

CSN Priority Setting Process

Data Review

CSN members reviewed available data on needs in San Luis Obispo County as a first step in the priority setting process that started in January 2008 (ATTACHMENT A). Data sources included the *Action for Healthy Communities Report* (2006), *California Healthy Kids Survey*(CHKS 2005), Children Now's *CA County Data Book* for San Luis Obispo County (2007), *CSN Summary Report* (2005), *Latino Needs Survey* (2003), *Paradox in Paradise - Health needs on the Central Coast*, Child Care Resource & Referral Network information (2007), and *Assessment of SLO County Community Leaders Attitudes on Obesity Prevention Strategies* (2006). In addition to the data review, members were encouraged to ask themselves the following questions when considering priorities:

1. Is it achievable?
2. It is mandated?
3. Does it make sense in light of the current budgetary climate?
4. Is it relevant?
5. Is it aligned with CSN Goals (safe, healthy, at home, in school, out of trouble)?
6. Is an agency or group already addressing this issue?
7. Is there an opportunity for collaboration?
8. Is there a need for coordination?
9. Will CSN involvement make a difference?

Needs Forum

Following this basic discussion, the CSN and affiliate members participated in a facilitated discussion on priorities led by Sid Gardner of Children and Family Futures (www.cffutures.org). This included a presentation, *Strategic Collaboration and Priority Setting by County-level Interagency Networks*, addressing how to assess and prioritize needs in the county based on values, measurable outcomes, strategies, and fiscal realities (ATTACHMENT B). Sid encouraged the group to mobilize community energy, avoid "failure by fragmentation", and move toward shared outcomes. He also underscored the need to look at the causes of needs for the best, long-term use of time and resources (ATTACHMENT C).

Revised Filters

The CSN met in March 2008 and agreed that its efforts should, as Sid Gardner recommended at the Needs Forum, focus on root causes and issues rather than projects (Attachment D). Filters for screening priorities were reviewed and revised to include prevention and measurement. Revised filters include the following:

1. **Consistent with CSN Mission:** The priority needs to substantially impact or affect children and families (our niche) in the county.
2. **Addresses Underlying (Root) Causes:** As much as possible, the priority needs to address causes rather than symptoms.
3. **Prevention Focus:** The priority should be preventive in nature as opposed to remediation or intervention.
4. **Comprehensive:** The priority should be of high interest to all members and their organizations. This is what will drive collaboration.
5. **Achievable:** Is there a reasonable expectation that we can make progress that is observable. This will force us to frame the priority very thoughtfully.
6. **Measurable Results:** Is there data available, or that we need to develop, that will both give us a "baseline" and a way of demonstrating progress.
7. **Deep Not Wide:** Is this a priority that is focused and in depth, rather than trying to address a number of issues.

Priorities Evaluation

Each member was requested to put forth one priority in preparation for the April meeting. Issues around child abuse prevention and coordination, poverty, self-sufficiency, educational achievement gap, homelessness, and gangs were submitted. The following suggested priorities (with their corresponding CSN goal area) were evaluated during the May meeting:

1. Elimination of children and families in a homeless condition. (At Home)
2. Elimination of children/youth exposed to substance abuse. (Safe)
3. Elimination of children/youth classified as chronic truants or dropouts. (In School)
4. Prevention and early detection of mental illness in children and youth. (Healthy)
5. Reduction in unplanned pregnancies for young (under 18) girls. (Out of Trouble) (*High risk factor for children*)

Filters were applied to each suggestion and the priority was designated as either an "Action" or "Advocacy/Coordination" issue. The issue of gangs was added to the priority list and sexual abuse was included as part of an overall "healthy families" issue. Action

issues will involve a workgroup or task force that will explore the issue and make recommendations for CSN action.

Action Priorities:

- children and youth exposed to substance abuse with an emphasis on methamphetamine use, and
- children/ and youth classified as chronic truants or dropouts.

Advocacy/Coordination Issues:

- homeless children
- prevention and early detection of mental illness in children/youth,
- unplanned pregnancies for girls under the age of 18, and
- anti-social behavior/gang involvement.

Next Steps

Each of the suggested priority will again be reviewed and evaluated using filters to ensure that the determination for advocacy or action/coordination is appropriate. Further refinement of the priority, development of direction, and strategizing will occur at a subsequent meeting.