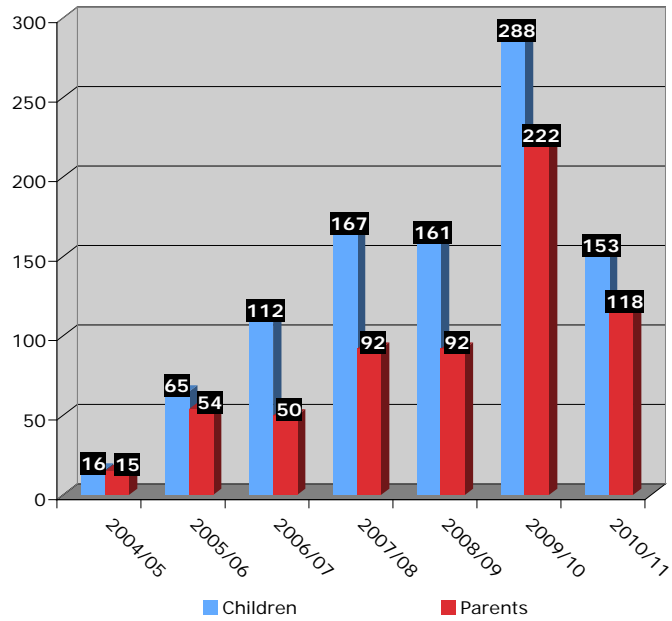


Though not a part of the original SR Plan, *Literatura para la Familia* became one of its signature activities. Begun by the then Family Advocate (and now Site Coordinator) in 2004/05, *Literatura* has involved 962 children and 643 parents (see Figure 15 on the next page) in its weekly mixture of colors, songs, stories, and discussions of parenting skills, upcoming events and local services and resources. There are now three different groups in the Georgia Brown school-community: one in Spanish, one in English, and one for teen mothers and their children.

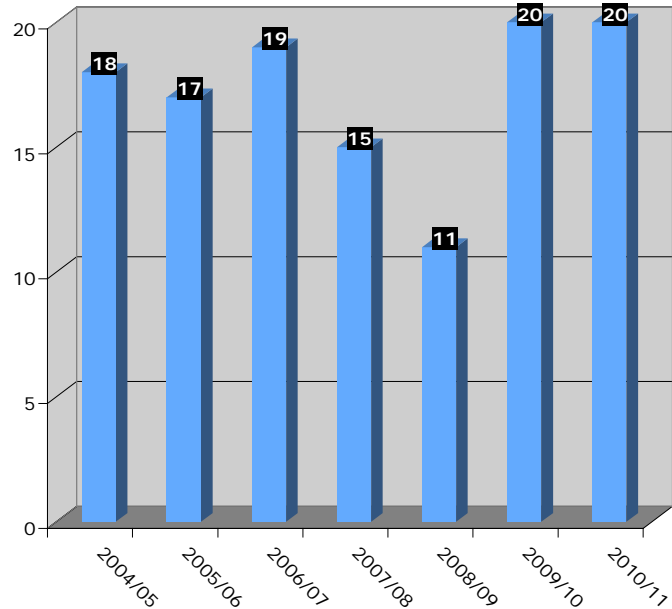
Parenting Education in Oceano began in 2004/05 with the monthly First 5 Fridays, presentations on parenting skills and local services and resources made to participants in Lucia Mar’s Even Start program. That ended in 2006/07 when two events occurred: 1) Even Start ended its direct association with the School Readiness Initiative; and 2) the Site Coordinator resigned. The program was restarted in the last quarter of 2007/08 by the new Site Coordinator, and since then has become a weekly activity involving a mean attendance of 20 parents (see Figure 16 on the next page).

*Hora de Literatura* in Oceano is modeled after *Literatura para la Familia* in the Georgia Brown school-community. A weekly program of parent-child interaction involving various lessons, including colors, words, song, stories, craft projects, and parenting skills, it operated throughout the summer in 2010/11, giving parents with limited resources something to do with their children when childcare and preschool were not readily available. The program has grown from 3 meetings in 2008/09 to 35 in 2009/10 to 54 in 2010/11. A total of 167 children and 127 parents have participated in the program’s two-plus years of existence (see Figure 17 on page 61).

**Figure 15**  
**Children and Parents in *Literatura para la Familia* in Georgia Brown**  
**2004/05 to 2010/11**

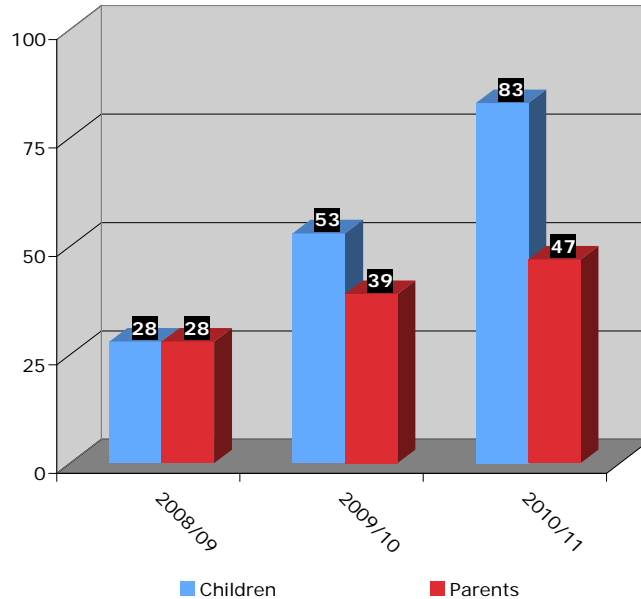


**Figure 16**  
**Mean Parent Attendance at First 5 Fridays in Oceano**  
**2004/05 to 2010/11**



Cultural Fieldtrips have been a part of the SR program at Georgia Brown since 2004/05. Fifteen field trips have taken place in seven years, including Monterey Bay Aquarium, Morro Bay Estuary/Natural History Museum and Montana de Oro, Piedras Blancas

**Figure 17**  
**Children and Parent Attending *Hora de Literatura* in Oceano**  
**2008/09 to 2010/11**



beach, the Nutcracker Ballet, and Zoo to You. Over 330 children, ages 0-5, almost 300 of their older siblings, and 450 parents and other family members have had experiences on cultural fieldtrips they never may have had otherwise.

**Result Area #2: Improved Early Care and Education**

**Preschool**

Objective 8: By June 30, 2011 to expand capacity by providing two additional half-day preschool classes annually to serve 42 additional children, ages 3-5, living in both the Georgia Brown and Oceano school-communities.

The preschool opened on the Georgia Brown campus in fall 2006. It was the final piece of the original plan to be implemented. First 5 SLO County had purchased property for the Georgia Brown Preschool in June 2005 with the eventual goal of building a School Readiness Center on the site. The Paso Robles First 5 Early Education Center opened in Fall 2010, housing a preschool classroom, the Library Study Center, and an Early Head Start classroom. The property is designed as an indoor/outdoor classroom with playground, and there are plans to add a public park in the future.

The Georgia Brown First 5 Preschool operates in the morning. The Gold Standard adopted by the Steering Committee allows for an enrollment of 20 students. A State Preschool class operates in the afternoon with space for 22 children. Both preschool classes at Georgia Brown have approached full enrollment for all four years of their operation. During 2010/11 the morning class had 20 children enrolled, and the afternoon

class had 21 children enrolled, or 98% of the stated objective (see Table 40). There were 43 parents involved in the First 5 Preschool in 2010/11, and 23 involved in the State Preschool.

**Table 40**

<b>Children Enrolled in Preschool Georgia Brown</b>			
<b>Program</b>	<b>Year</b>	<b>Number</b>	<b>Percent*</b>
First 5 Preschool (am)	07/08	20	48%
	08/09	20	48%
	09/10	20	48%
	10/11	20	48%
State Preschool (pm)	07/08	20	48%
	08/09	20	48%
	09/10	21	50%
	10/11	21	50%
<b>Total</b>	<b>07/08</b>	<b>40</b>	<b>97%</b>
	<b>08/09</b>	<b>40</b>	<b>97%</b>
	<b>09/10</b>	<b>41</b>	<b>98%</b>
	<b>10/11</b>	<b>41</b>	<b>98%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

The Georgia Brown First 5 Preschool took 10 field trips during the year, and the State Preschool took 4. Examples of fieldtrips include neighborhood walking trips, a day in a local park, a tour of the Post Office, and an end-of-the-year celebration at the park. Parents accompanied children on each of the fieldtrips. Overall, parents volunteered over 780 hours at the First 5 Preschool and 950 hours at the State Preschool.

The First 5 SLO County School Readiness Center in Oceano opened on November 4, 2004 on the school campus. Its two rooms provide one preschool room and one childcare room. A State Preschool class operates in the morning, and the Oceano First 5 Preschool operates in the afternoon. The classes offer the same services as those at Georgia Brown.

Both preschool classes at Oceano have approached full enrollment for all seven years of the Initiative. For example, during 2010/11 the morning class had 22 children enrolled, and the afternoon class had 20 children enrolled, which equal 100% of the stated objective (see Table 41 on the next page). There were 40 parents involved in the State Preschool in 2010/11, and 42 involved in the First 5 Preschool. The Oceano First 5 Preschool took 11 field trips during the year, and the State Preschool took 6. Examples of fieldtrips include the Raising a Reader celebration at a local park and a tour of the post office.

**Table 41**

<b>Children Enrolled in Preschool Oceano</b>			
<b>Program</b>	<b>Year</b>	<b>Number</b>	<b>Percent*</b>
State Preschool (am)	07/08	21	50%
	08/09	22	52%
	09/10	20	48%
	10/11	22	52%
First 5 Preschool (pm)	07/08	20	48%
	08/09	20	48%
	09/10	20	48%
	10/11	20	48%
<b>Total</b>	<b>07/08</b>	<b>41</b>	<b>98%</b>
	<b>08/09</b>	<b>42</b>	<b>100%</b>
	<b>09/10</b>	<b>40</b>	<b>98%</b>
	<b>10/11</b>	<b>42</b>	<b>100%</b>

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\* Percent of Stated Objective

Objective 9: By June 30, 2007 at least 80% of participating four-year-old children will demonstrate growth in their social/emotional development, large and small motor development, and cognitive development as measured by the DRDP-R.

Students are tested with the Desired Results Developmental Profile. For the first three years of this contract period the assessment was the DRDP-Revised, and this year (2010/11) the State shifted to the DRDP (2010). Neither version of the DRDP is designed to be used as an evaluation tool, so pre and post-test scores are not presented. The cohort post-test means are used simply as a gauge of the readiness of the children to begin school. These data represent the percentage of children scoring *Building* or *Integrated* (the top two of the five levels on the scale) on items in the four desired results: *Personal and Social Competence*; *Effective Learners*; *Physical and Motor Competence*; and *Safe and Healthy* (though there are now 7 domains, for purpose of consistency, the four related to learning are combined herein).

The mean percentage of students in the Georgia Brown First 5 Preschool rated by their teachers as *Building* or above on items in each of these elements are presented in Table 42 on the next page. The percentages are above 80% (the stated objective) in three of the four domains, and averaged 85% (which is 106% of the stated objective). Part of the reason for the Effective Domain being lower was the new subdomain (English Language Development) was very low (38%). The other three subdomains averaged 81% of students

in the top two levels of scoring. The dual immersion program at Georgia Brown is specifically intended to draw students who are native Spanish speakers.

**Table 42**

<b>Children’s School Readiness as Measured by the DRDP-2010                      Georgia Brown First 5 Preschool 2010/11                      (Mean percent scored as <i>Building</i> or above on items in each Desired Result)</b>	
<b>Desired Result</b>	<b>Post</b>
1. Children are personally and socially competent	83%
2. Children are effective learners	71%
3. Children show physical and motor competence	96%
4. Children are safe and healthy	90%

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<b>Mean</b>	<b>Percent*</b>
85%	106%

\* Percent of Stated Objective

The mean percentage of students in the two Oceano preschools rated by their teachers as *Building* or *Integrating* on items in each of these elements are presented in Table 43 on the next page. The scores on the four domains are at or over 80% on all four. The mean is 84%, which is 105% of the stated objective.

**Childcare**

Georgia Brown

**STRIVE Program**

Objective 10: By June 30, 2011 CAPSLO will provide the equivalent of 3 full-day child-care slots, annually, at the nine-month Early Head Start program at Liberty High School for children, ages 2-18 months, of teen mothers from the Georgia Brown community who are participating in the STRIVE Program.

The STRIVE program at Paso Robles High School provides childcare and special support to teenage parents who wish to continue their educations. Childcare is funded for up to 8 mothers with at least 3 of them from the Georgia Brown school-community. The Early Head Start comprehensive program offers nine months of daily, six-hour childcare and a

**Table 43**

<b>Children’s School Readiness as Measured by the DRDP-2010                      Oceano 2010/11</b> (Mean percent scored as <i>Building</i> or above on items in each Desired Result)	
<b>Desired Result</b>	<b>Post</b>
1. Children are personally and socially competent	84%
2. Children are effective learners	79%
3. Children show physical and motor competence	87%
4. Children are safe and healthy	87%

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<b>Mean</b>	<b>Percent*</b>
84%	105%

\* Percent of Stated Objective

three-month weekly home-visit program. Children are eligible at six weeks of age, and remain so until they are 18 months old. At 18 months they transfer to the Early Head Start Toddler Program, located off campus.

The program in 2010/11 began with the first day of school late in August. A mean of 7.3 of the 8 slots (91%) were filled in each quarter of the school year. The number of children from the Georgia Brown school-community ranged from 2 to 4 (see Table 44). The mean of 3.3 Georgia Brown children per quarter is 108% of the stated objective.

**Table 44**

<b>STRIVE Childcare Slots, Total Enrollment,                      and Enrollment from the Georgia Brown School-community                      2010/11</b>				
<b>Quarter</b>	<b>Slots</b>	<b>Total</b>	<b>From GB</b>	<b>Percent*</b>
Aug & Sep	8	8	4	50%
Oct to Dec	8	8	4	50%
Jan to Mar	8	7	3	43%
Apr to Jun	8	6	2	33%
<b>Total</b>	<b>8</b>	<b>13</b>	<b>5</b>	<b>38%</b>

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\* Percent of Parents/Children from the Georgia Brown School-Community

Thirteen children were enrolled in 2010/11. Five of them (38%) were from the Georgia Brown school-community. Their enrollment ranged from 5 days to 160 days over the course of the 180-day academic year. Attendance ranged from 43% to 91%, averaging 80%. The mean days per week per child for each quarter are displayed in Table 45. The means varied from 3.4 to 4.0, averaging 3.7 days per week per child during the year.

**Table 45**

<b>STRIVE Child Number and Attendance Data 2010/11</b>		
<b>Quarter</b>	<b>Number</b>	<b>Mean*</b>
Aug & Sept	7	3.7
Oct to Dec	9	3.4
Jan to Mar	8	3.8
Apr to Jun	7	4.0
<b>Total</b>	<b>13</b>	<b>3.7</b>

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\* Mean number of days/week/child attended

Thirteen mothers participated in STRIVE during the year, but attendance data were available for only 8 (62%) (see Table 46), three of whom were from the Georgia Brown school-community. Parent enrollment over the 180-day academic year ranged from 49 days to 180 days (mean = 125). Their attendance in school averaged 79% over the academic year. Individual attendance rates ranged from 44% to 96%.

**Table 46**

<b>STRIVE Parent Activity in School 2010/11</b>				
<b>Quarter</b>	<b>Parents</b>	<b>Mean Attendance</b>	<b>Academic Progress*</b>	<b>Graduates</b>
1 <sup>st</sup> Trimester	8	77%	52%	0
2 <sup>nd</sup> Trimester	7	79%	70%	0
3 <sup>rd</sup> Trimester	7	66%	52%	1
<b>Total</b>	<b>8</b>	<b>79%</b>	<b>58%</b>	<b>1</b>

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\* Percent of Credits Earned Compared to 32.5 Credits per Semester Average

Academic data were available for the same eight mothers (62%). The average number of credits earned per semester was 18.8, which is 58% of the expected rate of 32.5. None of the mothers met the 32.5 credit mark for the entire year, and one did so for at least one trimester. The STRIVE parents for whom data were available completed a mean of 89% of the credits they attempted.

Two of the mothers (25%) completed their schooling (met credit requirements), one (13%) successfully graduating. The other six parents (75%) were still enrolled at the end of the year (three in 12<sup>th</sup> grade and three in 11<sup>th</sup> grade).

**Childcare in Support of Parental Involvement**

Objective 11: By June 30, 2011 to provide childcare in support of parent involvement in Cuesta College Community-based ESL (at least 40 children annually), Georgia Brown parent volunteerism (at least 12 children annually), and other Georgia Brown SR programs and activities, as needed (e.g., Kindergarten Transition activities, etc.).

Childcare is provided to parents who are participating in various activities. The two activities tracked in 2010/11 were attendance at the Cuesta Community-based ESL classes and volunteering in classrooms at Georgia Brown. The number of children served are presented in Table 47. Eighty-six children, ages 0-5, were in childcare during their parents ESL classes (six separate classes). This is 215% of the stated objective. Forty-three children were in childcare while their parents volunteered in the classroom of an older child, which is 316% of the stated objective. The 20 parent volunteers worked a mean of 5.3 times at the school.

**Table 47**

<b>Children, 0-5, in Childcare in Support of Parental Involvement Georgia Brown</b>				
<b>Year</b>	<b>Number/Percent*</b>			
	<b>ESL Classes</b>	<b>Classroom Volunteer</b>	<b>Other</b>	<b>Total</b>
2007/08	69/173%	n/a	0	69
2008/09	65/162%	24/200%	—	89
2009/10	72/180%	44/367%	—	116
2010/11	86/215%	43/358%	—	129
<b>Total</b>	<b>206/183%</b>	<b>68/308%</b>	<b>0</b>	<b>403</b>

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 \* Percent of Stated Objective

Oceano

**First 5 Infant/Toddler Program**

Objective 12: By June 30, 2011 to provide two sessions (AM and PM) of licensed childcare services for up to 3 infants and 8 toddlers, (i.e., 3 to 36 months of age) from the Oceano school-community.

The First 5 Infant/Toddler Program operated in the second room in the First 5 Oceano School Readiness Center. A Gold Standard for childcare was developed by an ad hoc committee of the Steering Committee during the summer of 2005 and approved in the fall. The program has operated on that Gold Standard since 2006/07.

Enrollment data for the two infant/toddler sessions are presented in Table 48. The program reported data corruption in their database, and only provided specific data for the first two quarters. Neither session was full in the two quarters, though the program did report 3 additional children added in the second six-month period. Average daily attendance ranged from 48% to 94% for the two quarters, and averaged 71% in the AM Session and 84% in the PM Session.

**Table 48**

<b>Enrollment in the Oceano Infant/Toddler Program 2010/11</b>				
<b>Quarter</b>	<b>AM Session</b>		<b>PM Session</b>	
	<b>Infants/%*</b>	<b>Toddlers/%*</b>	<b>Infants/%*</b>	<b>Toddlers/%*</b>
Jul to Sept	3/100%	3/38%	3/100%	3/38%
Oct to Dec	3/100%	3/38%	3/100%	6/75%
Jan to Mar**	—	—	—	—
Apr to Jun**	—	—	—	—
<b>Mean</b>	<b>3/100%</b>	<b>3/38%</b>	<b>3/100%</b>	<b>4.5/56%</b>

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\* Percent of Stated Objective

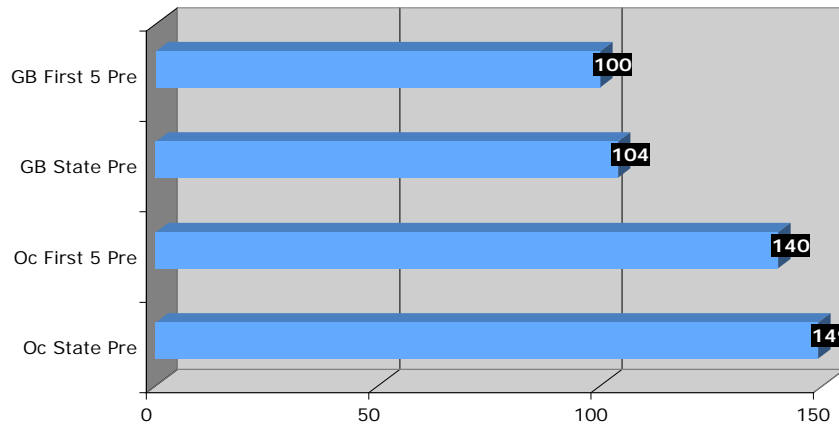
\*\* Program reported 3 additional children enrolled in second six months, but IT problems caused data loss as to the specifics, so they are not included in this table.

**Conclusion**

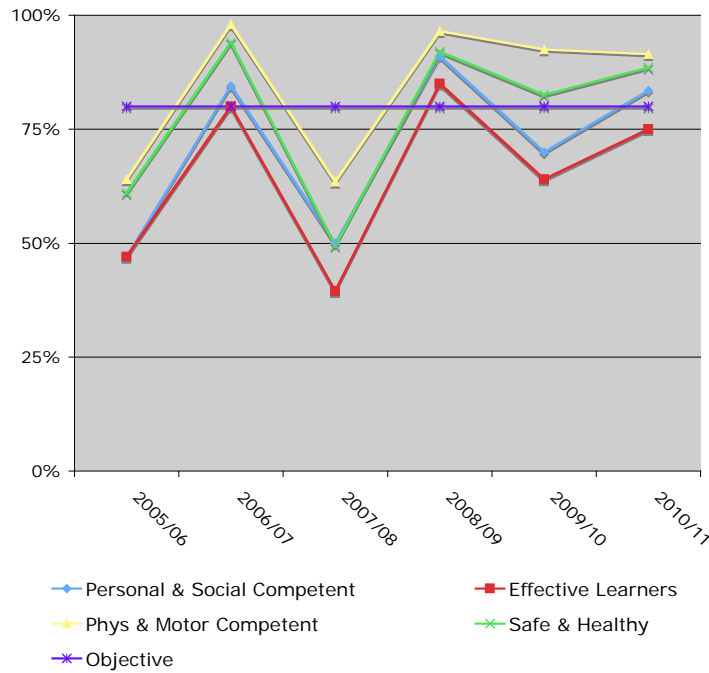
The four preschool classes in the SR areas have provided quality early childhood education to over 400 children in seven years in Oceano and five years in Georgia Brown (see Figure 18 on the next page). While inability to exclude 3 year-olds from DRDP assessment data until the last year has caused scores to fluctuate, data generally show that children from the preschools are ready for school (see Figure 19 on the next page).

The STRIVE program became a part of the Georgia Brown SR Plan in 2005/06, when the Neighborhood Team recommended it. First 5 SLO County’s contribution has been to support high quality childcare for infants of teen mothers who are in high school. Sixty-six mothers and children have participated in the program’s six years, with 30 of them (45%) from the Georgia Brown school-community (see Table 49 on page 69). Attendance has averaged 72%, and the mothers have earned credits at 65% of the rate expected in regular classrooms (32.5 credits per semester). Eleven of the mothers have successfully graduated high school (17%) by obtaining their diplomas or GEDs.

**Figure 18**  
**Enrollment in Preschool Classes**  
**2004/05 to 2010/11**



**Figure 19**  
**Percent of Children Scored as Having Mastered Items in DRDP Domains**  
**2005/06 to 2010/11**



Almost 800 children have taken part in childcare so their parents could participate in SR activities (see Figure 20 on the next page). Four hundred four children were in childcare while their parents took part in Cuesta College ESL classes, and two hundred seventy-one children were in childcare while their parents volunteered in an older sibling’s elementary school classrooms.

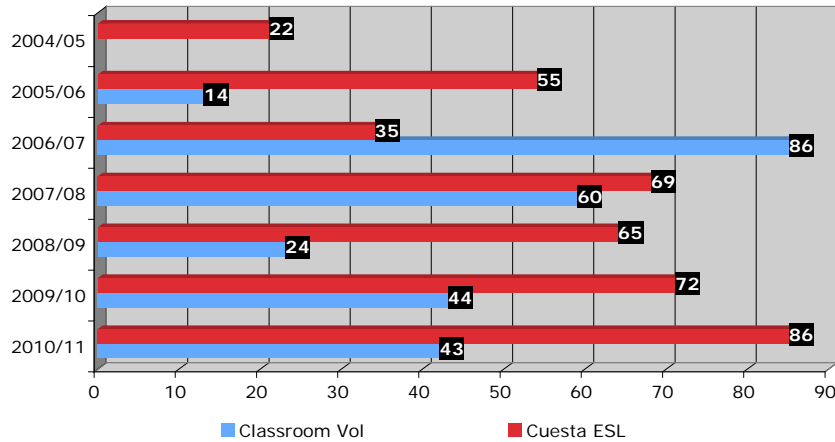
Table 49

STRIVE Total Enrollment, Enrollment from the Georgia Brown School-Community, Mean Percent Attendance Mean Credits Attained, and Number with Diploma/GED 2005/06 to 2010/11					
Year	Enrollment	From GB	Attendance	% Credits*	Graduate
2005/06	9	3	55%	50%	1
2006/07	10	6	72%	68%	2
2007/08	12	7	74%	78%	4
2008/09	11	4	83%	57%	1
2009/10	11	3	66%	78%	2
2010/11	13	5	79%	58%	1
<b>Total</b>	<b>66</b>	<b>30</b>	<b>72%</b>	<b>65%</b>	<b>11</b>

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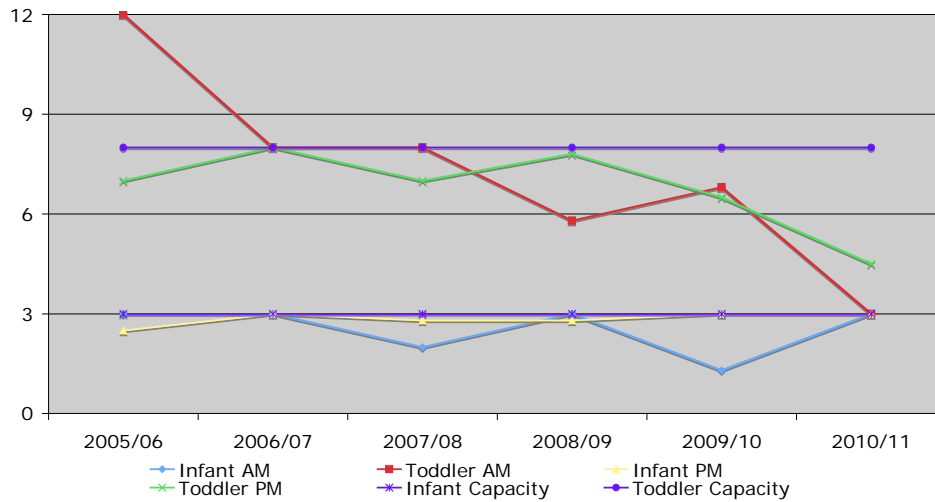
\* Percent of Credits Earned Compared to 32.5 Credits per Semester Average

Figure 20  
**Children in Childcare in Support of Parental Involvement in Georgia Brown SR Activities 2004/05 to 2010/11**



In Oceano the Infant/Toddler Program was established in 2005/06. It has provided high-quality childcare in two sessions (morning and afternoon) for 32 infants and 85 toddlers in its six years (see Figure 21 on the next page). The sessions have averaged 2.7 infants and 7 toddlers, slightly below capacity. In a number of quarters the enrollment was much lower, reflecting challenges in a number of areas, including staffing and difficulties implementing the strict Gold Standard.

**Figure 21**  
**Mean Annual Enrollment in Oceano Infant/Toddler Program**  
**2005/06 to 2010/11**



**Result Area #3: Improved Health**

**Single-Point-of-Contact**

Objective 13: 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 both the Georgia Brown and Oceano school-communities.

When the Neighborhood Teams were developing their SR Plans the asset mapping identified a number of health services available in both school-communities. The primary health-related activity for the SR programs was to make sure children and their families were connected with those existing services. Thus, the SR programs were to serve as conduits through which to make connections. The Site Coordinators and Family Advocates refer parents to appropriate resources in all of the Result Areas, but track these contacts in the Improved Health Area.

During 2010/11 the Georgia Brown Site Coordinator provided a mean of about 41 service contacts with or about families per quarter (see Table 50 on the next page). Most of the contacts with families (75%) were in person, none were on the phone, and 25% were with agencies regarding families. Health contacts made up 6% of the contacts. Family Support contacts were 53%. Child Development contacts were 34% of the contacts with families.

First 5 purchased a van for the Georgia Brown program in 2007/08. The van was used 22 times in 2010/11. Twenty-three percent of the time (5) it was used to drive to activities with children and families (1) or to transport children or families (4). The other 73% of

**Table 50**

Site Coordinator Contacts* Georgia Brown 2010/11	
Activity	Number
1. In person contacts &/or referrals	121
2. Phone contacts &/or referrals	0
3. Agency contacts	41
4. Other contacts	0
5. Health-related contacts	28
6. Translation contacts	35
7. Literacy Support contacts	213
8. Other Family Support contacts	5
9. Childcare contacts	13
10. Preschool contacts	155
11. Other Child Development contacts	5
12. Improved Systems of Care contacts	36

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\* Duplicated

the time (17) the van was used to drive to meetings, get supplies, or some other task. This is significantly less usage than reported in 2009/10, when the van was used 90 times.

The Oceano Site Coordinator provided a mean of about 139 service contacts per quarter with or about 64 families in 2010/11 (see Table 51 on the next page). Most of the contacts with families (36%) were phone contacts, while 32% were in the office, 23% were “other,” and 9% were with agencies with or about families. The Site Coordinator reported 456 contacts with other families in the Oceano school-community.

**Family Advocacy**

Objective 14: By June 30, 2011 to provide family advocacy for at least 30 families of children, ages 0-5, each year from both the Georgia Brown and Oceano school-communities.

The Georgia Brown Family Advocate provided case management to 31 families in 2010/11 (see Table 52 on the next page), which is 103% of the program objective. She maintained an average caseload of 7.7 families per quarter. Six hundred two case management contacts were reported with or about families. Most of the contacts with families (47%) were described as “other.” Twenty percent were office contacts, 16% were with agencies for or about the families, and 14% were phone contacts. The

**Table 51**

<b>Site Coordinator Contacts* Oceano 2010/11</b>	
<b>Activity</b>	<b>Number</b>
1. In person contacts &/or referrals	177
2. Phone contacts &/or referrals	202
3. Agency contacts	50
4. Other contacts	125
5. Health-related contacts	20
6. Transportation-related contacts	0
7. Translation contacts	95
8. Literacy Support contacts	123
9. Other Family Support contacts	46
10. Childcare contacts	59
11. Preschool contacts	92
11. Other Child Development contacts	27
12. Improved Systems of Care contacts	11

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\* Duplicated

**Table 52**

<b>Family Advocate Case Management Activities Georgia Brown – 2010/11</b>	
<b>Activity</b>	<b>Number</b>
Case Managed Families	31
Case Management Contacts	602
Home Contact with Families	19
Office Contacts with Families	121
Phone Contact with Families	85
Other Contacts with Families	283
Agency Contact about Families	94

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Advocate reported making 814 contacts with other families from the Georgia Brown school-community.

The Oceano Family Advocate provided case management to 25 families in 2010/11 (see Table 53), which is 83% of the program objective. She maintained an average caseload of 6.3 families per quarter. Two hundred forty-eight contacts were reported with the families. Most of the contacts (33%) were office contacts, with 31% being on the phone, 20% with agencies for or about families, 12% were home visits, and 8% were “other” contacts. She reported 346 contacts with other families from the Oceano school-community.

**Table 53**

<b>Family Advocate Case Management Activities Oceano – 2010/11</b>	
<b>Activity</b>	<b>Number</b>
Case Managed Families	25
Case Management Contacts	248
Office Contacts with Families	83
Home Contact with Families	21
Phone Contact with Families	76
Other Contacts with Families	19
Agency Contact about Families	49

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**Family Support Counseling**

Objective 15: 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 both the Georgia Brown and Oceano school-communities.

The Family Support Counselor was added to the SR Plans by the Neighborhood Teams in late 2004/05 in Oceano and in 2007/08 at Georgia Brown because many families in their school-communities were in need of mental health services that were unavailable from any local resource. The counselor provides parent education and short-term counseling to parents and families with children, ages 0-5.

Georgia Brown

The same counseling subcontractor worked in the Georgia Brown and Oceano school-communities during the last two years. Her activities for 2010/11 are detailed in Table 54 on the next page. Nine clients from the Georgia Brown school-community (23% of the stated objective) were seen in 199 total sessions for an average of 22.1 sessions per client. The mean monthly caseload for the year was 4.7 clients, or 47% of the stated objective of 10. The waiting list for counseling ranged from zero to two.

**Table 54**

Family Support Counselor Contacts 2010/11		
Activity	Georgia Brown	Oceano
1. Number of clients	9	21
2. Mean monthly client load	4.7	7.9
3. Number of office sessions	172	315
4. Home visits	11	30
5. Collateral sessions	16	50
6. Parenting classes	2	8
7. Class attendance	4	20

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A parenting class was also offered at Georgia Brown, but the class was limited to two sessions due to low attendance. The class was open to all families in the First 5 SLO County SR program. Four parents attended one of the two sessions.

Services provided in Oceano during 2010/11 are also presented in Table 54. Twenty-one clients (53% of the stated objective) were seen in 395 total sessions for an average of 18.8 sessions per client. The mean caseload for the year was 7.9 clients, or 79% of the stated objective of 10. The waiting list for counseling ranged from zero to three.

An eight-session parenting class was also offered in Oceano. The class was open to all families in the Oceano school-community. Twenty parents attended one or more sessions of the class.

**Soccer Program**

Objective 16: 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.

A small grant from the Georgia Brown Neighborhood Team allowed a local youth soccer program, *Creciendo las Estrellas del Futuro*, to expand. Before this grant the program was only open to children older than 6. The program operates in the Oak Park Public Housing Project, which is three blocks from Georgia Brown Elementary School. Participation is charted in Table 55 on the next page. Forty children, ages 3-5, played soccer during the two 13-week sessions in 2010/11. This is 100% of the stated objective. In addition, 6 parents participated, down from the past as a coach took over practices.

**Table 55**

<b>Oak Park Soccer League in Georgia Brown School-Community 3-5 Year-old Participation</b>				
<b>Year</b>	<b>Children</b>	<b>Parents</b>	<b>Teams</b>	<b>Games</b>
2007/08	35	12	4	13
2008/09	40	12	4	18
2009/10	42	14	4	28
2010/11	40	6	4	26
<b>Total</b>	<b>157</b>	<b>44</b>	<b>16</b>	<b>85</b>

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**Conclusion**

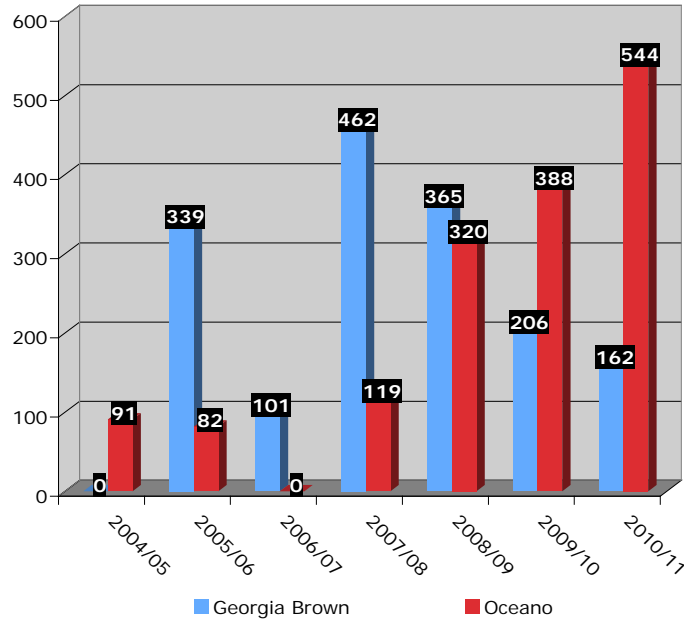
There was turnover in the Site Coordinator at both sites in the SR Initiative. Both programs suffered in two ways as a result. First, the SR activities were often affected as the new Site Coordinators “learned on the job.” First 5 Fridays did not take place for almost two years in Oceano, and the Kindergarten Transition meetings did not happen at either site for the first two years of a new Site Coordinators’ tenure. Second, it takes time for a new staff person to build relationships and trust with neighborhood families.

The Site Coordinators have become active participants in the lives of the families in their school-communities, making a mean of 230 contacts with families a year (see Figure 22 on the next page) dealing with issues such as health, employment, housing, transportation, and translation. The effects of staff changes may be seen in years 2006/07 when both programs were undergoing changes.

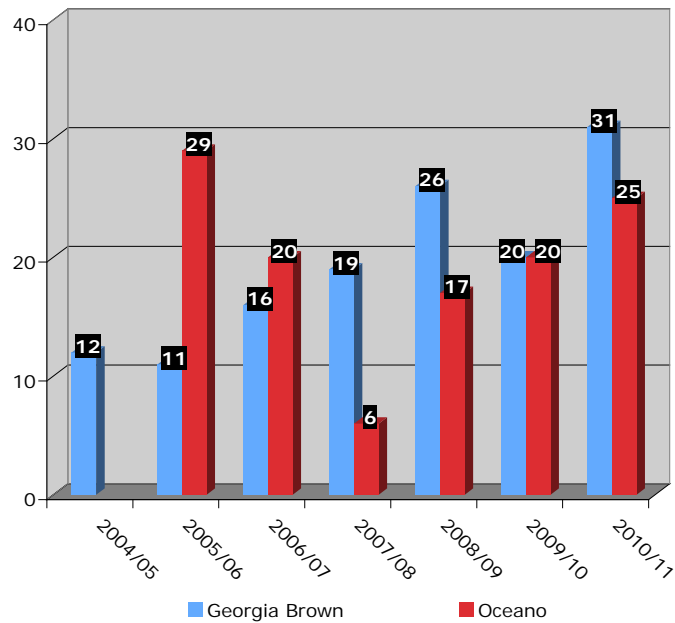
Family Advocates have more concentrated interactions with families, providing case management services. They have each averaged working with 20 families per year (see Figure 23 on the next page). Both sites hired new Family Advocates in 2007/08, and each slowly built caseloads as they became more familiar with families in the school-communities. They have averaged between 7 and 12 contacts per family in the last five years.

The Family Support Counseling activity has served 143 families in Oceano and 23 in Georgia Brown (see Figure 24 on page 78). The lower number for the latter is the result of two things: 1) a later start for the activity (2 years); and 2) the difficulty in finding a replacement for the original counselor who left after the first year. The counselor has also provided parenting education classes for 215 parents in Oceano and 27 parents in Georgia Brown.

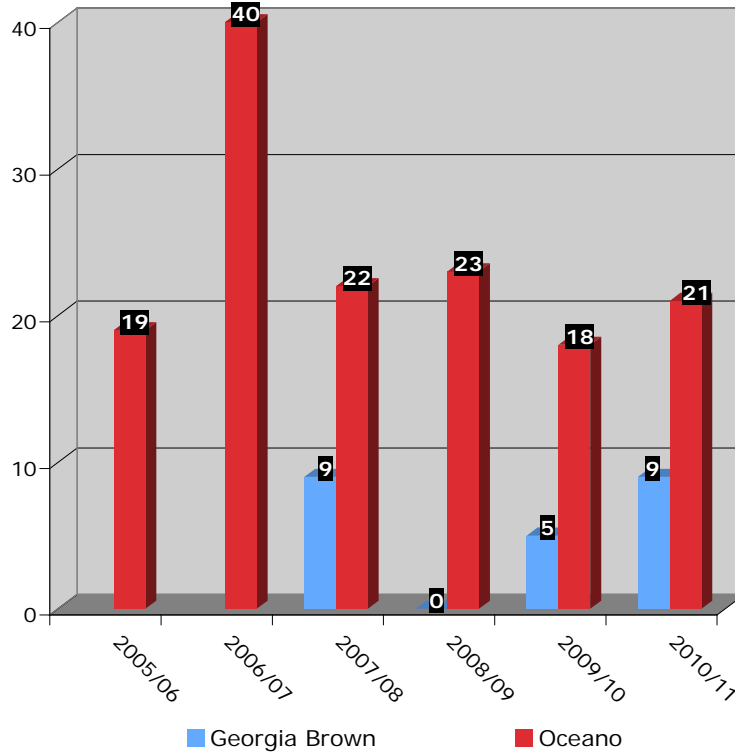
**Figure 22**  
**Site Coordinators Contacts with Families**  
**in Georgia Brown and Oceano School-Communities**  
**2004/05 to 2010/11**



**Figure 23**  
**Family Advocate Case Management Caseloads**  
**in Georgia Brown and Oceano School-Communities**  
**2004/05 to 2010/11**



**Figure 24**  
**Family Support Counselor Caseloads**  
**in Georgia Brown and Oceano School-Communities**  
**2005/06 to 2010/11**



The final activity in the Improved Health Desired Result is the Oak Park Soccer Program. In the seven years of the SR Initiative the program has provided recreational opportunities for 279 children, ages 3-5. They have played 158 games, and been supported by 100 parents. The program provided another lesson in the unintended effects of program changes. When control of the program was taken from a parent volunteer in favor of a Housing Authority staff member, participation went from 80 children to 35.

**Result Area #4: Improved Systems of Care**

**Pre-Kindergarten Camps**

Objective 17: By June 30, 2011 to provide a Summer Pre-Camp for at least 75% of incoming kindergarten students at both Georgia Brown and Oceano.

Both School Readiness projects have implemented school transition programs in similar ways. Both expanded existing pre-K camps during the summer.

Georgia Brown held three classes with 77 children in 2010/11, which represents 81% of their incoming students (see Table 56 on the next page). This is 108% of the stated program objective.

Oceano held two classes for 36 children in 2010/11, which is 50% of their incoming students (see Table 56). This is 67% of the stated objective. One challenge in Oceano is the existence of another Pre-K program in the area, which operates concurrently with the SR program. The Head Start School Readiness Enrichment program, also funded by First 5 SLO County, provides a three-week camp for an additional 36 children. So, pre-K camps enrolled 100% of the incoming Kindergarten class at Oceano in 2010/11 between the two programs.

**Table 56**

Participants in Pre-K Camp			
Site	Year	Number	Percent*
Georgia Brown	2007/08	67	68%
	2008/09	76	76%
	2009/10	72	72%
	2010/11	77	81%
Oceano	2007/08	32	43%
	2008/09	35	47%
	2009/10	34	46%
	2010/11	36	50%

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\* Percent of kindergarten enrollment.

Objective 18: By June 30, 2011 for at least 80% of participating parents each year to describe the camp as beneficial to their children in preparing for school.

At the end of camp parents are asked to complete a brief survey about their perceptions of the usefulness of the camp to them and their children. Surveys at Georgia Brown were completed by 64 parents, which is 83% of the families attending the camp. The data concerning their perceptions of their children’s time at camp are presented in Table 57 on the next page. The parents overwhelmingly reported (i.e., indicated on Likert-scale they *Agreed a Little Bit* or *Agreed A Lot*) the camp to be of value to their children in terms of enjoyment, learning about the school, meeting more children, and being more comfortable.

No data regarding parent surveys were available for the 2010/11 Oceano Summer Camp.

Objective 19: By June 30, 2011 for at least 80% of participating parents each year to describe the camp as beneficial to them in helping their children prepare for school.

Parents were also asked some questions about their experience at camp (see Table 58 on the next page). In 2010/11 fifty parents attended the Georgia Brown camp. Fifty-six parents (118%) completed the survey. Almost all parents reported (i.e., indicated on

**Table 57**

<b>Pre-K Camp Parent Survey</b> <b>Child’s Time at Georgia Brown Camp</b> <i>Agreed A Little Bit/ A Lot</i>				
Site Item	2007/08	2008/09	2009/10	2010/11
My child.....				
Enjoyed	97%	94%	94%	97%
Learned about school	97%	90%	100%	97%
Met more children	94%	96%	81%	98%
Feels more comfortable	91%	91%	94%	97%

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Likert-scale they *Agreed a Little Bit* or *Agreed A Lot*) that the camp helped them meet other parents (96%), and feel more comfortable with their children entering school (93%). The majority of parents reported they learned about groups they could join to be more involved in school (89%), volunteer opportunities (88%), and how to pack nutritious lunches (66%).

**Table 58**

<b>Pre-K Camp Parent Survey</b> <b>Parent’s Time at Georgia Brown Camp</b> <i>Agreed A Little Bit/ A Lot</i>	
Item	Percent
I learned about parent groups that I can join to be more involved in my child’s school	89%
I learned about nutritious foods that I can pack for my child’s lunch and about the school lunch program	66%
I met school and district personnel and my questions were answered	85%
The camp helped me feel more comfortable with my child’s school.	93%
I got the opportunity to meet other kinder parents.	96%
I learned how to volunteer and become involved at school.	88%

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No data regarding parent surveys were available for the 2010/11 Oceano Summer Camp.

**Kindergarten Transition Programming**

Objective 20: By June 30, 2011 to provide a series of Kindergarten transition meetings for at least 45 parents, teachers, and ECE providers, annually.

Objective 21: By June 30, 2011 for at least 80% of participating parents, teachers, and ECE providers to describe the meetings as beneficial in preparing children for school

Kindergarten transition programming also targets teachers, childcare providers, and preschool teachers. This component has proven challenging to implement. There were no meetings in 2007/08, and two at each site in 2008/09. In 2010/11 there were two meetings with 14 teachers and 14 ECE providers at Georgia Brown and two meetings with four teachers, three ECE providers, and four parents at Oceano (see Table 59). In addition, the Site Coordinator at Georgia Brown met with seven parents to help them support their children in the transition to school. She even accompanied some of the parents onto the school grounds to introduce them to the school staff.

**Table 59**

<b>ECE Provider – Teacher Kindergarten Transition Meetings</b>			
<b>Year</b>	<b>Site Meetings</b>	<b>Participants</b>	<b>Number</b>
2007/08	GB None	Teachers	0
		ECE Providers	0
	Oc None	Teachers	0
		ECE Providers	0
2008/09	GB Two	Teachers	10
		ECE Providers	10
	Oc Two	Teachers	8
		ECE Providers	7
2009/10	GB Three	Teachers	13
		ECE Providers	16
	Oc Two	Teachers	4
		ECE Providers	11
2010/2011	GB Two	Teachers	14
		ECE Providers	14
	Oc Two	Teachers	4
		ECE Providers	3
		Parents	4

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Objective 22: By June 30, 2011 to provide opportunities for at least 75% of eligible children, annually, to visit Kindergarten classes in the year prior to their entry into school.

Objective 23: By June 30, 2011 for at least 80% of parents of participating children to describe the visits as beneficial in preparing children for school.

The Site Coordinator did not schedule any kindergarten visits during 2010/11. She reported that her role was to encourage parents to schedule visits on their own. Thirty-one children visited the Georgia Brown campus from the two local preschool classes, or 33% of the incoming class (see Table 60).

Thirty children visited Oceano Elementary School in 2010/11 during the two visits (see Table 60). This is 42% of the incoming kindergarten class, or is 56% of the stated objective.

**Table 60**

<b>Kindergarten Class Visits for Incoming Kindergarten Students</b>			
<b>Site</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
<b>Georgia Brown</b>			
Visits for Children	4	2	2
Number of Children	54	26	31
Percent of Incoming Class	54%	26%	33%
<b>Oceano</b>			
Visits for Children	2	2	2
Number of Children	31	40	30
Percent of Incoming Class	42%	54%	42%

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**Program Infrastructure, Administration, and Evaluation**

The Georgia Brown and Oceano School Readiness Programs are a complicated exercise in systems change. A number of agencies, organizations, and individuals participate in planning, policymaking, and program implementation and evaluation. The programs are a collaboration between the community, the Lucia Mar and Paso Robles School Districts, and First 5 SLO County. The organizational structure is a melding of the three.

The overall responsibility for all activities lies with the First 5 SLO County Commission. The operation is supervised by a Steering Committee made up of professional educators and providers, which meets quarterly. The activities of the two programs are under the direction of the Neighborhood Teams, groups of parents, community members, and local

providers. The Georgia Brown Neighborhood Team met five times in 2010/11, and the Oceano Neighborhood Team met four times.

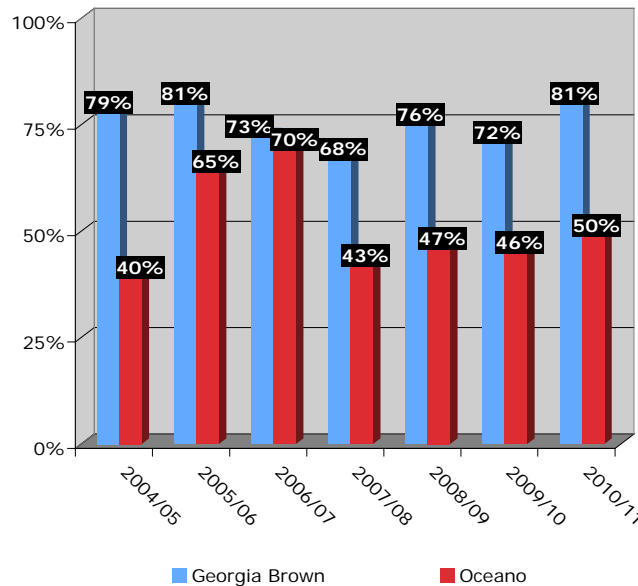
The staff are also employed through a mixed-systems approach. Programming is overseen by the First 5 SLO County Program Officer. The Site Coordinators and Family Advocates are employees of their respective school districts.

Programming is operated in two ways: 1) activities funded by First 5 SLO County, which are subcontracted through the two districts and other First 5 partners; and 2) activities funded by partners such as Cuesta College and the SLO County Office of Education.

**Conclusions**

Almost 800 children have attended a Summer Pre-K Camp during the seven years of the SR Initiative. At Georgia Brown 521 children have attended camps, which averages out to 76% of the incoming kindergarten classes (see Figure 25). In Oceano 276 children have attended the camps, or 52% of the incoming kindergarten classes. The Head Start summer program at Oceano has helped many of the other children prepare for school.

**Figure 25**  
**Percent of Incoming Kindergarten Class Attending Summer Pre-K Camp**  
**at Georgia Brown and Oceano**  
**2004/05 to 2010/11**



The other two activities in the Kindergarten Transition programming were difficult to implement, as they required a significant amount of outreach and coordination. The original plan called for two distinct components: 1) meetings between kindergarten teachers, ECE providers, and parents to discuss the needs of children entering school, and how each group could help children be ready for school, as well as schools be ready for

children; and 2) visits by incoming students during the last half of the school year to kindergarten classes.

Busy schedules, conflicting schedules, release time, and other barriers made the teacher-provider-parent meetings less frequent and with lower attendance than planned (see Table 61). There were several years when the meetings didn't happen at all, usually coinciding with a new Site Coordinator. Parents were not involved at all until 2010/11. Still, 19 meetings did take place (8 at Georgia Brown and 11 at Oceano), involving 169 individuals (99 at Georgia Brown and 70 at Oceano).

**Table 61**

Transition to Kindergarten Meetings between Kindergarten Teachers, ECE Providers, and Parents At Georgia Brown and Oceano 2004/05 to 2010/11								
Year	Georgia Brown				Oceano			
	Meets	K Teach	ECE Pro	Parents	Meets	K Teach	ECE Pro	Parents
2004/05	1	5	17	—	1	10	6	—
2005/06	0	0	0	—	2	3	4	—
2006/07	0	0	0	—	2	2	4	—
2007/08	0	0	0	—	0	0	0	—
2008/09	2	10	10	—	2	8	7	—
2009/10	3	13	16	—	2	4	11	—
2010/11	2	14	14	—	2	4	3	4

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The classroom visits were not successful as planned. The original idea was to have children spend some time at school in the spring before they entered kindergarten. Activities might have included sitting in a classroom for a while, touring the library and playground, meeting the Principal, and eating a snack in the cafeteria. Scheduling these visits proved to be labor intensive, and the only visits that took place were those arranged by preschools.

The infrastructure of the SR Initiative offered successes and challenges. The original plan involved a countywide SR Coordinator with general coordinating responsibilities. The position proved very helpful during the implementation phase, and might have helped during staff transitions later on. The extra layer of coordination and expense was eliminated in the second round (2007/08).

The Steering Committee has generally proven to be an effective oversight committee. They regularly reviewed progress, examined challenges, and made intermediary

decisions that were forwarded to the Commission. Quarterly meetings proved sufficient once the Initiative was mature.

Neighborhood Teams have been somewhat less successful as designed. While both Teams have made significant contributions to the programs, their local oversight role has been less clear. The skill set required by Site Coordinators has more to do with the abilities to relate to families and coordinate activities, and less to do with facilitating a diverse group of professional educators, providers, and parents. The Teams have generally felt they were in an observer role, hearing reports about program activities, and less in a decision-making oversight role.

While challenges certainly have emerged, the general systems change model of shared responsibilities between First 5 SLO County, SLCOE, school districts, and other agencies has generally proven effective. Site Coordinators and Family Advocates have been effective at implementing the program in their schools.

One of main lessons in infrastructure has been the importance of SR staff continuity. Staff turnover invariably leads to a considerable orientation period, as the staff member learns the program, the institution, and, perhaps most importantly, becomes an accepted member of the community.

There have been lessons as to the value of support from both district and school staff. And, ultimately, it cannot be said at this time that the SR activities have been completely internalized at either institution.

## **B. FUNDED STRATEGIES: DIRECT SERVICE PROGRAMS**

### **1. BABES (Babes At Breast Education and Support)**

#### **Introduction**

BABES is operated through the Health Promotion Division of the SLO County Public Health Department. The program encourages breastfeeding by low-income mothers through four methods: individual peer counseling, prenatal group education, postnatal learning groups, and individual assessments by an International Board Certified Lactation Consultant at the WIC satellite clinics. The Public Health Department subcontracts with French Hospital Medical Center for the Lactation Consultant services. Beginning in October 2010 BABES obtained ongoing funding from the State of California to support three of their four activities: individual peer counseling, prenatal group education, and postnatal learning groups.

#### **Program Outcome**

Children are healthy and well nourished

**Indicators**

- Number and percentage of women who are breastfeeding (Key)
- Number of peer counselors (F5 SLO)
- Number and percentage of women who receive breastfeeding education and support (F5 SLO)

**Program Data and Results**

Objective 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.

Four peer counselors were employed by the BABES program in the first quarter of 2010/11. All of them were bilingual. The peer counselors served 188 new women during the quarter, which is 137% of their objective, prorated for one quarter (see Table 62). One hundred seventeen of the women (62%) were Hispanic. Including women who were first called during 2009/10, the peer counselors made phone calls to 390 breastfeeding women in the first three months of 2010/11.

**Table 62**

<b>Individual Peer Education and Support for Breastfeeding Women</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	708	129%
2008/09	517	94%
2009/10	677	123%
2010/11 (Qtr 1)**	188	137%
<b>Total</b>	<b>2,090</b>	<b>116%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective  
 \*\* Percent of Stated Objective (prorated for the quarter program operated)

The program involves peer counselors making regular phone contact with breastfeeding women. Calls are scheduled once prior to birth and seven times after birth: 3-5 days, 7-10 days, 2-3 weeks, 5-6 weeks, 2-2.5 months, 4 months, and 6 months. Seven hundred calls were completed to the 390 duplicated clients, an average of 2.0 calls per woman, or 25% of the scheduled 8 calls.

Objective 2: By June 30, 2011 to provide group education for at least 375 unduplicated pregnant women annually through the peer counselor support program.

BABES provided 20 learning groups at satellite clinics during the first quarter of 2010/11, serving 94 women, or 100% of the stated objective, prorated for one quarter (see Table 63). In addition, 8 other family members attended the groups.

**Table 63**

Education and Support at Satellite Clinics for Pregnant & Breastfeeding Women		
Year	Number	Percent*
2007/08	451	120%
2008/09	427	114%
2009/10	466	124%
2010/11 (Qtr 1)**	94	100%
<b>Total</b>	<b>878</b>	<b>117%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective  
 \*\* Percent of Stated Objective (prorated for the quarter program operated)

A survey was given to all of the participants in the learning groups. The results indicate that 95% found the group to be *Very Helpful*, and 76% said it was the only breastfeeding education they had received.

Objective 3: 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.

Because three of the breastfeeding support activities were funded by First 5 SLO County for only the first quarter of 2010/11, phone logs were not analyzed for reports of breastfeeding at six months by program participants. Over the course of the past three full years, reported the breastfeeding rate at six months by BABES participants was 62%, while for all WIC women the rate was 48% (see Table 64 on the next page).

Objective 4: By June 30, 2011 to provide breastfeeding education and support at satellite clinics for at least 385 unduplicated mothers annually as measured by tracking system.

There are two kinds of consultations offered at the satellite clinics. One, a prenatal consultation includes a brief discussion of any previous breastfeeding difficulties and anticipatory guidance, as needed. A breast exam is also conducted to identify any potential breastfeeding problems due to breast anatomy. Two, a postpartum breastfeeding consultation includes the following: identification of mother’s chief concern(s); a history of the concern(s); a brief maternal medical/breast history; current

**Table 64**

<b>Peer Counseling Clients Reporting Infants Breastfed at Six Months 2007/08 to 2009/10</b>		
<b>Women</b>	<b>Number</b>	<b>Percent</b>
Peer Counseling	1,005	62%
All WIC	1,551	48%

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<b>Percent*</b>
129%

\* Percent of Stated Objective

feeding history; breast exam; newborn history (birth date, birth weight, gestational age, neonatal concerns/anomalies/illnesses); brief newborn exam (general appearance/tone and pre-feeding weight); feeding assessment; post-feeding infant weight check; calculation of milk intake; lactation consultant overall impressions; and follow-up plan.

A prenatal consult usually takes about 10-15 minutes, and the initial postpartum consult generally takes 1 hour. Follow-up consults take approximately 30-45 minutes depending on the concern. The lactation consultant typically assesses 2–3 mothers simultaneously.

The lactation consultant held 211 clinics during 2010/11 at the five sites: Grover Beach (43), Morro Bay (48), Nipomo (46), Paso Robles (43), and San Luis Obispo (31), which was added in the second quarter. These clinics served 664 unduplicated women, or 172% of the stated objective (see Table 65).

**Table 65**

<b>Lactation Consultation at Health Clinics for Pregnant and Breastfeeding Women</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	570	148%
2008/09	621	161%
2009/10	680	177%
2010/11	664	172%
<b>Total</b>	<b>2,535</b>	<b>165%</b>

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\* Percent of Stated Objective

Altogether 1,222 contacts were made with the 664 women, or a mean of 1.8 contacts per woman. The primary foci of the postpartum consultations were: low milk supply (25%); breast pump loan (18%); and sore nipples (18%).

Objective 5: By June 30, 2011 to provide group education and support to at least 225 unduplicated breastfeeding women less than 6 weeks postpartum annually through the peer counselor support program.

The classes were provided in the 2 larger WIC sites during the first quarter of 2010/11. Topics covered include breastfeeding assistance, normal feeding and sleep behaviors, weight gains, and normal newborn development. All babies were weighed, and, if weight gains were less than optimal, the mother was referred to the lactation consultant for further assistance. Mothers were offered breastfeeding assistance, if the infant was hungry during the support group. And mothers were offered a nursing bra, breast pads, and a manual breast pump, if desired.

Eight groups were offered. They were attended by 17 mothers. This was 30% of the stated objective prorated for one quarter. See Table 66.

**Table 66**

<b>Attendance at Education and Support Groups for Women less than 6 Weeks Postpartum</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2009/10	45	20%
2010/11(Qtr 1)**	17	30%
<b>Total</b>	<b>62</b>	<b>22%</b>

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\* Percent of Stated Objective

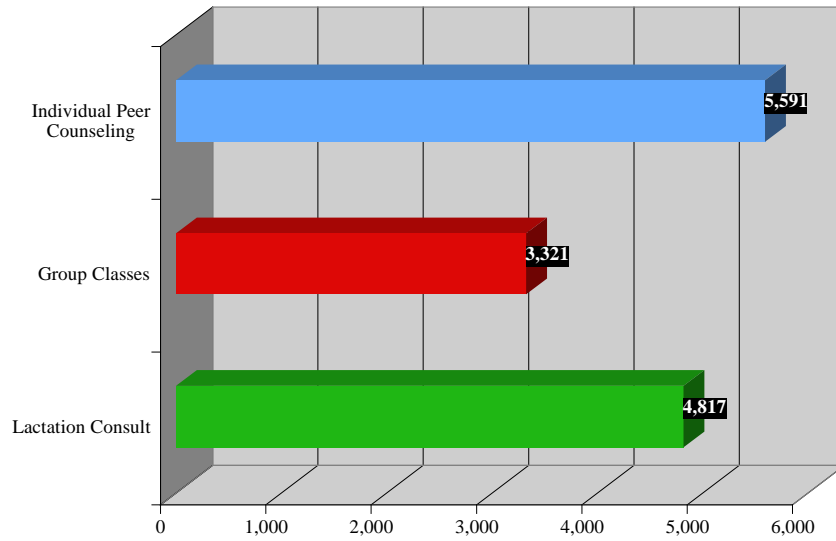
\*\* Percent of Stated Objective (prorated for the quarter program operated)

**Conclusion**

BABES has generally surpassed its objectives in terms of the numbers of breastfeeding women supported through individual peer counseling (116% in the past four years), pregnant women support through the peer counseling program (117% in the past four years, and women receiving lactation consultation (165% in the past four years).

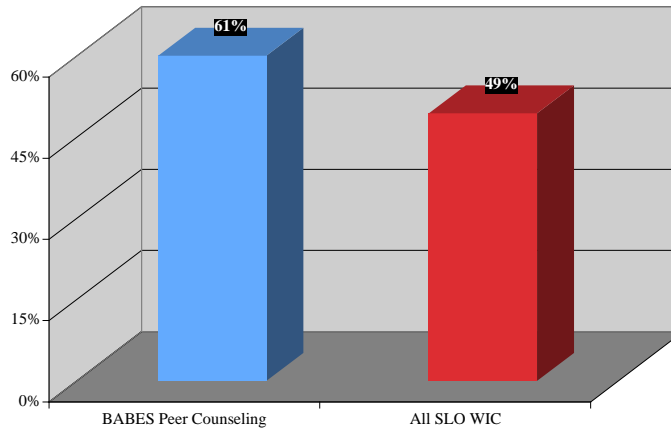
Over the course of 11 years of funding from First 5 SLO County BABES has provided peer breastfeeding counseling to over 5,500 women (see Figure 26 on the next page). The program has provided group breastfeeding education and support to over 3,300 women. And, the program has provided lactation counseling to over 4,800 women.

**Figure 26**  
**Women Served in BABES Activities**  
**2000/01 to 2010/11**



WIC tracks women who report breastfeeding when their infants are six-months old. The mean rate for the years 2005/06 to 2009/10 was 49.4% (see Figure 27). BABES staff went through phone contact logs for those years, and tracked the number of women who received peer counseling who reported breastfeeding at the six-month mark. The mean rate for the same five year period was 60.8%, a difference of 23.1% compared to all WIC women.

**Figure 27**  
**Women Reporting Breastfeeding at 6 Months**  
**All WIC Women versus BABES Peer Counseling Women**  
**Mean Rate: 2005/06 to 2009/10**



## 2. BABY'S FIRST BREATH

### Introduction

Baby's First Breath (BFB) is operated by the Tobacco Control Program of the SLO County Public Health Department. The primary strategy is to eliminate exposure of young children to secondary tobacco smoke through smoking cessation and education for pregnant women, parents, and other family members. Activities include cessation counseling, classes and support groups, nicotine replacement therapy, and group education on the harmful effects of second-hand smoke on child health.

### Program Outcome

Children are free from tobacco-related illnesses

### Indicators

- Number and percentage of women who did not smoke during pregnancy (Key)
- Number and percentage of children who live in households where no adults smoke (Key)
- Number and percentage of parents and other family members of children, ages 0 to 5, who quit smoking (F5 SLO)
- Number and percentage of childcare providers who are aware of and who educate parents about the harmful effects of environmental tobacco smoke (ETS) (F5 SLO)

### Program Data and Results

Objective 1: By June 30, 2011 to provide 50 outreach activities annually to promote Baby's First Breath (BFB) cessation activities.

Cessation referrals had lessened significantly in the past few years, so outreach activities were built in to the new contract. Specifically, BFB was to make presentations to the offices of physicians and other providers, as well as to WIC parents and participants in programs at County Drug and Alcohol Services. Finally, materials were mailed to interested parties.

Outreach presentations were made to 67 groups in 2010/11 (see Table 67 on the next page), which is 134% of the stated objective of 50. This is down somewhat from the previous year. Outreach presentations were made to 12 physician's offices, including private providers and community clinic sites. Tobacco education and prevention materials were provided for staff.

**Table 67**

<b>Baby's First Breath Outreach Presentations</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2009/10	94	188%
2010/11	67	134%
<b>Total</b>	<b>161</b>	<b>161%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

Five presentations were made to participants in the Perinatal Outpatient Extended Group (POEG) Program of Drug and Alcohol Services. A high percentage of the women in the group are smokers. Thirty-nine women were reached through these presentations.

Thirty-five presentations were made to 277 WIC participants. Each family was given educational brochures about the program and information about the incentive program to quit smoking. And, fifteen other presentations were made to various groups in the two School Readiness communities, Georgia Brown and Oceano.

Objective 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.

Eighty-three referrals were received by BFB in 2010/11. This is slightly down from the 90 received in 2009/10, but 72% more than the 48 referrals in 2008/09.

Cessation services were provided by the BFB cessation counselor to 49 new pregnant women and parents and other family members of children, ages 0-5, or 59% of those referred (see Table 68). Another 24 individuals who began counseling last year continued in counseling during 2010/11. Twenty-six individuals received individual

**Table 68**

<b>New Pregnant Women, Parents, and Other Family Members in Tobacco Cessation 2010/11</b>	
<b>Provider</b>	<b>Number</b>
BFB Cessation Counselor	49
Field Nursing Program	1
CA Smokers' Helpline	47
<b>Total</b>	<b>97</b>

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counseling, 22 were in group counseling, and 30 were counseled over the phone (duplicated numbers). Those in individual counseling averaged 2.4 sessions, while those in group averaged 6.1 sessions. The ratio of pregnant women to parents and other family members of children, ages 0-5 was 1.46 to 1.

Forty-seven other parents were counseled by the California Smokers’ Helpline. One received tobacco cessation support from a public health nurse in the Field Nursing Program.

Altogether, 97 pregnant women and parents and other family members of children, ages 0-5, received tobacco cessation counseling in SLO County during 2010/11 (see Table 69). This is 97% of the stated objective.

**Table 69**

<b>Pregnant Women, Parents, and Other Family Members in Tobacco Cessation</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	62	62% **
2008/09	42	42% **
2009/10	120	120%
2010/11	97	97%
<b>Total</b>	<b>321</b>	<b>80%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective  
 \*\* Did not include CA Smokers Helpline or Field Nursing Program

Objective 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 & other family members of children, ages 0-5.

A continuing challenge has been to consistently follow up on cessation clients. During 2010/11 45% of those clients eligible for a follow-up phone (i.e., at 3, 6, and 12 months of cessation) were contacted, which was up from 31% in 2009/10. The percentage of successful contacts was highest at 3 months (56%), while the rates at 6 and 12 months were 35%. No quit rate data are provided here for 6 or 12 months due to the low response rate (see Table 70 on the next page).

Objective 3: By June 30, 2011 to provide at least 15 presentations for parents of children, 0-5, and childcare providers with educational materials about the hazards of ETS and available cessation services.

Fourteen presentations were made in 2010/11, involving 159 parents of children, 0-5, and 19 childcare providers (see Table 71 on the next page). This is 93% of the stated

**Table 70**

Quit Rates Reported by Pregnant Women, Parents, and Other Family Members 2010/11				
Follow-Up	Eligible	Contacted	Quit	Percent*
3 Month	32	18	7	39%
6 Month	17	6	6	—
12 Month	17	6	5	—

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\* Percent of Clients Eligible for Follow-up & Contacted

Percent*
—

\* Percent of Stated Objective

objective of 15 presentations. Baby’s First Breath presentations focused on how children are particularly susceptible to secondhand smoke and how children’s exposure to secondhand smoke is involuntary.

**Table 71**

Tobacco Educational Presentations to Parents of Children, Ages 0-5, & Childcare Providers		
Year	Number	Percent*
2009/10	20	133%
2010/11	14	93%
<b>Total</b>	<b>34</b>	<b>113%</b>

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\* Percent of Stated Objective

A quick pre and post-survey asked participants about their willingness to make their homes and cars smoke-free, as well as a simple question about the effects of smoking on their children’s health. The percentage of participants who responded *Definitely Yes* as to their willingness to make homes and cars smoke free increased 17% on the post-survey as compared to the pre-survey (see Table 72 on the next page).

Table 73 on the next page displays data from the survey related to an item about the effects of ETS on children. Whereas one-in-eight (13%) participants responded something other than *Definitely Yes* to the item about effects of ETS on children prior to the presentation, only one-in-forty (4%) did so after the presentation.

**Table 72**

<b>Willingness in 2010/11 to Make Homes &amp; Cars Smoke-free Reported by Parents of Children, Ages 0-5</b>		
<b>Category</b>	<b>Pre</b>	<b>Post</b>
Definitely Yes	86%	100%
Probably Yes	11%	0%
Maybe	3%	0%
Probably No	0%	0%
Definitely No	0%	0%

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**Table 73**

<b><i>Does tobacco smoke cause more ear infections, lung infections, and colds in children?</i></b>		
<b>Category</b>	<b>Pre</b>	<b>Post</b>
Definitely Yes	87%	96%
Probably Yes	9%	4%
Maybe	4%	0%
Probably No	0%	0%
Definitely No	0%	0%

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Objective 4: By June 30, 2011 to provide at least 15 presentations annually to children, ages 0-5, at Head Starts, State Preschools, School Readiness sites, childcare providers, and other sites about the hazards of smoking and ETS.

The presentation to preschool children consists of a puppet show incorporating animals and an art-coloring project. The puppet show is titled “Why Animals Don’t Smoke.” There are a total of ten animal puppets used to demonstrate the harmful effects of smoking and secondhand smoke. After the puppet show the students receive a coloring book, a pamphlet on why animals don’t smoke to take home to their families, and the classroom receives a 28” x 22” laminated poster that complements the puppet show. All materials distributed are available in both English and Spanish.

Seventeen presentations were made to children, ages 0-5 (see Table 74 on the next page). Two hundred seventy-seven children saw the puppet show, and took home their coloring books. The 17 shows were 113% of the stated objective.

**Table 74**

<b>Presentations to Children, Ages 0-5</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2009/10	19	127%
2010/11	17	113%
<b>Total</b>	<b>36</b>	<b>120%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

**Conclusion**

Baby’s First Breath activities continued to rebound from the staff turnover and other programming changes that began in 2005/06 and continued for the next four years. While numbers were down slightly from 2009/10, the program exceeded stated objectives in two of four activities, and essentially met the objectives in the other two.

Baby’s First Breath took several years to hit its stride, in terms of achieving its objectives related to providing cessation services to pregnant women and parents and other family members of children, ages 0-5, (see Table 75). It had proven difficult to draw pregnant

**Table 75**

<b>Pregnant Women and Parents and Other Family Members in Tobacco Cessation 2001/02 to 2010/11</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2001/02	23	19%
2002/03	66	55%
2003/04	123	101%
2004/05**	128	128%
2005/06	75	75%
2006/07	48	48%
2007/08	62	62%
2008/09	42	42%
2009/10	120	120%
2010/11	97	97%
<b>Total</b>	<b>784</b>	<b>74%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective  
 \*\* The benchmark was changed from 120 to 100 clients.

women and parents of newborns to group classes, as they seemed to prefer individual counseling. Adding cessation counselors around the county for individual cessation support helped raise the number of individuals in the program.

A series of external and internal events, beginning in 2005/06, ushered in a period of challenges. Referrals fell when the Public Health Department began to steer substance-use referrals to a central point, rather than directly to Baby's First Breath. The next year, SLO County issued a policy change, mandating that independent contractor (cessation counselors) needed to become county employees. Almost all of the counselors decided to stop working rather than go through the County's hiring process, thus severely impacting the capacity to provide cessation counseling. The cessation program staff person left in late 2007, so during 2007/08 an effort was made to find an outside agency to subcontract for the cessation program. When no suitable agency was found, a new cessation staff person was hired, but she left after six months, and the program hit its nadir. Stability returned in 2009/10 after the development of a new Scope of Work for Baby's First Breath, and the program has attained its objectives the last two years.

During its 11 years of operation Baby's First Breath has provided tobacco cessation services to almost 800 pregnant women and parents and other family members of children, ages 0-5.

### **3. BEST PALS (Behavior Education Screening Therapy Parenting And Life Skills)**

#### **Introduction**

Pediatric Physical Therapy Services (PPTS) has been a First 5 SLO County partner since 2005, providing developmental and behavioral assessments and treatment to children with delays and behavioral problems not severe enough to warrant treatment by Tri-Counties Regional Center (TCRC) or the schools. They adopted the name BEST PALS for this program at the beginning of 2007/08.

BEST PALS endeavors to identify and serve children with developmental delays and mild behavioral issues who might otherwise fall through the cracks in the system. They first assess the child using a number of instruments, including the ASQ, ASQ-Social Emotional Scale, the DAYC, and the Sensory Profile. Children who qualify for treatment at TCRC or at a school are referred to those organizations. Those who don't qualify are given brief treatment of no more than 15 sessions. Treatment might focus on development, behavior, parenting education, or some combination. Often, this short intervention is all that is needed. Other times, children treated by BEST PALS become eligible for further more long-term treatment, and are referred to the proper provider.

#### **Program Outcome**

Children receive early screening/intervention for developmental delays, disabilities, and other special needs

## Indicators

- Number and percentage of children identified as having disabilities and other special needs (including a developmental delay) by the time of kindergarten entry (Key)
- Number and percentage of children identified with disabilities who are referred to developmental services by kindergarten entry (Elective)
- Number and percentage of parents of children identified with disabilities who receive education and support (F5 SLO)

## Program Data and Results

Objective 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.

Pediatric Physical Therapy Services received referrals for 45 children during 2010/11 (see Table 76 on the next page), down from 93 the previous year. This drop was due to a shortage of funding, which resulted from the program exceeding its service objectives during the prior three years. PPTS let its referral sources know of the need to cut down on referrals to avoid going over budget. They only billed First 5 for services in the first three quarters of the year, and so, the data reported herein are restricted to those three quarters.

Assessments were performed with 42 of the referrals (81%), which is 87% of the stated objective of 52. Ages and Stages Questionnaires (ASQs) were administered to 9 children (21%); ASQ-Social and Emotional Scales were performed on 14 (33%); the Developmental Assessment of Young Children (DAYC), a detailed secondary assessment, was performed on 27 children (64%); and the Sensory Profile was performed on 9 children (21%).

Objective 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.

Twenty-three of the children assessed by PPTS (55%) entered treatment there (see Table 76). Two children (5%) were determined to have no need for treatment. Sixteen children (38%) were referred at intake for more intensive treatment; 11 (26% of intakes) to TCRC, 4 (10%) to schools, and 1 (2%) to Martha's Place – Children's Assessment Center. One parent (2%) declined services at the conclusion of the intake. Three of the referrals (5%) were never scheduled for an intake.

Children entered treatment with PPTS for the following reasons (see Table 77 on the next page): behavioral issues (13%); developmental delays (22%); both behavioral and developmental issues (43%); parenting education only (13%); and parenting education

**Table 76**

<b>Dispositions of Referrals to BEST PALS 2010/11 (First Three Quarters)</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
Referrals	45	
Intakes	42	87% *
Assessments	59	
ASQ**	9	21%
ASQ-SE**	14	33%
DAYC**	27	64%
Sensory Profile**	9	21%
Entered Treatment @ PPTS	23	55%
Referred for Treatment	16	38%
TCRC	11	26%
Schools	4	10%
Mental Health	0	0%
Martha's Place - CAC	1	2%
Parents Declined at Intake	1	2%
No Need	2	5%

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\* Percent of stated objective.

\*\* Total percent (of Intakes) exceeds 100% due to multiple assessments.

and behavioral and/or developmental issues (9%). PPTS provided 280 treatment interventions to 55 clients (23 new and 22 continuing). This is a mean of 5.1 treatment sessions per client, well below the maximum limit of 15 sessions. The mean quarterly caseload was 26.

Objective 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.

One-third of the children (33% or 22) completed treatment successfully (see Table 78 on the next page). Four (7%) left treatment early. Thirty (53%) were referred elsewhere for more treatment. Reasons for the referrals were: lack of progress in treatment at BEST PALS (49%); and despite progress or due to a new issue (4%). Referrals were made to: TCRC - 18 (32%); schools or preschools - 11 (19%); and Martha's Place - Children's Assessment Center - 1 (2%).

**Table 77**

<b>Treatment Offered by BEST PALS 2010/11 (First Three Quarters)</b>		
<b>Category</b>	<b>Number</b>	<b>Percent</b>
Entered Treatment @ PPTS	23	
Behavioral	3	13%
Developmental	5	22%
Beh & Dev	10	43%
Parenting Only	2	13%
Parent & Beh &/or Dev	2	9%
Total # of Children	55	110%*
Total # of Interventions	280	
Mean Qtrly Caseload (3)	26	

First 5 SLO Quarterly Reports

\* Percent of Stated Objective

**Table 78**

<b>Treatment Disposition of Clients with BEST PALS 2010/11 (First Three Quarters)</b>		
<b>Activity</b>	<b>Number</b>	<b>Percent</b>
<b>Clients</b>	<b>55</b>	
<b>No Longer in Treatment (Closed during 2010/11)</b>	<b>57</b>	<b>104%</b>
Treatment Ended	22	33%
Left Treatment Early	4	7%
Referred for More Treatment	30	53%
Due to Lack of Progress	28	49%
Despite Progress or New Issue Arose	2	4%
At Parental Request	0	0%
<b>Referred to:</b>		
TCRC	18	32%
Schools	11	19%
Mental Health	0	0%
Martha's Place CAC	1	2%

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The Developmental Assessment of Young Children (DAYC) provides a measure of a child’s developmental delay. It also affords the opportunity to gauge treatment outcomes for children receiving developmental interventions. BEST PALS reports the DAYC data in five developmental domains: *Cognition, Language, Physical, Social-Emotional, and Adaptive.*

Data were reported on 20 children who had completed at least 8 treatment sessions (35% of the closed cases). All but two of them (90%) showed improvement in one or more domains (see Table 79). Thirteen (65%) improved in one domain, and five (25%) improved in two domains.

**Table 79**

Number of Children Showing Improvement in DAYC Scores 2010/11 (First Three Quarters)		
Change	Number	Percent
Improvement in Two Domains	5	25%
Improvement in One Domains	13	65%
No Improvement	2	10%

First 5 SLO Quarterly Reports

Percent*
120%

\* Percent of Stated Objective

**Conclusion**

BEST PALS has assessed over 400 children during its six full years of work for First 5 SLO County. They have provided treatment to 341 of those children (83%). This high percentage indicates that, for the most part, the children referred to PPTS are appropriately identified.

All told, in the eleven years of the Commission’s Special Needs programs (Children’s Screening and Intervention Program for 2000/01 to 2003/04 and BEST PALS for 2004/05 to 2010/11), over one thousand children have been assessed (see Table 80 on the next page). Over nine hundred have received either treatment and/or parenting education (see Table 81 on the next page). On average all programs have met their assessment and treatment objectives during that time.

BEST PALS has proven to be an effective treatment program in its six years as a First 5 SLO County partner (see Figure 28 on page 103). A mean of 93% have improved on at least one domain on the DAY-C, with a mean of 26% improving on two domains.

**Table 80**

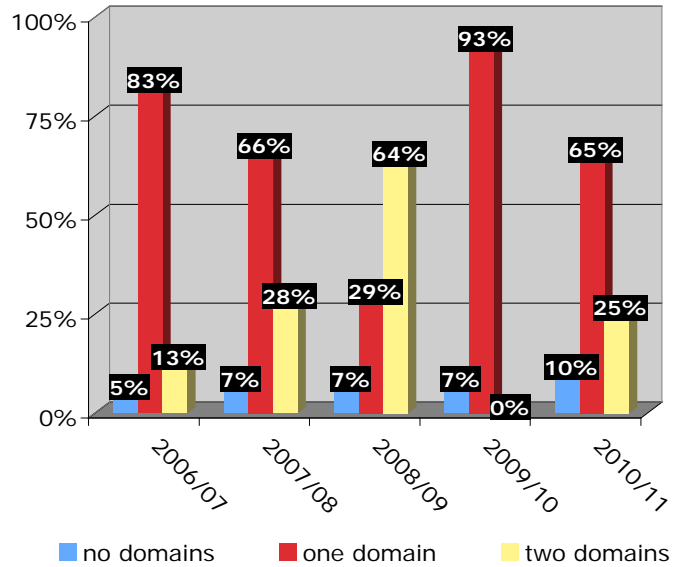
<b>Children Assessed for Developmental/Behavioral Issues 2000/01 to 2010/11</b>		
<b>Year &amp; Provider</b>	<b>Number</b>	<b>Percent*</b>
2000/01 PATHS, EOC/DSS, & LSF	114	—
2001/02 PATHS, EOC/DSS, & LSF	238	—
2002/03 PATHS, EOC/DSS, & LSF	225	—
2003/04 EOC & LSF	135	—
2004/05 LSF & PPTS	44	—
2005/06 PPTS	61	98%
2006/07	64	67%
2007/08	81	73%
2008/09	88	169%
2009/10	73	140%
2010/11	42	81%
<b>Total</b>	<b>1,165</b>	<b>105%</b>

**Table 81**

<b>Children Treated for Developmental/Behavioral Issues 2000/01 to 2010/11</b>		
<b>Year &amp; Provider</b>	<b>Number</b>	<b>Percent*</b>
2000/01 PATHS, EOC/DSS, & LSF	114	—
2001/02 PATHS, EOC/DSS, & LSF	176	—
2002/03 PATHS, EOC/DSS, & LSF	154	—
2003/04 EOC & LSF	78	—
2004/05 LSF & PPTS	62	41%
2005/06 PPTS	38	71%
2006/07	81	156%
2007/08	78	150%
2008/09	55	110%
2009/10	66	132%
2010/11	23	46%
<b>Total</b>	<b>925</b>	<b>101%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

**Figure 28**  
**Improvement on the DAYC for Children in Treatment in BEST PALS**  
**2006/07 to 2010/11**



**4. HEAD START SCHOOL READINESS ENRICHMENT PROGRAM**

**Introduction**

The Head Start School Readiness Enrichment Program is operated by CAPSLO Head Start. Each summer since 2004/05 the program has provided a three-week school readiness enrichment program to low-income kindergarten-age children at five sites throughout SLO County: Atascadero, Los Osos, Nipomo, Oceano (2 classes), and Paso Robles. The camp runs three hours per day. The activities are designed to prepare children for kindergarten, and include listening, following directions, writing their names, and having positive social experiences with their peers. A secondary purpose is to connect children and their families to other First 5 SLO County resources and services. Parents attend an orientation prior to the beginning of camp.

**Program Outcome**

Children enter kindergarten “ready for school”

**Indicators**

- Number and percentage of children who participate in school-linked transition/school readiness immersion programs (Elective)
- Number and percentage of children entering kindergarten ready for school as determined by assessments completed by teachers and parents that indicate the child is “ready to learn” (Elective)

**Program Data and Results**

Objective 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.

In 2010/11, the seventh year of operation, the Head Start SR Enrichment program enrolled 120 children, or 120% of its program objective (see Table 82). The daily activities were supplemented by trips to the local libraries, and each child brought home a Lakeshore Kindergarten Readiness backpack, filled with materials that promote school readiness, including three books.

**Table 82**

Children Participating in Head Start School Readiness Enrichment Program		
Year	Number	Percent*
2007/08	120	120%
2008/09	143	143%
2009/10	122	122%
2010/11	120	120%
<b>Total</b>	<b>505</b>	<b>127%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

Parents were required to attend an orientation prior to the start date, so a partnership could be formed to bridge home and school. Teachers sent home ideas and activities that would help reinforce what was learned in the program. This helped parents to create goals and support parents’ role as their child’s primary teacher.

Objective 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).

This objective was measured in two ways. First, teachers assess children weekly, using the Readiness Skills Assessment, a checklist related to school readiness skills and knowledge. The items were taken from the Desired Results Developmental Assessment (DRDA), which is used during the regular Head Start program. Children were scored as having the skill or knowledge if it was *Fully Mastered*. Scores are calculated as the mean of all of the items in each domain.

During 2010/11 assessments were completed on 100 children (83%) (see Table 83). Eighty-nine percent had *Fully Mastered* the items in the *Performance Standards* section of the Assessment, which was 111% of the stated objective of 80%. Ninety-nine percent

had *Fully Mastered* the items in the *Effective Learner* desired result, which was 123% of the stated objective. Finally, 100% of the children had *Fully Mastered* the items in the *Personal and Social Competency* desired result, which is 125% of the stated objective.

**Table 83**

Percent of Children Having Fully Mastered Skills by the End of the Three-week Program (Mean percent for combined items)			
Desired Result	Year	Percent	Percent*
1. Children are personally and socially competent	09/10	77%	97%
	10/11	89%	111%
2. Children are effective learners	09/10	88%	110%
	10/11	99%	123%
3. Children meet performance standards in language and literacy development	09/10	91%	113%
	10/11	100%	125%

Readiness Skills Assessment  
 \* Percent of Stated Objective

The second method for evaluating the effectiveness of the SR Enrichment Program was a parent survey. Given both before and after the program, the survey has parents rate their children’s mastery of 5 items (see Table 84 on the next page), and provides some background information. One hundred three children (86%) were rated on the pre-survey, and 97 (81%) were rated on the post-survey. The background information indicated that one-in-seven of the children (15%) had not had any preschool experience. Half of the children (50%) had no childcare experience.

On one task, *writing their names*, 33% more parents reported their child able to accomplish this task after the program compared to before it in 2010/11. Twenty percent more parents reported *I Read to My Child Every Day* after the program. The rest of the items were relatively unchanged (1% to 5%), but growth on those items was limited due to the high percentage of parents who responded *Yes* before the program (87% - 96%). Once again, the percentage of parents who reported reading to their children was low at the pre-survey (51%). While that percentage was higher on the post-survey (62%), it was still lower than might be hoped for, and that presents an ongoing challenge to the program.

**Conclusion**

The Head Start School Readiness Enrichment Program has provided a three-week kindergarten transition program for 828 children in its seven years of operation as a partner with First 5 SLO County (see Table 85 on the next page). This is a mean of 118 children per year, and is a mean of 118% of the stated objective of 100 children.

**Table 84**

<b>Parental Assessment of Children’s Improvement</b>				
<b>Item</b>	<b>Year</b>	<b>Pre</b>	<b>Post</b>	<b>Change</b>
1. <i>My child can write their name.</i>	09/10	60%	84%	41%
	10/11	65%	87%	33%
2. <i>My child can identify some letters of the alphabet.</i>	09/10	90%	94%	5%
	10/11	87%	92%	5%
3. <i>My child can count to 10.</i>	09/10	92%	99%	9%
	10/11	95%	96%	1%
4. <i>My child can count to 5 objects.</i>	09/10	96%	100%	4%
	10/11	96%	99%	3%
5. <i>I read to my child every day.</i>	09/10	59%	82%	39%
	10/11	51%	62%	20%

Parent Surveys

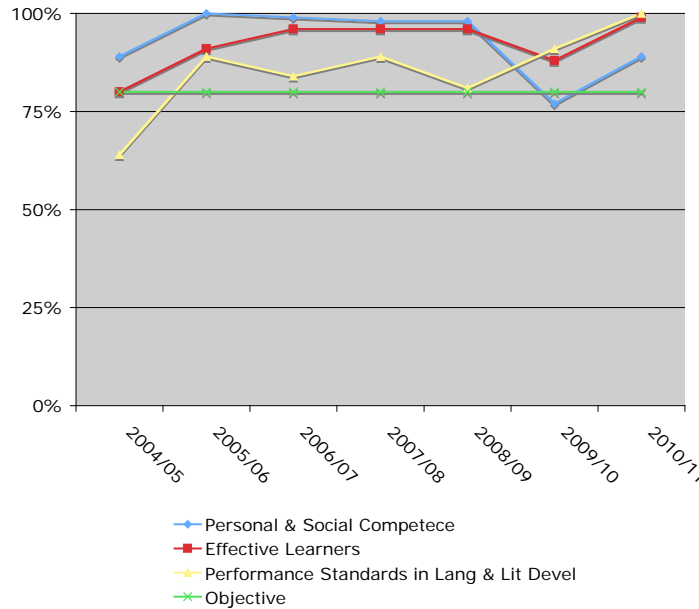
**Table 85**

<b>Children Participating in Head Start School Readiness Enrichment Program</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2004/05	86	68%
2005/06	105	83%
2006/07	132	105%
2007/08	120	120%
2008/09	143	143%
2009/10	122	122%
2010/11	120	120%
<b>Total</b>	<b>828</b>	<b>118%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

The program outcomes were generally strong as measured by teachers through an adapted version of the Desired Results Developmental Assessment (see Figure 29 on the next page). The mean for all three subscales was 90% for all seven years of operation, with a mean of 85% to 93% of the children having Fully Mastered a number of skills: *Personal and Social Competency* (93%), *Effective Learners* (92%), and *Performance Standards* (85%).

**Figure 29**  
**Percent of Children Rated as Fully Mastering Skills in Three Areas**  
**by the End of the Transition Program**  
**2004/05 to 2010/11**



**5. KITS FOR NEW PARENTS DISTRIBUTION**

**Introduction**

Kits for New Parents are received from First 5 California and supplemented with local materials. Kits contain a DVD, books, and brochures, and aim to provide expectant parents and parents of newborns with helpful information and advice about parenting children, birth to age five. Kits were distributed in a collaborative manner in 2004/05 by the SLO County Public Health Department. First 5 SLO County staff took over distribution of Kits in 2005/06.

Kits are distributed to varied providers throughout SLO County, who, in turn, pass them on to parents. These providers include hospitals, clinics, obstetricians, pediatricians, schools, the Public Health Department, First 5 SLO County-funded partners, and others. Nearly 50 providers are supplied with Kit order forms, so they may order Kits at any time, in any quantity, free of charge. Additionally, Kits are handed directly to parents by First 5 SLO County staff at community events each year.

**Program Outcomes**

- Parents provide nurturing and positive emotional support to their children
- Improved service delivery

**Indicators**

- Number and percentage of new parents receiving educational and support material (F5 SLO)
- Increased attention to prevention-focused services/activities (F5 CA)

**Program Data and Results**

Objective: By June 30, 2011 to provide educational and support kits to at least 1,000 parents of children, ages 0-5, annually.

Six hundred sixty-three kits were distributed in 2010/11 (see Table 86). Four hundred fifty-five English-language kits (69%) and two hundred eight Spanish-language kits (31%) were distributed. The number of kits in Spanish rose 14% over the previous year’s level. Overall Kit distribution was down, at 67% of the stated objective. Although First 5 staff fulfilled all Kit orders received in 2010/11, orders were not actively solicited (via faxed reminders).

**Table 86**

<b>Kits for New Parents Distributed</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	1,208	121%
2008/09	1,672	167%
2009/10	724	72%
2010/11	663	66%
<b>Total</b>	<b>4,267</b>	<b>107%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

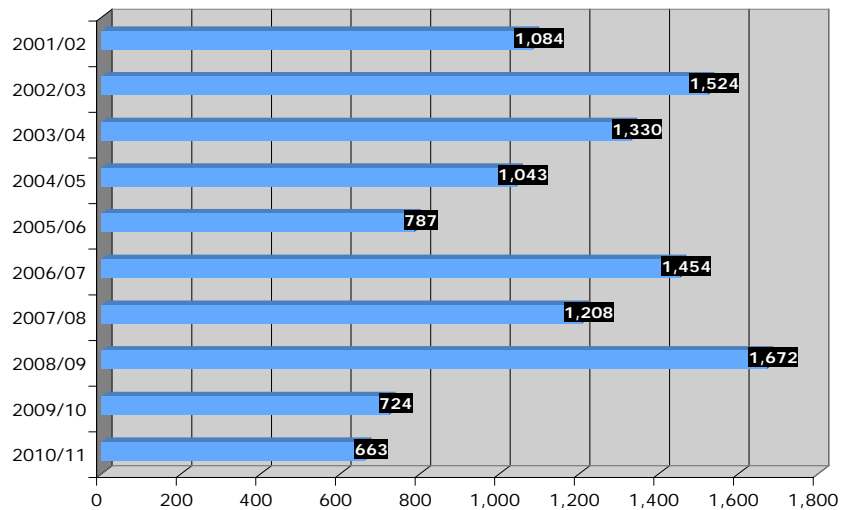
It should also be noted that providers must estimate their need and distribution rate, when placing Kit orders. After two consecutive years of exceeding the objective (121% in 2007/08 and 167% in 2009/10), it is very likely that providers had a backlog of Kits from which they distributed during the following two fiscal years. In 2010/11, not only were fewer total Kits ordered, but fewer providers placed orders of any size.

Although Kits are primarily distributed by others, First 5 SLO County staff also distribute Kits directly to parents occasionally, including at outreach events. During 2010/11 First 5 staff had the most successful one-day distribution of Kits at a community event. Seventy-five English Kits and 11 Spanish Kits were distributed at the 2011 Birth and Baby Fair in San Luis Obispo’s Mission Plaza.

Additionally, two new providers participated in Kit distribution in 2010/11. They were the Oceano School Readiness Program and the SLO County Library, which has 15 branches throughout the county.

Almost 11,500 Kits have been distributed in SLO County in the past ten years (see Figure 30). A mean of 1,149 has been distributed annually.

**Figure 30**  
**Kits for New Parents Distributed in SLO County**  
**2001/02 to 2010/11**



## 6. PARENTS HELPING PARENTS

### Introduction

Parents Helping Parents (PHP), a program of United Cerebral Palsy of San Luis Obispo County, has been a First 5 SLO County partner since the first round of funding in 2000/01. They have offices in Atascadero and San Luis Obispo, from which they provide referrals and resources to parents of children with disabilities, developmental and behavioral challenges, and other special needs. Services supported by First 5 SLO County include their two lending libraries, Parents’ Resource Specialists, and outreach activities. In addition PHP offers support groups, workshops and trainings, and parent-to-parent support matches.

### Program Outcome

Children receive early screening/intervention for developmental delays, disabilities, and other special needs

**Indicators**

- Number and percentage of parents of children identified with special needs who receive education and support (F5 SLO)

**Program Data and Results**

Objective 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 Parents Helping Parents (PHP) resource services.

Parents Helping Parents provided services to 626 unduplicated families in 2010/11 (see Table 87), or 142% of the stated objective. These services included: 318 parents (51% of the total) who made phone calls for resources and/or support; 134 visits to one of the libraries (21%); 55 attendees at nine trainings and other support events (9%). The families who phoned made 635 phone calls in total, for an average of 2.0 calls per family. One hundred forty-four of the clients (23%) were Spanish-speaking parents who received support from the PHP Resource Specialist, which was up considerably from 8% in 2009/10. Overall, PHP provided 1,084 units of service in support of parents of children with developmental delays and other disabilities.

**Table 87**

<b>Families Receiving Resources from PHP</b>			
<b>Year</b>	<b>Number</b>	<b>Contacts</b>	<b>Percent*</b>
2007/08	445	888	101%
2008/09	447	823	102%
2009/10	749	1,261	170%
2010/11	626	1,084	142%
<b>Total</b>	<b>2,267</b>	<b>4,056</b>	<b>129%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (Number)

PHP also conducted outreach to families and agencies throughout the county in order to raise awareness of their resources and services. In 2010/11 PHP performed 322 outreach contacts through the mail, phone calls, and in-person.

**Conclusion**

Parents Helping Parents has served almost 6,500 families since 2000 (see Table 88 on the next page). They have consistently performed above their stated objective, serving 192% of the number of families projected during the past eight years.

**Table 88**

<b>Families Receiving Resources from PHP under Funding from First 5 SLO County 2000/01 thru 2010/11</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2000/01	102	—
2001/02	812	—
2002/03	732	—
2003/04	834	111%
2004/05	551	190%
2005/06	765	263%
2006/07	426	147%
2007/08	445	100%
2008/09	447	101%
2009/10	749	169%
2010/11	626	141%
<b>Total</b>	<b>6,480</b>	<b>192%</b>

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\* Percent of Stated Objective, which has varied over the years from 750 (2003/04) to 290 (2004/05 to 2006/07); to 440 (2007/08 to 2010/11). The objectives during the first three years were related to percent growth rather than number served.

**7. POSTPARTUM DEPRESSION SUPPORT SERVICES PROGRAM**

**Introduction**

The Postpartum Depression Support Services Program (PDSS) is operated by the San Luis Obispo County Child Abuse Prevention Council. It offers coordination of services and professional education in order to build capacity to identify and serve parents experiencing depression. It also provides screening, treatment, and referrals through the Support Line, operated under contract by ALPHA Pregnancy and Parenting Support.

**Program Outcome**

Parents provide nurturing and positive emotional support to their children

**Indicators**

- Number and percentage of mothers screened for and referred for depression (Elective)

- Number and percentage of providers educated in postpartum depression (F5 SLO)

**Program Data and Results**

Objective 1: By June 30, 2011 to provide at least 30 outreach activities annually in order to promote awareness of Postpartum Depression and to encourage utilization of local resources.

During 2010/11 thirty-nine outreach activities were documented by the PDSS program (see Table 89). Almost all were presentations at meetings and presence at various events (e.g., School District Open Houses, Farmers’ Market, and World Homeless Day). One was a roundtable, *Emotional Support for Perinatal Families*, attended by 29 people in May. The 39 outreach activities were 127% of the stated objective.

**Table 89**

Postpartum Depression Outreach Activities			
Category	Year	Number	Percent*
Total Outreach Activities	07/08	42	140%
	08/09	45	150%
	09/10	44	147%
	10/11	39	127%

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective

The brochure *Pregnancy & Postpartum Depression* was distributed (almost 2,000) to offices of physicians, hospitals, and other providers and agencies. And, 67 copies of the book *Beyond the Blues* were given out to mothers and other interested parties.

Objective 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 Support Line; and 2) at least 8 in-person treatment sessions.

The Postpartum Depression Support Line services were contracted out to ALPHA Pregnancy and Parenting Support in the fourth quarter of 2008/09. By all reports the partnership has worked well. Thirty-one phone calls were received in 2010/11, which, along with nine office visits and two calls from providers, is 56% of the stated objective. This is down from 81% in 2009/10 (see Table 90 on the next page). There were 10 in-person treatment sessions, which is 120% of the stated objective.

The program reported the establishment of a new treatment modality, the *Mami's Conexion* support groups offered by ALPHA Pregnancy and Parenting Support. Seventeen women, all Latina, attended the groups in 2010/11. 100% of these women were Spanish speaking.

**Table 90**

<b>Support Line Postpartum Depression Assessments, Sessions, and Referrals</b>				
<b>Activity</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
Calls/Office Visits	28	53	61	42
Treatment (In-person)	9	4	21	10
Referrals	12	28	38	25
Out-of-County	0	1	2	0

First 5 SLO Quarterly Reports

<b>Percent*</b>
Calls/Visits: 56%
In-person: 120%

\* Percent of Stated Objective

The groups were a response to indications that Latinas preferred to seek help from peers in an intimate support group setting with face-to-face interaction, as opposed to a telephone support line.

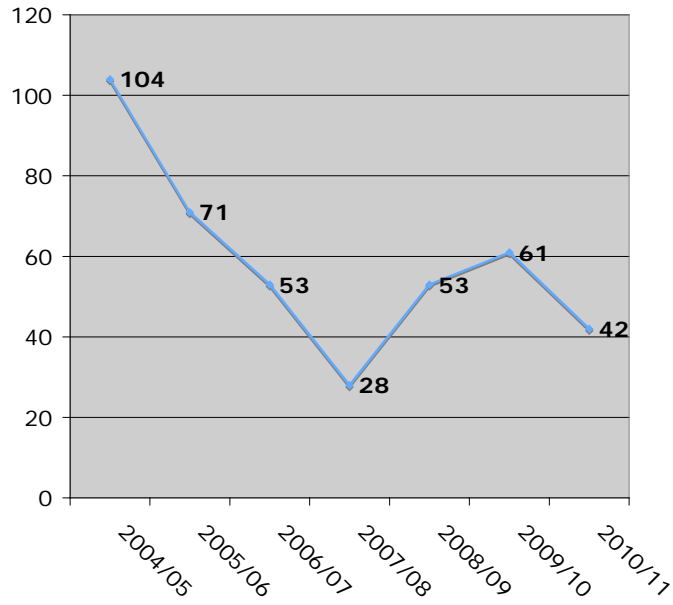
**Conclusion**

The Postpartum Depression Support Services Program has shown itself to be original; truly one of the only programs of its kind. In its sixth year the program has proven itself capable of stocking local providers with unique and high-quality materials, including brochures, books, and videos.

Over 400 women have received support through the Support Line since its inception in 2004/05, though the number of calls to the Support Line has fallen from earlier years (see Figure 31 on the next page). The low number in 2007/08 is due to a change in the way calls were answered, with most calls answered by a voicemail system instead of by a person. That changed in 2008/09 when ALPHA Pregnancy and Parenting Support contracted to operate the Support Line with calls rebounding from that low. However, the mean calls in the past three years (52) was 32% lower than the mean in the first three years (76). Whether this reflects a lower need, lower awareness of the Line’s existence, and/or higher awareness of postpartum depression on the part of other providers is unknown.

Over 150 women have received crisis postpartum depression treatment since 2004/05 (see Table 91 on the next page). The number of treatment sessions peaked in 2007/08 and 2008/09, when the Scope of Work included group treatment, a requirement eliminated in 2009/10. Groups (peer support for Latinas) were reinstated in 2010/11, but the objective was not amended.

**Figure 31**  
**Support Line Calls/Office Visits**  
**2004/05 to 2010/11**



**Table 91**

In-Person Treatment Sessions 2004/05 to 2010/11		
Year	Number	Percent*
2004/05	10	—
2005/06	20	—
2006/07	15	—
2007/08**	42	56%
2008/09	45	60%
2009/10	20	250%
2010/11	27	338%
<b>Total</b>	<b>179</b>	<b>176%</b>

First 5 SLO Quarterly Reports  
 \* Percent of Stated Objective  
 \*\* Benchmark changed this year

## 8. STATE PRESCHOOL EXPANDED-DAY PROGRAM

### Introduction

The State Preschool Expanded-Day Program is operated by the SLO County Office of Education, and has been funded by First 5 SLO County since 2000/01. The program had provided full-day care for children at five sites throughout SLO County, but the sites were reduced to four in 2009/10: Grover Beach, Los Osos, Morro Bay, and San Luis Obispo. Activities include promotion of cognitive, emotional and physical development, staff training, parent education and support, screening of children, and referrals to other services. The expanded care allows parents more time to work or go to school while maintaining continuity of high-quality care for their children.

### Program Outcomes

Children participate in early childhood education programs

Children enter kindergarten “ready for school”

### Indicators

- Number and percentage of children who have ever attended a nursery school, pre-kindergarten, or Head Start program by the time of kindergarten entry (Key)
- Number and percentage of children who participate in full-day preschool and childcare programs (F5 SLO)
- Number and percentage of children who enter school “ready to learn” (Elective)
- Developmental progress of children in full-day programs compared to children in traditional three-hour preschool programs (F5 SLO)

### Program Data and Results

Objective 1A: By June 30, 2011 to provide full-day programming for at least 64 children, ages 3-5, annually at four State Preschool sites: Grover Beach, Los Osos, Morro Bay, and San Luis Obispo.

The Expanded-Day Program served a mean of 55 children per quarter during 2010/11 (see Table 92 on the next page). This is 85% of the program objective of 64 children. The mean student enrollment was calculated using enrollment figures from the second, third, and fourth quarters, since the first quarter only involved the first month of school, and they don't usually reach peak enrollment until later in the school year. This year the quarterly enrollment figures were: First - 47; Second - 53; Third - 55; and Fourth - 56.

**Table 92**

<b>Mean Number of Children per Quarter in Expanded-Day Preschool Program</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	62	78%
2008/09	67	84%
2009/10	51	80%
2010/11	55	85%
<b>Total</b>	<b>235</b>	<b>82%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective (lowered from 80 to 64 in 09/10)

There were 105 parents involved in the program during the year. Parent meetings were held at each site an average of 2.75 times each quarter. They were attended by a mean of 6.4 parents. Meetings covered topics such as nutrition, Raising a Reader, dental care, etc.

Professional development for preschool teachers is an important component of maintaining excellence. During 2010/11 there were six professional development opportunities for Expanded-Day staff, not including several social events and regular staff meetings. These included first aid and CPR training, CPIN training in vocabulary in the ECE environment, and Poverty 101. A mean of 2.5 staff attended these training opportunities.

Objective 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 (2010).

Students were tested with the Desired Results Developmental Profile at the beginning and end of the academic year during 2007/08 through 2009/10. In 2010/11 the state switched the DRDP-Revised to the DRDP (2010). No version of the DRDP is designed to be used as an evaluation tool, so pre and post-test scores are not presented. The cohort means from the post-test is used simply as a gauge of the readiness of the cohort of children (age 4 only in 2010/11) to begin school (see Table 93 on the next page). These data represent the percentage of children scoring *Building* or *Integrating* (the top two of the five ratings) on items in the four desired results.

At least 80% of the children were rated as Building or Integrated on items in three of the four Desired Results. The mean percentages were: *Physical and Motor Competence* 98%; *Safe and Healthy* 82%; and *Personally and Socially Competent* 80%.

The fourth Desired Result, *Effective Learners*, is now composed of four different subscales (*Language and Literacy Development*, *English Language Development* (for English Language Learners only), *Cognitive Development*, and *Mathematical Development*). The

mean percent of children scored as Building or Integrated on items in those four subscales was 71%, somewhat below the objective of 80%. The results for the four subscales were: *Language and Literacy Development* - 64%; *English Language Development* - 76%; *Cognitive Development* - 76%; and *Mathematical Development* - 67%. The average over all four Results was 83%. This is 103% of the stated objective of 80% of children being ready for school.

**Table 93**

<b>Children’s School Readiness as Measured by the DRDP-2010</b> (Mean percent scored as <i>Building</i> or <i>Integrating</i> on items in each Desired Result)		
<b>Desired Result</b>	<b>Year</b>	<b>Post</b>
1. Children are personally and socially competent	07/08	88%
	08/09	83%
	09/10	84%
	10/11	80%
2. Children are effective learners	07/08	82%
	08/09	72%
	09/10	77%
	10/11	71%
3. Children show physical and motor competence	07/08	89%
	08/09	96%
	09/10	100%
	10/11	98%
4. Children are safe and healthy	07/08	93%
	08/09	94%
	09/10	100%
	10/11	82%

First 5 SLO Quarterly Reports

<b>Mean</b>	<b>Percent*</b>
83%	103%

\* Percent of Stated Objective

While school readiness is an important outcome of the Expanded-Day Program, the program’s value lies both in its support of children learning and of parents in either furthering their education or their ability to work. One criterion for families in the program is that they work a minimum of 30 hours a week, and/or take 12 units of college (or vocational training). At the end of this year, the State Preschool reported that a mean of 9% of the parents were going to school, and 93% were employed (see Table 94).

**Table 94**

<b>Percent of Parents Working or In School by Site 2010/11</b>		
<b>Site</b>	<b>Working</b>	<b>In School</b>
Grover Beach	93%	3%
Los Osos	85%	15%
Morro Bay	92%	17%
SLO	100%	4%
<b>Mean Total</b>	<b>93%</b>	<b>9%</b>

First 5 SLO Quarterly Reports

**Conclusion**

The Expanded Day Program of the State Preschool provides children with consistent full-day childcare so their parents can work and/or go to school. The program receives strong support from the parents. Almost 800 children have participated in the eleven years of the program (see Table 95). The DRDP scores consistently indicate that the vast majority of children leave the program ready for school (see Figure 32 on the next page).

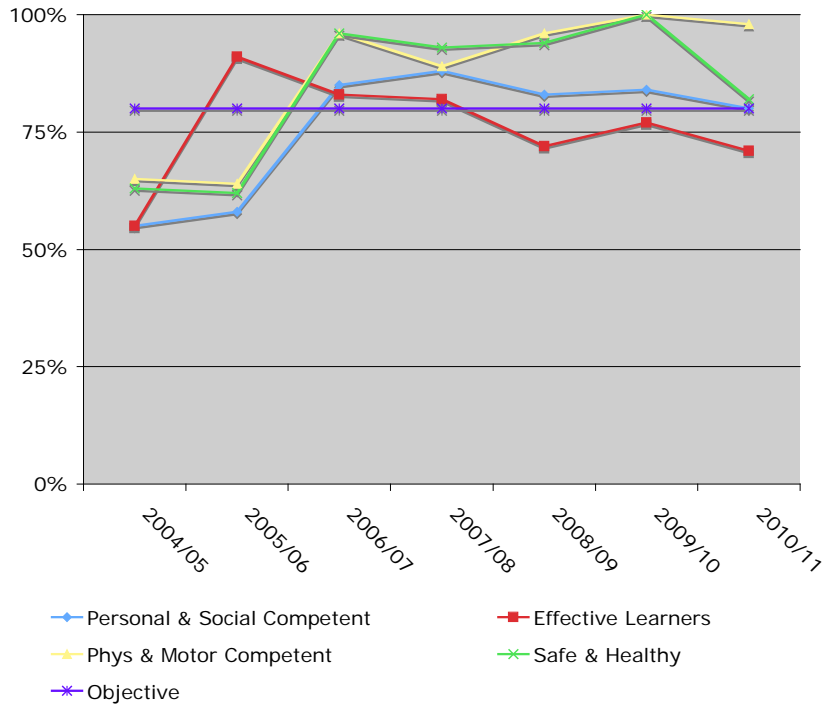
**Table 95**

<b>Mean Number of Children Annually in Extended-Day Preschool Program 2000/01 to 2010/11</b>	
<b>Year</b>	<b>Number</b>
2000/01	84
2001/02	79
2002/03	83
2003/04	86
2004/05	80
2005/06	81
2006/07	70
2007/08	62
2008/09	67
2009/10	51
2010/11	55
<b>Total</b>	<b>798</b>

First 5 SLO Quarterly Reports

Possibly the only real challenge has been enrollment, which has averaged 82% in the past four years. As a result the program was scaled back from five sites to four in 2009/10.

**Figure 32**  
**Percentage of Children Scored as Building or Integrating**  
**on the Five Scales of the DRDP**  
**2004/05 to 2010/11**



The Expanded-Day program has supported parents in working and/or going to school (see Table 96). Nine-of-ten parents (92%) worked, while 9% were in college and/or vocational school.

**Table 96**

<b>Expanded-Day Parents Working and/or In-School 2005/06 to 2010/11</b>		
<b>Year</b>	<b>Working</b>	<b>In School</b>
2005/06	100%	11%
2006/07	93%	7%
2007/08	98%	2%
2008/09	86%	14%
2009/10	84%	8%
2010/11	93%	9%
<b>Mean Total</b>	<b>92%</b>	<b>9%</b>

**9. VISION SCREENING PROGRAM**

**Introduction**

The Vision Screening Program is operated by a local vision provider, Gary Englund and Associates. It began as a project of the local Lion’s Club in the first year of First 5 SLO County’s programs. The strategy of the program is early identification and treatment for vision problems in preschools. The primary activities are rapid vision tests and screening, which can be administered to large numbers of children in a short amount of time. Yet, the screenings are highly effective at identifying children in need of further examination and treatment. Referrals for treatment are offered to the children identified through screening.

**Program Outcome**

Children will receive preventive and ongoing regular health care

**Indicators**

- Number and percentage of children receiving vision screening (F5 SLO)
- Number and percentage of children receiving vision treatment (F5 SLO)
- Number and percentage of children with positive vision screenings at entry into first grade (F5 SLO)

**Program Data and Results**

Objective 1: By June 30, 2011 to provide vision screening to least 3,000 children, ages 2 to 5, annually.

The Vision Screening Program reported screening 3,336 children, ages 2-5, in 2010/11 (see Table 97). This is 111% of the stated objective.

**Table 97**

<b>Children Receiving Vision Screening</b>		
<b>Year</b>	<b>Number</b>	<b>Percent*</b>
2007/08	4,266	141%
2008/09	4,443	148%
2009/10	4,086	136%
2010/11	3,336	111%
<b>Total</b>	<b>16,131</b>	<b>134%</b>

First 5 SLO Quarterly Reports

\* Percent of Stated Objective

Over 200 children were referred for treatment of a vision problem during the year (see Table 98). An additional 194 (6%) were identified as having “borderline” vision, and were urged to have another vision screening within the next year. Thus, in 2010/11, one-in-eight children (11%) who received vision screening were either referred for treatment of an existing problem, or were identified as having “borderline” vision.

Objective 2: By June 30, 2011 to provide treatment to at least 80% of the children referred with vision disorders.

Eighty-one percent of the children identified as needing vision treatment through the screening program received the treatment. This is 102% of the stated objective.

**Table 98**

<b>Children Receiving Vision Treatment</b>			
<b>Year</b>	<b>Referred</b>	<b>Treated</b>	<b>Percent</b>
2007/08	192	154	80%
2008/09	256	211	82%
2009/10	255	208	82%
2010/11	231	187	81%
<b>Total</b>	<b>934</b>	<b>760</b>	<b>81%</b>

First 5 SLO Quarterly Reports

<b>Percent*</b>
102%

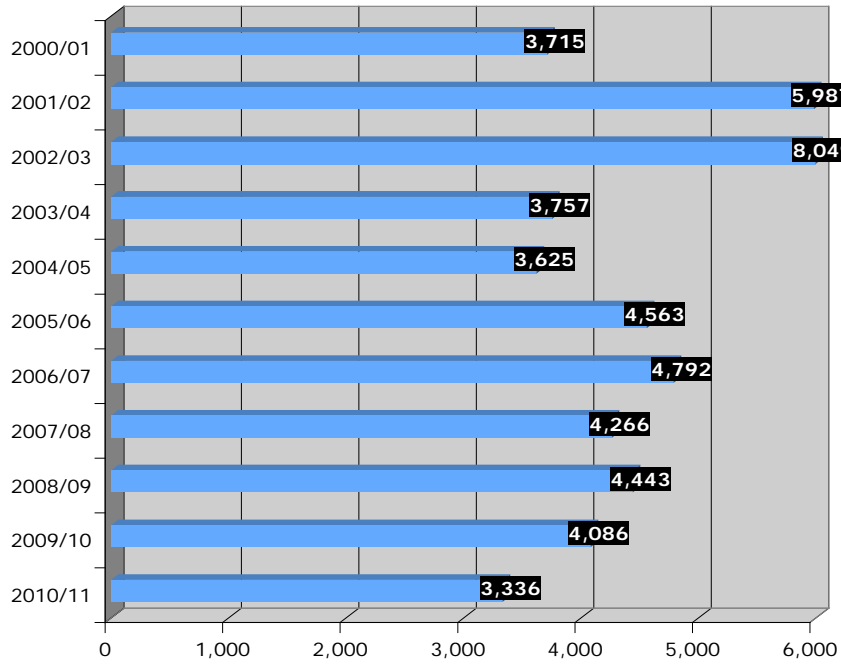
\* Percent of Stated Objective

**Conclusion**

The Vision Screening Program has screened thousands of preschool children each year for the last nine years at a cost of about \$6 per child. The model is such that in any three-year period, all children in the county, ages 2 to 5, are screened at least once. This relatively small investment provides early identification of vision problems that could seriously affect a child’s readiness for school.

The program has screened in excess of 50,000 children in its eleven years as a partner of First 5 SLO County, averaging 4,600 children each year (see Figure 33 on the next page). It has identified over 2,600 children who needed vision treatment (6% of the total number screened), and has provided treatment to 82% of them (see Figure 34 on the next page).

**Figure 33**  
**Children Receiving Vision Screening**  
**2000/01 to 2010/11**



**Figure 34**  
**Children Referred for and Receiving Vision Treatment**  
**2000/01 to 2010/11**

