



ensure that every child



2001-2003
STRATEGIC PLAN SUMMARY



from birth to age





five reaches his or her





vision

Every Child Counts is committed to ensuring the optimal health, development, and well-being of young children and their families. Every Child Counts is child-friendly, values families, and respects and honors the diversity of its communities.

Every Child Counts recognizes that home and child care settings are critical contexts for children's development. Parents, civic leaders, employers, service providers, and other members of the community recognize the earliest years as critical for children's development.

developmental potenti

mission

Develop and implement a high-quality, community-based, county-wide system of continuous prevention and early intervention services to improve environments critical to the health and well-being of young children and their families.





goals

Support optimal parenting, all-around health, and economic self-sufficiency for families. Ensure that every child from birth through age five reaches his or her developmental potential and is ready for school. Promote optimal physical and mental health for all children from birth through age five. Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services.

al every child counts

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Overview

Every day we hear stories about the impact of our services on the lives of children and families in Alameda County: a new mom enthusiastically signs up to receive a home visit from one of our public health nurses; one of the nurses helps get a newborn with significant weight loss admitted to the hospital before anything more serious occurs; many mothers decide to breast feed after learning of the benefits from the New Parents Kit; a new Dad learns about child development at a community parenting class; a child care worker returns to school to improve her skills and applies her new knowledge in the classroom the next day. And there are many more.

During the first eighteen months we started to phase in many of the programs and services detailed in our initial strategic plan. We have also used this time to observe the process, evaluate our systems and results, learn from our community partners, and to plan and propose changes.

Working in close partnership with our dedicated Commissioners, staff, providers, families, and community partners, we proudly present a summary of the Every Child Counts Strategic Plan 2001-2003. It is the blueprint for our work over the next two years, yet Every Child Counts is flexible and will constantly adapt to changes in the environment and the needs of families.

The overarching principles incorporated into each component of the plan are:

- Cross disciplinary, family focused services
- Systems reform for sustainable impact
- Respecting and honoring the rich diversity of Alameda County

In addition to continuing and enhancing existing services, we will expand our focus in several areas:

- A system of Alternative Response, Another Road to Safety (ARS), for child abuse prevention in partnership with Alameda County Social Services and community organizations
- Comprehensive models of School Readiness in collaboration with the State Commission's significant commitment to this issue
- A language interpretation program to better serve the diverse needs of our community
- A Child Care mentoring program for early childhood educators
- The Child Care Fund for enhanced facilities and business development

There are several existing advisory committees that include parents, professionals, and providers working on behalf of Every Child Counts to assist the Commissioners and staff in program design and implementation. Those committees include the Child Care Planning Council Prop 10 Advisory Committee, the Child Care Fund Advisory Committee, the Child Development Corps Advisory Committee, and the Outcomes and Indicators Committee. Newly formed committees include a Parent Advisory Committee, a Pediatric Advisory Committee, and a Diversity Committee.

Scheduled committee meetings and our ongoing Program and Commission meetings as well as job listings and other information are available on our website: www.ackids.org

It is exciting to be able to work with such dedicated people in our collective efforts to significantly improve the lives of all children in our community for truly Every Child Counts!

Sincerely,



Mark Friedman
Executive Director



guiding principles

AT EVERY CHILD COUNTS, WE ARE GUIDED BY SEVERAL KEY PRINCIPLES THAT WE SEEK TO INTEGRATE INTO ALL OF OUR WORK.

Cross-Disciplinary Approaches

The needs of young children and their families are complex and require multiple disciplines working together to support positive outcomes. Every Child Counts program components are most effective when coordinated and woven together.

Service Integration and Systems Reform

In order to build a strong prevention and early intervention family support system in Alameda County and to improve the quality of Early Child Care and Education, the work of Every Child Counts is a catalyst for widespread reform and effective service integration. Although the resources the tobacco tax (Proposition 10) provides are substantial, unless leveraged, they will not be enough to address all early childhood issues. We are using the opportunity Prop 10 provides, to leverage additional state, federal and foundation resources.

Diversity

Alameda County has a wealth of ethnic, cultural, linguistic, economic, and geographic diversity that we honor and celebrate. We seek diversity in program design, service delivery and accessibility, hiring, training, contracting, and grant making. Responding to diversity also includes addressing the needs of children with special needs and their families, as well as parents with disabilities.

Reaching Diverse Groups

Every Child Counts helped to launch a new course taught in Spanish at Chabot College.

"Saturday March 24, 2001 was the **day** that a segment of the **Latino community** had long been **awaiting**. For the **first time** a local **community college** offered an introductory **child development course** in **Spanish**. I am truly **honored** to be a part of **history in the making.**"

The Instructor, Nelly Coloca

family support services

PROGRAM OVERVIEW

RESEARCH SUGGESTS THAT THE FAMILY ENVIRONMENT IS A CRITICAL CONTEXT FOR CHILDREN'S DEVELOPMENT AND IS ESSENTIAL TO SCHOOL READINESS. TO SUPPORT FAMILIES IN THEIR EFFORT TO CREATE A SAFE AND NURTURING ENVIRONMENT, EVERY CHILD COUNTS PROVIDES ALAMEDA COUNTY FAMILIES WITH INFORMATION, EDUCATION AND SUPPORT. OUR FAMILY SUPPORT SERVICES (FSS) CONCENTRATE ON FIVE CORE AREAS: PRENATAL SERVICES, POST PARTUM HOME VISITS, INTENSIVE FAMILY SUPPORT, INFANT AND EARLY CHILDHOOD MENTAL HEALTH, AND SCHOOL READINESS. UNIVERSAL STRATEGIES WILL PROVIDE 1-3 HOME VISITS FOR ALL FAMILIES DELIVERING AT ALAMEDA COUNTY HOSPITALS (DURING PHASE-IN OF SERVICES, WE ENROLL FAMILIES AT THREE OF THE ELEVEN LOCAL HOSPITALS). TARGETED INTENSIVE FAMILY SUPPORT SERVICES FOCUS ON INFANTS DISCHARGED FROM NEONATAL INTENSIVE CARE UNITS, PREGNANT AND PARENTING ADOLESCENTS, AND FAMILIES REFERRED TO CHILD PROTECTIVE SERVICES WHO ARE NOT ELIGIBLE FOR EMERGENCY RESPONSE SERVICES. UNIVERSAL AND TARGETED SERVICES ARE PROVIDED FROM A FAMILY-CENTERED, RELATIONSHIP-BASED FRAMEWORK.

PRENATAL TARGETED OUTREACH & COMMUNITY LINKAGES

Identifying parents during the prenatal period is critical for promoting health care and healthy lifestyles as well as providing support and resources.

2001-2003 Proposed Implementation:

Expand efforts to identify pregnant women and teens to inform them about the Every Child Counts Family Support program, give them a "New Parent Kit", and enroll them prenatally.

Develop funding and service delivery systems for substance using pregnant and parenting women with other county agencies as a member of the Perinatal Substance Abuse Leadership Institute.

Plan and pilot a support program for pregnant mothers at medical or social risk.

Work with obstetricians and pediatricians to coordinate outreach to pregnant women.

Assure that prenatal outreach and Every Child Counts enrollment services are available in multiple languages.

POST PARTUM HOME VISITS

Every Child Counts began providing voluntary home visits to families of newborns in September of 2000 at Alta Bates, Summit, and St. Rose Hospitals by public health nurses working with Alameda County Public Health Nursing and City of Berkeley Public Health Department. Bilingual Every Child Counts Hospital Outreach Coordinators (HOCs) work at each site and explain the services to families. The acceptance of home visits by families is 95-97%. For families with greater needs, the Plus 10 program makes an additional 10 home visits available.

2001-2003 Proposed Implementation:

Continue to develop the program model by serving 25-50% (5-10,000) of County births. Develop a reimbursement plan with Managed Health Care providers (Alameda Alliance for Health, Blue Cross and Kaiser) for 1-3 home visits.

Explore options for expanding Hospital Outreach and 1-3 home visits.

Assist the Public Health Department in the recruitment of bilingual nursing staff and develop a health interpretation program to assure appropriate cultural and linguistic services.

Explore funding for a Parent Warmline based on needs expressed in parent focus groups.

Develop a distribution plan of "New Parent Kits" to OB clinics, Hospital tours, WIC sites, child care centers, shelters, drug treatment programs and all Core service providers funded by Every Child Counts.

Provide multi-disciplinary consultation services to program staff working with families beyond initial 1-3 home visits. The consultation pool will represent Mental Health, Substance Abuse, Domestic Violence, and Child Development Specialists.

INTENSIVE FAMILY SUPPORT SERVICES

Every Child Counts recognizes that many Alameda County parents face special challenges to giving their children healthy starts in life. Children who are medically fragile, parents who are teenagers, and families with referrals due to child protection issues are three populations that require specialized intensive family support.

Special Start began in the spring of 1999 and has served over 300 families. A joint project of Children's Hospital Oakland and the Alameda County Public Health Family Services Department, **Special Start** provides intensive support services for families with medically fragile infants who are referred from Neonatal Intensive Care Units (NICUs).

The Perinatal Council (TPC) and Tiburcio Vasquez Health Center (TVHC) have been providing services to teen mothers through the **CAL Learn and Adolescent Family Life Program (AFLP)**. Through funding from Every Child Counts, the child development component of their programs has been expanded. The **Another Road to Safety Program (ARS)** has been jointly developed with the Alameda County Department of Social Services for families who have been referred to the Emergency Response Unit. Supporting the home visitors and those providing intensive family support services, a Multi-Disciplinary Team (MDT) is in place with specialists in key areas of child development, mental health, and substance abuse treatment.

2001-2003 Proposed Implementation:

Special Start will maintain carry-over cases and expand new cases to 25% of the NICU population. Special Start will provide up to 13 home visits to those who do not meet the criteria for Special Start Intensive Family Support.

Every Child Counts will continue to develop the service delivery model in partnership with TPC and TVHC.

Outreach efforts will be expanded for early identification of pregnant teens.

In the first quarter of 2002, ARS will provide services to families who (1) live in the designated areas (Eastmont and Harder-Tennyson) and (2) do not meet the legal mandate for services through Child Protective Services (CPS).

It was a **very pleasant experience** for me and I felt **very fortunate** to have the **visit**. I was reassured that I was **feeding the baby correctly**.
Family Support Services Telephone Survey, 2001



TRAINING

Training is a critical component of Every Child Counts.

FSS will provide ongoing orientation seminars to all agencies implementing our service delivery model.

Training Connections will provide quarterly topic-specific trainings for core providers and 12 speciality topic seminars open to all community providers.

Our Specialty Consultation Pool will provide Intensive Family Support personnel with on-site consultation and case conferences.

Tobacco education will be integrated into all trainings, along with referrals for tobacco cessation and a consistent message about the dangers of smoking and second hand smoke for fetuses and young children.

Technology-based training modules will be developed to support staff competencies.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Early childhood mental health is a critical community need that is often neglected. There is a shortage of mental health providers trained to work with infants and toddlers and many families are not aware of how to access the services that are available. Every Child Counts is committed to working with community partners to expand these services as an essential component of a well-rounded service delivery system.

2001-2003 Proposed Implementation:

Continue developing the components of the Alameda County Early Childhood Mental Health System.

Continue Infant Mental Health (IFMH) training seminars with a new group of mental health providers.

Provide ongoing IFMH supervision to current enrollees.

Expand mental health consultation to pre-schools and child care sites in Alameda County.

SCHOOL READINESS

An essential component of preparing young children to succeed in school is providing high quality early care and education experiences and meaningful family support services. Every Child Counts Family Support programs and the recruitment and ongoing training of early childhood practitioners through the Early Care and Education component are an important foundation to develop successful school readiness programs. Several preschools, primary schools, and school districts are exploring ways to link with Every Child Counts in conjunction with State Commission initiatives to provide matching funds for the development of school readiness centers affiliated with low performing elementary schools.

2001-2003 Proposed Implementation:

Hire a school readiness coordinator to work with Every Child Counts on school readiness activities.

Develop and implement a school readiness plan that meets the requirements of the California Children and Families Commission State School Readiness Initiative.

early care & education

PROGRAM OVERVIEW

OUR EARLY CARE AND EDUCATION (ECE) PROGRAM ADDRESSES SERIOUS SYSTEMIC PROBLEMS IN ALAMEDA COUNTY. RESEARCH SHOWS THE POSITIVE IMPACT OF HIGH QUALITY CHILD CARE PROVIDED BY A STABLE, WELL-TRAINED WORK FORCE. RESEARCH ALSO SHOWS THE DETRIMENTAL EFFECT OF POOR QUALITY CARE (RESULTING FROM UNDERPAID STAFF, HIGH TURNOVER, AND INADEQUATE TRAINING OF CHILD CARE PRACTITIONERS). OTHER SIGNIFICANT FACTORS THAT IMPACT THE QUALITY OF CHILD CARE INCLUDE LACK OF RESOURCES TO CREATE SAFE, APPROPRIATE EARLY LEARNING ENVIRONMENTS.

ECE seeks to build and retain a strong work force of child care teachers and providers through 3 interconnected components:

CHILD DEVELOPMENT CORPS (CORPS)

The Corps is a professional incentive program that includes stipends based on educational levels of members and professional development support, including assistance in applying for the California Child Development Permit. In its first year (2000-2001) the Corps enrolled 2,400 child care providers and distributed stipends of \$475-\$5,100. It is currently the largest child care retention and compensation program of its kind in the country and provided a total of \$4.1 million in stipends.

2001-2003 Proposed Implementation:

Expand the number of stipends with funds from AB 212, Quality Child Care Initiative (QCCI), and State Children and Families Commission Matching Grant to include school age practitioners.

Translate additional Corps outreach materials from English to Spanish and other languages.

Continue contracts with the three Child Care Resource and Referral Agencies to provide Career Advocacy services.

Fund translation and analysis for college transcripts from other countries.

Create and institute improved health insurance coverage for child care staff through state legislation or other means.

Assist PACE (Policy Analysis for California Education. UC Berkeley) with evaluation of the Corps program.

Continue state-wide leadership by assisting other counties in developing Corps programs.

Form a "think tank" to plan long-term systemic change for child-care compensation.

Advocate for legislation to increase reimbursement rates for state subsidized programs.

TRAINING & PROFESSIONAL DEVELOPMENT

This component improves the care and education of children by improving the educational levels and experiences of child care providers and teachers. The goal is to promote systems reform within post secondary education and to support the cross-discipline focus of Every Child Counts. In 2000-2001, with assistance from the Every Child Counts program, local community colleges increased the number of Early Childhood Education courses and instituted new and innovative programs for non-traditional ECE students. Community-based trainings increased as well, and 1500 Corps members received training on the Harms/Clifford Program Quality Rating Scale, a tool to assess the quality of the child care environment.



2001-2003 Proposed Implementation:

Conduct Orientation Seminars for approximately 1500 new Corps members.
Conduct Leadership Seminars for returning Corps members with an emphasis on strengthening child care and family relationships.

Continue sponsorship of “Fresh Air For Little Noses”, a tobacco education program organized and presented by the American Lung Association.

Continue Harms/Clifford Child Care Program Quality Assessment training and activities and add school age program trainings for Corps members.

Continue contracts with Community Colleges to help child care providers access services and to improve the ECE system.

Encourage and support community agencies and colleges to develop materials and expand training on cultural issues and on working with children with special needs.

Develop special training programs for license-exempt child care providers.

Plan and begin implementation of the Enhanced Mentor Program.

Enlist family child care provider input and increase professional development seminars for family child care providers.

CHILD CARE FUND

The Fund improves the quality of child care by supporting facility development through loans and grants, and by conducting business education for child care providers. It also promotes entrepreneurial activities and small business development to sustain, as well as increase, the supply of quality child care.

2001-2003 Proposed Implementation

Generate new funding partners.

Continue collaboration and integrated service delivery strategies with local, regional, statewide and national child care business/facilities development initiatives.

Develop and deliver business/facilities training (including scholarships).

Implement Facility Development Loan and Emergency Grant Programs.

Plan and organize Family Child Care Fair.

Develop policies and implement a Quality Assessment and Improvement Grant Program.

Coordinate with community colleges to adopt professional business practices into their ECE curriculum.

Develop training and technical assistance opportunities in multiple languages.

Develop a long-range plan for the Child Care Fund.

community grants

COMMUNITY GRANTS INITIATIVE 2000

EVERY CHILD COUNTS IS DEDICATED TO IMPROVING THE AREAS WHERE CHILDREN'S LIVES AND DEVELOPMENT ARE MOST AFFECTED. THE COMMUNITY GRANTS INITIATIVE 2000 WAS DESIGNED TO ENABLE THE VITAL PUBLIC AND COMMUNITY AGENCIES SERVING OUR COUNTY'S CHILDREN AND FAMILIES TO EXPAND AND/OR ENHANCE THEIR SERVICES, AND TO IMPROVE THEIR OWN INTERNAL CAPACITY TO PROVIDE MORE EFFECTIVE SERVICES.

Close to \$2.8 million was awarded to community and public agencies on the front lines of service delivery to children and families. Strengthening them strengthens families.

Every Child Counts recognizes Community Grant recipients as partners. In addition to funding, extensive technical assistance is provided on all aspects of the grant making relationship, from proposal development to reporting and accountability tracking. Recipients are further encouraged to build collaborations and relationships with other agencies in the community to promote service integration and to avoid duplication of services.



"(Every Child Counts funding)...has helped to leverage **funding** for programs and has put us in a position to build outstanding new community **partnerships.**"

- Grant Recipient, 2000

Community Grants Initiative 2001 – 2003

The Community Grants Initiative will continue. A total of \$7.7 million was allocated for the 2001 grant cycle. To contribute to the long term stability and expansion of programs for children 0 – 5 , both one- and two-year grants will be provided. Program priorities will continue to be refined through a process of input from staff, Commissioners and community partners. A principle area of refining will be in parenting services, using data from focus groups in early 2001. In addition, the grant making process will be informed by the newly established Parents Advisory Committee. Technical assistance to applicants and recipients in the areas of application and program development, program implementation, and accountability will continue.

"We are **reaching clients** that we would not have reached without the grant. We refer them to other services and teach parenting skills while providing their children with an **enriched environment.**"

- Grant Recipient, 2000

Spruce Up for Kids Day

The first annual Spruce Up for Kids Day was held in spring 2000. 72 mini-grants of up to \$5,000 were awarded to non-profit centers serving children for capital improvement and beautification projects. Examples include painting, planting new gardens, and improving playground areas. Total grants for the first cycle totaled \$250,000. All projects were implemented on February 19, 2000 and required a match by the recipient organization as well as the commitment of center volunteers to implement the project. The second annual Spruce Up for Kids Day was held on May 19, 2001. 121 groups received grants of up to \$3,000. Applications increased 55 percent from 2000 (78 to 128 total). Requests totaled \$311,000.

2002-2003 Proposed Implementation:

Continue Spruce Up for Kids Day

media & community outreach

PROGRAM OVERVIEW

IN 2000, THE GOAL OF THE MEDIA AND COMMUNITY OUTREACH COMPONENT OF EVERY CHILD COUNTS WAS TO CREATE PUBLIC AWARENESS AND TO ENGAGE PARENTS, CIVIC LEADERS, AND CHILD DEVELOPMENT EXPERTS.

MEDIA AND MARKETING STRATEGIES

General Public Awareness Campaigns:

Promote Every Child Counts programs, services, and events through regular media releases, feature stories, on-air and pre-recorded presentations and public service announcements.

Inform news directors, public affairs directors, and health and education reporters on current child care issues. Position the staff and community partners of Every Child Counts as identified resources and experts.

2001-2003 Proposed Implementation:

Work with local electronic and print media outlets to cover stories on parenting, school readiness, and early childhood development.

Expand the content of our newsletters and website.

Create an Editorial Network of writers and experts to create articles for the print media and for our website.

Promote home visitation services to pregnant women and teens through on-air public affairs programs.

Work with the Diversity Task Force and local ethnic and cultural community groups to ensure promotional materials, outreach and media strategies, and the general work of Every Child Counts include activities sensitive to the county's diversity.

Continue to host and coordinate collaborative activities with other county commissions at the Bay Area Media Roundtable and pursue regional media collaboration and marketing of programs and services.

COMMUNITY OUTREACH STRATEGIES

2001-2003 Proposed Implementation:

Conduct parent focus groups to gather information and solicit interest in the Parent Advisory Group.

Create a volunteer or internship program to perform direct outreach activities for the promotion of Every Child Counts at local community events and conferences.

Develop a Speaking Engagement Calendar and Roster of formal and informal speakers (experts, program recipients, providers, parents) and provide appropriate training opportunities.

Coordinate informational presentations to a wide variety of groups.

Use guidelines from the State Commission communications department to design an outreach plan.

Link Every Child Counts and the business community to expand program awareness and to explore the opportunity for worksite parenting classes.

Collaborate with other public agencies and non-profit organizations to explore strategies for co-operative promotional opportunities.

accountability & evaluation

PROGRAM OVERVIEW

THE ACCOUNTABILITY AND EVALUATION COMPONENT OF EVERY CHILD COUNTS REFLECTS OUR COMMITMENT TO A CROSS-DISCIPLINARY AND INTEGRATED APPROACH TO IMPROVING THE LIVES OF CHILDREN 0 - 5 AND THEIR FAMILIES. IT IS DERIVED FROM THE STRATEGIES, SERVICES AND PROGRAMS DEVELOPED TO ACHIEVE EACH OF OUR FOUR GOALS AND REFLECTS THE INTER-DEPENDENCE OF THOSE ELEMENTS.

The Accountability Framework serves three major functions:

- Creates a single unified framework that reflects program goals, outcomes, and our commitment to systems change
- Clearly states the desired results of Every Child Counts and the strategies employed to achieve them
- Ensures accountability of our partners, contractors and grantees

CONFIDENTIALITY AND PRIVACY

Every Child Counts protects the confidentiality and privacy of the families we serve while collecting individually identifiable information to monitor services and generate outcomes and results data. To that end, a confidentiality policy was developed which has become a model for the state. The policy is stated in our Confidentiality Brochure, which is distributed to all families receiving home visiting services.

2001-2003 Proposed Implementation:

- Provide on-going confidentiality trainings for all family support providers and agencies, ECE participants, and grant recipients.
- Monitor the Health Insurance Portability and Accountability Act (HIPAA) status and incorporate HIPAA security standards into ECChange (Every Child Counts Change - the integrated data system).
- Develop MOU's (Memoranda of Understanding) with partner and contracting agencies to share data.

QUANTITATIVE ACCOUNTABILITY FRAMEWORK

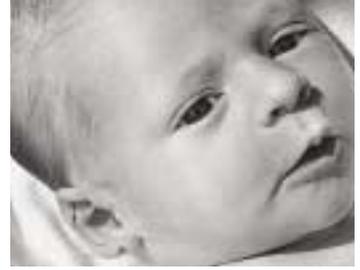
The accountability framework drafted for the first strategic plan has been extensively revised. A cross-agency workgroup, including many community and government partners, reviewed and refined the indicators and performance measures. The following is a summary of our outcomes and indicators. Please see our website, www.ackids.org, for the detailed framework.

2001-2003 Proposed Implementation:

- Work with state and local agencies to incorporate school-readiness indicators. Pilot methods of evaluating school readiness strategies.
- Develop accountability framework for Another Road to Safety and other new initiatives.
- Develop a baseline initial accountability report for The Alameda Children & Families Commission (ACFC), the State Commission, stakeholders and the community.
- Refine and adjust the framework to match changes and additions to each program component.
- Develop the second annual report.

COMMUNITY GRANTS ACCOUNTABILITY FRAMEWORK

Accountability for the Community Grants Initiative is designed to integrate results from the work of community grantees into the overall Every Child Counts accountability framework and to build community capacity to report outcomes.



2001-2003 Proposed Implementation:

Community grantees will be required to develop outcomes and indicators specific to their proposal, collect relevant data and report on outcomes.

An evaluation specialist will provide results-based accountability workshops and technical assistance throughout the funding cycle.

QUALITATIVE EVALUATION

2001-2003 Proposed Implementation:

Survey and interview families receiving family support services.

Issue an RFP/Q (Request for Proposal/Qualifications) for an outside evaluation of our systems integration component.

Participate in provider and parent focus groups to identify community needs and evaluate school readiness programs.

2002-2003 Proposed Implementation:

Assess the family surveys and interviews completed in 2001-2002 and determine repetition (annually or at other intervals).

Implement the systems reform evaluation plan.

TECHNICAL INFRASTRUCTURE AND SUPPORT

2001-2003 Proposed Implementation:

Implementation of ECChange will occur. The secure web-based ECChange is a cross-agency integrated information system that informs our accountability framework and provides a case management tool for Every Child Counts contractors.

Phase 1:

Electronic enrollment and referrals to Family Support Service Providers

Family Support data collection in the field using a mini laptop

Minimum set of standard reports

Phase 2:

Integrate additional family support service providers

Integrate CARES data system

Integrate additional county and state data systems

Develop a robust reporting system to inform the accountability framework and monitor contracts

Select and contract with external support and maintenance service provider

Phase 3:

Integrate time study module developed by Alameda County to support fiscal leveraging plan

Design, build and implement the ARS data collection module

Explore integration of Health-e-App, the automated Healthy Families Application System in partnership with Alameda County

Explore integration of community prenatal and pediatric providers

Explore integrating a web-based community grants application, tracking and reporting system

PROGRAM OVERVIEW

IN OCTOBER 2000, ACCFC APPROVED A FISCAL LEVERAGING PLAN DESIGNED TO DRAW DOWN STATE AND FEDERAL FUNDS FOR VARIOUS PROGRAMS AND SERVICES. IT IS AVAILABLE IN FULL AT OUR WEBSITE: WWW.ACKIDS.ORG. THE PLAN MAXIMIZES RESOURCES TO ENABLE EVERY CHILD COUNTS TO BRING PROGRAMS MORE FULLY TO SCALE. THE ACCFC PLAN HAS BEEN USED AS THE FOUNDATION FOR DEVELOPING A STATE MANUAL ON FISCAL LEVERAGING FOR ALL COUNTIES.

WE RECOGNIZE AND HOPE THAT THE TOBACCO TAX WILL DECLINE AS LESS PEOPLE SMOKE. THUS, IT IS IMPERATIVE THAT WE PLAN FOR THE NEED TO SUPPLEMENT THE TOBACCO TAX REVENUE THROUGH INVESTMENT, GRANTS, AND OTHER METHODS OF FISCAL LEVERAGING. AS EVERY CHILD COUNTS SERVICES EXPAND TO SERVE MORE CHILDREN AND FAMILIES, ADDITIONAL FUNDS WILL BE NECESSARY. TO MAINTAIN EXISTING SERVICES AND EXPAND THEM IN THE FUTURE, WE HAVE INITIATED A SOUND AND FISCALLY CONSERVATIVE INVESTMENT STRATEGY BY CREATING A SUSTAINABILITY FUND AND ARE AGGRESSIVELY SEEKING OTHER AVAILABLE FOUNDATION AND GOVERNMENT FUNDING.

Implementation has begun in the areas of Medi-Cal Administrative Activities and Targeted Case Management, two Medi-Cal related funding sources. Work groups are dealing with implementation issues in the areas of CHDP EPSDT (early prevention and access to services), Title 4-E (at-risk of foster care) and Mental Health and Substance Abuse (through Behavioral Health Care Services) funding sources.

2001-2002 Proposed Implementation:

The full implementation of the plan will require systems reform at various levels, including:

- Negotiation at the state level for a state plan amendment for home visiting.

- Negotiation for Every Child Counts to become a part of the Public Health CHDP EPSDT (Early Periodic Screening and Developmental Testing) claim plan by way of a pilot project plan amendment.

- Incorporation of a IV-E waiver into the Alameda County Interagency Children’s Policy Council Annual Plan to allow community based organizations to provide and bill for case management that keeps children out of the foster care system.

budget

REVENUES	2001-02	2002-03
Prop 10 Tobacco Tax	\$20,625,140	\$20,625,140
Other Revenues	\$9,945,131	\$11,825,403
total	\$30,570,271	\$32,450,543
EXPENDITURES	2001-02	2002-03
Family Support Services	\$11,230,150	\$12,156,042
Early Childhood Education	\$9,161,183	\$9,501,199
Grants & Support Strategies	\$4,721,843	\$6,229,033
Evaluation & Technology	\$2,815,329	\$1,897,626
Administration	\$641,766	\$666,643
Children's Sustainability	\$2,000,000	\$2,000,000
total	\$30,570,271	\$32,450,543





accountability framework

The following is a summary of our outcomes and indicators. To see our detailed accountability matrix, please check the www.ackids.org website.

GOAL 1: SUPPORT OPTIMAL PARENTING, SOCIAL AND EMOTIONAL HEALTH, AND ECONOMIC SELF-SUFFICIENCY OF FAMILIES

OUTCOME 1A: REDUCTION IN CHILD ABUSE AND NEGLECT IN FAMILIES RECEIVING EVERY CHILD COUNTS FAMILY SUPPORT SERVICES

Indicators

1. Proportion of agencies funded to provide parenting classes and support groups
2. Proportion of children with intentional injuries
3. Proportion of children in foster care
4. Proportion of children with open Child Protective Services cases
5. Proportion of families receiving ARS, plus 10 or intensive family support services who have opened child abuse cases during the reporting period
6. Proportion of children receiving ARS, plus 10 or intensive family support services who were placed in foster care
7. Number of parents screened positive for depression during the reporting year

OUTCOME 1B: ENHANCE ECONOMIC SELF-SUFFICIENCY AMONG FAMILIES

Indicators:

1. Proportion of families above 200% of poverty
2. Proportion of families receiving CAL Works assistance
3. Proportion of pregnant/parenting teens who remain in school during the reporting period

GOAL 2: IMPROVE THE DEVELOPMENT AND SCHOOL READINESS OF YOUNG CHILDREN FROM BIRTH TO AGE FIVE

OUTCOME 2A: IMPROVED CHILD SOCIAL AND EMOTIONAL WELL-BEING

Indicators:

1. Proportion of early childhood educators capable of screening child behavioral health
2. Proportion of children needing behavioral health assessments
3. Number of times children change foster care placement

OUTCOME 2B: IMPROVED ACCESS TO HIGH QUALITY CHILDCARE

Indicators:

1. Proportion of credentialed childcare development corps members
2. Proportion of childcare development corps members who complete professional growth requirements during the reporting year
3. Proportion of childcare settings reviewed with a formal quality assessment tool
4. Proportion of child care sites with improved or enhanced physical environments



OUTCOME 2C: IMPROVED SCHOOL READINESS

Indicators:

1. School attendance
2. Proportion of children who successfully matriculated to second grade
3. Proportion of children three years and older who are read to daily
4. Proportion of children receiving Special Start, ARS or intensive family support services who receive developmental screening/assessments
5. Proportion of children having IEPs at the end of second grade

GOAL 3: IMPROVE THE OVERALL PHYSICAL AND MENTAL HEALTH OF YOUNG CHILDREN

OUTCOME 3A: INCREASE ACCESS TO EARLY AND COMPREHENSIVE PERINATAL CARE TO PREGNANT WOMEN AND TEENS

Indicators:

1. Proportion of pregnant women and teens who received adequate prenatal care
2. Proportion of pregnant women and teens who delivered babies with a birth weight <2500 gms during the reporting year
3. Proportion of women and teens who delivered during the reporting year who are breastfeeding at the first home visit
4. Proportion of women and teens receiving intensive family support services who breastfeed
<=1month, <=6months, <=12months
5. Proportion of mothers with pregnancy intervals of 2 years or more receiving intensive family support services
6. Proportion of improved outcomes for subsequent pregnancies of mothers receiving intensive family support services

OUTCOME 3B: INCREASE THE PROPORTION OF CHILDREN WHO RECEIVE WELL CHILD AND DENTAL CARE FROM A PRIMARY PROVIDER

Indicators:

1. Proportion of children 2 months and older with health insurance
2. Proportion of children who have an identified primary pediatric provider
3. Children with appropriate number of well child visits per age
4. Proportion of children who are fully immunized
5. Proportion of children three years and older who received an annual dental exam
6. Proportion of children with baby bottle dental disease at age 2 years or less whose families are receiving intensive family support services

OUTCOME 3C: REDUCE THE PROPORTION OF CHILDREN WITH SELECTED UNINTENTIONAL INJURIES

Indicator:

1. Proportion of children with selected unintentional injuries

OUTCOME 3D: REDUCE PRENATAL AND EARLY CHILDHOOD EXPOSURE TO ALCOHOL, TOBACCO AND OTHER HARMFUL SUBSTANCES

Indicators:

1. Proportion of infants and children exposed to second hand smoke
2. Proportion of pregnant women and teens who smoke
3. Proportion of women and teens who had a positive screen for alcohol or drugs at delivery



OUTCOME 3E: REDUCE PREVENTABLE HOSPITALIZATIONS OF CHILDREN

Indicators:

1. Proportion of hospitalizations and emergency room visits for asthma
2. Proportion of preventable ACS hospitalizations (other than asthma)

OUTCOME 3F: REDUCE POST NEONATAL AND CHILD MORTALITY

Indicator:

1. Number of post-neonatal and child deaths

GOAL 4: CREATE AN INTEGRATED, COORDINATED SYSTEM OF CARE THAT MAXIMIZES EXISTING RESOURCES & MINIMIZES DUPLICATION OF SERVICES

OUTCOME 4A: COMPREHENSIVE INTEGRATED SYSTEM OF PREVENTION SERVICES FOR FAMILIES

Indicators:

1. A common set of results, indicators and performance indicators across participating Every Child Counts agencies
2. A plan for sharing resources and implementing leveraged, blended funding
3. Implementation of ECChange, an integrated information system to track and monitor Every Child Counts intervention strategies across agencies and inform evaluation efforts
4. Implementation of on-going training and consultation to assure quality services for families and children 0-5 years
5. Increased community capacity to support families and children 0-5 years
6. A plan for coordinated county services
7. Implementation of collaborative strategies that facilitate integrated systems reform
8. A Plan for Another Road to Safety with Behavioral Health, Social Services, Community Agencies in Eastmont and Harder-Tennyson



every child counts



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