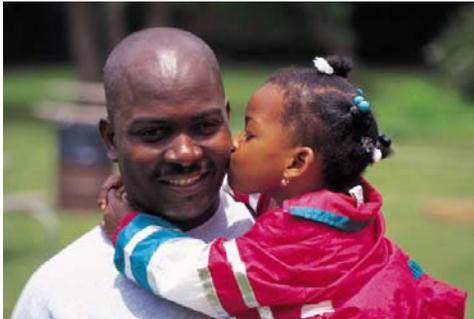


Oral Health Plan for Sustainability

**A Blueprint for Long-Term Continuation
of Health and Wellness Improvements for
Children and Families in Santa Barbara County**



October 2005

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Introduction

Purpose of this Plan

This document is a blueprint for how the Oral Health Initiative will work together to ensure the long-term sustainability of the positive effects it is producing for children and families in Santa Barbara County. Oral Health is one of six initiatives in Santa Barbara County currently creating sustainability plans. Other initiatives include: Early Mental Health and Other Special Needs, Family Support, Early Care and Education, Welcome Every Baby (WEB) and School Readiness. The primary users of the plan are the organizations that are active partners in the Initiative by providing services and/or support activities that lead to positive results for children and families.

Overview of the Initiative

The Oral Health Initiative operates with one lead agency, the Santa Barbara-Ventura County Dental Foundation. The Initiative serves the entire county with numerous sub-contractors providing oral health screening, education and treatment. A coordinator serves countywide to monitor all sub-contractor activities and set up regular monthly meetings. Services are also offered to School Readiness Programs and Family Child Care Providers.

The collaborating agencies include; Community Action Commission (CAC), Community Health Centers of the Central Coast, Dental Access Resource Team (North South and Mid County), Direct Relief International, Lompoc Valley Community Health Agency, Santa Barbara County Education Office, Santa Barbara Public Health Department, Santa Barbara School District, and Santa Maria-Bonita School District.

Sub-Contractors include: Family Service Agency, SBCEO Health Linkages Program, Santa Ynez Valley People Helping People, Catholic Charities and Isla Vista Youth Projects.

Dental Providers are: Plaza Surgery Center (affiliated with Marian Medical Center), Santa Maria Ambulatory Surgical Center, Anesthesia Medical Group of Santa Maria, Santa Barbara Neighborhood Clinics, American Indian Health & Services, Santa Ynez Tribal Indian Health & Services, Cornelia Moore Dental Foundation, Participating Dentists and Anesthesiologists.

What is “Sustainability”?

As used in this plan, the term “sustainability” is defined as *the continuation of community health or quality of life benefits over time*. Sustainability is a holistic concept – the ability to create lasting improvements in health and well-being for an extended period of time despite ongoing changes in funding sources, program models, service providers, community demographics and other factors.

A critical point to note about this definition is that sustainability is not about indefinitely perpetuating current programs and services at current funding and staffing levels. As communities change over time, the demand for services may grow or shrink. New, more effective approaches to providing services may be discovered and implemented. Changes are also certain to occur in sources of funding, public policies, and other forces that affect the Initiative. Long-term sustainability is about ensuring that the positive results that the Initiative achieves for children and families are continued for years to come despite all of the changes that are occurring in the environment in which the Initiative is operating.

Research by The Finance Project, corroborated by analysis from many large national foundations and other groups, has identified eight essential elements to sustaining community Initiatives. The eight elements are:

1. **VISION:** Clarity exists about fundamental issues such as what is being sustained, for

how long, and at what level of activity; all partners in the Initiative embrace the vision.

2. **RESULTS ORIENTATION:** The entire focus is on the health and well-being of the people being served and not specific programs, organizations, and systems.
3. **STRATEGIC FINANCING ORIENTATION:** A long-term perspective is taken to financing activities, cultivating multiple diverse sources of revenue to maintain financing at sufficient levels.
4. **BROAD BASED COMMUNITY SUPPORT:** Community members show solid support through volunteerism, donations, advocacy and other forms of involvement.
5. **KEY CHAMPIONS:** The Initiative has effective leadership plus visible champions in the form of business, political, media and/or other community leaders.
6. **ABILITY TO ADAPT TO CHANGING CONDITIONS:** Flexibility is maintained to change strategies, services, systems etc. over time without losing sight of the end results sought.
7. **STRONG INTERNAL SYSTEMS:** Partners in the Initiative have strong internal functions (governance, finance, human resources, evaluation, etc.).
8. **SUSTAINABILITY PLAN:** A written plan has been developed and agreed to by the partners in the Initiative, and is used to guide actions to promote long-term sustainability.

This plan explicitly addresses all eight elements.

Why Plan for Sustainability?

There are many reasons why it is valuable to develop a comprehensive approach for sustaining the Initiative. Just a few of the benefits that can be realized from sustainability planning are:

- ❖ **Stronger partnerships.** Sustainability planning strengthens partnerships by creating greater clarity about the long-term results sought by the Initiative and how the unique strengths of each partner can best be applied toward achieving those long-term results.
- ❖ **Better long-term impact from activities.** A good sustainability plan allows activities like resource development and public relations to be carried out in a way that not only meets short-term needs but also positions the Initiative for long-term success.
- ❖ **Diversification of funding.** This Initiative currently receives substantial funding support from First 5 Santa Barbara County, the Children and Families Commission. However, funds available to First 5 Santa Barbara County have dropped more than 20% over the last four years and are projected to continue declining in the future, meaning that First 5 alone cannot sustain the Initiative. A sustainability plan is crucial to identifying and cultivating the best opportunities for new funding before First 5 funds run out.
- ❖ **Greater certainty of serving children of this generation and beyond.** A sustainability plan is a blueprint that shows how the Initiative will be able to serve children for many years beyond the time period currently being funded by First 5 Santa Barbara County. The children and families in the county five years and ten years from now deserve to have the benefits of this Initiative as much as today's children do.



Vision and Desired Results

The two most fundamental elements of sustainability are Vision and a Results Orientation. Clarity is needed on key questions such as, exactly what are we trying to sustain? For what purpose – what do we seek to accomplish for children, families and communities in the long run? This section of the plan addresses these fundamental questions.

Vision

Every Santa Barbara County child will have access to quality oral health services to prevent and treat dental diseases and advance their overall health and development.

Desired Results

The results desired by the Initiative are for all children in Santa Barbara County. They include:

Result 1. The number of children with dental cavities in their teeth is minimized

Result 2. Children are free of untreated dental caries

Result 3. The community supports childhood oral health

Result 4. Resources are developed to meet children’s oral health needs

These results are at the core of the rest of this sustainability plan. Since “sustainability” is defined as the continuation of community health or quality of life benefits over time, the purpose of the rest of the plan is to show how these results – and the overarching vision of the Oral Health Initiative – can be achieved and then maintained indefinitely.



Strategies and Environment

This section of the plan describes the strategies or broad courses of action that will be taken to pursue the vision and achieve the results depicted in the previous section. Since the strategies and many other aspects of sustainability will be affected by environmental factors such as changes in demographics, community needs, public policies and other such matters, an assessment of the key environmental forces and trends is also provided. Strategies are linked to the results they are intended to impact.

Strategies for Achieving Results

There are a number of service delivery strategies that the Initiative will use in the long term to achieve the results it desires. These are not limited to strategies currently being used by the Initiative. Rather, they reflect how strategies are envisioned to change over time (to the extent changes can be anticipated) in order to align strategies with the vision and desired results. Ultimately, they assist the Initiative in defining the duration and service level for different strategies.

Strategies for Result 1. The number of children with dental cavities in their teeth is minimized:

- a) The Initiative will conduct oral health education with child care providers including family child care settings, and with teachers, staff, children and parents in State Preschools (SPS) Head Start (HS) and School Readiness (SR) Programs. Activities with children and parents may include dry tooth brushing and flossing demonstrations, and nutrition classes and materials provided and explained.
- b) The Initiative will develop a comprehensive menu of oral health preventative services throughout the county including varnish, fluoridation,

sealants. To effectively implement this strategy, the Initiative must identify and coordinate with other stakeholders conducting oral health education. It must also identify other types of oral health education available in the county or offered through programs such as the Women, Infants and Children program or Migrant Education Head Start. Finally, the Initiative will work to enhance school based oral health education through school nurse education and training events.

Strategies for Result 2. Children are free of untreated dental caries:

- a) All children, beginning with those of preschool age, in kindergarten, second grade and fifth grade will be screened to identify those with dental caries. To fully implement this strategy, free dental screenings will be conducted in Family Child Care setting, SPS, HS and SR Programs and elementary schools.
- b) Children with identified needs who are determined eligible for a dental insurance program will be referred to a dentist who accepts that insurance. This requires that a sufficient pool of dentists are available and willing to screen and treat children. The development of a provider pool will be critical to this and the following strategies. Effective outreach to identify and engage local dentists must take place throughout the county.
- c) All children referred to a dentist will have access to treatment. Access means that in addition to having a provider who will treat a child referred for treatment, other issues such as transportation, cultural competency, eligibility and cost must be addressed

for all children to have access to treatment when they need it.

- d) Oral health case management and education will be available for all children through the Family Resource Centers. This means that follow-up calls regarding screening results, oral health program appointments, and referrals to sign up for dental insurance coverage are managed effectively. Case managers assist families with no insurance coverage in making treatment appointments along with arranging for transportation to the dental office for treatment. Follow up occurs to make certain treatment was completed.

Strategies for Result 3. The community supports childhood oral health:

- a) Local Dentists support the Oral Health Initiative by volunteering to screen and treat children. As already noted in the previous set of strategies, the support of local dentists is key to realizing the results desired for Santa Barbara children related to oral health. Ideally, dentists will agree and sign a memorandum of understanding (MOU) to provide treatment with a reduced fee scale. Free dental clinics will be organized and held throughout the county.
- b) Local Dental Access Resource Teams (DART) are formed throughout the county. The DARTs will not only engender community support but can make substantial progress in developing resources to meet children's health needs.
- c) The Initiative develops advocacy efforts to support public policy to improve children's oral health such as fluoridation. The Initiative must be proactive, engaging the public effectively in the successes and benefits of the Oral Health Initiative. Relating effectively to the public will be critical to implement this strategy.

- d) Children's oral health efforts and services are coordinated between providers and other stakeholders. Once again calling upon the DARTs, quarterly meetings will be held to address community needs, to ensure community involvement and to assist in the coordination of care, linking providers and other stakeholders working with or representing children and families.

Strategies for Result 4. Resources are developed to meet children's oral health needs:

- a) The Initiative will pursue options to diversify and expand funding sources for children's oral health. Treatment dollars will be leveraged by utilizing Medi-Cal, Healthy Kids and Healthy Families where possible. By identifying all available resources and leveraging existing resources, the Initiative can use partnerships and funders to meet as many children's health needs as possible.
- b) The Initiative will promote research projects to study and evaluate the dental options available to the community based on individual geographic areas that must be served for all children to receive services.
- c) Develop alternative funding options such as dental assistance programs to ensure treatment for the uninsured or underinsured. This strategy will be linked with pursuing options to diversify and expand funding sources to replicate innovative, sustainable ways to ensure treatment.
- d) Expand the stakeholder and provider base to optimize and/or leverage resources. This strategy also speaks to strategic result 3 and relies upon community engagement, developing key champions and engaging more stakeholders to meet children's health needs.

Key Forces and Trends

The long-term continuation of oral health services and results can be significantly affected by external forces and trends. Types of environmental factors that can impact the Initiative include changes in the following areas:

Factor or Trend	Potential Impact
Public and private health insurances are not covering the full range of treatment and other services needed to ensure good oral health. In addition, screening is not covered.	<ul style="list-style-type: none"> ▪ Lack of coverage affects how service provision occurs and it creates gaps in the safety net of care.
There is a lack of providers under public insurance programs willing to treat children and/or offer reduced fee services.	<ul style="list-style-type: none"> ▪ This threatens the overall vision of the Initiative. It reinforces the importance of public relations and marketing and when coupled with the communication challenges truly must be addressed for the Initiative to succeed.
There currently are not enough providers of children’s oral health care for the 0 to 5 population.	<ul style="list-style-type: none"> ▪ Decreases access to treatment
Communication is critical for the success of the Initiative. There needs to be a sufficient infrastructure and communication processes to ensure that other stakeholders are included and involved and that the Initiative members are up to date with the strategies and actions of the Initiative.	<ul style="list-style-type: none"> ▪ The development of an effective, open communication process within the Initiative and the establishment of sufficient infrastructure to share information, include other partners and leverage each other’s work is critical to the Initiative’s success.
Opportunities to promote the use of gum (Zylatol) to prevent tooth decay may positively impact efforts.	<ul style="list-style-type: none"> ▪ Affects how prevention and education can occur.
Child Health and Disability Prevention (CHDP) (all providers) are encouraged to include oral health in their periodic exams and to refer for treatment as appropriate.	<ul style="list-style-type: none"> ▪ This is an opportunity to build upon an existing system while raising awareness regarding oral health.
Decrease in funding from fundraising and First 5 will impact existing resources and is a threat to the Initiative.	<ul style="list-style-type: none"> ▪ Can result in a reduction in services and less support over time for continuing the work of the Initiative.
The Gateway Program does not allow sufficient time (4 to 8 weeks) to access screening, referrals and treatment.	<ul style="list-style-type: none"> ▪ Persons eligible for services are not always able to access them.
The target area of Santa Barbara county is large and diverse, therefore challenging to serve. In addition the makeup of residents is also shifting geographically	<ul style="list-style-type: none"> ▪ There is a variance in service needs throughout the county which calls for custom service delivery solutions and providers.
A large increase in the number of Mixteco immigrants in Santa Maria has resulted in a population that is under educated and difficult to reach with oral health education and services.	<ul style="list-style-type: none"> ▪ Language and cultural challenges may increase including how to educate people about services, encourage that they accept services, and providing services with culturally competent staff

Factor or Trend	Potential Impact
The Initiative has adopted a new and unique service delivery model. This underscores the need for this service delivery system to be evaluated for effectiveness.	<ul style="list-style-type: none"> ▪ Underscores the important of evaluation, data collection and sharing amongst Initiative members.
The varying political attitudes regarding documented vs. undocumented residents and their service eligibility is a threat to ensuring care for all children.	<ul style="list-style-type: none"> ▪ Services to families may be impacted and particular funders may impose limitations on eligibility.
Healthy Kids will cover a limited number of children who are uninsured. (Fall 05)	<ul style="list-style-type: none"> ▪ This increases resources for oral health but does not impact the total population of uncovered children, covering approximately only 600 of 19,000 currently uncovered children.
For those families with insurance, employees are covered but there is limited coverage for dependents due to high premiums.	<ul style="list-style-type: none"> ▪ Higher rates of under insured and/or uninsured
Poverty rate is increasing in the county, but the perception that Santa Barbara County is a wealthy community hasn't changed.	<ul style="list-style-type: none"> ▪ Creates a challenge in securing adequate funding based on need



Community Relationships

This portion of the plan addresses two essential elements of sustainability, the need to build and sustain broad-based community support and the importance of cultivating key champions both as leaders within the Initiative and as visible outside advocates for the Initiative.

Key Champions

Sustaining a large Initiative demands two levels of active community support. At one level, people who are recognized as leaders in the community are needed to serve as visible champions for the Initiative. For the Oral Health Initiative this includes educators, oral health providers and educators, public officials, business leaders, media representatives, and others that are well known and recognized. On a second level, the Initiative needs the understanding and support of the public at large. In this way, the Initiative can be more assured of support and involvement leading to achievement of the Initiative's long term results.

The key champions identified by the Oral Health Initiative are as follows:

Oral Health Professionals/Organizations

- Dental Access Resource Team (DART) Chairs (3) in North, South and Mid County
- Dental Hygienists Society
- Central Coast Dental Society
- East Side Family Dental Clinic (SBNC)
- Santa Barbara - Ventura County Dental Society/Foundation
- Santa Ynez Tribal Health Clinic
- Direct Relief International
- Private Providers

Other Health Providers/Professionals

- Child Health and Disability Prevention providers (pediatric)
- School Nurses
- Santa Barbara Regional Health Authority
- University of California Santa Barbara- Student Health Services

- University of California - Santa Barbara Student Clubs (Curanderos and Pre-dental Students)
- University of California-Santa Barbara
- Public Health -Women Infant and Children Program and the Children's Dental Disease Prevention Program

Education

- County Superintendent of Schools
- Local School Superintendents
- Principals
- Child Development Departments

Policy Makers

- Congressional Representative
- City Councils including Mayors (Countywide)
- County Board of Supervisors
- First 5 Children and Families Commission of Santa Barbara

Parents

- Parent Voices Chapter members
- Parent Teacher Associations

Community

- Kids Network

Business Community

- Banking and Finance
- Light industry
- Manufacturing
- Service Industry
- Other

Service Organizations

- Kiwanis
- Rotary
- Vikings
- Junior League
- Assistance League

Funders

- Community Foundations
- Corporate Philanthropy Programs
- Smiles Across America

Media

- Univision – General Manager
- Metropolitan Theaters
- Transit advertising
- Cox Cable

Transportation

- SMOOTH
- MTD –South County
- Santa Maria Area Transit

Strategic Partnerships

While the key champions noted above are all important to the success and sustainability of the Oral Health Initiative, there are some strategic partnerships central to achieving results, as follows:

- Public Health Department
- Dentists
- School districts, teachers and nurses
- Parents
- Health / Family advocates
- Funders
- Head Start programs
- Migrant Education
- Community Based Organization boards of directors
- Cornelia Moore Foundation

Building Community Support

Identifying the key champions and strategic partners is the first step in planning to build community support. The second is determining which strategies are likely to be most effective in engaging, cultivating and sustaining the involvement and support of key champions over time. The Oral Health Initiative partners identified eight strategies it considers to have the best chance of being successful.

1. **Develop key messages, marketing approach, and communication materials and tools.** This strategy provides the Initiative with the tools and materials necessary to tell the true impact and benefit of Oral Health and how those tools can be used most effectively with the various target

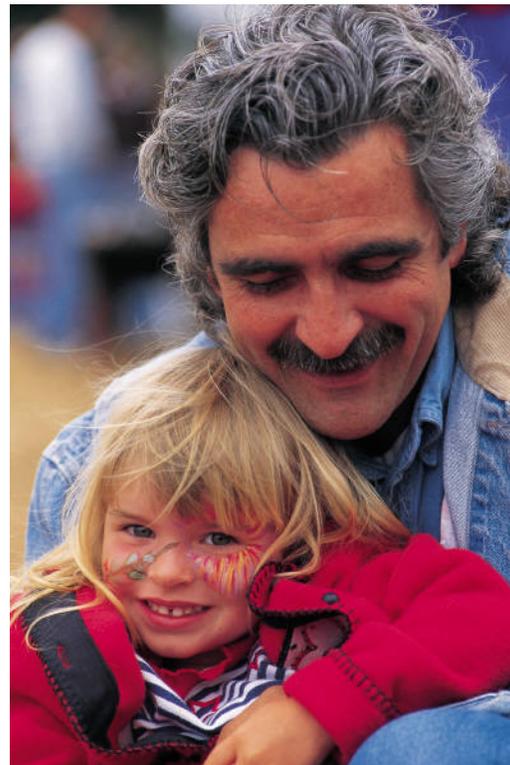
markets. For instance, Initiative members expect listserves, direct mail, newsletter articles, media advertising, and “digital” story books will all be used at different times with different groups.

2. **Use personal contacts and conduct outreach with key champions.** This strategy links the prospective key champions with Initiative members to whom they are most closely connected or who may have something in common. Informal meetings would be held in which the personal interests of the potential champion will be explored and, if appropriate, that person would be asked to support the Oral Health Initiative in a way that is meaningful and that reflects something they already want to do. This strategy would be used to enroll new stakeholders in the programs/ activities of the Initiative (e.g. Adopt-A-School, clinics, etc.).
3. **Presentations/Meetings.** A matrix that matches the Oral Health Initiative members (as well as the other First 5 Initiative members) to key champions and/or groups where they already have credibility and influence would be developed and used to schedule meetings and presentations with these groups during their regularly scheduled meetings or events. The groups initially identified for presentations are: 1) school nurses through their district and regional meetings; 2) DART representatives (physicians, schools, dentists, Health Linkages, Family Resource Centers and the Santa Barbara Ventura Dental Society); 3) Santa Barbara Ventura Dental Society through member meetings; 4) Dental / Oral Health professional communities and associations; 5) in-service trainings, such as the Child Health and Disability Prevention providers’ trainings; and, 6) service clubs and other groups and organizations (e.g., Parent Voices Chapter).
4. **Work through established groups; participate in events held by others.** This strategy involves participating in events

already established by others as a mechanism to reach the target groups. Examples of opportunities to pursue in this area include coordinating with Children’s Oral Health Month, local screening events, Fun in the Sun, Family Day in the Park, State Preschool Health Fairs and Screenings, School Readiness Programs and established baby and health fairs.

dentist’s office, depending on the nature of the service. A letter would be sent to targeted dentists, followed by a face-to-face meeting with the dentist and the school. A certificate of adoption and public recognition would be provided to both the dentist and the school.

5. **Annual Public Awareness Campaign.** The purpose of conducting an “evolving” annual public awareness campaign that builds on previous messages and generates support is to engage the community, influence community attitudes and change priorities placed on Oral Health. This strategy could be implemented after key messages have been developed.
6. **Conduct a Signature Event.** This strategy involves working with others to create an event that attracts the various groups and individuals targeted by the Initiative, whether consumers, providers, policy makers, etc. One possibility is to conduct an annual Oral Health Symposium which would be an educational event with CEU’s for providers, involve parents (both in presentations and in connecting them to resources afterward), link with other groups’ activities, and result in creating / updating an action plan and obtaining buy-in and commitment from participants the day of the Symposium.
7. **Promote and Host Free Dental Clinics.** These events attract parents, students, media, prospective dentists, hygienists, and funders who are interested in seeing first hand the positive impact and results of the clinics. The Initiative expects to work countywide with various providers.
8. **Launch / Support Adopt-A-School Program.** This strategy would involve linking dentists willing to provide services to a school in their local community. Policy makers, school district officials, dentists and parents would be engaged and asked to support this approach to providing dental services at the school site and/or the



Internal Capacity Building

In order to be fully effective as an Initiative, the organizations participating in the Initiative must have strong internal systems to ensure that each individual organization has the fiscal, staffing, evaluation and other capabilities needed to fulfill their role(s) in the Initiative. Closely related to strong internal systems is the importance of the partner organizations, individually and collectively, to be able to continually adapt to changing conditions so that emerging opportunities are seized and problems are proactively avoided where possible. This section of the plan defines priorities and strategies for how these two essential elements of sustainability will be addressed by the Initiative.

Capacity Building Priorities

Organizations participating in the Oral Health Initiative have many of the elements necessary to ensure the Initiative's effectiveness and continued functioning over time. The internal capacity building priorities for the organizations actively involved in the Initiative are based on organizational self-assessments completed by each organization. Priorities were developed based on areas where multiple organizations indicated that the element was not fully in place. The elements are organized according to various categories of organizational functioning.

Human Resources

Focus on Human Resources to address the following:

- Implement professional development plans and opportunities for staff
- Ensure that all staff have access to education, training and cross training
- Evaluate compensation and incentives to be more competitive with other organizations for skilled staff

Management / Operations

Focus on Management/Operations to address the following:

- Develop and implement a Marketing and Public relations plan
- Focus on performance management by establishing goals and outcome measures and collecting data to report on said goals

Governance

Focus on Governance to address the following:

- Improve board composition in terms of diversity by strengthening board recruitment for the Initiative's Executive Committee and for partner agency boards
- Orient board members to their role in planning and goal setting for the organization's future and acting as a champion of the organization in the community. Conduct this activity for the Initiative's Executive Committee and for partner agency boards
- Assist the Initiative's Executive Committee and partner agency boards in setting goals and measuring effectiveness

Services

Focus on Services to address the following:

- Ensure policies and procedures for all services are in place

Finance

Focus on Finance to address the following:

- Identify and make training available to staff and board to keep up to date on recent changes to standards and regulations

Strategies for Capacity Building

The Oral Health Initiative has adopted several Strategies to address its current internal capacity building priorities as well as anticipated ongoing future capacity building needs. Many of these Strategies are in the process of implementation for the Initiative. They include:

Participating Organizations

The Initiative will utilize an Executive Committee to engage and support Initiative members. The Initiative will continue to work on developing mutual respect, understanding, and trust among members of the Initiative. Outreach will be ongoing to ensure that the Initiative includes members from all parts of the community that will be affected by its activities. The DARTs will continue to be a valuable resource to conduct outreach. In addition, the Executive Committee will coordinate presentation to providers such as school nurses, as part of ongoing community outreach efforts.

Process/Structure

Currently, the Executive Committee is working on ensuring that clear decision-making guidelines that involve all levels of the Initiative are defined. To ensure that the process and structure for the Initiative has been defined and communicated, the Executive Committee is developing Administrative and Services policy and procedure templates for the Initiative. This will include an oral health procedures manual specific to the provision of services within the Initiative.

The Executive Committee will also develop job descriptions for itself as well as for positions within agencies that are part of the Initiative. Agreements have been developed and documented that show how decisions will be made within the Initiative. This will ensure that collaborating partners clearly understand their roles and responsibilities and agree on operating policies. Each participating organization has a liaison for managing interagency relationships.

To build capacity for agencies participating in the Initiative, resources are needed to support the involvement of each collaborative organization. The Initiative will pursue resources that allow members including smaller member to participate, thereby increasing buy in of members. In addition, protocols will be developed to provide guidelines for obtaining and managing resources (including funding) and for the allocation of the resources.

The Initiative has already evaluated the appropriateness of the Initiative model and made revisions to the organization, structure, and service delivery model for the Initiative as program implementation has occurred. The Initiative will continue to identify and address barriers to success for the Initiative and its participating organizations.

Communication

Open and frequent communication will continue to be a focus of the Initiative. Internal capacity building will ensure that members interact often, provide updates regularly, share information freely and promptly, and openly discuss issues with each other. To achieve this, the Initiative will establish and publicize informal and formal communication links. Formal communication channels will include publication of an annual calendar that outlines Initiative meetings and training opportunities. A master list of agencies to be included for all notifications will also be maintained to ensure a clear flow of information.

Purpose

While children's oral health is a clearly defined issue to address, and a compelling reason for the Initiative to exist, the focus of capacity building will be on consistently articulating and promoting the purpose of the Initiative.

Resources

The Initiative continues to seek funds to have adequate and stable resources to conduct its activities. Capacity building resources are currently being pursued to support:

- Countywide coordination,

- Expansion of services and
- Support for participating members to engage in Initiative meetings and activities on a regular basis.

Environment

The Initiative's capacity building needs related to the environment include the implementation of a communications plan, in which the Initiative is identified as the oral health resource in Santa Barbara County. A component of this plan consists of developing formal, cost-effective ways to ensure that Initiative successes are publicized and acknowledged by the community.

Adaptability to Changing Conditions

Partners in the Initiative have identified three strategies for how the partners will work together to remain open to change and to ensure the long term sustainability of the Initiative.

The strategies include:

- Engaging in regular, open communication and coordination to promote equal involvement and buy in of stakeholders.
- Examining and periodically resetting expectation of members and the Initiative to avoid burnout and reduce unrealistic demands on any one agency.
- Participating in regular, annual planning activities to evaluate progress, set goals and agree upon the direction and focus of the Initiative.

The coordinator will provide leadership and work with the Executive Committee to promote adaptations and course corrections for the Initiative as it adapts to changing conditions.

Strategic Financing

This portion of the plan defines how the Initiative will ensure that it has sufficient financial resources in the years to come to achieve its goals. Financial strategies are defined for how costs will be managed as well as how revenue sources will be expanded and diversified over time.

Resource Requirements

There are a number of resources that are needed to carry out the strategies described throughout the preceding sections of the plan. Resources are organized into two categories, Direct Programs and Services and Program Support. The resources listed are intended to aid the Initiative in expanding services and ensuring its long term sustainability.

These resources allow the Initiative to:

1. Strengthen and expand prevention activities in schools and more closely link health curricula,
2. Build treatment capacity by expanding existing successful treatment models,
3. Promote preventive oral care instruction and treatment by augmenting the case management and advocacy role of Family Resource Centers (FRC),
4. Establish a coordinating center to incorporate and further advance the sustainability planning accomplished by the Oral Health Initiative, as well as the activities of the DART groups,
5. And plan an appropriate, truly integrated county-wide system of care.

Resource needs are summarized as follows:

Direct Programs and Services

To achieve the results described in this plan related to the oral health services and programs, resources are needed to:

1. Increase the number of screenings provided,
2. Offer dental assistance programs to families,
3. Develop and host dental clinics that provide a range of prevention and treatment services,
4. Increase the compensation and benefits of direct service agency staff to develop and retain a qualified workforce, and
5. Where possible and appropriate will coordinate with other Initiatives to identify and leverage all existing funding so as to optimize the resources of the Initiative(s).

Program Support

Additional support will be sought to help the Initiative implement its strategies for long term sustainability. The Initiative will secure funds to:

1. Identify and leverage all existing funding so as to optimize the resources of the Initiative,
2. Develop communication materials and tools for use as part of an annual public relations campaign to promote oral health and the value of the Initiative's services,
3. Provide Agency board development activities including orientation for board members and training regarding board diversity for those agencies in need,
4. Provide staff development including staff training related to policies and procedures for those agencies in need. In addition, joint staff development activities will be offered throughout the Initiative, orientating service providers to the value, purpose and approach of the Initiative,
5. Funding for evaluation will be made available to help track and tell the story of the Initiative's impact, and

6. Finally, to ensure availability and participation in the Initiative, a coordinating center and coordination and support funds will be provided to the key stakeholders of the Initiative to enable members to engage more fully in the ongoing planning and implementation of the Initiative's programs and services.

These resources will build the internal capacity of the Initiative, enhance the services offered in Santa Barbara County, allow the Initiative to connect more fully with the public, and help the Initiative diversify its funding.

Cost Management

There are a number of strategies currently employed by the Initiative for coordinating resources and controlling costs related to the provision of oral health care in order to be as efficient as possible. These nine major strategies are currently in use and where possible and appropriate, will be further developed to minimize costs. The strategies that apply, which will continue to be employed are outlined below:

1. **Manage variable costs.** As the Initiative expands screening services and offers free dental clinics, the Initiative will pay subcontractors on a per-unit basis for clients they see rather than paying a fixed salary regardless of client caseloads.
2. **Line item cost control.** The Initiative will examine individual types of expense and determine if/where costs can be reduced. The main focus will be to explore ways to maximize the efficient use of resources and employ best practices that may result in reduced costs.
3. **Change suppliers or ordering patterns.** As possible, the Initiative will pursue price breaks for bulk orders of oral health supplies.

4. **Streamline operations.** The Initiative operates on a streamlined budget but will continue to examine ways to further streamline operations.
5. **In-kind support.** The Initiative will pursue non-cash contributions that reduce costs, such as donations of time and services for screenings and referrals, and free use of building space for dental clinics.
6. **Collaborations for cost sharing.** Bulk purchasing and joint contracting for professional services will be pursued to share costs among stakeholders.
7. **Defer or eliminate discretionary costs.** When necessary, Initiative members will identify costs that can be delayed or eliminated in order to keep costs in line with revenues.

Revenue Enhancement

This section contains a profile of current funding sources for the Initiative and strategies for diversifying and sustaining future funding streams to achieve the vision of the Initiative.

The short term revenue enhancement strategy examines the opportunities to further utilize existing federal entitlement programs and grants. Prior to pursuing this strategy, research will be conducted to ensure that reimbursement is available specific to oral health and that it is feasible to proceed with revenue enhancement strategies related to oral health.

Short Term strategies to be pursued are described below.

LEA Medicaid Billing. In California, the Local Education Authority (LEA) Medi-Cal billing program allows local education agencies to receive reimbursement for direct health assessment and treatment procedures, along with case management services provided to children age 0-21 enrolled in Medi-Cal. Reimbursable services include health education

and services provided by nurses and trained health care aides to address health-related barriers to learning. Service delivery can be contracted out if a similar service is provided within the LEA.

LEA billing to Medi-Cal is currently providing a limited amount of funding for the Health Linkages program, but otherwise it does not appear that this funding source is being tapped to provide income for oral health activities. Close coordination with the school district and rigid procedures will be required to ensure that reimbursement claims are properly prepared for eligible services.

Healthy Kids. The Healthy Kids Program increases access to health care insurance for low-income children. Healthy Kids will extend comprehensive health benefits for as little as \$9 per month to children in low income households who do not qualify for existing state programs. Dental care is included in the covered activities. The Initiative will pursue Healthy Kids reimbursement for children who otherwise would not be eligible for coverage.

Medicaid Targeted Case Management (TCM). TCM is designed to assist specified Medi-Cal recipients with access to necessary medical, social, educational and other services. Eligible services can receive 50 percent Federal reimbursement, with the other 50 percent covered locally. Case management, coordination with out-of-area specialists, and post-treatment follow-up activities are examples of oral health activities that can be reimbursed under TCM.

TCM claims must be processed by Local Governmental Agencies or Local Educational Consortia and are handled locally by the County Health Department. Substantial setup and administrative requirements apply to claiming TCM dollars. The Initiative will research the viability of this strategy.

Medi-Cal Administrative Activities (MAA). MAA offers a way to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-

Cal program, including program and policy development, collaboration, outreach, enrollment assistance and transportation. Eligible activities can receive 50 percent Federal reimbursement, with the other 50 percent covered locally.

MAA claims must be processed by Local Governmental Agencies or Local Educational Consortia and are locally handled by the County Health Department. Costs to coordinate CHDP (Child Health and Disability Prevention) /EPSDT (Early and Periodic Screening, Diagnostic and Treatment) screenings (including oral health assessments), assure appropriate access to Medi-Cal, and follow up on CHDP/EPSDT service provision can be reimbursable under MAA.

Sliding fee scales. The Initiative may charge a fee for services based on the ability of qualifying client's to pay. This can also be structured as a voluntary donation rather than a mandatory fee. The ability to charge fees is limited for families covered by public programs like Medi-Cal and Healthy Families, but a fee-based component is viable for some services provided to families that are not eligible for any public programs.

Intermediate Strategies that will be pursued immediately but which will take longer to realize benefits include:

Tobacco settlement funds. Payments from the master settlement agreement from the joint state lawsuit against tobacco companies can be used in any way desired by the governmental entity receiving the funds. Some states have allocated a portion of their tobacco settlement dollars to services addressing oral health issues. Santa Barbara County should receive about \$4.3 million directly in tobacco settlement funds in 2005. Advocacy related to accessing the settlement funds will begin in the short term with funds anticipated to take longer to access than other strategies.

Special early childhood Initiatives. The Initiative will continue to pursue First 5 funding as well as to seek opportunities for other early childhood Initiatives.

Long term strategies that will be pursued include:

Foundation grants. Many health-related foundations have shown a substantial interest in funding oral health programs. Examples that will be pursued include The California Endowment, The California Wellness Foundation, and the California Health Care Foundation. Locally, the Orfalea Family Foundation is already in the process of considering funding to the Oral Health Initiative.

Private insurance reimbursements. A recent study by the UCLA School Mental Health Project on financing mental health for children noted that some families have private health insurance (often at least partially employer-paid) that covers diagnostic and treatment services for children with mental health issues or special needs. This same approach can be considered for oral health services. Seeking reimbursement from private insurance sources and/or guiding families to use private resources when they are available can stretch public funds. New public/private partnerships will be considered to enable private insurance resources to be tapped without posing an undue additional burden on the families served.

Community Reinvestment Act. The Community Reinvestment Act (CRA) is a federal law designed to encourage banks and thrifts to meet the financial credit and service needs of low- and moderate-income neighborhoods. Financial institutions provide grants and/or loans to community-based organizations that enable the institution to meet their federal CRA requirements. This mechanism has been used in other states to obtain funding for health care facilities, either as loans or combination loan/grant packages. It can also provide funding for direct services to community members. Understanding of the CRA requirements can be an important way for the First 5-funded Initiatives to collaborate and get substantive support from local financial institutions. This strategy therefore, will be pursued in conjunction with the other Initiatives.

Community giving. “Community giving” will be pursued over the long term to determine the most effective approach to promoting community giving. The Initiative will achieve its financial goals through one or more of the following strategies:

- **General public solicitations.** Community giving campaigns, when conducted effectively, can be an excellent annual source of unrestricted income while also serving to promote the organization and its services. Campaigns may be broad in nature, or may focus on sub-groups within the community (e.g. business sponsorships, being “adopted” by civic groups, etc.).
- **Special events.** Special events raise awareness about a program while raising money. Events can take several years to build up to the point of producing significant income but, once established, can be valuable annual sources of additional unrestricted income.
- **Public/private partnerships.** Public/private partnerships will be pursued to achieve the strategic results desired by the Initiative.
- **Donor advised funds.** Many community foundations work with local nonprofit organizations to market donor advised funds, where potential donors are given information about specific programs to consider supporting.

Long-Range Financial Forecast

The assumptions affecting the projected financial future of the Oral Health Initiative are described in the following section. These assumptions help describe decisions that the Initiative has made regarding important financial issues, such as what the resource needs will be to achieve the vision of the Initiative.

Assumptions also indicate the rationale behind revenue and expense changes from year to year, providing a foundation for future budgeting by the Initiative. The assumptions in this plan outline the expected changes the Initiative budget will undergo as it implements its vision for the oral health of children in Santa Barbara County.

The resulting Five-Year forecast of revenues and expenses is shown at the end of this section.

The first year shown in the forecast, fiscal year (FY) 2006-07, is based on the 2005-06 operating budgets submitted to the First 5 Commission, and adjusted as appropriate by the various partners through review of draft materials. The other four years in the forecast are projections based on assumptions and estimates. To the extent the assumptions change, future financial results will also change. Budget assumptions will be reviewed and revised annually by the Initiative.

General Assumptions

Fiscal year. Forecasts assume a July 1 to June 30 fiscal year.

Time horizon for forecast. The forecast covers a five year period from 2007 through 2011.

Revenue

Federal and state government. Federal and state governmental funding is expected to increase by \$144,000 over the course of the forecast, largely through pursuing additional reimbursement from Medicaid for all eligible services under Healthy Families/MediCal, Healthy Kids, Medicaid TCM funding, and MAA. It is projected that funds from these additional sources will be realized in FY 08-09 and increase considerably in FY 09-10 and 10-11.

First 5. First 5 funding is anticipated to decrease by 3.3 percent per year over the five year period.

Other local government. Other local governmental funds will be pursued via development of a new county specific children's Initiative related to oral health. Planning and positioning for the Initiative is expected in FY 05-06 with funding first allocated in 06-07 and increasing in FY07-08, then decreasing each year thereafter. The one time child's Initiative is estimated at approximately \$215,000.

Grants. Grants are currently being aggressively pursued to fund a variety of oral health

activities included in the sustainability plan. It is anticipated that \$35,000 in grant funds will be secured in FY 05-06, with grants expected to increase to \$225,000 in FY 06-07 and decline slightly each year thereafter, ending at \$168,000 by FY 10-11. Smiles Across America will act as a strategic partner to the Initiative and identify additional resources that the Initiative can pursue to gain greater national and local support, pursuing funding with a focus on expanding preventative oral health services.

Public contributions. With additional marketing and public engagement activities expected to increase public contributions, it is assumed that \$15,000 will be generated in FY 05-06 and that public contributions will increase 10 percent each year through FY 10-11.

Earned income. Currently, the Initiative realizes nominal earned income. The FY 05-06 budget estimates \$1,500 in earned income. This is anticipated to increase by no more than 5 percent per year.

In-kind contributions. In-kind contributions are currently a small portion of the overall revenue for the Initiative. However, the estimated wholesale value of contributed dental hygiene supplies, combined with a 30 percent reduction in dentist fees and in-kind screening worth \$325,000 is expected to propel the Initiative to build the treatment capacity throughout the county. These in-kind funds are anticipated in FY 06-07 as part of the expansion made possible by the donation of screening and treatment services of local dental providers. It is estimated they will increase by 10 percent each year thereafter.

All other (special events). Several strategies will be jointly pursued to generate additional funding, combining special events, public/private partnerships and donor advised giving. The funding is first expected to be realized in FY 06-07 and will generate greater amounts each year, reaching \$50,000 by FY 10-11.

Tobacco Settlement funds. Advocacy related to tobacco settlement funds will begin in FY 05-06 with funds first expected in FY 06-07. The

Initiative will pursue \$10,000 per year for the first two years, increasing to \$15,000 in the last three years.

Community Reinvestment Funds. Community reinvestment funds are anticipated to be accessed on a small scale at first, beginning with \$3,295 generated for the purchase of equipment, increasing slightly in years thereafter.

Expenses

Expense percentages. The forecast assumes that approximately 70 percent of funding goes to direct services with 30 percent allocated for other operating and indirect cost including rent, administration, evaluation and supplies in the beginning of the forecast. As more investments are made in infrastructure and support for agencies in the Initiative, direct service funds will gradually be reduced.

Programs and services: defined as the direct service activities or projects to achieve the desired results for children, families and communities. Estimated as 70 percent of all expenses and includes:

Personnel. Personnel are currently a small expense of the Initiative. Investments are forecast to enhance salaries and benefits as well as for new positions. New staffing will be added in FY 06-07 and includes four family advocates. Once added, each agency or staff included in personnel will receive a 2.5 percent Cost of Living Adjustment (COLA) per year, beginning in FY 06-07.

Program supplies. Program supplies are expected to cost \$5,000 in FY 05-06 and increase by \$26,600 in FY 06-07 as prevention and education services are enhanced with additional dental hygiene kits. Costs are then projected to increase by 3 percent each year that follows.

Reproduction/copying. Copying is estimated at \$4,000 in FY05-06 and then increases by 3 percent each year thereafter.

Telephone/communications. Telephone costs are expected to increase by 3 percent each year.

Postage and mailing. Postage will increase by an average of 3 percent each year and is estimated at \$500 for FY 05-06.

Evaluation. Evaluation is not currently part of the budget. It is anticipated that \$5,000 is needed for data collection and coordination in FY 05-06. By FY 06-07, data should be available for evaluation which is estimated to cost \$10,000. This will allow for reporting to a multitude of new funders expected beginning in FY 06-07. Cost increases to \$12,500 in FY 07-08, and then flattens at \$15,000 for remaining years. Evaluation costs are estimated at \$100 per hour beginning with 50 hours and increasing to 150 hours per year.

Travel. Travel costs for direct service provision are expected to increase by 3 percent each year.

Outside Services. Outside services are direct contracts for services in three geographic regions:

- Outside services South County
- Outside services Mid County
- Outside services North County

Each area is currently allocated an amount for services for FY 05-06. The forecast anticipates a 5 percent increase each year.

Fee for Service treatment. Treatment as part of the fee for service program is estimated to cost \$140,000 as noted in the Orfalea grant application for component II. This estimate remains flat throughout the forecast.

Sealants/cleaning/x-rays. In FY 06-07 sealants for first four molars at \$88 per child for 339 children plus cleanings and x-rays at \$50 per child for 339 children. This number increases by 5 percent each year thereafter to account for increased cost to provide services.

Benefits. Benefits are estimated at 20 percent for FY 05-06, increasing to 25 percent each year thereafter.

Program Support: defined as all of the other investments needed for the Initiative to function and be sustained; including collaboration/coordination

beyond what's required for direct service delivery, data collection and evaluation, public relations and community outreach, internal capacity building, and general management and administration

Personnel. Total for personnel costs that do not provide direct services are expected to increase by 2.5 percent each year as the Cost of Living Allowance (COLA). Positions or agencies in this category include the Executive Director, Program Director, Coordination Center Director, Fiscal Leveraging position and funding to Family Service, Health Linkages, People Helping People, Catholic Charities and Isla Vista Youth Projects.

Program supplies noted as materials in the Orfalea proposal are estimated at \$15,000 in FY 06-07 and increase 3 percent each year.

Hospitality for Volunteers. Hospitality for Volunteers to build treatment capacity is estimated at \$4,000 from the Orfalea proposal and increases 3 percent each following year.

Reproduction/copying. Copying not directly expensed to direct services as noted in Component III of the Orfalea proposal costs \$4,300 and is expected to increase by 3 percent each year.

Telephone/communications. Telephone not directly expensed to direct services as noted in Component III of the Orfalea proposal costs \$3,000 and is expected to increase by 3 percent each year.

Postage and mailing. Postage and mailing not directly expensed to direct is estimated at \$2,000 to include shipping costs (\$900) and a portion of other printing costs (\$1,100) and is then estimated to increase by 3 percent each year.

Training/conference. Training is budgeted at \$1,500 per the FY 05-06 budget and estimated to increase by 3 percent each year.

Transportation. Transportation costs not directly expensed to direct services are estimated at \$7,060 + \$4,000 or \$11,060 for Components III and IV and then increase by 3 percent each year.

Outside services are added for marketing and communications, to account for coordination and fiscal management, to support staff development and board development and to pay for the audit. Costs in FY 06-07 begin at:

- Outside services (marketing/commercials) \$6,897, decreasing to \$4,000 in FY 07-08 with 3 percent increases thereafter
- Outside services coordination/fiscal management) \$33,208 with 3 percent increases thereafter
- Outside services (staff/board development) \$6,000 for one time infrastructure development, decreasing to \$3,000 in FY 07-08 with 3 percent increases thereafter
- Outside services (audit) \$1,500 with 3 percent increase to allow for increased costs over time.

Benefits. Benefits for positions not providing direct services are estimated at 20 percent of personnel costs until FY 07-08 at which point they increase to 25 percent

Other (Indirect). Indirect costs are a portion of the total costs and increase from current costs of \$20,872 to \$44,824 based on the addition of the four components of the Orfalea proposal (\$44,824) and then increase by 3 percent each year to keep pace with other anticipated increases.

The financial forecast which follows reflects these budget assumptions.

FIVE YEAR FINANCIAL FORECAST

	FY04-05 Actual (estimate)	FY05-06 Budget	Forecast				
			FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
Revenue:							
Current sources							
Federal and state government		5,000	5,450	5,941	25,526	81,992	144,182
First 5	\$ 345,053	325,319	314,583	304,202	294,164	284,456	275,069
Other local government			38,337	58,494	51,227	38,932	28,791
Grants	1,486	35,000	225,682	205,554	219,897	195,266	168,160
Public contributions	8,800	15,000	16,500	18,150	19,965	21,962	24,158
Earned income	1,500	1,500	1,575	1,654	1,736	1,823	1,914
In-kind contributions	2,229	5,000	325,000	357,500	357,500	357,500	357,500
All other (Community Giving)	0	0	11,125	20,000	25,000	40,000	50,000
New sources to develop							
Tobacco Settlement funds			10,000	10,000	15,000	15,000	15,000
Community Reinvestment Funds			3,295	3,526	3,772	4,037	4,319
Total revenue	359,068	386,819	951,547	985,020	1,013,787	1,040,967	1,069,093
Expenses:							
Programs and services							
Personnel	76,800	80,317	186,117	190,770	195,539	200,428	205,438
Program supplies	4,924	\$5,000	31,600	32,548	33,524	34,530	35,566
Rent and utilities	0						
Reproduction/copying	3,164	4,000	4,120	4,244	4,371	4,502	4,637
Telephone/communications	850	1,200	1,236	1,273	1,311	1,351	1,391
Postage and mailing	0	500	515	530	546	563	580
Evaluation		5,000	10,000	12,500	15,000	15,000	15,000
Travel	5,837	4,750	4,893	5,039	5,190	5,346	5,507
Outside services South County	31,553	\$44,993.00	47,243	49,605	52,085	54,689	57,424
Outside services Mid County	9,241	\$26,752.00	28,090	29,494	30,969	32,517	34,143
Outside services North County	102,798	\$49,857.00	52,350	54,967	57,716	60,601	63,632

Oral Health Initiative: Plan for Sustainability

	FY04-05	FY05-06	Forecast					
	Actual (estimate)		Budget	FY06-07	FY07-08	FY08-09	FY09-10	FY10-11
Fee for Service treatment			140,000	140,000	140,000	140,000	140,000	140,000
Sealants/cleaning/x-Rays			46,782	49,121	51,577	54,156	56,864	
Benefits	15,360	16,063	40,946	47,692	48,885	50,107	51,360	
Other								
Subtotal - Programs/services	250,527	238,432	593,890	617,784	636,714	653,790	671,541	
Program support								
Personnel	69,673	93,015	184,140	188,744	193,462	198,299	203,257	
Program supplies			15,000	15,450	15,914	16,391	16,883	
Hospitality for Volunteers			4,000	4,120	4,244	4,371	4,502	
Reproduction/copying			4,300	4,429	4,562	4,699	4,840	
Telephone/communications			3,000	3,090	3,183	3,278	3,377	
Postage and mailing			2,000	2,060	2,122	2,185	2,251	
Training/conference	861	1,500	1,545	1,591	1,639	1,688	1,739	
Transportation			11,060	11,392	11,734	12,086	12,448	
Outside services (marketing/commercials)		6,897	4,000	4,120	4,244	4,371	4,502	
Outside services (coordination/fiscal management)			33,208	34,204	35,230	36,287	37,376	
Outside services (staff/board development)		6,000	3,000	3,090	3,183	3,278	3,377	
Outside services (audit)	1,500	1,500	1,545	1,591	1,639	1,688	1,739	
Insurance			-	-	-	-	-	
Benefits	13,935	18,603	46,035	47,186	48,366	49,575	50,814	
Other (Indirect)	22,572	20,872	44,824	46,169	47,554	48,980	50,450	
Subtotal - Program support	108,541	148,387	357,657	367,236	377,074	387,177	397,553	
Total expenses	359,068	386,819	951,548	985,020	1,013,788	1,040,967	1,069,093	

PERSONNEL COSTS

	FY04-05 Actual (estimate)	FY05-06 Budget	FY06-07	FY07-08	Forecast FY08-09	FY09-10	FY10-11
Breakdown of personnel by type of position (full-time equivalents):							
[Position or Agency title]							
Executive Director	\$6,500	\$7,000	7,175	7,354	7,538	7,727	7,920
Program Director	\$44,820	\$45,237	46,368	47,527	48,715	49,933	51,182
Administrative Support	\$25,480	\$28,080	28,782	29,502	30,239	30,995	31,770
Family Service	21,011	\$26,897	27,569	28,259	28,965	29,689	30,431
Health Linkages	33,930	\$36,452	37,363	38,297	39,255	40,236	41,242
People Helping People	9,133	\$14,133	14,486	14,848	15,220	15,600	15,990
Catholic Charities	3,581	\$8,581	8,796	9,015	9,241	9,472	9,709
Isla Vista Youth Proj	2,018	\$6,952	7,126	7,304	7,487	7,674	7,866
New positions proposed:							
4 Family Advocates			103,792	106,387	109,046	111,773	114,567
1 Coordination Center Director			48,800	50,020	51,271	52,552	53,866
0.5 Fiscal Leveraging			40,000	41,000	42,025	43,076	44,153
Total personnel requirements	\$ 146,473	173,332	370,257	379,514	389,002	398,727	408,695

Turning Plans into Action

The preceding sections provide a comprehensive blueprint for sustaining the Initiative. However, having a good plan is only the starting point; getting results requires that the plan be carried out diligently. This final section describes how the Initiative will implement the sustainability plan and make ongoing revisions to the sustainability plan as needed so that it remains a meaningful blueprint for many years to come.

The sustainability plan describes the activities and strategies the Initiative partners expect to implement over the next five to ten years. Included are activities related to building the capacity for service delivery, expanding services, enhancing revenues and working with other First 5 Initiatives.

In order to move forward on the activities outlined in this plan, the Initiative developed a one-year implementation plan. This plan describes the specific tasks, timing and persons with lead responsibility for monitoring progress as the partners move forward. Because the one-year implementation plan is intended to be used as a management tool and updated at least annually, it is contained in a separate document.

The Initiative expects to focus the first year's implementation activities on researching revenue enhancement strategies, pursuing grants to broaden the prevention and treatment services provided and building the infrastructure and management of the Initiative itself. Specific strategies include:

Community Engagement and Stakeholder Outreach. Under the guidance of the Executive Committee and the Initiative's Coordinator, targeted outreach and engagement will occur during the first 12 months of implementation to develop key champions, expand dental clinics and raise community awareness of the oral health services within the Initiative.

Strategies to achieve desired results. The Initiative will develop a comprehensive menu of oral health preventative and treatment services with the case management, referral, and access to care necessary to ensure needed services are identified and provided.

Build Community Support. The Initiative will build community support through the pursuit of grants and in-kind donations including the recruitment of additional dentists to provide screening and treatment.

Capacity Building. The Initiative will strengthen the internal capacity of all Initiative agencies through the development of governance, management, human resources, services and the physical plants used to provide the services envisioned by the Initiative.

Revenue Enhancement Strategies. The Initiative will pursue additional federal funds, apply for grants, increase the public's contribution and pursue new potential funding sources to diversify the funding of the Initiative.

Revising the Sustainability Plan

For the first two years of implementation, every six months the Initiative partners will review the entire sustainability plan to test for alignment with current conditions and needs, and to provide direction for developing/ updating the implementation plan. Thereafter, an annual review will take place. It is anticipated that the partners would identify changes during an annual planning retreat. In order for the time spent at the retreat to be most effective, it is expected that pre-retreat work would occur (partner surveys, data collection and analysis, resource assessment, etc.) so that results could be presented and decisions made in an efficient manner. This work would be organized and lead by the Initiative Coordinator and Executive Committee.

Major revisions to the content (e.g. financial forecast, strategies, etc.) will be made every two to three years at the annual retreat for the Initiative partners.

Conclusion

The Oral Health Initiative is an Initiative of agencies providing services and support essential to the oral health and well-being of children, families and individuals throughout the county. This Initiative has accomplished a great deal in a short period of time and has a compelling vision for the oral health of all children in Santa Barbara County.

By focusing on building the sustainability of the Initiative, the service delivery system and agencies of the Initiative will grow stronger, utilizing the unique strengths of each to achieve the Initiative's desired results. This in turn will position the Initiative for long-term success.

In conclusion, this sustainability plan is a blueprint showing how the Initiative will be able to serve all children for many years beyond the time period funded by First 5 Santa Barbara County. Today's children are already experiencing the positive results of this Initiative's work. Ultimately, this plan will provide a framework and build on a foundation that ensures the optimal oral health of children and their families in this county five and ten years into the future

