



every child counts

2003 – 2005 STRATEGIC PLAN

First 5 Alameda County
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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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Thank you for taking the time to read our 2003-2005 Every Child Counts Strategic Plan and learning more about the future direction of Every Child Counts - First Five Alameda County. We are very excited about the impact of our programs and the wonderful work of our hundreds of community partners and look forward to their further development and maturation.

During the last four years, we and our community partners, have provided services and supports to thousands of children, families and providers and have pushed the policy agenda on early childhood issues. We have collected outcome data and have conducted surveys of families and providers who have used our services. This FY 03-05 Strategic Plan incorporates what we have learned so far and responds to the changing fiscal and programmatic priorities of First 5 California, the State Prop 10 Commission.

Every Child Counts believes in a comprehensive approach to school readiness, starting before the birth of a child and continuing through the transition to kindergarten. We consider components of school readiness to include: relationships with adults and other children, social, emotional and physical development, health and safety, and cognitive development. We are especially concerned that children receive appropriate developmental and mental health support including strong language development. Our new partnership grant program focuses on these important areas of mental health and school readiness.

Because of the influence of both the family and the child care environment on the child, we include strategies focused on all areas of child development in Family Support Services, Early Care and Education programs and Community Grants. In addition, our staff is taking an active role in State planning for Pre-school for All and universal health care and building on current strategies to move us forward in these areas.

Every Child Counts is also affected by declining tobacco tax revenue, which provides 95% of our funding. As anticipated, there has been an average 4-5 % decline in revenues per year and it will continue to decline in future years. It is likely that in the future an additional tobacco tax will be enacted, which could erode our funding even more. In recognition of these realities we are developing a ten-year financial sustainability plan that requires us to reduce expenditures each year. This draft reflects a need to decrease spending while maintaining a significant commitment to important programs that are integral to our mission.

We look forward to working with you over the next two years and encourage you to stay connected with Every Child Counts through our website www.ackids.org.

Sincerely,

A handwritten signature in black ink that reads "Mark Friedman". The signature is written in a cursive, flowing style.

Mark Friedman
Chief Executive Officer

overview

WHO WE ARE

Every Child Counts, funded by First 5 California through 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.

Every Child Counts is designed to benefit young children in the environments where their lives are impacted: 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

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

CROSS-DISCIPLINARY APPROACHES

The needs of young children and their families are complex and require multiple disciplines working together to support positive outcomes. We use a comprehensive approach which supports the development, health, education and psycho-social needs of young children and families.

SERVICE INTEGRATION

Systems that serve young people should be integrated to better meet their needs, to avoid duplication and to maximize resources. Every Child Counts facilitates the development of a strong prevention and early intervention system by linking family support services, early child care and education services, community grants and other community resources.

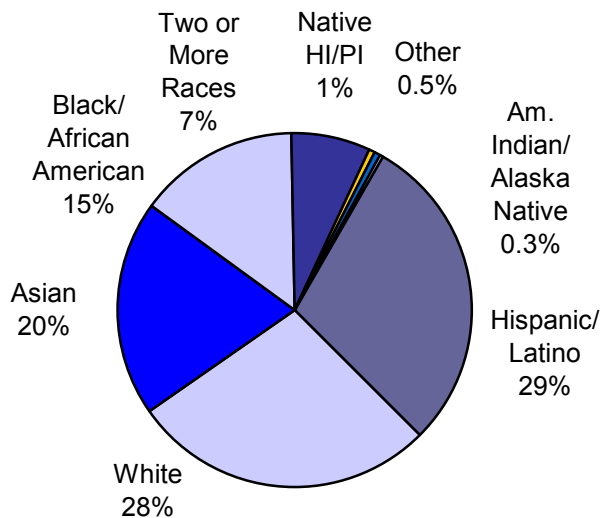
DIVERSITY

Alameda County has a wealth of ethnic, cultural, linguistic, economic and geographic diversity that we honor and celebrate. Every Child Counts seeks diversity in program design and service delivery, hiring, training, contracting and grant making. Diversity also includes children with special needs and their families, and parents with disabilities.

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 0-5 is included in subsequent sections. In 2000, 98,378 children under age five lived in Alameda County: 55% lived in the cities of Oakland, Fremont and Hayward.

Alameda County Population Under Age Five
Census 2000



Zero to Five Population by City (Census 2000)

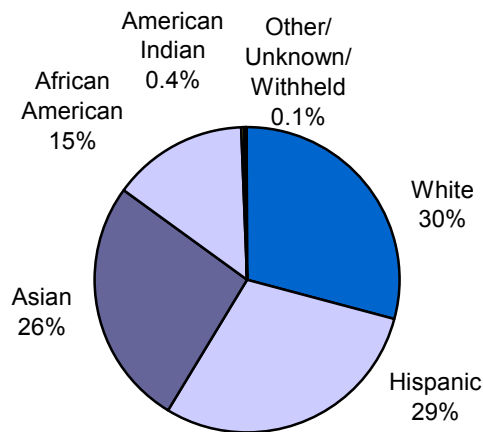
City	Frequency	Percent
Oakland	28,292	29%
Fremont	15,137	15%
Hayward	11,011	11%
Livermore	5,650	6%
Unincorporated	4,612	5%
San Leandro	5,032	5%
Union City	4,870	5%
Pleasanton	4,359	4%
Berkeley	4,109	4%
Alameda	4,057	4%
Castro Valley	3,266	3%
Newark	3,062	3%
Dublin	1,758	2%
San Lorenzo	1,336	1%
Albany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

family support services

NEEDS

- 21,990 children were born at Alameda County hospitals to county residents in 2001. Approximately half of the births were to first-time moms.¹
- Nearly half of the births in 2000 were to mothers who were born outside of the United States.² Births to Hispanic and Asian mothers are increasing.

**2001 Births by Race/Ethnicity of Mother
Alameda County Birth Data***



*Birth data restricted to births in Alameda County to residents of Alameda County

PROGRAM OVERVIEW

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, support and early identification of children at risk. FSS offers universal and targeted services for families with children 0 to 5 years. FSS include: Prenatal Services, Postpartum Home Visits, Intensive Family Support, Infant and Early Childhood Mental Health, and School Readiness. FSS utilizes a family-centered, relationship-based model.

¹ Alameda County Birth Data 2001

² Alameda County Public Health Department, "Alameda County Health Status Report 2003," p. 21

Prenatal Outreach and Community Linkages

2003 – 2005 PROPOSED PRENATAL IMPLEMENTATION

Continue to fund agencies that target prenatal services through the Community Grants Initiative.

Continue collaboration with the Alameda County Perinatal Substance Abuse Leadership Institute to expand services to high risk pregnant women.

Continue prenatal enrollment in the Universal Postpartum 1 to 3 Home Visit 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 Project and Black Infant Health and explore blended funding to enhance mental health and developmental services for these programs.

Expand prenatal distribution of the "New Parent Kit".

Assure that prenatal outreach services are available in multiple languages.

Universal 1 to 3 Postpartum Home Visits

NEEDS

- In 1999, only 64.7% of all 2 year olds were fully immunized. African American children were the least up-to-date (55.0%), followed by Hispanics (65.5%), Other race/ethnicity (77.5%), Whites (78.7%), and Asians/Pacific Islanders (86.7%).³
- In 2000, 68% of Alameda County mothers were exclusively breastfeeding at the time of discharge, while 87% were partially breastfeeding.⁴
- The Every Child Counts Pediatric Advisory Committee identified lactation support as an important need.

Preliminary promising results from Universal 1 to 3 Postpartum Home Visits include:

Improved immunization status for families receiving home visits.⁵

80% of Universal 1 – 3 clients were breastfeeding at the first home visit.⁶

94% of Universal 1 – 3 clients had a primary pediatric provider by the last home visit.⁷

³ Alameda County Public Health Department, "Hospital Council Report 2000," p. 10

⁴ California Department of Health Services, Maternal and Child Health Branch, "California Maternal and Child Health Data Book," May 2002

⁵ Every Child Counts 2001 – 02 Annual Report

⁶ Every Child Counts 2001 – 02 Annual Report

⁷ Every Child Counts 2001 – 02 Annual Report

PROGRAM OVERVIEW

Every Child Counts offers 1-3 postpartum home visits to families of newborns at Alta Bates, Summit, St. Rose and Highland Hospitals. The home visits are provided by Alameda County and City of Berkeley Public Health Nurses. Bilingual Hospital Outreach Coordinators (HOCs) are stationed at each hospital to offer the services and enroll families. The enrollment rate for families offered services continues to be 95-97%.

2003 – 2005 Proposed Universal 1 – 3 Postpartum Home Visit Implementation

Continue to provide 1-3 home visits to approximately 25% of county births (5,000 newborns).

Continue to expand lactation support by offering additional training to Every Child Counts providers and expanded support to lactating mothers.

Explore the impact of providing 1-3 home visits to first-time parents only.

Develop a plan to distribute "New Parent Kits" at hospitals, WIC sites, child care centers, shelters, drug treatment programs and to all Every Child Counts Family Support Service providers.

Intensive Family Support Services

NEEDS

- In Alameda County, 7.2% of all births were to mothers aged 19 and younger. African American and Hispanic teenagers are three to five times more likely to have babies than teenagers of any other race or ethnicity.⁸
- In 2001, 1,559 babies weighed less than 2,500g at birth, 282 of who were very low birth weight.⁹ From 2000 to 2001, teen mothers experienced the highest percentage of low birth weight births (9.4%) compared to mothers 20 to 34 years of age (6.4%) and those 35 and older (7.9%). Mothers 17 years and younger have the highest risk of having an infant death.¹⁰
- In 2001 – 2002, 910 babies were identified in the Neonatal Intensive Care Units at Summit and Alta Bates Hospitals. Of those, 43% had significant medical and psycho-social risk.¹¹
- Child abuse is 15 times more likely to occur in families where domestic violence is present.¹² In 2001, 2,302 child abuse referrals of children 0-5 years old were made. 42% of the referrals originated in Oakland and 26% were from Hayward, Fremont, Union City and Newark. 56% of all investigated allegations were "inconclusive."¹³

⁸ Alameda County Birth Data

⁹ Alameda County Birth Data

¹⁰ Alameda County Public Health Department, "Alameda County Health Status Report 2003," pp.28-32

¹¹ Special Start eligibility data

¹² Northern California Council for the Community, Alameda County Collaborative Community Assessment: "Community Health Indicators Report," 1998

¹³ Alameda County Social Services Agency, "Children & Family Services Annual Report 2001," pp. 8-9

- 1,272 children ages 0-5 live in foster care or in child welfare-supervised guardianships. The majority of foster care children are African American/Black. 23% of foster care placements in 2001 were re-entries.¹⁴
- 17% of Special Start clients and 13% of Pregnant and Parenting Teen clients are exposed to secondhand smoke. 12% and 9% of mothers in Special Start and Pregnant and Parenting Teen programs currently smoke, respectively.¹⁵

Preliminary promising results from Intensive Family Support Services program indicate:

Improved immunization status for families receiving home visits¹⁶

36% of Special Start clients and 40% of Pregnant and Parenting Teen clients were breastfeeding at the first home visit¹⁷

96% of Special Start clients and 84% of Pregnant and Parenting Teen clients had a primary pediatric provider by the last home visit¹⁸

PROGRAM OVERVIEW

Three high risk populations that require intensive family support are: 1. infants who are medically fragile and are hospitalized in a Neonatal Intensive Care Unit, 2. pregnant and parenting teens, and 3. 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 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 Oakland and the Alameda County Public Health Department Family Health Services Division. Special Start provides intensive support services for families with medically fragile infants who also face high levels of social stress. Services may be provided for up to 3 years. Referrals come from Neonatal Intensive Care Units at Summit, Alta Bates, and Children’s Hospital.

Pregnant and Parenting Teens

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

¹⁴ Alameda County Social Services Agency, “Children & Family Services Annual Report 2001,” pp. 16-7

¹⁵ Every Child Counts 2001 – 02 Annual Report

¹⁶ Every Child Counts 2001 – 02 Annual Report

¹⁷ Every Child Counts 2001 – 02 Annual Report

¹⁸ Every Child Counts 2001 – 02 Annual Report

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 program will serve 100 families for a period of 9 – 12 months.

Specialty Provider Team (SPT)

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 substance use issues.

2003 – 2005 Proposed Intensive Family Support Services Implementation

Continue Special Start services for 375 families whose babies are discharged from Neonatal Intensive Care Units (NICU). 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 and other programs for children with special needs.

Continue The Perinatal Council and Tiburcio Vasquez Health Center pregnant and parenting teen service programs.

Continue to contract with Family Support Services of the Bay Area and La Familia to provide ARS services to 200 families. Services are offered for 9 months with an additional 3 months of direct services based on risk status.

Continue the Specialty Provider Team (SPT) consultation and direct services and explore linking SPT services with other Every Child Counts funded programs.

Provide additional training and support to address the high incidence of secondhand smoke exposure.

Training Connections

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

NEEDS

- High attendance at Training Connections confirms the demand for on-going training support for providers.
- The top 5 training needs identified by Every Child Counts providers are: Immigration Issues, Diversity, Race and Culture, Brain Development, Child Development and Child Development Assessment Tools

2003 – 2005 Proposed Training Connections Implementation

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

Develop 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 new Every Child Counts Conference Center.

Provide training on how to “navigate” the system of services for children with special needs.

Infant and Early Childhood Mental Health

Every Child Counts has several strategies to support the development of an infant and early childhood mental system to meet the complex needs of families with young children. These include: funding and technical support to the Infant and Mental Health Training Seminar, funding and administrative support to the annual Early Childhood Mental Health Policy Symposium and Support, 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.

NEEDS

- 1,200 children 0 – 5 enter the Child Welfare Service System annually – most of whom are in need of mental health services.¹⁹
- Only 3% of Behavioral Health Care Services Treatment dollars are spent on children 0 – 5 years.²⁰
- Only 64 out of 719 surveyed licensed child care centers are capable of providing or have access to mental health and special needs training and technical assistance.²¹

¹⁹ Alameda County Child Care Planning Council, “Preventive Mental Health Services for Young Children in Alameda County,” February 2002

²⁰ Alameda County Child Care Planning Council, “Preventive Mental Health Services for Young Children in Alameda County,” February 2002

²¹ Alameda County Child Care Planning Council, “Preventive Mental Health Services for Young Children in Alameda County,” February 2002

2003-2005 Proposed Mental Health Implementation

Continue the development of the 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 Special Education System for eligible children.

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

School Readiness

All Family Support Services contribute to a child's readiness to enter school. Promoting social/emotional well-being and assuring health and developmental needs are integral to Family Support Services. Additional strategies include: coordination with early childhood mental health programs and working with pediatricians in the community.

NEEDS

- Every Child Counts Pediatric Advisory Committee has identified the need for resources to increase developmental screenings and referrals of young children at risk for developmental delay.

2003-2005 Proposed School Readiness Implementation

Expand mental health consultation to preschools and child care sites in Alameda County through the Mental Health Partnership Grants, a new focus of the Every Child Counts Community Grants Initiative.

Implement a pilot program, Healthy Steps, to provide a child development specialist in two pediatric offices in the Every Child Counts school readiness neighborhoods and evaluate the pilot for possible expansion.

Universal Health Care

All children need access to health and dental insurance and a primary care provider. On-going well child care, early identification of problems and support for chronic medical problems help children to be well prepared for school.

2003-2005 Universal Health Insurance Proposed 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 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.

Collaborate with First 5 California on their Universal Health Care Initiative.

early care and education

NEEDS

- All families need access to quality early care and education services: families who work full-time, who are transitioning into the workforce from CalWORKs, who use child enrichment programs and families with special needs children.
- The early care and education field is under-funded at the federal, state and local levels, resulting in an inadequate supply and sometimes less than optimal program quality.
- An estimated 66,000 children under the age of five in Alameda County need full or part day early care and education services; there are currently 38,000 licensed spaces for those children.²²
- Waiting lists for subsidized care are unacceptably high. Over 25,000 children in the County are eligible, but are not accessing or cannot access subsidized care.²³
- The educational background of the approximately 7,000 child care workers in Alameda County range from less than high school to graduate degrees. The low wages and intensity of the work often leads to high turnover and loss of trained and skilled practitioners. On average, one or two teachers at a center will leave in the coming year and it will take over 6 weeks to replace each one.²⁴
- Less than 5% of child care providers speak languages commonly spoken by children in our county such as Chinese, Tagalog, Vietnamese, and Korean.²⁵
- 3% of children 3 – 5 years are in Special Education.
- In Alameda County, 2,175 children ages 0 to 5 are enrolled in Special Education.

Number of Children 0-5 Enrolled in Special Education by Disability (Top 5 Categories Only)

Disability	Number of Children Ages 0-5
Speech/Language Impairment	1,447
Mental Retardation	179
Autism	174
Other Health Impairment ²⁶	86
Orthopedic Impairment	85

²² Alameda County Child Care Planning Council, "Meeting the Child Care Needs of Alameda County's Children: A Comprehensive Assessment of Licensed Child Care Supply and Demand," February 2002, p. 32

²³ California Budget Project, "How Many Children Need Subsidized Child Care in California?" March 28, 2001

²⁴ Alameda County Child Care Planning Council, "A Profile of the Alameda County Child Care Center Workforce 1995-2001," February 2002, p. 4

²⁵ Alameda County Child Care Planning Council, "Meeting the Child Care Needs of Alameda County's Children: A Comprehensive Assessment of Licensed Child Care Supply and Demand," pp. 41-2

²⁶ Other Health Impairment (OHI): having limited strength, vitality or alertness, due to chronic or acute health problems which adversely affects a child's educational performance, e.g., heart condition, asthma, epilepsy, lead poisoning.

PROGRAM OVERVIEW

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. The Early Care and Education (ECE) program incorporates several strategies to improve quality and expand services: the Child Development Corps, the Child Care Fund, the Enhanced Mentor Program and the School Readiness Initiative.

Child Development Corps

NEEDS

- 56% of providers in small family child care homes and 24% of providers in large family child care homes have no college units in Early Childhood Education or Child Development.²⁷
- At child care centers, teachers paid the starting or lowest wage receive \$10.42 per hour, while the highest-paid teachers receive \$14.86 per hour.²⁸

PROGRAM OVERVIEW

The Child Development Corps (Corps) is a professional incentive program 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. It includes stipends and educational supports for over 3,000 Corps members. The Corps seeks to raise the quality of care and education while promoting the long-range goal to improve the system of compensation and professional preparation for all early care and education practitioners. The Alameda County Child Development Corps is now a statewide model.

2003-2005 Proposed Corps Implementation

Continue the Child Development Corps Technical Advisory Committee.

Continue stipends and leadership development programs.

Provide one-on-one counseling from trained Professional Development Coordinators to and anticipated 600 new Corps members.

Link ECE programs to Family support Services and Community Grants.

Support Corps providers to better service children with special needs by partnering with AB1703 Child Care inclusion efforts.

Collaborate with the California Corps, a statewide advocacy organization around compensation and quality issues.

²⁷ California Child Care Workforce Study, "Family Child Care Providers and Assistants in Alameda County," 2001, p. 13

²⁸ Alameda County Child Care Planning Council, "A Profile of the Alameda County Child Care Center Workforce 1995-2001," February 2002, p. 18

Explore advocacy efforts with parent organizations, e.g., Every Child Counts Parent Advisory Committee, Parent Voices.

Convene a nine-month task force to recommend strategies to support child care providers who do not meet the minimum requirements to participate in the Corps.

Child Care Fund

PROGRAM OVERVIEW

The Child Care Fund supports facility development and program improvements through loans, grants, technical assistance, and business education for child care providers. The Fund includes the Quality Improvement Grant Program that offers assessment services using the Harms/Clifford Rating Scales, long range program improvement planning and grants for family child care and centers. The Fund generates additional resources from charitable foundations and corporations, and has improved the quality of child care environments for more than 3,500 children in the last three years.

2003-2005 Proposed Child Care Fund Implementation

Continue the Quality Improvement Grant and expand collaboration with Every Child Counts Enhanced Mentor Program, School Readiness and Family Support Services to help programs promote mental health and kindergarten preparedness activities for children and parents.

Continue business and facilities training and scholarships for business education for the child care field.

Continue loans for facility development.

Continue the Family Child Care Fair and “Spruce Up” Grant programs.

Coordinate links with statewide financing systems such as ABCD and Low Income Investment Fund that provides funds for facility improvements. Provide technical assistance for local providers to access financing from those systems.

Institute permanent business education courses in at least two community colleges.

Explore opportunities for early care and education professionals to utilize an Individual Development Account (IDA), a savings incentive for education or business development program.

Enhanced Mentor Program

PROGRAM OVERVIEW

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 Child Counts Mentor Program expands the diversity of content areas offered by the California Mentor Program and builds on its expertise and infrastructure to meet specialized needs of Alameda County's early care and education professionals.

2003-2005 Proposed Enhanced Mentor Implementation

Continue the Enhanced Mentor activities and increase the number of new mentor recruits from culturally diverse backgrounds by 10%.

Continue to award scholarships to Mentors for on-going professional development and leadership enhancement.

Plan and launch the "Every Director Counts: School Readiness Through Quality Programs" to provide specialized mentor services and leadership development to child care center directors.

Increase collaboration with the Child Development Corps and Child Care Fund to provide specialized mentoring experiences.

Collaborate with Family Support Services to integrate and increase cross-disciplinary training opportunities.

Develop expertise with the Enhanced Mentor Program to meet the needs of children with disabilities in child care settings.

School Readiness Initiative

NEEDS

- By 2005, enrollment in Alameda County's public kindergartens is projected to increase by 7%.²⁹
- Only 56% of the county's 3 and 4 year olds are enrolled in a preschool program.³⁰
- 58 elementary schools in the county have API scores in the lower 3 deciles. 66% of Oakland elementary schools and 50% of Hayward elementary schools have API scores in the lower 3 deciles.³¹

²⁹ California Department of Finance, Demographic Research Unit, "Public K-12 Projections," October 2002

³⁰ U.S. Census Bureau, Census 2000

³¹ California Department of Education, Dataquest 2002

PROGRAM OVERVIEW

Early Care and Education – School Readiness targets two communities with low Academic Performance Index (API) elementary schools: East Oakland and South Hayward. Programs serve children and families in the neighborhoods who are not in preschool or who have not had formal child care experience prior to entering kindergarten.

2003-2005 Proposed Early Care and Education School Readiness Implementation

Continue Summer Camp in five schools in 2003 and seven schools in 2004 for children entering Kindergarten with no prior preschool or formal child care experience.

Develop a school readiness manual and training curriculum for school districts including topics such as: implementation of summer camps, transitional activities and a parent workshop curriculum.

Implement the School Readiness Partnership Grant program in collaboration with Every Child Counts Community Grants Initiative and Family Support Services.

Conduct outreach to preschools in the targeted neighborhoods to encourage participation in Early Care and Education programs.

Coordinate with Special Education Departments for children identified with developmental delays in Every Child Counts School Readiness programs.

Community Connections

PROGRAM OVERVIEW

To facilitate an integrated system for early care and education, Every Child Counts contracts with four community colleges that have Child Development Departments and the county's three Child Care Resource and Referral (R&R) agencies. These contracts provide a forum through which early care and education systems needs are assessed, barriers are identified and solutions are developed. The contracting agencies and other post-secondary and community based institutions play a vital role in promoting our systems change agenda.

2003-2005 Proposed Community Connections Implementation

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

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

Continue advocacy on legislative issues related to early care and education and school readiness.

Explore the addition of courses at UC Berkeley Social Work and Psychology Departments that can be applied toward the Child Development Permit. This will allow and encourage BA graduates to work in early care and education and bring a cross-disciplinary approach that promotes mental health, child development and early childhood education.

Promote additional courses at the community college level that are taught in second languages based on the Chabot and Merritt College models.

Encourage community colleges to include content on children with special needs in their curricula.

Explore collaboration with community colleges and state-subsidized programs to develop a training on Desired Results, a state preschool assessment tool.

Provide funding to the Child Care Planning Council to distribute materials on where to refer children with special needs.

Universal Preschool

NEEDS

- In Alameda County, only Union City has instituted universal preschool

PROGRAM OVERVIEW

Universal Preschool would assure that all children, 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 succeed in elementary school. Preschools can include a wide range of curricula and approaches. Children are currently served in Head Start, private preschools, subsidized preschools and child development centers and family child care.

2003-2005 Universal Preschool Proposed Implementation

Continue developing the infrastructure and workforce necessary for a universal preschool system.

Conduct research on local needs for a universal preschool system.

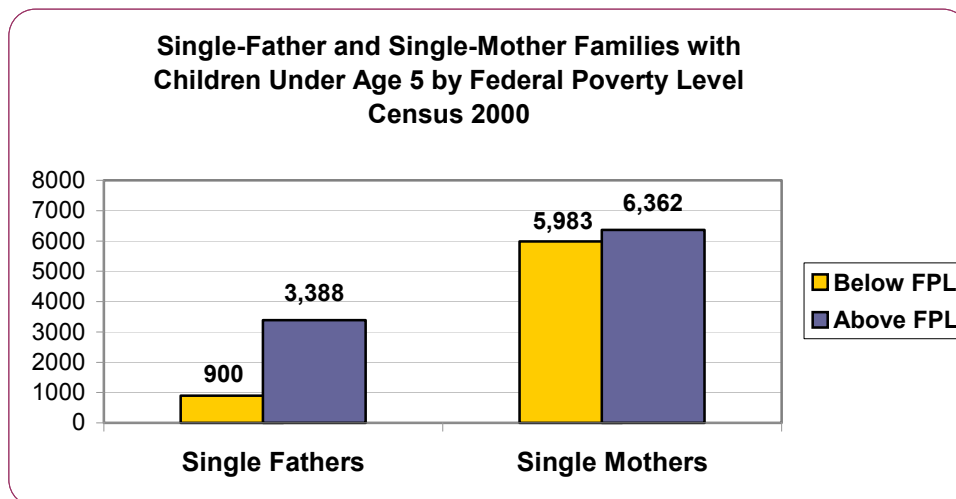
Conduct research on best practices, funding streams and existing universal preschool models.

Serve on the First 5 California, Universal Preschool Planning Committee.

community grants

NEEDS

- 17% of the county's children under age 5 live in single-parent households. Of these, 74% live with single mothers while 26% live with single fathers.³²



- 3% of Universal 1-3 clients, 11% of Special Start clients and 14% of Pregnant and Parenting Teen clients were children whose fathers were incarcerated or had a history of incarceration.³³
- Alameda County has the highest rate in the state for hospitalizations due to asthma in children under five. African American children (ages 0-14) are more than five times more likely to be hospitalized for asthma than Asian / Native Hawaiian / Pacific Islander or White children, and four times more likely than Latino children.³⁴
- Only 31% of children under five saw a dentist in 2001; 33% of 624 children screened at 8 elementary schools in Alameda County, had untreated dental decay.³⁵
- In 2001, Alameda County received over 5,700 domestic violence related calls to police. Children were present at 55% of incidents involving deaths related to domestic violence.³⁶
- In 2000, over 1,400 children ages 3-5 years with speech and language impairments were enrolled in licensed child care.³⁷

³² Census 2000

³³ Every Child Counts 2001 – 02 Annual Report

³⁴ Alameda County Public Health Department, "Alameda County Health Status Report 2003," pp. 56-8

³⁵ Alameda County Public Health Department Office of Dental Health, Spring 2003

³⁶ Criminal Justice Statistics Center, California Department of Justice, 2002 Query

³⁷ Alameda County Child Care Planning Council, "Meeting the Child Care Needs of Alameda County's Children: A Comprehensive Assessment of Licensed Child Care Supply and Demand," February 2002, p. 40

PROGRAM OVERVIEW

The Every Child Counts Community Grants Initiative was designed to enable community-based and public agencies to expand and/or enhance services to families with children 0 - 5 years, and to improve their own internal capacity to provide more effective services. In addition to funding, the Community Grants Initiative provides extensive technical assistance and training on all aspects of the grant making process, from proposal development and reporting to accountability training. Recipients are further encouraged to build collaborative relationships with other agencies in the community to promote service integration and to avoid duplication of services.

Increasing support for parents is a high priority of the Community Grants Initiative. Specific parenting priorities were developed in collaboration with the Parent Advisory Committee. Some areas include: enhancing access to parenting services and targeting services to parents at risk such as teen parents, single parents, fathers and non-English speaking families.

Integration with Every Child Counts services remains a grant making priority and is reflected in the Partnership Grant program. The Partnership Grants were established to facilitate integration and to encourage best practices in school readiness and early childhood mental health programs.

2003-05 PROPOSED COMMUNITY GRANTS IMPLEMENTATION

Fund 35 agencies for a two-year grant cycle: 9 Partnership Grants (School Readiness and Early Childhood Mental Health) and 26 Parenting and Innovative Service Grants. Funded services include parenting education classes for single parents, teen parents, parents of children with special needs and parents from diverse cultural and linguistic backgrounds; lactation support; in-home support to children with asthma; screening and referral for dental services; outreach to prospective adoptive parents; and support to families who have experienced domestic violence.

Monitor recipients during the term for program compliance, tobacco policy compliance and tracking outcomes.

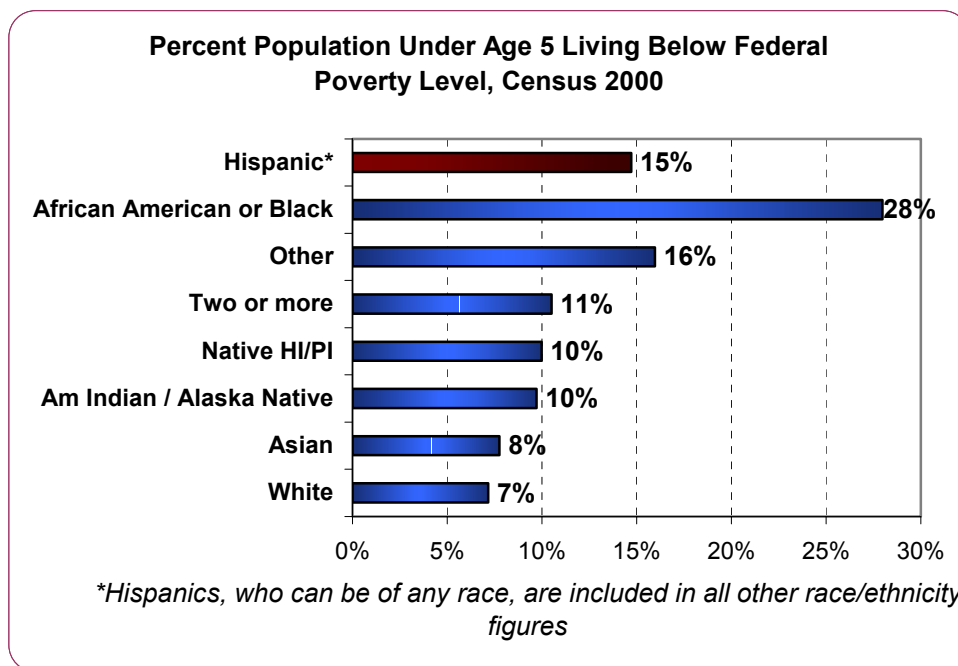
Provide extensive training and technical assistance on best practices to the Partnership Grant recipients and make recommendations for the future of the Partnership Grant Program.

Provide training and service integration opportunities by inviting grant recipients to attend the Training Connections seminars.

cultural access services

NEEDS

- Alameda County's African-American, Latino, Asian and Pacific Islander, and Native American residents now make up more than 50% of the county's population.³⁸
- 37% of the population speak a language other than English at home and 27% are foreign born.³⁹
- Minority children are at greater risk of poor health caused by lack of health insurance, poverty, and difficulty accessing culturally competent health care.⁴⁰
- During the first year of life, African American infants are more than twice as likely to die than White infants. Alameda County African American infant mortality rate is 8.5 deaths per 1,000 live births, compared to 3.7 deaths of White infants per 1,000 live births.⁴¹
- Approximately 12% of all children in Alameda County under five live below the federal poverty level.⁴² 28% of them are African American/Black.



- In Alameda County's 2001 teen birth cohort, 47% are Hispanic and 30% are African American/Black. 49% and 17% of these teen moms lived in Oakland and Hayward, respectively.⁴³

³⁸ Census 2000

³⁹ Census 2000

⁴⁰ Berglas, N., Lim, Jean J. "Racial and Ethnic Disparities in Maternal and Child Health," National Center for Education in Maternal and Child Health Policy Brief. No. 3, November 1998

⁴¹ Alameda County Public Health Department, "Alameda County Health Status Report 2003," p. 24

⁴² Federal Poverty Level (FPL) for a family of four is \$17,050 in gross earnings. Fair Market Rent grew from \$812 per month in 1998 to \$1,243 per month in 2002, or 50% of monthly earnings of family living at 200% FPL

PROGRAM OVERVIEW

Cultural Access Services (CAS) enables families in Alameda County, regardless of their cultural or linguistic background, to receive the same quality of services from Every Child Counts. Through outreach, availability of interpretation and translation, training and technical assistance, we support families and providers from various language and cultural backgrounds to access Every Child Counts services.

2003-2005 Proposed Cultural Access Services Implementation

Community Outreach

Conduct focus groups with Cantonese, Spanish and Arabic speaking communities to identify the needs of Limited English Proficient (LEP) families with children 0 – 5 years.

Conduct outreach with community leaders in minority communities to present information about Every Child Counts.

Work with media who target diverse cultural and linguistic groups and First 5 California media contractors to cover stories about Every Child Counts.

Convene the community based organizations that have been awarded First 5 California partnership grants for outreach to ethnic communities to discuss collaboration and resource sharing.

Family Support Services

Continue language assistance through interpretation and translation.

Continue to work with Training Connections to incorporate diversity perspectives into each seminar or training.

Expand access to culturally-appropriate parent educational materials by translating them into multiple languages and posting them on the Every Child Counts website for community use.

Work with Family Support Services contractors to ensure familiarity and compliance with National Standards for Culturally and Linguistically Appropriate Health Care Services.

Assist Family Support Services in a self-assessment of cultural diversity within each program.

⁴³ Alameda County Birth Data, 2001

Early Care and Education

Continue to provide interpretation services for the Child Development Corps.

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

Develop an outreach plan with the Child Development Corps, Child Care Fund and Enhanced Mentor Program to target Spanish, Chinese, Vietnamese and Farsi speaking program participants who may have barriers to accessing Early Care and Education resources.

Work with the community colleges to develop a resource list of bilingual instructors who are able to teach non-English early care and education classes.

Community Grants Initiative

Inform Community Grant recipients about the availability of interpretation equipment to enhance their ability to serve the Limited English Proficient population.

Provide consultation to Community Grant recipients on Cultural Access Services.

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 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 unified 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, and 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.

2003-2005 Proposed Accountability Matrix Implementation

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

Develop Partnership Grant accountability matrices for infant and early childhood mental health and school-readiness partnership grantees with their participation.

Develop tools and methods to assist Every Child Counts and partners to collect data required for accountability.

Generate the Every Child Counts annual report for all stakeholders.

Develop a version of the annual report for community-wide distribution with input from the Parent Advisory Committee.

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

In 2004, survey families receiving family support services to monitor client satisfaction.

Provide technical assistance on quantitative and qualitative evaluation methods to Every Child Counts program divisions.

Work with contractors to incorporate qualitative data into Family Support Services contractor reports.

Analyze results of the external systems change evaluation and implement recommendations as needed.

Explore collaborative research projects with universities and the First 5 California evaluation team.

Confidentiality and Privacy

Every Child Counts protects the confidentiality and privacy of the families we serve while collecting individually identifiable information to monitor services and generate outcomes and results data. To ensure confidentiality, a policy was developed which has become a model for the state. The policy exceeds Health Insurance Portability and Accountability Act (HIPAA) requirements and is included in our Confidentiality Brochure, which is distributed to all families receiving home visiting services.

2003-2005 Proposed Confidentiality and Privacy Implementation

Continue confidentiality trainings for Every Child Counts direct service providers.

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

Include the HIPAA privacy standards into all Family Support Services contracts.

Community Grants Accountability and Technical Assistance

Accountability for the Community Grants Initiative integrates results from the work of community grantees into the Every Child Counts accountability matrix and builds community capacity to report outcomes.

2003-2005 Proposed 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.

Develop common performance measures and outcomes for the Partnership Grants Program that integrate with the Every Child Counts accountability matrix.

Technical Infrastructure and Support

ECChange is the secure web-based, cross-agency integrated information system that informs our accountability matrix and provides a case management tool for Every Child Counts contractors.

2003-2005 Proposed Technical Infrastructure and Support Implementation

Continue to develop the ECChange reporting system to inform the accountability matrix and monitor contracts.

Continue to develop a web-based community grants application, tracking and reporting system and explore integration into ECChange.

Continue the development of a web-based mobile ECChange module that interfaces with the Child Development Corps data system.

Complete the implementation of the Intensive Family Support Services ECChange module including automation of assessment tools, a common family risk assessment tool and family care plan.

Establish an Every Child Counts Help Desk and infrastructure to support ECChange users.

Develop ECChange modules to facilitate data collection by Partnership Grantees and School Readiness programs.

Explore importing county birth and social services data into ECChange.

Identify and contract with an external support and maintenance service provider for ECChange in partnership with Alameda County Public Health Department.

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

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 Child Care Fund program and policy planning and implementation.

2003-2005 Proposed 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.

Child Development Corps Technical Advisory Committee (TAC)

The Child Development Corps Advisory Committee (TAC) is comprised of seven members, appointed to develop and propose policy on program implementation for the Corps. TAC members represent the Corps recipient groups: private, non-profit and subsidized center directors and staff, family child care providers and one community college instructor.

2003-2005 Proposed TAC Implementation

Continue policy and program analysis and development and assist in developing long-range goals and plans.

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 Committee offers a parent's viewpoint on parenting issues and needs within various communities and advises Every Child Count on parenting strategies and community grants.

2003-2005 Proposed Parenting Committee Implementation

Continue Parent Advisory Committee (PAC) participation on the Community Grants Review Panels.

Research parenting links for the Every Child Counts website.

Review a summary of the annual accountability report for community distribution.

Provide input into the Strategic Plan.

Provide feedback on Every Child Counts materials that will be used by families in the community.

Participate in Every Child Counts community events throughout the year.

Pediatric Advisory Committee

The Pediatric Advisory Committee includes 15 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 family support programs and assists with building linkages to the pediatric community.

2003-2005 Proposed Pediatric Advisory Committee Implementation

Develop strategies to integrate a school readiness focus into pediatric practices.

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

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 Proposed 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 seek foundation, corporate, state and federal funding for the Child Care Fund and other Every Child Counts programs.

Identify appropriate leveraging sources for the Cultural Access Services and the Specialty Provider Team.

Assess all 2003-05 Community Grant Recipients for federal fiscal leveraging potential and provide technical assistance for fiscal leveraging.

budget

REVENUES	2003-04	2004-05
Prop 10 Tobacco Tax	\$18,433,500	\$18,433,500
Other Revenues	\$7,636,220	\$7,636,220
TOTAL	\$26,069,720	\$26,069,720
EXPENDITURES	2003-04	2004-05
Family Support Services	\$10,827,842	\$10,827,842
Early Childhood Education	\$7,948,485	\$7,948,485
Grants & Support Strategies	\$3,851,152	\$3,851,152
Evaluation & Technology	\$1,900,456	\$1,900,456
Administration	\$1,041,785	\$1,041,785
Children's Sustainability	\$500,000	\$500,000
TOTAL	\$26,069,720	\$26,069,720

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