



**FIRST 5 ALAMEDA COUNTY
EVERY CHILD COUNTS**
2005-2009 Strategic Plan
May 26, 2005

vision

All children in Alameda County will have the opportunity for optimal health and well-being by promoting quality care and relationships at home, in child care and in the community.

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

1. Support optimal parenting, social and emotional health and economic self-sufficiency of families
2. Facilitate the development, behavioral health and school readiness of young children
3. Improve the overall health of young children
4. Create an integrated, coordinated system of care that maximizes existing resources and minimizes duplication of services

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overview

WHO WE ARE

Every Child Counts, funded by First 5 California through revenue from 1998 Proposition 10 tobacco tax revenue, works to ensure that every child reaches his or her developmental potential. Every Child Counts focuses exclusively on children and families from prenatal to age five years and their families.

Every Child Counts is designed to support young children at home, in child care, and in the community. Our programs promote system changes and improve early childhood development through family support, parent education, child care and health care services.

GUIDING PRINCIPLES

To serve our community with all its diverse needs, Every Child Counts relies on strategies that are creative, innovative and build on several guiding principles.

BEST PRACTICES

Best Practices are models and approaches that have demonstrated effectiveness through research and replication.

- Cross-discipline approaches to support the development, health, education and psycho-social needs of young children and families
- Family-focused strategies that meet the complex needs of children and those who care for them
- Accountability to measure the impact and performance of all of our programs

SYSTEMS CHANGE

To promote lasting changes in Alameda County, we focus our work on enhancing existing systems to incorporate best practices and to support sustainability of effective approaches.

- Training to disseminate best practices and increase capacity at the provider, agency and systems level
- Systems integration by linking family support services, early child care and education services, community grants and other community resources to avoid duplication and maximize resources
- Capacity building of agencies serving children 0 to 5 and their families
- Sustainability to ensure that our vision will continue as the tobacco tax revenue declines

DIVERSITY

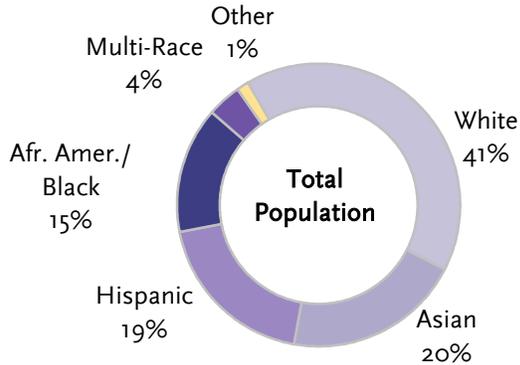
Alameda County's children and families represent a wealth of ethnic, cultural, linguistic, economic and geographic diversity as well as diverse strengths and challenges around health, development and well-being. Every Child Counts honors and respects the diversity of families we serve through:

- Training and promotion on issues of diversity for all providers
- Linguistic, cultural and disability supports to enhance access to services
- Coordination of services for linguistic and disability needs within our community

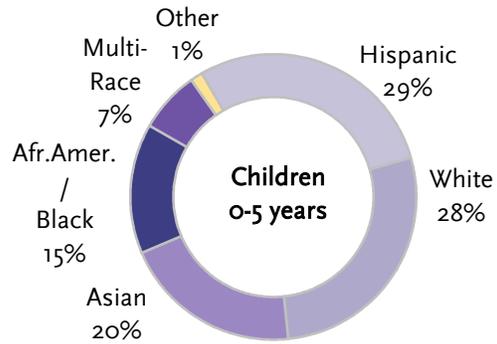
WHO WE SERVE

The charts below highlight basic demographics of the children under 5 years in Alameda County. More detailed information on the needs of families with children 0 to 5 is included in subsequent sections. In 2000, 98,378 children under age five years lived in Alameda County; 55% lived in the cities of Oakland, Fremont and Hayward.

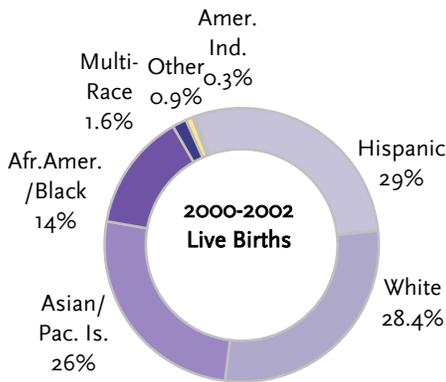
Total Population of Alameda County: 1,443,741*



Total Population of Children 0 to 5 years: 98,378*



2000-2002 Live Births to Alameda County Residents**



average annual # of births = 21,981

Zero to Five Population by City (2000 Census)

City	Frequency	Percent
Oakland	28,292	29%
Fremont	15,137	15%
Hayward	11,011	11%
Livermore	5,650	6%
Unincorporated	4,612	5%
San Leandro	5,032	5%
Union City	4,870	5%
Pleasanton	4,359	4%
Berkeley	4,109	4%
Alameda	4,057	4%
Castro Valley	3,266	3%
Newark	3,062	3%
Dublin	1,758	2%
San Lorenzo	1,336	1%
Albany	988	1%
Piedmont	582	1%
Emeryville	257	0.3%
Total Zero to Five Population	98,378	100.0%

* 2000 census
 ** Alameda County Public Health Department Vital Statistics

community assessment

The community assessment for Strategic Plan 2005-09 began in 2003, initiated by anticipated changes to the Child Development Corps and the need to determine priorities for the 2005-07 Community Grants Initiative cycle. County agencies, community partners, grantees and contractors and Every Child Counts evaluation efforts served as rich sources of information on community needs and assets. In addition, web-based surveys targeting parents in the community, a telephone survey of families who received services and numerous focus groups held with the child care community and monolingual parents and providers who serve them helped to shape the direction of this strategic plan. Below is a list of activities conducted to solicit feedback about Every Child Counts programs and identify needs and assets of the community we serve. For a summary of our findings, please see the Appendix.

Community and Partner Strategic Planning Input

Early Care and Education Forums with:

- Family Child Care Providers
- Center Directors and Staff
- Colleges, Resource and Referral Agencies and Experts
- Workforce Task Group

Focus Groups among:

- Monolingual parents
- Providers serving monolingual families
- Spanish-speaking monolingual parents of children with special needs
- Summer Pre-K Camp parents and teachers

Advisory Committees such as:

- Alameda County Child Care Planning Council
- Parent Advisory Committee
- Pediatric Advisory Committee
- Child Care Fund Advisory Committee

Web-based surveys of:

- Community Grants Initiative Contractors and Grantee
- Childhood Matters listeners
- Training Connections
- Systems Change

Grantees & Contractors Feedback, Reports and Data

Every Child Counts Contractor reports and meetings

Community Grant Recipient Reports and Surveys

Mental Health Partnership Survey, follow-up survey and focus groups

School Readiness Partnership Reports

Public participation during Commission Meetings

Every Child Counts Data Review & Evaluation

Alameda County Maternal Child Adolescent Health needs assessment planning sessions for their 5-year MCAH Strategic Plan

Review of county health and education statistics

Client Satisfaction Telephone Surveys of family support services families in 2000, 2002 and 2004

2000 to 2004 Every Child Counts Annual Reports

Hospital Outreach Coordinator Telephone Survey of clients who did not receive home visits

“Changing Systems: Assessing the Impact of Every Child Counts”, Serena Clayton, Ph.D., Public Health Institute

Child Care Fund Evaluation Report, LaFrance Associates

University of North Carolina-UCLA Partnerships for Inclusion Study

“California Child Care Workforce Study”, Marcy Whitebook, et al

Survey of non-returning Child Development Corps members

Monitoring of advocacy forums

- Political Trends
- Policy Directions
- First 5 Association Activities

First 5 Evaluators Workgroup

Research groups studying “Differential Response” to child abuse and neglect calls, e.g. California Child Welfare Redesign Breakthrough Series, Child Welfare League of America, UC Berkeley School of Social Work

Every Child Counts Internal Planning

Input from all of the above and review of outcome and performance data were analyzed throughout the last two years. Activities included:

Internal Strategic Planning sessions

- The development of a 10-Year Financial Plan based on anticipated declining tobacco tax revenue
- Directors workgroup
- Directors/Managers retreat
- Program Committee presentations

Every Child Counts Program Managers’ quality assurance monitoring / staff feedback

children at home

FAMILY SUPPORT SERVICES

Research suggests that strong families are critical for children's development. To create a safe and nurturing environment for children, Family Support Services (FSS) provides families with information, education, home-based intervention and early identification of children at risk for developmental delay. FSS participates in community collaborations to address prenatal care systems issues and offers a range of services for families with children 0 to 5 years, including: Prenatal and Postpartum Services, Intensive Family Support, Infant and Early Childhood Mental Health, Child Development Screening in Pediatric practices (Child Find), Mental Health and School Readiness (see Children in the Community section). FSS utilizes a family-centered, relationship-based model.

PRENATAL OUTREACH AND COMMUNITY LINKAGES

Pregnancy provides an opportunity to inform families on the needs of newborns and young children and to help families anticipate the challenges and joys they will face. ECC will continue to widely distribute the State funded Parents Kits which discuss attachment, bonding, safety and child development among many other topics. According to a state evaluation these kits are most effective when given to families during pregnancy. ECC will continue to collaborate with community-based prenatal programs serving high risk pregnant women and high risk families.

2005 – 2009 Prenatal Outreach and Community Linkages Implementation

Continue collaboration with Alameda County Perinatal Substance Abuse service providers and program coordinators to expand services to high-risk pregnant women. The goal of this coalition is to bridge the gaps between mental health clinicians and substance abuse counselors to maximize services to the substance-using population.

Continue prenatal enrollment in the Postpartum Home Visiting program to meet the needs of limited English-proficiency population at Asian Health Services

Continue collaboration with public health programs that provide prenatal case management, e.g., Improved Pregnancy Outcomes Program (IPOP) and Black Infant Health (BIH), and explore blended funding to enhance mental health and child development services for these programs

Continue prenatal distribution of the Kit for New Parents and expand distribution to the Asian population

POSTPARTUM SERVICES

Every Child Counts offers postpartum home visits to first time and high-risk families of newborns at Alta Bates Summit Medical Center. Postpartum Home Visits are offered universally to new families at Alameda County Medical Center (Highland Hospital). ECC funds home visits and are provided by Alameda County and City of Berkeley Public Health Nurses. Bilingual Hospital Outreach Coordinators (HOCs) are stationed at the hospitals to offer services and enroll families.

2005 – 2009 Postpartum Services Implementation

Continue to offer home visits to first-time and high-risk parents giving birth at Alta Bates Summit Medical Center and at Alameda County Medical Center.

Continue to distribute the Kits for New Parents to WIC sites, child care centers, homeless shelters, drug treatment programs and community providers.

Explore a collaborative relationship with Alameda County Women, Infants and Children program (WIC)

Explore providing lactation support to new mothers in the hospital setting

Develop a collaborative plan with Asian community providers to distribute the Kit for New Parents in Asian languages.

INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

High-risk populations that receive Intensive Family Support are: families with medically fragile infants who have been hospitalized in a Neonatal Intensive Care Unit (NICU); pregnant and parenting teens; and children at risk for abuse and neglect whose families have been referred to Emergency Response Units. The programs provide health, developmental and psychosocial support for children and families and provide early identification of children with special needs. Intensive Family Support Services (IFSS) include: relationship-based comprehensive case management, specialty provider consultation and appropriate assessments and referrals.

Special Start

Special Start is a joint project of Children's Hospital & Research Center at Oakland (CHRCO) and the Alameda County Public Health Department Family Health Services Division. Special Start provides intensive support services for up to 3 years for families with medically fragile infants who also face high levels of social stress. Referrals come directly from Neonatal Intensive Care Units at Alta Bates and Children's Hospital & Research Center at Oakland.

Pregnant and Parenting Teens

The Perinatal Council and Tiburcio Vasquez Health Center provide home-based case management services to teen parents and their children. Every Child Counts funds the child development and mental health components of their existing Cal LEARN and Adolescent Family Life Programs and reduces their client-to-case manager ratio.

Another Road to Safety Program (ARS)

Another Road to Safety (ARS) is a collaboration that includes Every Child Counts, community providers and the Alameda County Social Services Agency. It serves families who are referred to the Emergency Response Unit, but do not meet the legal mandate for receiving child protective services. La Familia serves families in South Hayward and Family Support Services of the Bay Area provides similar services to families in the Eastmont community of East Oakland. Each agency can serve up to 100 families for a period of 9 months.

2005 – 2009 Intensive Family Support Services Implementation

Continue Special Start services at reduced funding for families whose infants are discharged from Neonatal Intensive Care Units. Provide up to 13 home visits to families with newborns discharged from the NICU who do *not* meet the risk criteria for Intensive Family Support, but need transitional services to the Regional Center of the East Bay and other programs for children with special needs

Continue The Perinatal Council and Tiburcio Vasquez Health Center pregnant and parenting teen service programs at reduced funding

Continue to contract with Family Support Services of the Bay Area and La Familia Counseling Center to provide ARS services for up to 200 families in East Oakland and South Hayward. Offer services for 9 months with an option to extend for an additional 3 months based on high-risk status. Provide additional training and support to address the high incidence of secondhand smoke exposure, lack of dental care and asthma resources.

Consult with Alameda County Social Services Agency to expand ARS to other high-risk neighborhoods.

SPECIALTY PROVIDER TEAM

The Specialty Provider Team offers consultation to all Family Support Service providers and limited direct services to families for lactation, child development, early childhood mental health and other mental health issues. In addition, SPT provides consultation to other Every Child Counts programs: the Quality Improvement Initiative (QII), Mental Health Partnership Grants, Partners in Collaboration (PIC), Summer Pre-K Camps.

2005 – 2009 Specialty Provider Team Implementation

Continue to provide comprehensive assessments of families referred to the SPT.

Continue to provide mental health services including: referrals, case management and treatment to a select number of Every Child Counts clients.

Continue to provide developmental and mental health consultation to Intensive Family Support Services providers and public health nurses.

Continue to provide lactation support to mothers who are offered postpartum home visits by Hospital Outreach Coordinators.

Continue to address best practice approaches through enhanced Contractor trainings, technical assistance, joint home visits and multidisciplinary team meetings.

Collaborate with community mental health EPSDT providers to refer children and families needing mental health services.

children in child care

EARLY CARE AND EDUCATION

Components of high-quality early care and education programs include a stable, well-prepared and appropriately compensated workforce, safe physical environments and a comprehensive cross-disciplinary approach to early care and education. The Early Care and Education (ECE) program incorporates several strategies to improve quality and expand services including: the Child Development Corps, the Child Care Fund and the Enhanced Mentor Program. ECE works closely with the School Readiness Initiative and focuses on developing an infrastructure for Preschool for All.

CHILD DEVELOPMENT CORPS

The Child Development Corps (Corps) is a professional incentive program designed to help retain qualified early care and education staff and providers. The program is funded by Every Child Counts, First 5 California matching dollars and AB 212. The Corps includes stipends and educational supports for early care and education professionals. The Corps seeks to raise the quality of early care and education while promoting the long-range goal of improving the system of compensation and professional preparation for all early care and education practitioners. The recommendations below are based on four years of experience that indicates the need to partner monetary incentives with stronger professional development systems reform.

2005-2009 Corps Implementation

- Continue stipends for providers who are working toward their AA degree (Level 1)
- Continue leadership development programs for ECE providers who have an AA Degree or higher; explore ways to support local development of the Association for the Education of Young Children (East Bay AEYC)
- Develop training resources to target family child care providers, license-exempt providers and providers who are English language learners
- Increase trainings on how to better serve children with special needs
- Develop and initiate scholarship programs for college and graduate level ECE professional education
- Collaborate with local and statewide advocacy organizations around compensation and quality issues

CHILD CARE FUND

The Child Care Fund supports early care and education facility development and program improvements through loans, grants and technical assistance. The Fund's programs includes the Quality Improvement Initiative Program (QII), which offers both family child care homes and child care centers assessment services, technical assistance and grants for quality improvements. The Fund's Family Child Care Fair hosts workshops on issues of relevance to these providers and awards mini-stipends for family child care providers. The Fund also provides Facility Grants up to \$50,000 to address child care facility needs. To sustain these investments, the Fund promotes business education and technical assistance for ECE providers.

2005-2009 Child Care Fund Implementation

Continue to participate in a national quality improvement research project, Partnerships for Inclusion led by the University of North Carolina

Continue to promote business education for ECE practitioners in local community colleges

Continue the Family Child Care Fair.

Continue the Quality Improvement Initiative (QII) and expand collaboration with Every Child Counts Enhanced Mentor, School Readiness and Family Support Programs to promote mental health and kindergarten readiness for children and parents

Assess facility development needs in Alameda County in preparation for Preschool for All development

Contract with the Low Income Investment Fund (LIIF) for administration of Capital Grants and Recoverable Grants for facility development

Coordinate links with statewide financing systems such as Affordable Buildings for Children's Development (ABCD) that provide funds for facility improvements

ENHANCED MENTOR PROGRAM

The Enhanced Mentor Program is a collaboration between the California Early Childhood Mentor Program and Every Child Counts. Both programs provide intensive training for experienced teachers and directors to help them support and model best practices for less experienced colleagues.

The Every Director Counts pilot program was initiated in 2004 to develop and increase leadership and management capacity of Early Care and Education Center Directors through an intensive 18-month education and mentoring experience.

Partners in Collaboration (PIC) is a pilot that was initiated with Family Support Services to train mental health consultants and mentors to partner in providing integrated consultation services to child care sites.

2005-2009 Enhanced Mentor Implementation

Continue to offer mentoring services to child care providers, support the Alameda Regional Mentor Program and provide professional development opportunities to Mentors

Continue to integrate mentoring services with the Child Development Corps and Child Care Fund to provide specialized mentoring experiences

Continue to collaborate with Family Support Services to integrate and increase cross-disciplinary training opportunities

Assess the results of the evaluation of Every Director Counts for replication

Complete the evaluation of the Partners In Collaboration (PIC) pilot to determine whether to expand the program

Develop expertise in the Enhanced Mentor Program to support providers serving children with special needs

Explore potential leveraging opportunities with the Alameda Regional Mentor and California Mentor Programs

Implement a focused training series on best practices in early childhood for mentors

COMMUNITY PROFESSIONAL DEVELOPMENT

To facilitate an integrated system for early care and education, Every Child Counts contracts with four community colleges with Child Development Departments and the county's three Child Care Resource and Referral (R&R) agencies. These agencies assess educational needs, identify barriers to education and develop solutions. The contracting agencies and other post-secondary and community-based institutions play a vital role in promoting our systems change agenda.

2005-2009 Community Professional Development Implementation

Continue contracts with community colleges and community-based Resource and Referral Agencies to improve professional development for early care and education providers

Continue participation with Alameda County Child Care Planning Council Committee on Children with Special Needs

Continue advocacy on early care and education and school readiness legislative issues

Continue working with Mills College, a local private institution, to develop a BA program in ECE for teachers and providers currently in the workforce

Continue advising on the development of an Interdisciplinary Masters degree in Early Childhood Studies at UC Berkeley and explore the development of a similar program at a local California State University campus

Increase access to trainings on and technical assistance for serving children with special needs and their families

Assist in developing a minor in Early Childhood Studies at UC Berkeley to encourage BA graduates to work in early care and education with a cross-disciplinary approach

Promote additional courses at the community college level that are taught in second languages; explore development of educational support for English Language Learners who need General Education courses for their Child Development Permit

Facilitate the development of programs to assist students who are working toward their AA degree (e.g.; literacy development, tutoring, etc.)

Work with community colleges and state-subsidized programs to incorporate best practice trainings such as: children with special needs, Desired Results, cultural competency

Develop and implement a support program for personnel who provide training to ECE professionals in Alameda County

PRESCHOOL FOR ALL (PFA)

Preschool for All would assure that all children in California regardless of income, have access to a licensed child development environment for one to two years before they enter kindergarten. Preschool is intended to help prepare children and their families to succeed in elementary school and can include a wide range of curricula and approaches. Children are currently served in Head Start, private preschools, subsidized preschools, child development centers and family child care.

2005-2009 Preschool for All Implementation

Continue developing the infrastructure and workforce necessary for a PFA system

Conduct a local needs assessment for PFA within the broad spectrum of early care and education for children 0 to 5 years, including those who need full-day programs

Conduct research on best practices, funding streams and existing PFA models

Advise the First 5 California Blue Ribbon Professional Development Commission for PFA standards

children in the community

In collaboration with all of our partners, Every Child Counts strives to create a child- friendly community in Alameda County - a community where children and families can participate in creative activities, where community supports exist for families in need and parents have the information to help their children become ready for school. Other Every Child Counts community-based strategies include our community grants program, school readiness activities such as our Pre-Kindergarten Summer Camps and literacy efforts, training of infant and early childhood mental health providers, child development screening and training, increasing access to health insurance and wide distribution of the state-funded parents kits. Several community advisory committees serve to inform Every Child Counts about community needs and to provide direction for our programs.

COMMUNITY GRANTS INITIATIVE

The Community Grants Initiative provides funding for community-based and public agencies to expand and/or enhance services to families with children 0 to 5 years and to improve agency capacity to provide effective services. In addition to funding, the Community Grants Initiative provides extensive technical assistance and training on all aspects of the grant making process, including proposal development, meeting accountability requirements and reporting outcomes and performance measures. Grant recipients are encouraged to build collaborative relationships with other agencies in the community to promote service integration and avoid duplication of services.

2005-2009 Community Grants Initiative Implementation

Continue to award two year grants to community-based and public agencies.

Continue to support the partnership grants program to promote best practices and service integration among community agencies.

2005 – 2007 Community Grants Initiative Implementation

Funding priorities for 2005-07 have already been determined. The Community Grants Initiative will award two-year grants to approximately 32 agencies. Funding priorities include:

Community Activities for Families with Children 0 to 5

Activities for families with young children that support parent-child interaction and school readiness of children 0 to 5. Proposals that increase access to low-cost developmentally appropriate activities focusing on art, culture, science, physical activity and music are sought to promote a child-friendly community, encourage interactive time for families and contribute to community supports.

Innovative / Unmet Needs

This broad priority area is intended to solicit grant proposals that creatively address unmet needs in the community such as: support to new immigrants and monolingual families, domestic violence in families with children 0 to 5, parent support, children with special needs and their families, health care, mental health and school readiness.

2005-2009 Community Grants Initiative Implementation , continued

Mental Health Partnership Grant

Continue to award Mental Health Partnership grants to agencies that commit to participating in an intensive training program, partnering with Every Child Counts Behavioral Health Care Services and fellow grantees to implement mental health service best practices for early care and education programs including family child care.

Parent/Child Developmental Playgroup Partnership

Pilot a new parent/child developmental playgroup partnership grant that targets children 0 to 5 years who demonstrate developmental delay or risk in speech and language/communication and who do not meet eligibility criteria for Regional Center of the East Bay or Special Education preschool services. Developmental playgroups are a “best practices” early intervention strategy for children at risk for developmental delay.

2007 – 2009 Community Grants Implementation

Priorities for the second two-year cycle will be established in 2006.

INFANT AND EARLY CHILDHOOD MENTAL HEALTH

There is increasing awareness of the need for infant and early childhood mental health services. Family Support Services has several strategies to facilitate the development of an infant and early childhood mental system that meets the complex needs of families with young children. These strategies include: funding and technical support to the Infant and Early Childhood Mental Health Training Seminar, providing support and technical assistance to develop an early childhood mental health consultation program for child care providers and collaboration with Behavioral Health Care to develop a mental health system of care for children 0–5 years, including the expansion of EPSDT.

2005-2009 Infant and Early Childhood Mental Health Implementation

Continue the development of an Alameda County Early Childhood Mental Health System in collaboration with the Behavioral Health Care Services Agency

Continue the Infant Mental Health training seminar to expand the pool of clinicians with expertise in serving the 0 – 5 population

Continue to collaborate with the Regional Center of the East Bay and Special Education Systems to identify eligible children

Partner with Behavioral Health Care Services Early Childhood Consultation and Treatment Program to provide training, technical assistance and clinical case seminars for the Every Child Counts Mental Health Partnership Grants

Explore integrations of the Partners in Collaboration (PIC) with the Enhanced Mentor Program as a lab training opportunity. See page 13.

Explore the facilitation, screening, triaging and referral of mental health clients to EPSDT community providers

SCHOOL READINESS

All Every Child Counts programs contribute to the school readiness of young children. The School Readiness Initiative targets communities that have elementary schools with low Academic Performance Index (API) scores. These communities include: East Oakland, West Oakland, Lower San Antonio, Hayward and San Leandro/San Lorenzo. Programs primarily serve children in the targeted neighborhoods who are not in preschool or who have not had formal childcare experience prior to entering Kindergarten. In addition, the initiative provides training and technical assistance to school districts and community-based organizations throughout Alameda County.

2005-2009 School Readiness Implementation

Continue and expand the Summer Pre-K Camps within the targeted neighborhoods. Family Support Services will continue to provide mental health and child development consultation and services to children attending Summer Pre-K Camp.

Collaborate with school districts to develop year-round school readiness activities and support to children and families including parent education, parent/child activities and Kindergarten registration outreach

Promote cross-discipline approaches to school readiness with Family Support Service and Early Care and Education providers and elementary school teachers

Explore a system to screen children entering kindergarten without prior preschool or childcare experience for developmental concerns.

Coordinate with school district's Special Education programs to assist in the timely identification and initial service planning for children entering Kindergarten who are in need of Special Education services. Develop a school readiness guide for school districts including topics such as: implementation of summer camps, transitional activities and parental involvement.

Integrate culturally and linguistically appropriate practices and school readiness related materials in all school readiness programs and partnering elementary schools

Provide ongoing school readiness support and technical assistance to school districts, community grantees, family support contractors and early childhood educators throughout Alameda County

Convene a School Readiness Advisory Committee that will include a diverse group of professionals and parents who reflect the school readiness targeted communities. The committee will meet quarterly to assist in the planning for and coordination of multi-disciplinary school readiness services throughout Alameda County

LITERACY

Providing books to families and encouraging them to read to their child promotes positive parent-child interaction and contributes to school readiness. Every Child Counts will expand distribution of books to families receiving ECC funded services, through pediatric offices (Healthy Start) and other child development strategies. Education to parents and providers on the benefits of reading and how to engage children in reading will be part of the book distribution.

2005-2009 Literacy Implementation

Provide resources and technical assistance on promoting literacy and using books to support cognitive and social/emotional development of young children to Family Support Services, Early Care and Education and Community Grantee providers

Develop a system to distribute culturally, linguistically and developmentally appropriate children's books through Family Support Services, School's Capacity Programs and other Every Child Counts programs

Develop and disseminate information and resources to parents regarding the importance of sharing books with young children

CHILD DEVELOPMENT SERVICES

A focus on child development is integrated into Every Child Counts services. Parents report that the most important source of child development information is their pediatric provider. Every Child Counts will continue to partner with pediatric clinics and private offices to enhance developmental information and screening in the community.

Healthy Steps is a national best practice model of early identification of children with developmental concerns in pediatric settings. Healthy Steps provides developmental screening, parent support, referrals to additional services and monitoring to assure families connect with community resources.

2005 – 2009 Child Development Services Implementation

Continue to offer and expand child development screening and consultation to pediatric clinics and private offices in school readiness neighborhoods

Support Healthy Steps expansion to City of Alameda in collaboration with Alameda Family Services

Explore expansion of Healthy Steps to other pediatric sites

Collaborate with the State Division of Medi-Cal Managed Care and the Alameda Alliance for Health to expand child development services through the BEST-PCP Program (Behavioral, Developmental and Emotional Screening and Treatment by providers in Medi-Cal Managed Care), funded through the Commonwealth Fund

HEALTH INSURANCE ACCESS

Promoting the health, well-being and school readiness of young children requires access to health and dental insurance. Ongoing well-child care, early identification of problems and support for chronic medical problems help children to be well prepared for school. Assessment of health insurance status and referrals are integrated into all Every Child Counts programs.

2005-2009 Health Insurance Access Implementation

Continue to complete the Medi-Cal Newborn Referral Form for all newborns enrolled in Every Child Counts home visitation program. This form will allow uninterrupted Medi-Cal coverage for the infant's first year of life.

Continue to monitor health insurance status and compliance with pediatric well child care for all families receiving services through Every Child Counts

Continue to collaborate with countywide efforts, including one-e-app, to enroll uninsured families in appropriate health insurance programs

Continue to provide health insurance information to child care providers for themselves and the families they serve

Continue to contract with the Alameda Alliance for Health to expand health insurance coverage of children 0 to 5 years with matched funding from the First 5 California Health Coverage for All Initiative

COMMUNITY ADVISORY COMMITTEES

CHILD CARE FUND ADVISORY BOARD

The Child Care Fund Advisory Board is a volunteer leadership committee made up of child care providers, resource and advocacy agencies, funders, financial organizations and other community-based stakeholders. The Board advises on the Child Care Fund program and policy planning and implementation.

2005-2009 Child Care Fund Advisory Board Implementation

Continue advisory functions and explore funding opportunities for the fund

Inform and advise on public policy and public policy financing opportunities for facility development

Review Low Income Investment Fund (LIIF) recommendations for facility grants

EVERY CHILD COUNTS PARENT ADVISORY COMMITTEE

The Parent Advisory Committee is a diverse group of parents dedicated to improving the quality of life for young children in Alameda County. The group will hold educational forums on relevant issues for Every Child Counts programs.

2005-2009 First 5 Parents Group

Hold quarterly meetings that include an educational forum on issues related to Every Child Counts programs (i.e., literacy, child development)

Provide input into surveys and focus groups with recipients of Every Child Counts services

Participate in the community grants review panel

Participate in Every Child Counts community events throughout the year

PEDIATRIC ADVISORY COMMITTEE

The Pediatric Advisory Committee includes clinic-based and private pediatricians as well as representatives from the Medi-Cal managed care health plans, Alameda Alliance for Health and Blue Cross. The committee advises Every Child Counts on health-related issues and assists with building linkages to the pediatric community.

2005-2009 Pediatric Advisory Committee

Develop strategies to integrate a school readiness focus into pediatric practices

Identify strategies to inform pediatricians about community resources and Every Child Counts services

Function as an Advisory Board to the BEST-PCP Program

support strategies

TRAINING

Training plays a central role in the implementation of Every Child Count's strategies. Culturally appropriate, cross-disciplinary training contributes to best practices, capacity building and raising community standards of care. Every Child Counts provides many levels of training from monthly specialty topics to on-going in-depth training to meet the needs of a wide variety of providers. Trainings are available for health and mental health clinicians, case managers, community workers, child care providers and others.

2005-2009 Training Strategies

AGENCY-WIDE TRAINING

Continue to expand training for staff, community, contractors and grantee partners who deliver services to children 0 to 5 and their families

Integrate the use of educational technology in training design and delivery

Collaborate with Evaluation & Technology on the development and implementation of web-based registration system

Collaborate with Human Resources on Every Child Counts staff development trainings consistent with the mission and vision of the organization

Family Support Services Training Program Overview

Training Connections supports the delivery of quality services and the use of best practices by offering cross-discipline trainings to Every Child Counts staff, contractors and other community providers.

Continue monthly specialty topic seminars with a focus on providing culturally responsive services

Explore developing web-based training modules for new staff orientation and best practice competency-based modules

Continue to provide tobacco cessation education to all grantees and contractors.

Expand Every Child Counts and community provider training opportunities using the Every Child Counts Conference Center

Provide specialized training on services for children with special needs

Provide specialized training in child development and developmental screening for family service providers

Continue to promote the Infant Mental Health training seminars to expand the pool of clinicians with expertise in serving the 0 – 5 population

CULTURAL ACCESS SERVICES

Cultural Access Services (CAS) enables all families in Alameda County, regardless of their cultural or linguistic background, to receive quality services from Every Child Counts. CAS provides outreach, interpretation and translation services, training and technical assistance to support families and providers from various language and cultural backgrounds to access Every Child Counts services. CAS addresses the Every Child Counts commitment to systems change and works with the entire organization, grantees and contractors.

2005-2009 Cultural Access Services Implementation

Organization-wide

Continue to increase the capacity of Every Child Counts, its contractors and grantees to work respectfully and effectively with communities, families and children of diverse backgrounds (race, cultural, language, gender, disability, sexuality, economic status, and education)

Review and strengthen contract language to support systems changes around cultural competence

Continue to work with the Diversity Committee to monitor the implementation of the Principles of Equity

Identify and disseminate information about models/best practices related to culturally responsive services

Provide ongoing trainings on interpretation and the legal mandates to provide linguistically and culturally appropriate services

Continue to expand access to culturally appropriate educational materials by translating documents into multiple languages and posting them on the Every Child Counts website for community use

Provide technical assistance to other organizations around training bilingual staff and interpreters on legal and ethical issues of interpreting

Community Engagement

Reach out to various segments of the community to elicit their opinions about issues and topics around 0 – 5 year olds through focus group discussions

Provide on-going education and information about First 5 Alameda County Every Child Counts to community leaders and service providers representing communities of color

Develop and implement a distribution plan for the Asian Kit for New Parents as a way to build community education around child development issues

Work with School Readiness coordinator to identify language capacity of schools in the low performing areas and develop strategies to provide technical assistance or resources in those areas

2005-2009 Cultural Access Services, continued

Family Support Services

Continue to provide and monitor language assistance services to all of FSS contractors

Continue to work with Training Connections to incorporate diversity perspectives into each training topic area

Early Care and Education

Continue to translate the Child Development Corps, Child Care Fund and Enhanced Mentor Program outreach materials and applications into multiple languages to increase access for Limited English Proficient service providers

Develop an outreach plan with Child Development Corps, Child Care Fund and Enhanced Mentor Program to target child care providers who have language barriers to accessing Early Care and Education resources

Work with Community Colleges and Resources and Referral agencies to update and revise Resource List of Bilingual Professionals in Early Care Education

TOBACCO CONTROL AND EDUCATION

First 5 Alameda County's Tobacco Control and Education efforts include informing community providers and clients about the harmful effects of smoking and second-hand smoke and engaging in prevention strategies.

2005-2009 Tobacco Control and Education Implementation

Continue to require that all grantees and contractors comply with the Commission's comprehensive tobacco policies: supporting a smoke-free work environment, disclosure of funds received from the tobacco industry and divestiture from tobacco-related investments

Continue to participate on the Alameda County Tobacco Control Coalition and seek annual input from the Coalition on First 5 AC tobacco education and control activities

Require all grantees and contractors to receive tobacco education training and to provide a similar training to their staff and/or clients

Offer training and technical assistance to the early care and education community on: "Fresh Air for Little Noses trainings, asthma prevention and control, tobacco cessation and motivation and implementation of "clean air" policies

Develop strategies to increase tobacco education to parents of children age 0-5, including second-hand smoke exposure at home and cessation education

accountability framework

The Accountability Framework reflects our commitment to measuring the impact of all Every Child Counts programs. The framework consists of four components: an accountability matrix, a confidentiality and privacy policy, community grants and contractor technical assistance and technical infrastructure and support.

Every Child Counts Accountability Matrix

The matrix includes both quantitative and qualitative methods to measure the impact of Every Child Counts programs. It serves three functions:

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

The accountability matrix is continually revised to reflect program changes and previous results. Please see our website www.ackids.org for the most recent matrix and our annual report.

2005-2009 Accountability Matrix Implementation

Continue to refine and adjust the matrix to match changes and additions to each program component and develop accountability matrices for new initiatives

Continue to develop tools and methods to assist Every Child Counts and partners to collect data required for accountability

Continue to generate data for contract negotiations, performance monitoring and quality assurance. Incorporate accountability matrix measures into contract reporting requirements

Continue to provide technical assistance on quantitative and qualitative evaluation methods to Every Child Counts program divisions; develop impact evaluations of early care and education programs

Develop a standard client/provider satisfaction survey to be used by all Every Child Counts service providers

Explore collaborative research projects (and comparative studies of Every Child Counts programs) with universities and the First 5 California evaluation team

Generate the Every Child Counts annual report for all stakeholders. Develop a version of the annual report for community-wide distribution. Prepare state annual report

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 generating outcomes and results data.

2005-2009 Confidentiality and Privacy Implementation

Continue to support Every Child Counts confidentiality policy through trainings for Every Child Counts direct service providers and staff, collecting client consent to share information and meeting all HIPAA requirements

Continue development of Memoranda of Understanding to share data as required by HIPAA with partner and contracting agencies and business partners

Community Grants Accountability and Technical Assistance

Accountability for the Community Grants Initiative includes providing technical assistance and training to grantees and grant applicants, integrating results from community grantee reports into the Every Child Counts annual report.

2005-2009 Community Grants Accountability Implementation

Continue to require Community Grantees to develop outcomes and performance measures specific to their proposals, collect relevant data and report results

Continue to provide results-based accountability workshops and individual technical assistance

Continue to require and develop common performance measures and outcomes for the Community Grants Initiative

Technical Infrastructure and Support

Every Child Counts uses state-of-the-art technology to assist program implementation and evaluation efforts and requires a proactive stewardship of current technology. Technical support includes a Help Desk for users and continuous enhancement in response to new programs and user needs. Data systems include: ECChange, the secure web-based, cross-agency integrated information system; TC₃, the web-based internal database that serves Community Grants, Child Care Fund and Training Connections, and stores all organizational contacts; and the Corps database, which monitors early care educators and child care sites that receive support from the Child Development Corps.

2005-2009 Technical Infrastructure and Support Implementation

Continue to develop the ECChange Report generator for partnering agency use

Continue to develop ECChange modules to meet the data collection and reporting needs of new programs (e.g. lactation support)

Continue to provide Every Child Counts Help Desk services and host infrastructure to support ECChange users

Continue to develop the web-based community grants application, tracking and reporting system in TC₃

Develop the on-line registration system for all Every Child Counts trainings

Explore the development of a web-based professional development training and education database with Early Care and Education; enhance the Corps database to support the transition of the Child Development Corps stipend program to community colleges

Explore integration of One-e-App, into ECChange in partnership with Alameda County

Develop and implement data sharing procedures between ECChange and partner agencies

sustainability

Based on the declining tobacco tax revenue and the commitment to continue Every Child Counts services, we are working to supplement our Prop. 10 funding through federal fiscal leveraging, state matching funds, investments, grant seeking and other methods of fund development.

The Every Child Counts fiscal leveraging plan (available at www.ackids.org) identifies specific strategies to maximize revenues. Four revenue sources have been established in collaboration with Alameda County partners: Medical Administrative Activities (MAA) (Medi-Cal outreach), Targeted Case Management (TCM) (case management for Medi-Cal recipients), Child Health Disability Prevention (CHDP) (early prevention and access to services), and Title 4-E (at-risk for foster care). Most Every Child Counts core services have been assessed for leveraging potential and are drawing down the appropriate reimbursement.

2003-05 Sustainability Implementation

Continue leveraging activities for all eligible Every Child Counts services

Continue funding and participating in the county efforts to expand Early Periodic Screening, Diagnosis and Treatment (EPSDT) leveraging for mental health services to Medi-Cal recipients

Continue to pursue state matching funds for Early Care and Education

Continue to assess all 2003-05 Community Grant Recipients for federal fiscal leveraging potential and provide technical assistance for fiscal leveraging

Participate in First 5 California sustainability efforts

glossary

ABCD • *Affordable Buildings for Children's Development*

A Low Income Investment Fund program that builds a comprehensive and sustainable system for child care facility financing and development in California

BEST-PCP Program

Behavioral, Developmental and Emotional Screening and Treatment by providers in Medical Managed Care

ARS • *Another Road to Safety*

Family Support Services ARS is an intensive family program providing in-home support and parent education to families who have had a call placed to the Child Abuse Hotline

CHDP • *Child Health and Disability Prevention*

A preventive health program providing health assessments, dental services and other care coordinating services for income-qualified children in California

Corps • *Child Development Corps*

A stipend and training program designed to encourage early care providers to continue college-level education and remain in the field

ECC • *Every Child Counts*

Name and strategic plan of the First 5 Alameda County agency

ECE • *Early Care and Education*

A core division of Every Child Counts, ECE works towards enhancing the quality of child care via trainings for early care educators, improvements of child care sites, mentoring for directors and teachers and other support systems serving the early care and education community

ECRS • *Harms/Clifford Environmental Rating Scales*

Tools used to assess the quality of infant/toddler care, family child care, early childhood and school-age care

ECMH • *Early Childhood Mental Health*

A system or field focusing on preventive mental health services and strategies for infants and young children

EMP • *Enhanced Mentor Program*

A collaboration between the California Early Childhood Mentor Program and Every Child Counts. Mentors are experienced early childhood educators who currently work in classrooms. Mentors provide individualized one-on-one support to child care providers to address needs, improve quality, increase retention and promote leadership.

EPSDT • *Early Periodic Screening Diagnosis & Treatment*

Part of the federal Medicaid medical assistance program aimed at improving primary health benefits for children with emphasis on preventive care such as regular and periodic exams and any medically necessary services, even those not covered by the state Medicaid plan

Eval/Tech • *Evaluation and Technology*

A division of Every Child Counts, Eval/Tech is responsible for measuring the impact of all Every Child Counts programs on children and families in Alameda County using the result-based accountability model. Eval/Tech also oversees and manages all Every Child Counts information technology projects, supports Every Child Counts office network and the Every Child Counts website, www.ackids.org.

FSS • *Family Support Services*

A core division of Every Child Counts, FSS offers a range of services for families and providers including a postpartum family support program, intensive family support programs and provider training programs

HIPAA • *Health Insurance Portability and Accountability Act*

National standards that set privacy and security rules requiring covered entities to take appropriate and reasonable measures to safeguard protected health information

HOCs • *Hospital Outreach Coordinators*

HOCs enroll families into the Family Support Services postpartum home visiting program and are based at Alameda County Medical Center (Highland), Alta Bates, St. Rose and Summit hospitals

HS • *Healthy Steps*

Pilot pediatric office program that identifies children at risk of developmental delay and supports families concerned about the developmental progress of their children

IFSS • *Intensive Family Support Services*

Longer-term family support services provided to pregnant and parenting teens, families with infants discharged from the Neonatal Intensive Care Unit and families with children identified to be at risk for child abuse or neglect

MAA • *Medi-Cal Administrative Activities*

Program to obtain federal reimbursement for the cost of certain administrative activities necessary for the proper and efficient administration of the Medi-Cal program

MH/SR Partnership Grants • *Mental Health and School Readiness Partnership Grants*

For the 2003-05 grants cycle, the Community Grants Initiative piloted the MH and SR Partnership Grants programs which require significant commitment from grantees to attend in-depth trainings, use best practices and track common performance measures

PAC • *Parent Advisory Committee*

An Every Child Counts advisory committee comprised of residents of Alameda County with young children that advised Every Child Counts on parenting-related issues

PIC • *Partners in Collaboration Project*

A cross-disciplinary project that pairs Mentor Teachers with Mental Health Consultants to work together to provide integrated consultation in a classroom setting, which enables them to broaden their perspectives and learn from each other

PFA • *Preschool for All Initiative*

First 5 California has adopted a PFA Initiative whose goal is to help communities plan for preschool expansion and build a foundation for universal preschool should statewide funding become available

QII • *Quality Improvement Initiative*

A Child Care Fund program, the QII provides child care programs with resources for environmental and program assessment and long range planning for quality improvements. Specialized training, individual technical assistance and capital grants are provided to implement enhancements identified in long-range quality improvement plans.

R&Rs • *Resource and Referral Agencies*

The California Department of Education funds R&Rs throughout the state to help parents find child care and to support child care providers. The R&Rs for Alameda County are BANANAS, 4Cs & Child Care Links.

SPT • *Specialty Provider Team*

Family Support Services SPT is comprised of mental health, substance abuse, lactation and developmental specialists. The SPT provides consultation and training to FSS providers serving families at higher risk and provides direct services to families regarding mental health, breastfeeding and behavioral issues.

SSA • *Alameda County Social Services Agency*

Alameda County agency that administers cash assistance, food stamps, health insurance (Medi-Cal), senior in-home care, child abuse and neglect services, foster care, adult protection and support and emergency shelter to the county's residents

Summer Pre-K Camp • *Summer Pre-Kindergarten Camp*

A 6-week summer camp held for children who have not been in formal preschool environments prior to entering kindergarten

TCM • *Targeted Case Management*

An optional Medi-Cal funded program whereby local government agencies provide specialized case management to Medi-Cal eligible clients for needed social, medical, educational and other services

Community Grants Initiative

A core division of Every Child Counts, the Community Grants Initiative awards grants to community-based and public agencies for the enhancement and expansion of services for children ages 0 to 5

Title IV-E • *Title IV-E – Federal Payments for Foster Care and Adoption Assistance*

Federal block grants to states for aid and services to needy families with children and child welfare services, including foster care and adoption placement assistance

appendices

COMMUNITY ASSESSMENT DOCUMENTATION

Appendix A	Summary of Strategic Plan Changes	A1-5
Appendix B	Population-based Needs Assessment Data	B1-4
Appendix C	Every Child Counts Evaluation Highlights	C1-2
Appendix D	Summary of Community Input From Strategic Plan Public Hearing, April 12, 2005	D1
Appendix E	Summary of the 2004 Telephone Survey of Families who Received Home Visits from Family Support Service Contractors	E1
Appendix F	Summary of Responses from Contractors and Grantees to Web-based Funding Priorities Survey	F1-3
Appendix G	Summary of Early Care and Education Community Input	G1
Appendix H	Summary of Recommendations from ECE Input Group on Advocacy	H1
Appendix I	Focus Group Findings Related to Providers Serving Monolingual Families	I1-3
Appendix J	Summary of Pediatric Advisory Input	J1



APPENDIX A — SUMMARY OF STRATEGIC PLAN CHANGES

PUBLIC INPUT

- Surveys
 - ◆ Telephone Survey
 - ◆ Grants & Contractors
 - ◆ “Childhood Matters”
- Focus Groups
 - ◆ Monolingual families & Providers who serve them
 - ◆ Families with Children who have Special Needs
 - ◆ Summer Pre-K Camp parents & Teachers
- ECE Provider forums (9)
- ECE Workgroup & Child Care Planning Council
- Advisory Committees
- Contractor Meetings
- Program Committee Meeting

AT HOME – CONTINUING PROGRAMS- FAMILY SUPPORT SERVICES

- Pregnant & Postpartum Services
- Intensive Family Support Services: Special Start, Teen Services, ARS
- Specialty Provider Team
- Healthy Steps
- Early Childhood Mental Health

FSS PROGRAMS

2005-09 CHANGES

Pregnant & Postpartum Services

- Fiscal reduction to agencies serving families based on 10 year financial plan
- Enroll first-time & and high-risk parents
- Expand Lactation Services
- Explore collaboration with WIC around lactation services

Intensive Family Support Services

- Fiscal reduction to agencies serving families based on 10 year financial plan
- Exploration of Healthy steps Program expansion through existing IFSS providers
- Exploration of ARS expansion to other neighborhoods in conjunction with SSA
- Revenue sharing of leveraged dollars

Specialty Provider Team

- Enhance & Expand SPT services available to ECC Contractors
- Coordinate identification & referral to EPSDT mental health providers
- Hire additional child development & mental health specialists

IN CHILD CARE: CONTINUING PROGRAMS – EARLY CARE & EDUCATION

- Community Professional Development
- Child Development Corps
- Quality Improvement Initiative
- Enhanced Mentor Program
- Preschool for All

ECE PROGRAMS

Professional Development Continuum

2005-09 CHANGES

Child Development Corps

Child Care Fund

- Provide training for license-exempt & family child care providers through community organizations
- Increase contracts with colleges to improve professional development (develop credit-bearing courses on children with special needs and for English-language learners)
- Dedicate resources & raise funds to develop BA/MA programs
- Develop plan to transition Corps AA degree stipend program to community colleges
- Fund an Inclusion Specialist at each R&R
- Plan and implement transition of Level 1 – AA stipend system to community colleges
- Plan Professional Development continuum (PDC) for providers who are:
 - ◆ Not pursuing college
 - ◆ Preparing to enter college track
 - ◆ At Master teacher level (note eligible for Corps stipend after 05-06)
- Explore development of web-based county-wide professional development training & education database
- Monitor transition of Grants management to Low Income Investment Fund (LIIF)

- Quality Improvement Initiative (QII)
 - Evaluate year 3 and 4 of QII
 - Integrate QII, Mentor and PIC programs
 - Expand QII to additional sites
 - Continue to participate in the University of North Carolina /UCLA national research project
- Enhanced Mentor Program:
 - Assess results of Every Director Counts program for possible replication
 - Integrate mentoring services with Corps and Quality Improvement Initiative
 - Implement a series of trainings on specialized topics
 - Support providers serving children with special needs
- Preschool for All (PFA)
 - Participate in PFA planning at the state and local level
 - Assess Alameda County capacity for PFA in collaboration with stakeholders
 - Plan for PFA within the context of the larger ECE system
- Centralized Eligibility List (CEL)
 - Provide partial funding for the CEL

IN THE COMMUNITY – CONTINUING PROGRAMS

- Community Grants Initiative (35)
- School Readiness: Summer Pre-K Camp, Literacy, School’s Capacity
- Infant & Early Childhood Mental Health
- Health Access
 - ◆ Facilitating newborn enrollment in Medi-Cal
 - ◆ Assessing health insurance status during family support service home visits
- Parent Kit distribution

COMMUNITY PROGRAMS

Community Grants

2005-09 CHANGES

- Implement the Parent-Child Developmental Playgroup Partnership
- Identify new grant priorities for 07-09

COMMUNITY PROGRAMS

2005-09 CHANGES

- | | |
|--|---|
| School Readiness -Schools Capacity | <ul style="list-style-type: none">▪ Implement year-round school readiness programs including Summer Pre-K Camps at low-performing schools▪ Facilitate preschool-kindergarten collaboration in partnership with schools▪ Produce a school readiness guide and TA for districts & community partners▪ Facilitate access to school resources for monolingual families |
| School Readiness -Literacy Programs | <ul style="list-style-type: none">▪ Integrate and expand literacy activities throughout ECC programs▪ Assist Pediatricians with Reach Out and Read |
| Child Development - Healthy Steps | <ul style="list-style-type: none">▪ Expand to additional sites |
| Child Development - Behavioral, Developmental and Emotional Screening and Treatment by providers in Medi-Cal Managed Care (BEST) | <ul style="list-style-type: none">▪ Collaborate with the State Division of Medi-Cal Managed Care and the Alameda Alliance for Health to expand child development and mental health screening in targeted pediatric offices |
| Health Access - Health Insurance | <ul style="list-style-type: none">▪ Contract with a Alameda Alliance to enroll children 0-5 using state matching funds▪ Explore feasibility of integrating One-e-App (single application for health insurance e7 other state health programs) with ECChange |

SUPPORT STRATEGIES – CONTINUING PROGRAMS

- Training
- Cultural Access Services (interpretation, translation, training)
- Community Advisory Committees
 - ◆ Parent Advisory Committee
 - ◆ Pediatric Advisory Committee
 - ◆ Child care Fund Advisory Committee

SUPPORT STRATEGY PROGRAMS - TRAINING

2005-09 CHANGES

- | | |
|----------------------|---|
| General Training | <ul style="list-style-type: none">▪ Develop web-based registration and training modules |
| Training Connections | <ul style="list-style-type: none">▪ Expand competency-based training for community providers▪ Develop impact evaluation of training on provider practice |

**SUPPORT STRATEGY PROGRAMS –
CULTURAL ACCESS SERVICES**

2005-09 CHANGES

Community

- Convene ongoing focus groups with hard-to-reach populations

Parent Kits

- Implement community-wide distribution of the new Asian language Parent Kits

Warmline

- Investigate the need for a warmline and develop options for implementation

**SUPPORT STRATEGY PROGRAMS –
TOBACCO POLICY AND EDUCATION**

2005-09 CHANGES

Tobacco Policy & Education

- Expand tobacco education strategies within each ECC division
- Require ECC-funded agencies to attend one tobacco education/policy training and provide one training for staff and/or clients within their agency.

EVALUATION AND TECHNOLOGY – CONTINUING PROGRAMS

- Accountability Matrices
- Confidentiality & Consent
- Community Grants Technical Assistance
- Technical Infrastructure

EVALUATION AND TECHNOLOGY PROGRAMS – ACCOUNTABILITY FRAMEWORK	2005-09 CHANGES
Accountability Matrix	<ul style="list-style-type: none"> ▪ Develop a standard client/provider satisfaction survey to be used by all ECC service providers ▪ Develop impact evaluation strategies for ECE
Community Grants TA	<ul style="list-style-type: none"> ▪ Develop common performance measure and outcome indicators for grantees



APPENDIX B — POPULATION-BASED NEEDS ASSESSMENT DATA

TOTAL POPULATION OF ALAMEDA COUNTY – 2000 CENSUS (1,443,741)

White	41%
Asian	20%
Hispanic	19%
African American/Black	15%
Multi-Race	4%
Other	1%

TOTAL POPULATION OF CHILDREN 0 TO 5 YEARS – 2000 CENSUS (98,378)

Hispanic	29%
White	28%
Asian	20%
African American-Black	15%
Multi-Race	7%
Other	1%

ALAMEDA COUNTY 0 TO 5 POPULATION BY CITY – 2000 CENSUS

City	Frequency	Percent
Oakland	28,292	29%
Fremont	15,137	15%
Hayward	11,011	11%
Unincorporated	4,612	5%
Livermore	5,650	6%
San Leandro	5,032	5%
Union City	4,870	5%
Pleasanton	4,359	4%
Berkeley	4,109	4%
Alameda	4,057	4%
Castro Valley	3,266	3%
Newark	3,062	3%
Dublin	1,758	2%
San Lorenzo	1,336	1%
Albany	988	1%
Piedmont	582	1%
Emeryville	257	0.30%

Total 0-5 Population	98,378	100.00%
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3 CITIES IN ALAMEDA COUNTY WITH THE MOST CHILDREN 0 TO 5 YEARS

1. Oakland (28,292)
2. Fremont (15,137)
3. Hayward (11,011)

AVERAGE NUMBER OF BIRTHS – 21,981 (ALAMEDA COUNTY DEPARTMENT OF VITAL STATISTICS)

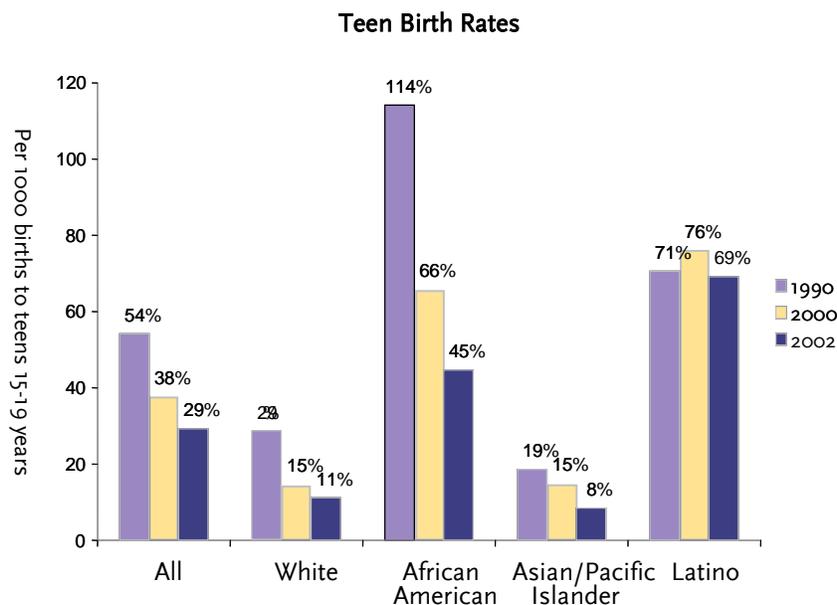
Hispanic	29%
White	28.4%
Asian/Pacific Islander	26%
African American/Black	14%
Multi-Race	1.6%
Other	0.9%
American Indian	0.3%

BIRTHS

- 45 % of all births in 2003 were to first time mothers
- 12.4% of low birth weight infants were born to African American mothers
- 50% of births were to foreign born mothers (Census 2000)
- 19% of births were to mothers who had less than 12 years of education (2001-02)

TEEN BIRTHS - Declining in Alameda County since 1990 and lower than California average

- 6.2% of all births in 2003 were to teens
 - ◇ 45% to teens in Oakland
 - ◇ 18% to teens in Hayward



LINGUISTIC DIVERSITY

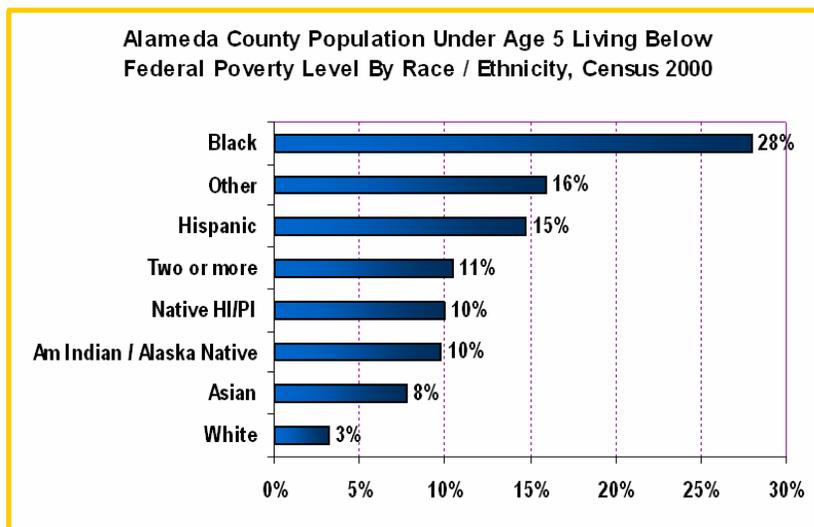
- Only 64% of the households in the county commonly speak English at home (Census 2000)
- 15% Asian or Pacific Islanders, 13% Spanish speakers and 8% Indo-European are linguistically isolated (CA Department of Education Data Quest)
- The kindergarten class of 2001 spoke 60 different languages, other than English (CA Department of Education Data Quest)

IMMIGRANT ADMISSIONS TO THE COUNTY (CENTER FOR IMMIGRATION STUDIES, OCTOBER 2001)

Immigrant Admissions to persons intending to settle in Alameda County between 1997-1998 (From top ten Countries)	
Country	Number of Entering Immigrants
China	15,920
Philippines	12,513
Mexico	7,746
Vietnam	6,617
India	6,585
Afghanistan	2,001
Soviet Union	1,768
Fiji	1,446
Pakistan	1,122
Iran	1,056

CHILDREN IN POVERTY

- 12.4% of children under age 5 live in poverty (Federal Poverty Level, Census 2000)



EARLY CARE AND EDUCATION

- Alameda County has 38,000 slots in licensed centers and family care provider homes
- 50,115 children 0 to 5 years need full or part day care
- 56% of 3 and 4 year olds are enrolled in a preschool program
- 23,000 children 0 to 5 years are waiting for placement in subsidized care (Centralized Eligibility List, May 2005)
- 10 or 2 teachers at the average center will leave in the coming year and it will take over 6 weeks to replace each one (California Child Care Workforce Study, 2001)

SCHOOL READINESS – CALIFORNIA DEPARTMENT OF EDUCATION 2004

- 29% of all Alameda County's elementary schools and API scores of 3 or lower
- 58% of elementary schools in Oakland USD have API scores in lowest 3 deciles
- 63% of elementary schools in Hayward USD have API scores in lowest 3 deciles
- 33% of elementary schools in San Lorenzo USE have API scores in lowest 3 deciles

HEALTH OF OUR CHILDREN: ASTHMA – ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT, HEALTH STATUS REPORT, 2003

Rates (per 100,000) of Asthma Hospitalization in 2000-01 and National Objective			
Age Group	Alameda County	California	HP2010
Under 5	710	332.3	250
Ages 5-64	134.8	88.1	77
65 and over	253.3	162.1	110

- African American hospitalization rates are 3 times that of Whites

IMMUNIZATIONS

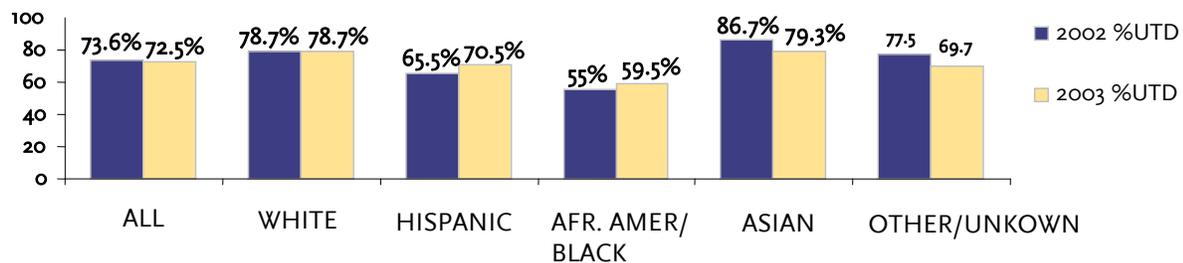
72.5% of 2 year olds in 2003 were up to date on their immunizations

2003 Alameda County EKR Survey Results

Kindergarteners Up-To-Date (UTD) at 2nd Birthday, by Race/Ethnicity & Year

% UTD 4:3:1

Healthy People 2010 GOAL= 85%



HEALTH OF OUR CHILDREN: DENTAL

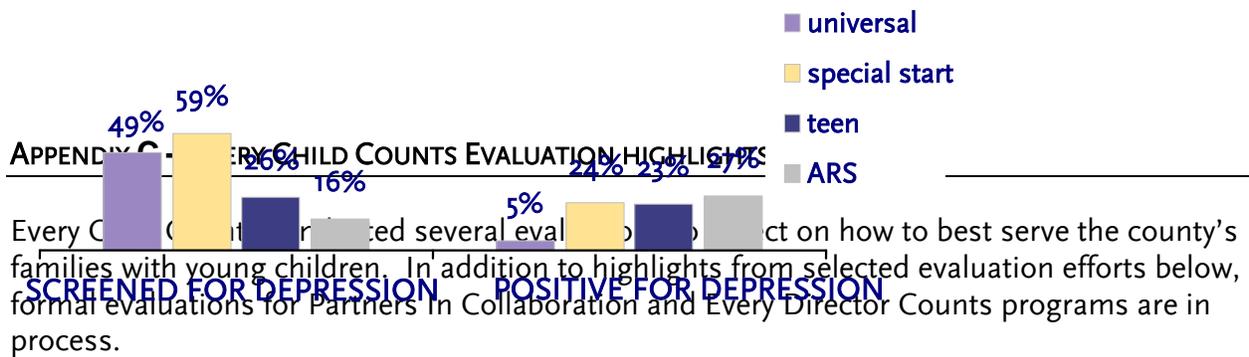
40% of children 2 to 4 years have never visited a dentist (2001 California Health Interview Survey)

33% of 624 children screened at schools in 2002 had untreated dental decay (Dental Health Foundation)

Latino (44%) & African American (42.5%) children ages 2-5 had the highest levels of untreated tooth decay (Dental Health Foundation)

MATERNAL DEPRESSION AMONG FAMILY SUPPORT SERVICE CLIENTS 2002-03

DEPRESSION SCREENS AND POSITIVE DEPRESSION SCREENS OF FAMILIES RECEIVING FAMILY SUPPORT SERVICES



“Changing Systems: Assessing the Impact of Every Child Counts,” Public Health Institute, Dr. Serena Clayton

- The focus on prevention and social-emotional development in family support programs and Early Care and Education trainings fills an important gap in county's system of care
- Training and advocating for culturally competent services reduce service barriers
- The use of best practices improves service quality
- Increasing providers' knowledge and skills enhances morale and education of child care and family support providers
- Training and technical assistance promote results-based accountability
- Successful systems change requires strong vision and leadership, high quality staff, an investment in relationship-building, opportunities for broad input and inclusiveness, a mix a universal and targeted strategies and a commitment to “out-of-the-box” thinking

“Quality Improvement Initiative Report,” LaFrance Associates, LLC

- The relationship between a child care provider and his or her child care quality consultant and a strong technical assistance model are critical in successful implementation of the Initiative
- 40% of providers surveyed indicated that learning new things was the most useful aspect of QII trainings; 36% took advantage of the opportunity to network with other providers during trainings.

- Spanish-speaking and Chinese-speaking providers found the application process more challenging than English-speaking providers
- Providers felt they became more aware of available trainings in Early Childhood Education

Another Road to Safety (ARS) Program Replication Guide, Amy Conley, MSW

- Community is a cornerstone of ARS as home visitors connect clients with community resources and reduce their isolation
- Families are eager for knowledge of parenting and child development and of resources to meet basic needs and achieve economic self-sufficiency
- Relationships on many programmatic levels—client and home visitor, ARS staff, and the four partnering ARS agencies—are key for successful collaboration. With involvement by four institutional partners, working together has meant learning from each other and understanding the different organizational cultures.

Every Child Counts Annual Reports-2000 through 2004

“Before I got pregnant, I never intended to keep going to school – I hated it.” After enrolling into a special school for teen mothers, “[My case manager at The Perinatal Council]...helped me to set goals...to save money, to stay in school and to always look forward.”

Teen Parenting Program

“I have learned so much from [my mentor]. She believed in me and supported me – even ... when I thought I might not have what it takes to be in the child care business.”

Child Care Provider Who Received Mentoring, 2003-04

“[I learned] there are other single fathers in the world and I don’t have to have the answers to everything. It’s okay that I am still learning and I will always be learning.”

Grantee Report, 2001-02

“Then I thought, if I can do 12 [units,] then I can do another 12. Okay, I gotta go for the AA now.... Now, I am working on the BA, the AA has not satisfied me.”

Focus Group with Family Child Care Corps Members, 2002

“ECC funds have been used to significantly increase resources in the community for children ages 0-5 years old and their families, and to foster collaboration between community agencies.”

Survey of Grantees, 2002

“This mom had been struggling with depression for almost half her life. She had never been offered support and she did not know where to turn. The look on her face was a success for the day, the program and everything we set out to do as an agency.”

Every Child Counts Hospital Outreach Coordinator, 2003-04

“My child likes writing and drawing; she wants to come to school every day.”

Summer Pre-Kindergarten Camp Parent, 2003-04

“After completing this [business] class, I felt that I could develop and implement a business plan, facilitate planning, financing, and completion of a renovation project and create a much better environment for children.”

ECE Provider Who Completed Business Course, 2003-04

“I am more aware of my role in facilitating teachers’ exploration of the meaning of a child’s behavior rather than a ‘problem’ that needs to be ‘managed’.”

Training Survey of Mental Health Partnership Grantees, 2003-04

“It means that I am going to stay in the [Early Care and Education] field a while longer. I had considered stopping family child care before this program started due to burn out and lack of validation.”

Survey of Child Development Corps Members, 2001

“It was my first baby and [the home visiting nurse] taught me things that I didn’t know.”

Family Support Services Telephone Survey, 2001



**APPENDIX D – 2005-2009 STRATEGIC PLAN
RECOMMENDATIONS FROM APRIL 12, 2005 PUBLIC HEARING**

22 providers and families spoke to the benefits of services they have received through Every Child Counts. Some of the recommendations for additional services and supports include:

Children At Home

- Provide developmental playgroups for Spanish-speaking, immigrant families
- Continue intensive Special Start home visiting programs for families of infants with social and medical risks
- Do not reduce Teen Intensive Family support programs based on increase in teen births and an increase in the Hispanic immigrant population
- Work with Behavioral Health Care to develop a residential program for pregnant women and mothers with young children who have mental illness and who are at risk of having a child taken away (similar to residential substance abuse programs)

Children in Child Care

- Expand work with Family Child Care (FCC) providers including input into the strategic plan
- Provide trainings through the FCC Associations. Provide trainings in provider's homes. Schedule meetings so family child care providers can attend.
- Support the creation of quality of care standards for Family Child Care providers
- Provide funding for assistants so FCC providers can attend trainings. Provide funds for technology and evaluation of FCC provider needs.
- Fund an Inclusion specialist in each of the R&Rs
- Provide support for the ECE Centralized Eligibility List (CEL)
- Coordinate data collection and assessment with the Child Care Planning Council
- Build a state of the art child care facility

Children in the Community

- Provide regular updates to the community and provide for ongoing communication
- Assist pediatricians to incorporate Reach Out and Read into their offices
- Develop a First 5 phone line for parents and providers to access resources
- Address the issues of parental smoking and secondhand smoking. Integrate tobacco prevention and cessation in all appropriate program areas.
- Expand developmental play groups in the community
- Expand support with the school districts
- Improve Inclusion services for children with special needs
- Continue the Parent Advisory Committee (PAC) and have PAC members participate in the community grants review and other planning processes. Consider a Commission seat for a community parent.
- Coordinate ECC efforts with other community planning and policy activities
- Expand outreach to English Learner families and providers



APPENDIX E – SUMMARY OF FINDINGS

FAMILY SUPPORT SERVICES TELEPHONE SURVEY 2004

In July 2004, 705 families who received home visits during the past year through Every Child Counts Family Support Services completed a telephone survey conducted by Population Research Systems LLC. 85% of the calls were completed in English and 15% were completed in Spanish.

- 92% of families said that postpartum home visits and longer term intensive family support services were helpful in getting a check-up for mother and child.
- 88% of families felt home visits were helpful for getting information about child health, development or safety. 83% of families thought the visits were helpful in getting parenting information.
- 89% usually go to the pediatrician for information or help when they have questions about parenting or their child's development. 74% rely on family or friends and 64% relied on books for information.
- Parents found home visits to be the most helpful kind of parenting support, followed by field trips and activities to do with their child and parenting classes
- Parents in the Another Road to Safety and Teen programs also found playgroups and child care to be helpful parenting supports.
- Families indicated that home visitors especially helped when their health insurance coverage was suspended without notification or when primary caregivers were between jobs.
- Over 68% of respondents plan on using child care services in the future.
- Over 65% of parents or plan to find child care through family or friends and county Resource and Referral agencies.
- A Special Start parent commented, "I feel secure with [the home visitor] coming to see my baby."
- Other parents expressed appreciation for case managers who advocate for their family and who help families identify their child's developmental milestones.



APPENDIX F – SUMMARY OF RESPONSES FROM CONTRACTORS AND GRANTEES TO WEB-BASED FUNDING PRIORITIES SURVEY

Every Child Counts contractors and grantees were invited to respond to a web-based needs assessment survey to help identify funding priorities for the 2005-07 Community Grants Initiative cycle. The survey was posted for one month beginning April 12, 2004. A summary of responses follows.

Support for Parenting

1. **Parenting Support Groups.** 83% of contractors and 80% of grantees placed a high or very high priority on parenting support groups. Suggestions included:
 - **Neighborhood-based services.** Offer neighborhood support groups that are as close as possible to families' homes (e.g., held at schools or libraries). Help stressed families network with other parents and create a supportive neighborhood community.
 - **Access issues.** Consider potential access barriers such as the need for child care and the time of day the groups are offered. Offer throughout the county in several languages.
 - **Combine with play groups.** Offer parent-child play groups in conjunction with parent support groups
 - **Targeted populations**
 - ◇ Provide incentives for participation and target groups not regularly reached such as grandparent caregivers, foster and adoptive parents, parents recently released from incarceration, and young/teen fathers
 - ◇ Target first-time parents
 - ◇ Target homeless parents and help them deal with the stress of parenting while homeless
 - ◇ Target Asian families, African-American families, and Spanish-speaking families
 - ◇ Target Spanish-speaking immigrants and focus on the relationship between immigration status and parenting
2. **Parent-child Reading.** 83% of grantees and 76% of contractors placed a high or very high priority on parent-child reading. Suggestions included:
 - **Link to existing services.** Offer in conjunction with services already in place, e.g., at libraries, book fairs, bookstores
 - **Adult and family literacy.** Encourage adult literacy improvements as well as child-adult interactions
 - **Research-based programs.** Provide more research-based, non-formulaic family literacy programs
3. **Parent-child Play Groups.** 85% of grantees and 58% of contractors placed a high or very high priority on parent-child play groups. Comments and suggestions included:
 - **Neighborhood-based services for children not in child care.** Provide parent-child play groups that are neighborhood based for children not attending child care. Emphasize literacy and speech and language development as well as social skills.

- **Parent-child interaction.** Provide activities that promote parent-child interaction such as massage and hands-on parent/child activities including music and art that help parents learn how to play with their children
 - **Support parent/child dyad and parent-parent support.** Provide opportunities for parents to interact with their children while socializing with other families in order support the parent/child dyad and build relationships and informal support structures between adults
 - **Target teen parents.** Target teen parents in order to decrease isolation and depression among teen parents
4. **One-on-one Parenting Support.** 80% of contractors and 64% of grantees placed a high or very high priority on one-on-one parenting support. Comments and suggestions included:
- **Targeted populations**
 - ◇ Target first-time parents and provide information shortly after birth when parents are most receptive and most in need of information. Early home visits by nurses have shown to be effective in promoting good parenting practices.
 - ◇ Provide one-on-one therapeutic parenting support to drug-affected parents
 - ◇ Focus on the interaction between parent and child, and target services to stressed and vulnerable families including homeless families
 - **Parent-infant dyadic work.** Offer parent-infant dyadic work in the home
 - **Parent-child activities.** Provide “coaching” and inform parents about specific activities they can do at home to support the early development of young children
 - **Telephone support from parent mentor.** Offer one-on-one parenting support over the telephone from a trained parent mentor
 - **Support from trained professionals.** Allow families at child care programs and other “natural” locations to request support from trained professionals
 - **Combine with parent support groups.** Provide parent support groups as an adjunct to one-on-one services

OTHER COMMENTS AND SUGGESTIONS

- **Link to child care services/medical services.**
 - ◇ Offer parenting classes for parents with children in child care centers or family child care homes (e.g., offer an evening meal and extended child care)
 - ◇ Provide parenting classes through local county clinics
- **Prevention of unwanted teen pregnancy.** Provide parenting and family planning classes at jr. high and high schools focused on preventing unwanted teen pregnancy
- **Educate parents about children’s emotional health and behavioral cues.**
 - ◇ Offer parenting education specifically focused on parental discipline and children’s emotions
 - ◇ Provide parenting classes that emphasize tuning in to the child’s unique personality and reading behavioral cues, and enjoying and appreciating one’s children
- **Connecting with other parents.** Emphasize connecting with other parents
- **Parent-child activities**
 - ◇ Include regularly scheduled parent-child activity sessions during parenting classes
 - ◇ Support low-cost or no-cost “fun” activities that stimulate children and enhance language learning and brain development

- ◇ Sponsor parenting fairs and workshops with parent-child activities
- **Information on resources.** Provide a link to resources, 1-800 numbers, “warmline” type services
- **Help parents to be advocates.** Help parents to be advocates for their children vis-à-vis the school and community to ensure the optimum success of their child
- **Geographical focus.** Provide more parenting support for the South Hayward area; create places where children and parents can go to have quality time together in the East Oakland area



APPENDIX G – EARLY CARE AND EDUCATION – 2005-2009 STRATEGIC PLANNING PROCESS

SUMMARY OF COMMUNITY INPUT

The information below is taken from discussions and input sessions on Strategic Planning for ECE held January, 2004 – May, 2005. This summary reflects the common themes identified throughout the sessions. Data and full reports of the meetings are available from the Early Care and Education staff.

Input sessions were held with the following groups:

- Community College Professional Development Coordinators; Resource and Referral Agency Career Advocates; Dr. Marcy Whitebook, Consultant
- Meeting with ECE Consultants
- Meeting with Resource and Referral Agency Executive and Program Directors
- Family Child Care Forum: Corps members
- ECE Forum: Directors, Corps Enrollment Specialist, Head Teachers, Site/Field Supervisors, Mentors
- ECC Forum: Child Care Resource and Referral Agency Directors and Career Advocates
- Meeting with Directors of the Valley
- 4 C's of Alameda County Director Workshop
- Meeting with Family Child Care Coalition
- ECE Strategic Planning Workgroup
- 2004 Corps member questionnaire

SUMMARY OF KEY RECOMMENDATIONS

- Provide services for all types of child care providers including:
 - Licensed Exempt
 - Family Child Care
 - Center Based Programs
 - Early Intervention Programs
- Focus on the full continuum of professional development needs (entry level to those with college degrees, including English Language Learners)
- Develop leadership and advocacy opportunities for all types of child care providers
- Focus on enhancing the understanding of child development principles and how to apply those principles in every day practice, including working with children who have special needs and who are English Language Learners
- Focus on teaching and supporting organizational best practices including:
 - Business and Finance
 - Stress and Time Management
 - Facility and Environment
 - Staff Supervision
 - Subsidies
 - Technology



APPENDIX H – SUMMARY OF RECOMMENDATIONS FROM ECE INPUT GROUP ON ADVOCACY

Recommendations for how ECC can support advocacy efforts for Early Care and Education

- Disseminate information to community, parents and providers on legislation and issues. For example, through the internet or a directors' list serve.
- Provide education and training on advocacy including DVD's that could be used with staff when accessing trainings and meetings is not possible.
- Conduct marketing and enhance media exposure.
- Fund for advocacy activities including "advocacy grants" for ECE organizations that would provide leadership development.
- Facilitate networking and information sharing through conferences and building partnerships among centers. For example, it was suggested that centers involved in advocacy personally reach out to other centers.
- Stay involved at the local level. Many providers are most interested in working on neighborhood, city and countywide levels.
- Work through Political Action Committees and seek union support.

These findings are summarized from four focus groups conducted with providers serving parents who are primarily monolingual in Farsi, Cantonese, Vietnamese, and Spanish.

NEEDS AND ISSUES

Four major issues surfaced that affect monolingual parents/families:

1. **Language barriers are a major problem that limit access to services.** Examples cited included difficulty using transportation to get to available services; difficulty with written materials such as applications for Medi-Cal or food stamps; inability to understand written communication from the school/teacher.
2. **Monolingual families struggle with understanding life in the U.S. and do not feel connected to resources.** Several comments were made about the need for more education about living in the U.S. and greater access to information about services for newcomers and bilingual resources.
3. **Families have difficulty bridging cultural differences in child-rearing.** Providers noted that parents need help raising their kids in a country that is very different than the one where they were raised. Discipline was cited repeatedly an area of concern.
4. **There is a lack of providers and resources in languages other than English.** Examples included a lack of ethnic educational and play materials for the children in child care like books, videos, and toys that have faces familiar to the child's ethnicity; a lack of providers who speak their language and are within close proximity, including pediatricians, child care providers, and specialists such as speech therapists, physical therapists, occupational therapists, and nurses.

In addition, providers were asked to identify issues specific to the ethnic community they served that might be different than issues for the general population of families with 0 – 5 year olds. These included:

- **Afghan community:** coping with the trauma of war and adjusting to life in a new environment.
- **Chinese (Cantonese-speaking) community:** understanding the whole field of mental health since there is a taboo in the community about receiving mental health services.
- **Vietnamese community:** bridging the cultural gap between child rearing in home, in child care, and in school; and the need for recent immigrant parents to understand schools and quality child care.

RECOMMENDATIONS

When providers were asked to prioritize one recommendation for improving service to the population they served, the primary theme that emerged was centralization or “one stop shopping.” For example, they envisioned:

- An “Afghan Center,” a one stop resource center with services to meet everyone’s needs such as computers, games, sports equipment, free classes, religious services, homework assistance. It would be a place where parents could earn and to be with their children.
- Centralized services in Chinatown with free classes for parents making sure that all of the services are accessible with bilingual staff.
- A child care center with excellent programs for children of all age groups, outdoor facilities, bilingual teachers, nutrition counseling, and workshops for parents and grandparents so they can adapt to the new culture.

Other services providers felt were missing in the county or still needed in greater quantity included:

Parent education and support

Providers saw the need for classes and groups that would:

- Address the cultural gap between parents/grandparents and their children who are raised in this country
- Help parents discipline their children and work with the schools (e.g., how to partner with teachers, work with them to look at ways to better support the child).
- Support parents as they deal with challenges such as raising a child with special needs
- Educate parents about the importance of the first five years of life

Providers noted that parents need incentives to participate in this type of education because they are busy working all day and raising their kids. Some noted that home visiting is a very successful way to reach families who need services particularly for the 0 – 5 year old and their families.

Interpretation

Providers felt that interpreters were needed for all services. They also noted the need for a liaison between the parent and teacher/school so they can communicate about the child’s needs and parents can interact with the school effectively. Parents, for example do not know what parent-teacher conferences are and may not show up.

Information and Referral

Some of the recommendations for making information about services and resources more accessible to monolingual parents included:

- A centralized number where service providers or clients can call and get referred to any one of those services who speak their language.
- Greater outreach to the Asian community with bilingual providers and the Asian media to inform parents about resources and services available in their language.

- A survival kit for the Vietnamese community so they know what to do when they arrive in this country, for example how to call 911 in case of emergency.
- Informational materials written at a low literacy level.
- A case manager for the immigrant population who can speak Cantonese and make referrals to specific services they may need.

Additional Information

Providers were asked what other services they referred clients to. Responses included: childcare services (such as Bananas, Childcare Links and Head Start), mental health services, social services, housing, WIC, Medi-Cal, translation and interpretation services, legal aid, and domestic violence assistance.

Providers were asked what they did to prepare kids for school. Responses included:

- Encourage parents to send their children to kindergarten to prepare their child for the challenges of school
- Encourage parents to spend time with their children, to talk to them and to read to them.
- Help parents put less stress on academic activities and work on children's behavior and discipline. Helping parents help their children cope more in group situations.
- Refer them to Head Start.
- Prepare the family to bridge the cultural gap between the family and the school system.
- Help families understand the difference between American and Asian values and help them find a happy medium. For example, helping the parents to understand that their children need to be able to feed themselves before they go to school.



APPENDIX J – SUMMARY OF PEDIATRIC ADVISORY COMMITTEE INPUT

PEDIATRIC ADVISORY COMMITTEE

The Pediatric Advisory Committee meetings and focus group identified the following issues:

- Parents need community support and community activities to do with their children
- Reach Out and Read is an effective program that should be implemented county wide
- Provide an annual meeting /forum for the broader pediatric community
- Pediatrician's are unaware of community resources for referring families
- Integrating child development services into the pediatric offices is challenging with all the requirements of managed care and Medi-Cal.