2009-2013 Strategic Plan
First 5 Alameda County
Every Child Counts

Approved
March 26, 2009

vision

Every child in Alameda County will have optimal health, development and well-being to reach his or her greatest potential.

mission

In partnership with the community, support a county-wide continuous prevention and early intervention system that promotes optimal health and development, narrows disparities and improves the lives of children 0 to 5 and their families.

table of contents

overview

WHO WE ARE

First 5 Alameda County (F5AC) - Every Child Counts, funded by revenue from the 1998 Proposition 10 tobacco tax, works to ensure that every child reaches his or her developmental potential. Every Child Counts focuses on children and families from prenatal to age five years and the providers who serve them.

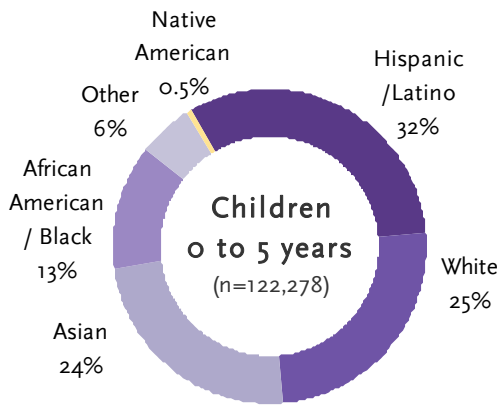
The F5AC Strategic Plan, Every Child Counts, is designed to support young children at home, in child care, and in the community. Our programs promote system changes and improve early childhood development and school readiness through family support, parent education, early care and education supports and health care services. Early childhood supports set the foundation for reducing health and educational disparities.

WHO WE SERVE

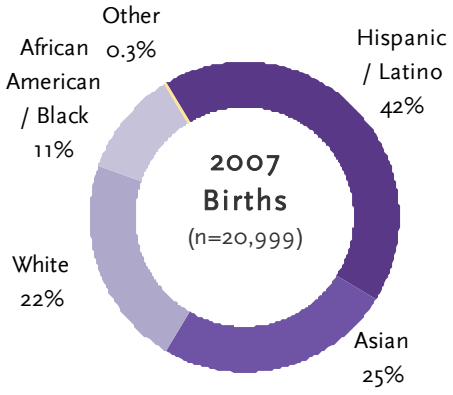
The young children and their families we serve reflect the rich diversity and culture of Alameda County. In 2006, there were an estimated 122,278 children ages 0 to 5, which accounts for 8.5% of the total population. Oakland, Fremont and Hayward have the largest populations of children 0 to 5.

The birth rate has remained stable since 2000; there were 21,430 births to Alameda County residents in 2007. Six percent were births to teen mothers. 45% of births were to first-time mothers, underscoring the value of supporting new parents.

Race/Ethnicity of Alameda County Children Age 0-5, 2006
(2005-06 First 5 CA State Report)



Births by Mother's Race/Ethnicity
(2007 Alameda Co. Vital Records)



Strong families are a vital part of ensuring that children can reach their full developmental potential. Issues affecting parents, caregivers and families as a whole are very significant to our efforts. These issues include:

- Fifteen percent of all children in Alameda County live under the federal poverty level
- More than one-quarter (27%) of all children 0-6 years of age live in single parent households
- 52% of births in 2005 were to foreign-born mothers, which may present language and cultural barriers for these families given that roughly half of foreign-born residents in Alameda County have indicated that they speak English less than "very well"

ABOUT THIS PLAN

State law requires every County First 5 Commission to prepare a strategic plan for the support and improvement of early childhood development within the county. The plan must be consistent with the requirements of the California Children and Families Act and other provisions of state law.

This plan was developed at the same time that the State of California is facing an unprecedented budget crisis. This crisis has led to a proposal to redirect some of the First 5 funding to fill shortfalls in the state budget. **This Every Child Counts plan is based on the assumption that First 5 funds currently received by Alameda County will not be redirected for other purposes.** If the voters of California decide to reduce funds that are distributed to the counties, this plan will have to be substantially revised to scale back the goals, outcomes, strategies and programs in accordance with the amount of future funds that Alameda County expects to receive.

GUIDING PRINCIPLES

To serve our diverse community, First 5 Alameda County hold ourselves and our funded partners to the guiding principles detailed below. These principles are integrated into all we do and form the foundation upon which all strategies are developed, implemented and evaluated.

DIVERSITY

Alameda County's children and families represent a wealth of ethnic, cultural, linguistic, economic and geographic diversity with diverse strengths and challenges around health, development and well-being (See Attachment E). First 5 Alameda County honors and respects the diversity of families we serve by:

- Training providers on delivering culturally sensitive services
- Promoting a culturally and ethnically diverse workforce
- Targeting services to non-English speaking monolingual and other underserved populations
- Promoting linguistic, cultural, geographic and disability supports and collaboration to enhance services and narrow disparities
- Tracking and monitoring results that reflect the diverse families and providers of Alameda County

NARROWING DISPARITIES

National, State and local efforts to narrow health and education disparities must begin prior to birth and continue through the life cycle. Through early childhood supports and interventions we can support children to enter kindergarten ready to learn and set the foundation for lifetime success. Early intervention services can contribute to significant cost reductions in health care, child welfare, education and the criminal justice system. First 5 Alameda County supports this effort by:

- Addressing physical and social emotional health, early learning opportunities and preparing parents to understand and support their children

- Targeting funding to services that address disparities focusing on high risk co9mmunitites, high risk populations, or addressing specific health or educational outcomes
- Tracking and monitoring results that reflect our targeting efforts

See Appendix B for a table mapping strategies by disparity.

Access

To ensure that families have access to the services they need, First 5 Alameda County supports systems that:

- Reach out to families in need
- Are family-friendly
- Are culturally and linguistically appropriate
- Are community-based and address local needs

Best Practices

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

- Cross-discipline approaches to support the development, health, education and social-emotional needs of young children and families
- Strength-based, 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 programs and efforts, both our own and our partners

Systems Change

To sustain lasting changes with a declining revenue source, First 5 Alameda County promotes systems and policy change by enhancing existing systems, creating systems of care and incorporating best practices. First 5 Alameda County supports sustainability of effective approaches that:

- Build capacity to serve the 0 to 5 population at the provider, agency and systems level
- Provide training that disseminates and promotes best practices
- Integrate family support, early care and education, health services, schools and other community resources to avoid duplication and maximize resources
- Promote organizational and community commitment to fiscal and program sustainability for children 0 to 5 and their families
- Advocate at local, state and national level to affect policy change

HOW WAS THIS PLAN DEVELOPED?

This plan is the result of ten months of extensive information gathering, analysis, community input and strategic decision making. Listed below are highlights of the activities conducted from April 2008 to January 2009.

- Available information was obtained about children age 0 to 5 and their families in Alameda County to base planning decisions on solid objective data including:
  - Past research from First 5 AC was combined with information provided by organizations throughout the county working with children and families and the latest data from a broad range of public data sources.
  - 194 different reports and data sources were analyzed and summarized into one Situation Analysis report (see Attachment A) that presented critical information about community assets and needs affecting children and families.
  - Twelve community forums were held in June 2008 to solicit public input on a draft version of the Situation Analysis. Changes suggested by community members were then incorporated.
- Three public meetings, including a full-day planning retreat, were held from July through September 2008 to use the information from the situation analysis to revise the mission, vision, guiding principles, goals and desired outcomes for the 2009-2013 plan.
- Information from the situation analysis, together with in-depth analysis of currently funded programs and additional research on proven and emerging methods of achieving the goals and outcomes, was used to identify potential strategies for Every Child Counts.
  - Nine community forums were held in October 2008 to gather public input about these potential strategies.
  - Three forums were specifically for parents; the others were open to all types of participants and were primarily attended by children and family service providers.
  - The insights gained from these steps were the basis for selecting the strategies contained in this plan.
- First 5 staff re-assessed current programs and considered new program approaches for implementing the strategies that have the greatest positive impact for children, families and the services they receive. Program modifications and funding allocations were presented and adopted, after a significant amount of community input at public meetings held in December 2008 and January 2009.
- First 5 staff developed an accountability matrix that maps indicators, performance and process measures to the Goals, Outcomes and Strategies approved by the Commission to both monitor programs and detail the measurement of outcomes or results. Review of the literature along with expert consultation and review by Commissioners informed revisions.

For more information about what we learned through the planning process, please see the Attachments available on www.first5ecc.org.

goals and strategies

Four overall goals were set for 2009-2013. Within each goal, specific outcomes are defined to identify the results we hope to achieve using First 5 resources.

CHILDREN	**1. Improve and integrate health and early care and education services for children 0-5 so they enter school ready to learn** Outcome 1A: Improved children's preventive and ongoing health Outcome 1B: Improved children's social-emotional and developmental well-being Outcome 1C: Improved availability of quality early care and education Outcome 1D: Improved school readiness and transition to kindergarten
FAMILIES	**2. Support families to provide a safe, emotionally and economically secure home environment to ensure optimal development of children 0-5** Outcome 2A: Enhanced parenting support to promote stronger families Outcome 2B: Increased ability of families to meet basic needs
PROVIDERS	**3. Support professionals to provide high quality services to children 0-5 and their families** Outcome 3A: Increased knowledge, skills and capacity of providers who serve children 0-5 and their families Outcome 3B: Increased ability to recruit and retain early care and education providers
SYSTEMS	**4. Promote systems and policy changes that enhance community capacity and fiscal sustainability for services to children 0-5 and their families** Outcome 4A: Increased community capacity in targeted neighborhoods to respond to the needs of children 0-5 and their families Outcome 4B: Increased communication and collaboration among agencies and organizations that serve the 0-5 population

STRATEGIES TO ACHIEVE THE GOALS AND OUTCOMES

Strategies are the overall approaches, models or methods that will be used to achieve the goals and outcomes. The seven core strategies that integrate the many different services and supports needed to produce measurable effects for children and families are illustrated in the diagram on the next page. Each strategy, in turn, is focused on specific target populations and outcomes where the strategy is expected to have the greatest impact and will address disparities identified in the planning process. Language assistance and cultural competence approaches will be incorporated into each of the strategies.

INTEGRATED CHILD CARE QUALITY SUPPORT SYSTEM

Coordinated, comprehensive system to assess, support and incentivize child care quality. Services can include quality review and coaching, integration of child and family supports into early care and education (ECE) programs, professional development for ECE providers, business and management support, facilitated access to AA and higher degrees, and facilities improvements.

Intent to increase development opportunities for both licensed ECE providers and unlicensed child care providers

COMMUNITY-BASED SCHOOL READINESS

Linked services within targeted geographic areas to support school readiness of children and family functioning such as parent/caregiver education and support (including support for unlicensed child care providers), kindergarten readiness support and family support (e.g. family economics, family literacy, health insurance access)

Targeted to geographic areas with disparities in child outcomes based on Commission-approved criteria.

Collaboration with and among community-based services is emphasized, e.g., child care sites, schools, clinics and other CBOs including linkages with faith based groups

HOME-BASED FAMILY SUPPORT

Integrated services provided in the homes of families including health/development screening, parent education and support, family financial fitness, family literacy and health insurance support

Targeted to families at high risk for poor child outcomes such as but not limited to children with special needs, substance abusing parents, and pregnant and parenting teens

COORDINATED SCREENING, ASSESSMENT, REFERRAL & TREATMENT

Integrated systems to screen children for developmental or social-emotional concerns, link families to services when concerns are identified, and provide case management to ensure services are delivered when needed

Targeted initially to children with highest risk factors as identified in the Screening, Assessment, Referral & Treatment (SART) strategic plan, with a goal of expanding to a countywide system

CHILD HEALTH PROMOTION

Focused health education, treatment for non-reimbursable services, and support services to reduce disparities in health outcomes for specific health issues of most significance in Alameda County

Targeted to top child health disparities such as asthma, oral health, mental health, developmental disabilities, lactation and exposure to tobacco and other substance use

COMMUNITY-BASED PARENT/CHILD ACTIVITIES

Playgroups, low cost family activities like parks and museums, and other approaches that offer positive activities for parents to do with their children while building stronger community networks for parents

Countywide effort – inclusive of communities throughout the county

PROVIDER CAPACITY BUILDING

Coordinated system to enhance capacity and quality for children/family service providers; includes provider training, multi-disciplinary consultation for service providers, and other technical assistance

Multi-disciplinary consultation for service providers targeted to providers funded under one of the other strategies. Other training and technical assistance will be open to all children/family service providers.

INTEGRATED INTO ALL STRATEGIES

Characteristics and services to be integrated into all of the other strategies are:

- Emphasis on prevention, early intervention and collaboration targeted to disparities in access and outcomes
- Language assistance services and cultural competence
- Information and referral to link families to available services
- Access and support for families with special needs
- Policy advocacy

Alignment of Strategies with Goals and Outcomes

The following chart shows which goals and outcomes are primarily targeted by each of the strategies. However, many of the strategies use integrated approaches and will have beneficial impact on other goals and outcomes.

Strategies	Goal 1: Improve and Integrate health & early care and education services for children 0-5 so they enter school ready to learn				Goal 2: Support families to provide a safe, emotionally and economically secure home environment to ensure optimal development of children 0-5		Goal 3: Support professional to provide high quality services for children 0-5 & their families		Goal 4: Promote systems & policy changes that enhance community capacity & fiscal sustainability for services to children 0-5 & their families	
	1A: Improved children's preventive and on-going health	1B: Improved children's social-emotional and developmental well being	1C: Improved availability of quality early care and education	1D:Improved School Readiness and Transition to Kindergarten	2A: Enhanced parenting support to promote stronger families	2B: Increased ability of families to meet basic needs	3A Increased knowledge, skills and capacity of providers who serve children 0 to 5 and their families	3B:Increased ability to recruit and retain early care and education provider	4A: Increased community capacity to respond to the needs of children 0 to 5 and their families	4B:Increased communication and collaboration among agencies and organizations that serve 0 to 5 population
Integrated Child Care Quality Support System	X	X	X	X			X	X		
Community-Based School Readiness	X	X		X	X	X			X	X
Home-Based Family Support	X	X			X	X				X
Coordinated Screening, Assessment, Referral & Treatment	X	X		X			X			X
Child Health Promotion	X	X		X						
Community-Based Parent/Child Activities					X				X	
Provider Capacity Building	X	X	X				X	X	X	X

programs and support activities

This section describes the programs, services and other activities that will be supported by First 5 Alameda County in order to implement the strategies. These programs were selected based the current needs of our community, nine years of experience including quantitative and qualitative program accountability and evaluation data, client and community input, knowledge of the programs and best practices in the field. The programs are organized according to the seven overall strategies, with a final section covering activities that are to be integrated across all of the strategies.

Integrated Child Care Quality System

Programs under the Integrated Child Care Quality System strategy are intended to improve the quality and availability of child care. Programs will provide an integrated system of supports to ECE providers to improve providers' knowledge and skills and support the program's capacity to provide quality services. Quality child care services contribute to reducing educational disparities for the at-risk children they serve.

2009 – 2013 Integrated Child Care Quality System Programs

Quality Counts: Quality assessment and site based support for ECE programs involving collaborative multi-disciplinary assessment of ECE program needs, program consultation to help address identified needs, facility and equipment grants based on identified needs, and facilitated referrals to other community resources (such as, but not limited to, career advising, training, mentoring, and inclusion services).

College/University Education for ECE Providers: Child Development Corps AA Program (includes professional development and system supports) and other programs to assist people in obtaining AA, BA, MA and Ed.D degrees to expand the pool of well-educated and diverse ECE providers.

Community Based Training and Coordination: Provide on-going community-based training for ECE providers that is designed to impact the quality of their services. This will include on-site training opportunities such as business consultation, the Enhanced Mentor Program, and an informal training system within the local Resource and Referral Agencies.

Child Care Grants: Provide Emergency Grants and Start Up Facility Grants to qualified ECE providers, offer Quality Improvement Grants to providers that participate in the Quality Counts program, and offer repayable loans for emergency operating expenses to state ECE contractors that are experiencing temporary delays in receiving state funding.

Other supports for ECE providers, such as training for coaches and mentors that work with ECE programs and inclusion support and training to assist children with special needs, are included in programs listed under other strategies.

COMMUNITY-BASED SCHOOL READINESS

Community-Based School Readiness services are provided within targeted geographic areas with low Academic Performance Indices (API) schools to support the school readiness of children, their future school success and family functioning. The emphasis is on collaboration with and between existing community-based services such as child care centers, schools, clinics, faith-based organizations and other community-based organizations.

2009 – 2013 Community-Based School Readiness Programs

Outreach and Education: Maintain county-wide outreach and education activities including a radio show focusing on parenting issues for parents and caregivers. Expand Parent Kit distribution with increased outreach to Asian communities while sustaining outreach to English- and Spanish-speaking communities. Expand outreach to a wider range of faith-based organizations (FBO's) through small grants and materials to FBO's coordinating school readiness activities and increased outreach and distribution of parent kits through FBO's.

Literacy Programs: Maintain the Early Literacy Enhancement project that distributes high-quality culturally, linguistically and developmentally appropriate books to children receiving Every Child Counts services. Expand the Reach Out and Read program to provide books through pediatric practices during well-child visits. Expand literacy activities and training for partners and agency programs to build literacy capacity of providers.

Kindergarten Readiness and Transition: Support five previously funded school districts with low APIs schools to continue year-round school readiness programs and transition services, including technical assistance for these districts to to leverage other public and private dollars. Expand year-round school readiness programs to three new low-API school districts. Maintain funding for Summer Pre-Kindergarten programs in six low-API districts and expand to three new districts with low-API schools.

Funding for additional community-based family support and school readiness programs related to this strategy may be made through the Community Grants Initiative which is described later as a program that is integrated across all strategies.

Home-Based Family Support

Programs under the Home-Based Family Support strategy provide integrated services in the homes of families to aid the health, well being and development of children age 0-5. Parent support and education includes support for lactation, social –emotional concerns, overall family functioning, family financial fitness, health insurance and other supports. Intensive home based family support services are targeted to families at high risk for poor child outcomes such as, but not limited to, children with special needs, substance abusing parents, parents with mental illness and pregnant and parenting teens.

2009 – 2013 Home-Based Family Support Programs

Intensive Family Support for Pregnant and Parenting Teens: Home visits and other integrated support services for pregnant and parenting teens that enhance the capacity of teen-serving programs to focus on and support the development and well-being of the child, in addition to supporting the teen parents facing various stressors.

Special Start: Home visits and case management services for high risk families with infants discharged from the Neonatal Intensive Care Unit (NICU), offering intensive support services at home from a multi-disciplinary team of Public Health Nurses, Family Advocates, mental health and substance use specialists and child development specialists through age three years, if necessary.

Your Family Counts: Prenatal and postpartum home visiting by a multi-disciplinary team including public health nurses, family advocates, mental health ,child development and lactation specialists for high risk and hard to reach families such as, but not limited to, mothers at high risk for mental health concerns, homelessness or substance use problems. Plans for 2009-2013 include expanding the Hospital Outreach component of this program to provide outreach and referral to other programs serving high risk families.

Coordinated Screening, Assessment, Referral and Treatment

Programs under this strategy are intended to create and oversee an integrated countywide system to screen children for developmental or social-emotional concerns, link families to services when concerns are identified, and provide case management to ensure services are delivered when needed.

2009 – 2013 Coordinated Screening, Assessment, Referral and Treatment Programs

Screening, Assessment, Referral and Treatment (SART) Coordination: Coordination of SART services across county and community agencies, policy development ,identification of funding strategies, linkage of community based START components , e.g., Medical Home, Perinatal SART, etc.),and technical assistance for service providers.

SART Training and Screening: Pediatric Strategies, Healthy Steps/ABCD,) will expand the integration of standardized developmental /social emotional and autism screenings at county and community clinics and pediatric practices. Existing Healthy Steps child development specialists will expand their role to provide developmental play groups and family navigation for children identified with concerns. ECE and Social Service Provider Training/Screening activities provide training and support for incorporating standardized screening and early identification efforts in ECE settings and provide early childhood-related training to Child Welfare workers.

Assessment and Treatment Matching Fund: Supports the provision of assessment and treatment services for non-Medi-Cal children, offering in-depth assessments for children who have been identified with developmental and/or social-emotional concerns, but are not eligible for entitled services through Medi-Cal. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program funding will be used for "Enhanced Screening, Assessment and Treatment" services for children on full-scope Medi-Cal. Funding to support assessment and treatment for Healthy Families recipients will be explored.

Family Navigation: Family Navigators will assist families accessing assessment, treatment, child care and community supports for children who have been identified with developmental and/or social-emotional concerns. Family Navigators will be funded through a variety of agencies including the Resource & Referral Inclusion Coordinators, Family Resource Network peer navigators and other community based bi-lingual and bi-cultural positions.

City and County Matching Funds: SART funding is built on several State and Federal funding streams that require a local match. This funding will be used as match for CHDP to support the Triage & Referral Phone Line, for IV-E training funds and other matching services. In addition, matching funds will be available to encourage city funding and support for regionally-based community supports that support community based SART services.

Child Health Promotion

Child Health Promotion programs offer focused health education and treatment for non-reimbursable services, and support services to reduce disparities in health outcomes for specific health issues in Alameda County.

2009 – 2013 Child Health Promotion Programs

Asthma Education and Services: Maintain county-wide activities including education, case management, home visits for asthma trigger reduction, and referrals for children visiting hospital emergency rooms and clinics.

Health Insurance: Assess families' health insurance coverage in First 5 programs and refer families to appropriate resources .Continue to complete the newborn referral form at the time of delivery to assure Medi-Cal coverage for the infants first year.

Oral Health Education and Services: Provide oral health education for children, parents and other caregivers and support oral health screening and referrals for treatment in partnership with other local agencies.

Lactation Services: Lactation Specialists provide direct services to families to promote breastfeeding and address lactation-related concerns; provide training and consultation to community partners to promote best practices in infant feeding, increase provider capacity to address infant feeding issues.

Mental Health Consultation to Child Care: Mental Health Consultants provide classroom consultation to assess the impact of the ECE environment on young children's behavior and support ECE providers to improve the classroom environment by working with staff and parents.

Tobacco Education and Services: Trainings include impact of secondhand smoke and cessation for child care providers and parents, site assessments for asthma triggers at child care centers, and dissemination of information on local tobacco policies and laws to Resource and Referral agencies. Support perinatal screening programs that identify and address substance use issues including tobacco.

Community-Based Parent/Child Activities

Programs and services under this strategy offer positive activities for parents to do with their children while building stronger community networks for parents throughout the county. Activities will be funded through the Community Grants Initiative, which is described later as a program that is integrated across all strategies.

PROVIDER CAPACITY BUILDING

This strategy includes a system of training, technical assistance and other support activities for children, family and early care and education providers to enhance their capacity and quality of services.

2009 – 2013 Provider Capacity Building Programs

Training Institute (Training Connections, Consultation and Conference Center): The Training Institute is the umbrella for all training activities within First 5 Alameda County, creating and supporting an integrated training program that builds and develops provider capacity with a focus on culturally competent service delivery. The Institute anticipates sponsoring 6-8 single and multi-day trainings per month ranging in size from 15-120 attendees per training. Continuing Education Units are provided free of charge to registered nurses, licensed clinical social workers and marriage and family therapists at all qualified trainings. A Training Specialist works closely with all programs to ensure the use of best practices in training and adult learning in order to enhance the quality of trainings and to provide a comprehensive, consistent approach to training.. The First 5 Conference Center is available for use at no charge for non-profit and public agencies serving Alameda County children 0-5 and their families and providers who serve them.

Specialty Provider Services - Mental Health / Child Development: Multi-disciplinary practitioners provide training and consultation to First 5 contractors with the goals of institutionalizing best practice standards within community-based organizations; enhancing the quality of services and competencies of home visitors; and embedding/modeling the multi-disciplinary approach as a standard of practice. They also provide direct support to families in partnership with case management services.

Early Childhood Mental Health Harris Training: Harris Training is a workforce development and best practice promotion initiative aimed at creating a more prepared and diverse group of mental health practitioners who can work with children 0 to 5 in a variety of intensive family support and early care and education settings. It is an intensive 3 year training that has served over 200 practitioners since inception.

Family Financial Fitness: Integrate assessment, information, referral and other support services into home- and family-based services and quality child care programs to promote economic self-sufficiency of families.

Programs and Support Activities Integrated Across All Strategies

The programs and activities listed below serve to enhance the availability and accessibility of services across many of the other strategies, as well as to maximize the overall impact of First 5 Alameda County on policies and systems that affect children and their families.

2009 – 2013 Programs and Support Activities Integrated Across All Strategies

Community Grants Initiative. The Community Grants Initiative (CGI) promotes and advances the mission of First 5 through grant making, capacity building, and convening community partners. In 2009-2013, CGI will continue to award grants to community-based and public agencies linked to the strategic outcomes established in 2009-2013 Strategic Plan.

Cultural Access Services. Cultural Access Services (CAS) provides language support to First 5 internal and contracted programs to ensure access for families with language barriers. Translation of documents and on-site interpretation services is provided as well as training of providers on working effectively with interpreters. In addition to direct service support, CAS provides technical support at the organizational level through Partnering for Change, a pilot project that combines a peer learning approach with technical assistance to support organizational leaders develop culturally competent agencies.

Policy Development and Advocacy. As a systems change organization with a declining revenue stream, policy changes at a national, state and local level are essential to ensure sustainability. In collaboration with the Commissioners, County and community-based agencies, First 5 AC will develop a 0-5 policy agenda building on the work we are currently engaged in to support sustainability, integration of best practices, and to affect disparities.

funding allocation

Initial Funding Allocation

An initial annual allocation of funds by strategy for 2009-2013 was developed as a guide for managing fiscal resources. The allocation is shown in the table below. This allocation, together with the long-range financial plan adopted by the First 5 Alameda County Children and Families Commission, serves as a general guide for the annual development of a detailed budget.

NOTE: If there are changes to the Long Range Financial Plan, the funding allocation may decrease over the period of the strategic plan.

Strategies	Annual Allocation Guideline
Strategy: Integrated Child Care Quality Support System	$5,897,471
Strategy: Community-Based School Readiness Services	$1,296,712
Strategy: Home Based Family Support	$6,033,861
Strategy: Coordinated SART	$1,719,685
Strategy: Child Health Promotion	$1,241,099
Strategy: Community Based Parent Child Activities (included in Community Grants Initiative allocation shown below)	0
Strategy: Provider Capacity Building	$1,576,791
Programs Integrated Across Strategies: Cultural Access Services	$350,000
Programs Integrated Across Strategies: Community Grants Initiative	$3,182,573
Total	**$21,298,192**

The funding allocation shown here only includes Program expenses, and does not include Evaluation or Administration expenses. According to state law, Program expenses in First 5 agencies must be segregated from Evaluation and Administration expenses. Program costs include First 5 staff salaries and benefits, contracts, grants, stipends, training expenses and First 5 overhead (which includes rent, communications and other expenses). Evaluation and Administration expenses are planned and budgeted during the annual budget process.

The funding allocation is based exclusively on Prop 10 tobacco tax dollars plus any funds already committed for First 5 activities, such as Medi-Cal Administrative Activities (MAA) funding. It is important to note that uncommitted funds for future years are not included in the funding allocation, such as but not limited to AB212 funds for professional development for school-age ECE providers. Receipt of new funding commitments may increase the overall funding for strategies supported by those additional funding streams.

Fiscal Management

As required under current state law, First 5 Alameda County has adopted a long-range financial plan together with this strategic plan. The financial plan defines the objectives, policies and strategies for obtaining, managing and sustaining the financial resources necessary to implement the strategic plan. The financial plan is reviewed annually, at a minimum, to ensure that it remains consistent with the strategic plan and is a meaningful blueprint for proactive management of financial resources. The financial plan (available at www.first5ecc.org) is kept as a separate document since the financial plan may need to be revised more frequently than the strategic plan.

The long-range financial plan serves as the initial guide for developing a detailed annual budget. Each budget covers one fiscal year, which runs from July 1 to the following June 30. The annual budget, adopted by the Commission in a public meeting, becomes the primary tool for managing revenues and expenditures throughout each fiscal year.

We are committed to ensuring that the greatest possible benefit is realized for young children and their families through the use of First 5 resources. In order to meet this overall goal, the following guidelines have been established related to the allocation of First 5 funding.

1. Funds will only be allocated to activities that directly further the elements of this strategic plan or that are necessary for the operation of First 5 Alameda County, consistent with the purposes expressed in the California Children and Families Act.

2. In compliance with California Revenue and Taxation Code section 30131.4, Trust Fund monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.

3. All recipients of funding must show a commitment to accountability and be willing to work with First 5 Alameda County to measure the impact and overall efficacy of their services.

sustainability

Based on the declining tobacco tax revenue and the commitment to continue and institutionalize First 5 AC services, we focus our sustainability efforts in three areas: Fiscal, Community Commitments, and Policy and Legislative changes.

Fiscal

The First 5 AC fiscal leveraging plan (available at www.first5ecc.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.

Community Commitment

As a declining revenue stream First 5 has worked in close partnership with our contractors and grantees to change community practices to reflect best practices and to integrate a focus on the 0-5 population. We work with funded and non-funded partners including County and Community agencies, Community Colleges, School Districts, Libraries, Parks and Recreation and other community agencies.

Policy and Legislative Efforts

With the new Federal Stimulus funding, we are actively exploring opportunities to support Every Child Counts services in areas of Early Care and Education, Home Visiting and SART. We are also involved in local, state and national policy issues that address reimbursement and funding streams for services. Over the next year First 5 Alameda County will develop a policy agenda around sustainability.

accountability framework

The Accountability Framework reflects our commitment to measuring the impact of all First 5 AC programs. The framework consists of four components: an accountability matrix, confidentiality and privacy policy, community grants and contractor technical assistance, and technical infrastructure and support.

F5AC Every Child Counts Accountability Matrix

The matrix includes program targets, performance measures and outcome indicators to monitor and measure the impact of Every Child Counts programs and identifies areas for potential in-depth evaluation. 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. Detailed programmatic accountability plans will be developed for each of our programs and attached to contracts. See Appendix A for the accountability diagrams and detailed matrix.

2009-2013 Accountability Matrix Implementation

Refine and update the matrix to match programmatic changes. Develop program-specific accountability matrices to incorporate into contract reporting requirements

Develop tools, methods and supports to assist First 5 AC and partners to collect data required for accountability

Generate data for contract negotiations, performance monitoring and quality assurance.

Provide technical assistance on results-based accountability and quantitative and qualitative evaluation methods to First 5 program divisions

Contract for external evaluations of pilot and ongoing programs as appropriate

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

Generate the First 5 AC annual report for all stakeholders and prepare state annual report

Confidentiality and Privacy

First 5 AC protects the confidentiality and privacy of the families we serve while collecting individually identifiable information to monitor services and generating outcomes and results data.

2009-2013 Confidentiality and Privacy Implementation

Support First 5 AC confidentiality policy through trainings for First 5 direct service providers and staff, collecting client consent to share information and meeting all requirements under the federal Health Insurance Portability and Accountability Act (HIPAA) and other applicable laws and regulations

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

Program Accountability and Technical Assistance

Accountability for First 5 programs includes providing technical assistance and training to contractors, grantees and grant applicants, integrating results from contractor and community grantee reports into the First 5 AC annual report.

2009-2013 Program Accountability Implementation

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

Provide results-based accountability workshops and individual technical assistance for contractors and grantees

Require and develop common performance measures and outcomes for the Contractors and grantees

Technical Infrastructure and Support

First 5 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 enhancements in response to new programs and user needs. Data systems include: ECChange, the secure web-based, cross-agency integrated information system for Family Support Services and School Readiness programs; and ECC Online, the web-based database that supports First 5 Contractor reporting, Community Grants, Child Development Corps, Quality Enhancement Services, Training Institute, and stores organizational contacts.

2009-2013 Technical Infrastructure and Support Implementation

Develop and enhance ECChange and ECC Online modules to meet the data collection and reporting needs of new and modified programs

Provide Help Desk services and host infrastructure to support ECChange users

Support and maintain ECChange and ECC Online to meet data collection, program and contract monitoring and reporting needs and meet current technology demands

Support data sharing procedures between ECChange and partner agencies

Collaborate with the Alameda County Public Health Department on the development of a data tracking and referral system for the Screening, Assessment, Referral and Treatment Initiative (SART)

ADMINISTRATION

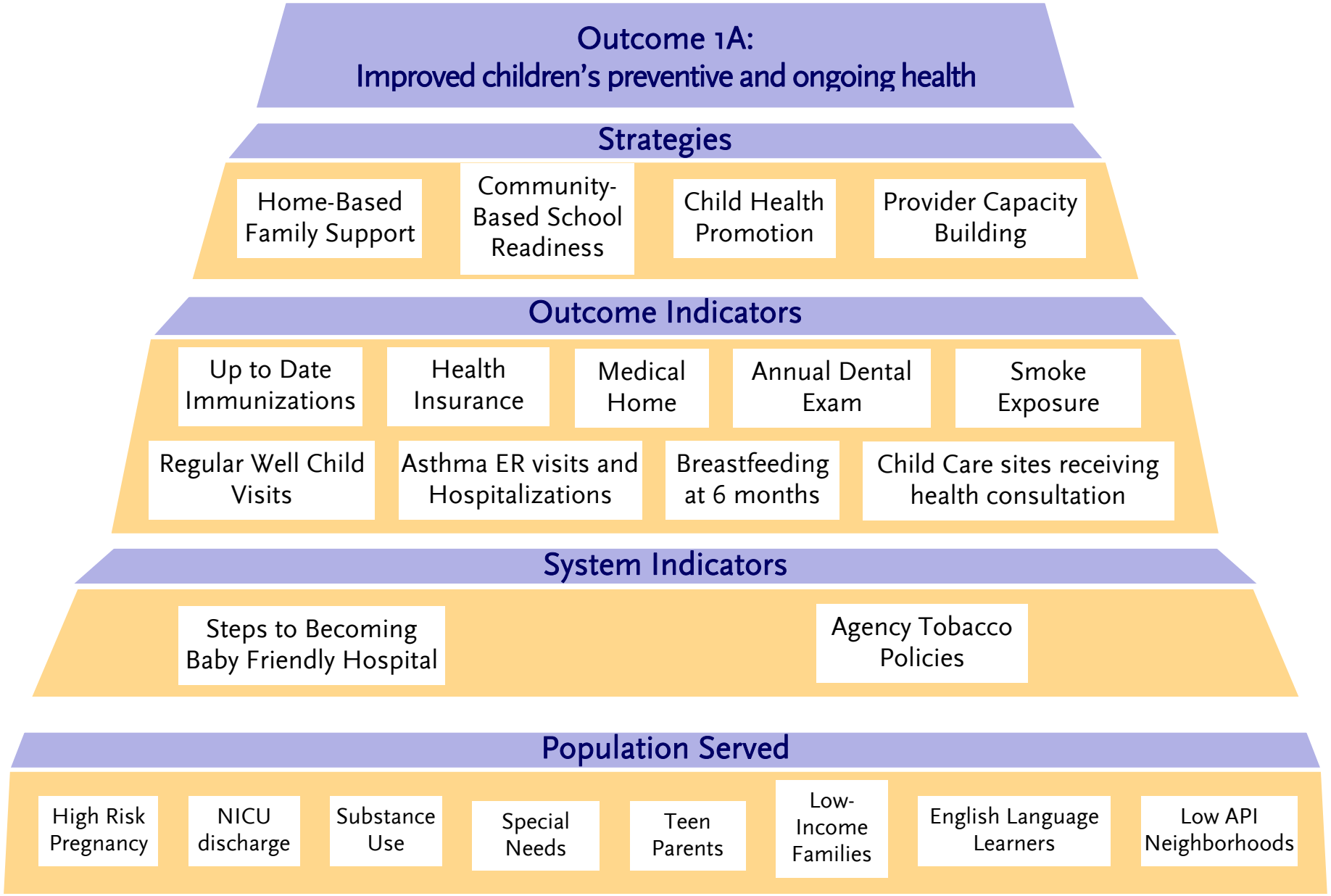
To implement the programs described in the Strategic Plan, it is necessary to develop and maintain adequate and appropriate organizational infrastructure. This includes, but is not limited to, financial, investment and cash management systems, facilities, human resources, contract management, and risk management.

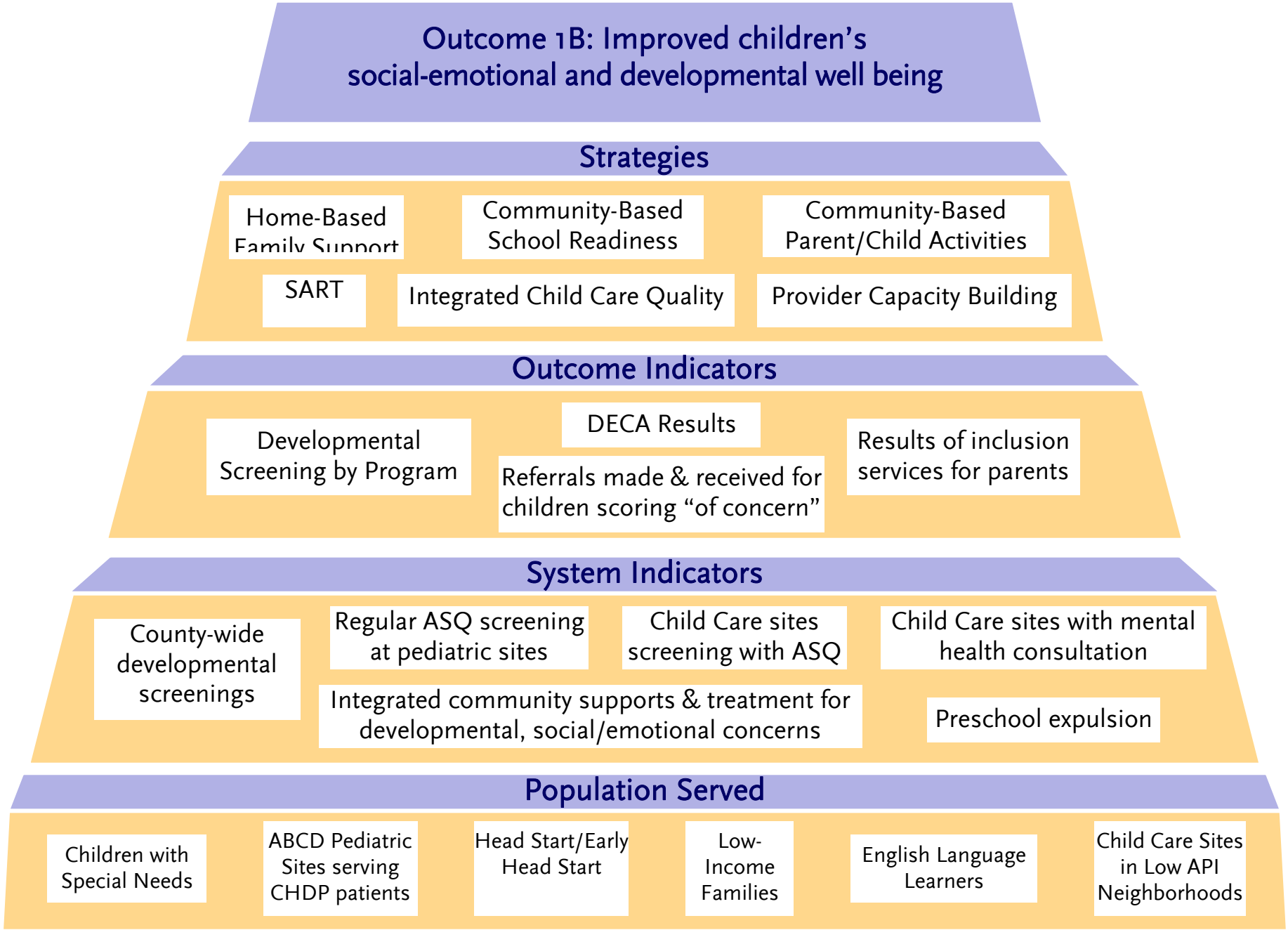
supporting documents

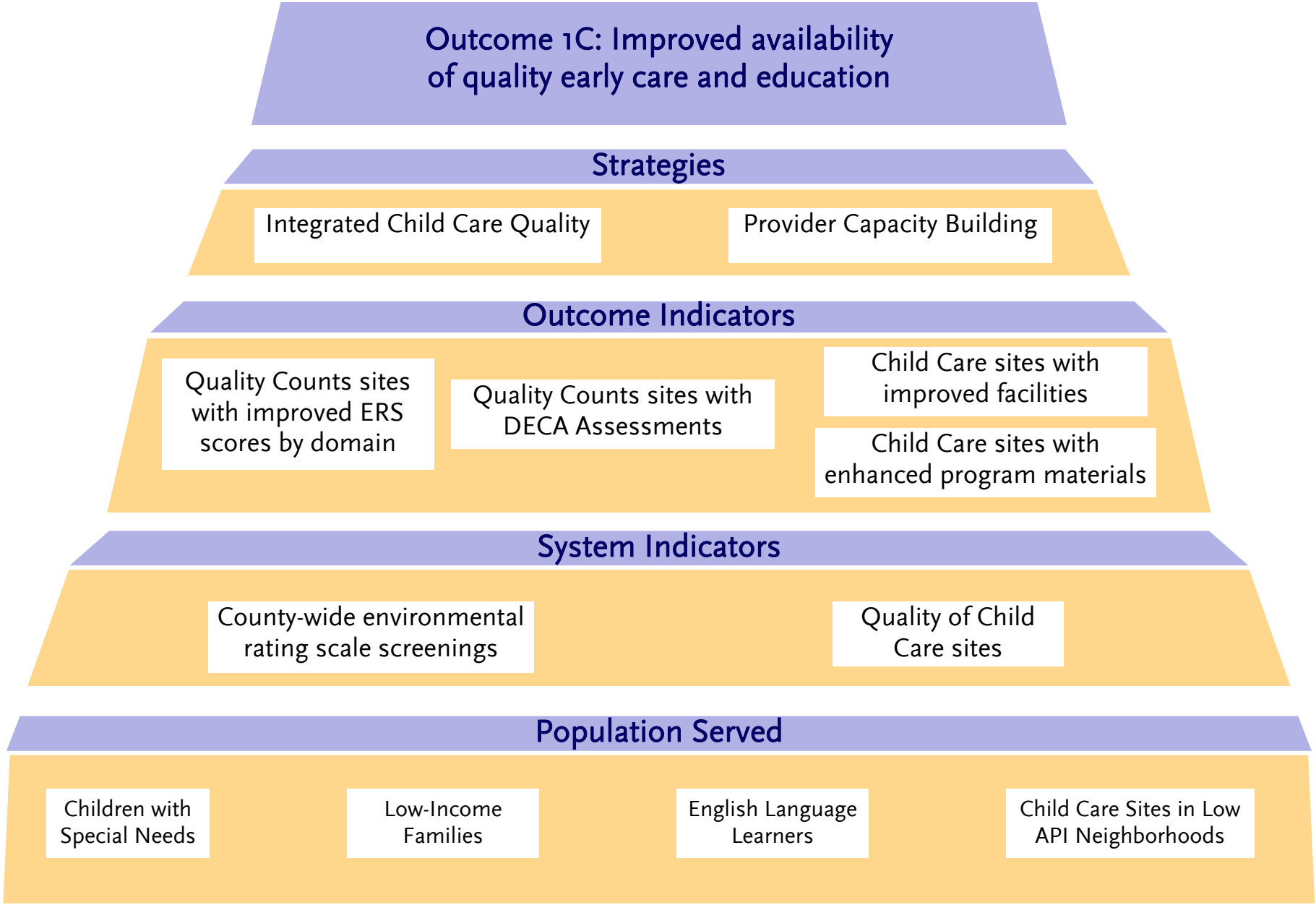
Listed below are the primary documents that were produced during the development of this plan. They contain additional information about the community assets and needs, public input and analysis of strategic options that were important factors in creating the 2009-2013 plan. Copies are available upon request from First 5 Alameda County. Selected documents, along with minutes of all public Commission meetings held during the planning process, are also available online at www.first5ecc.org.

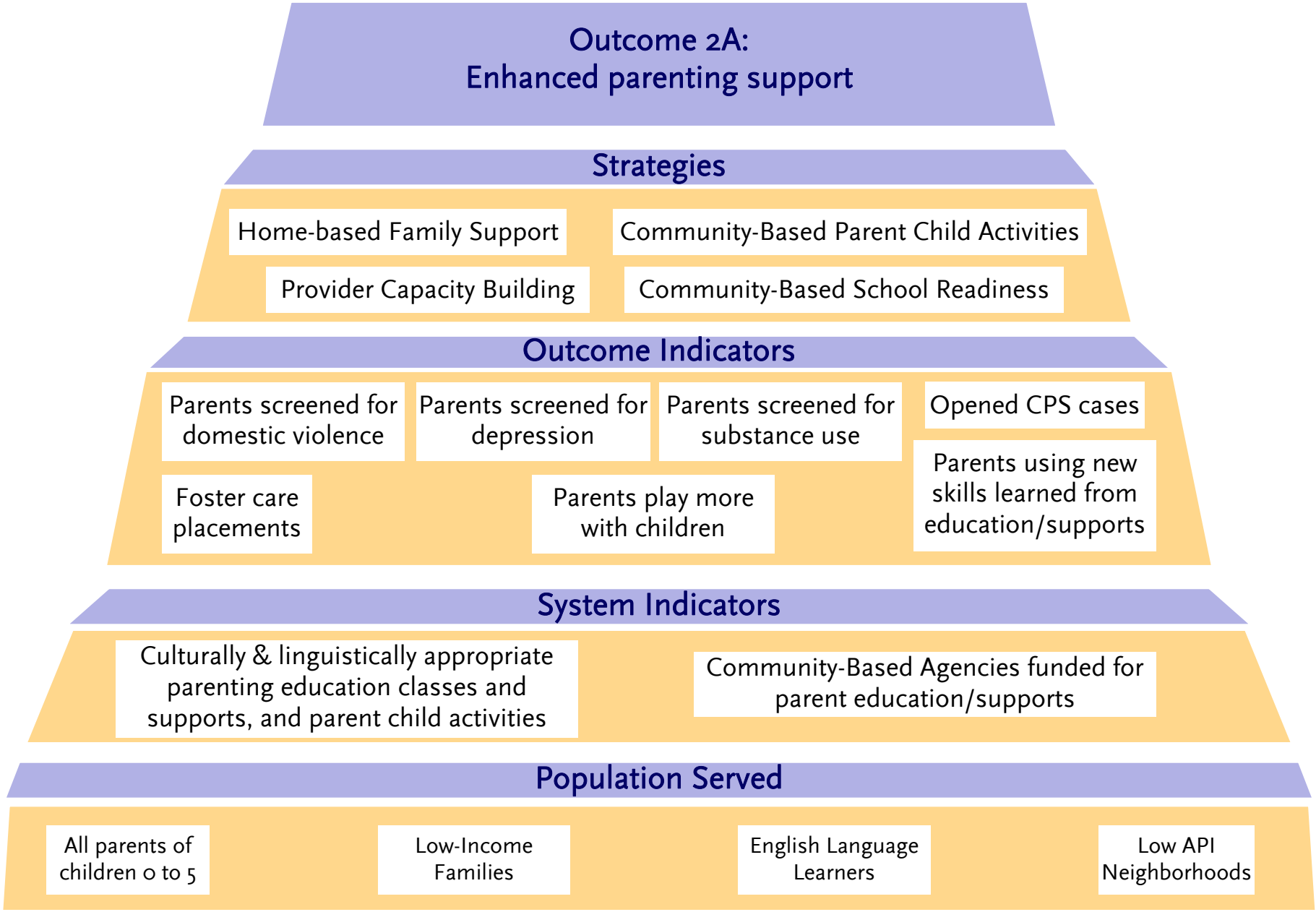
Attachment	Publication Date
A. Situation Analysis for Strategic Planning: An assessment of key aspects of health, development and well being of children age 0 to 5 and their families	July 7, 2008
B. June 2008 Community Forum Notes	July 31, 2008
c. First 5 Alameda County Analysis of Strategy Options	October 29, 2008
D. Results of October 2008 Community Forums and Public Input	October 29, 2008
E. ECC Director and Staff Program Recommendations	December 11, 2008
F. 2009-2013 Strategic Plan Funding Allocation Recommendation	January 13, 2009

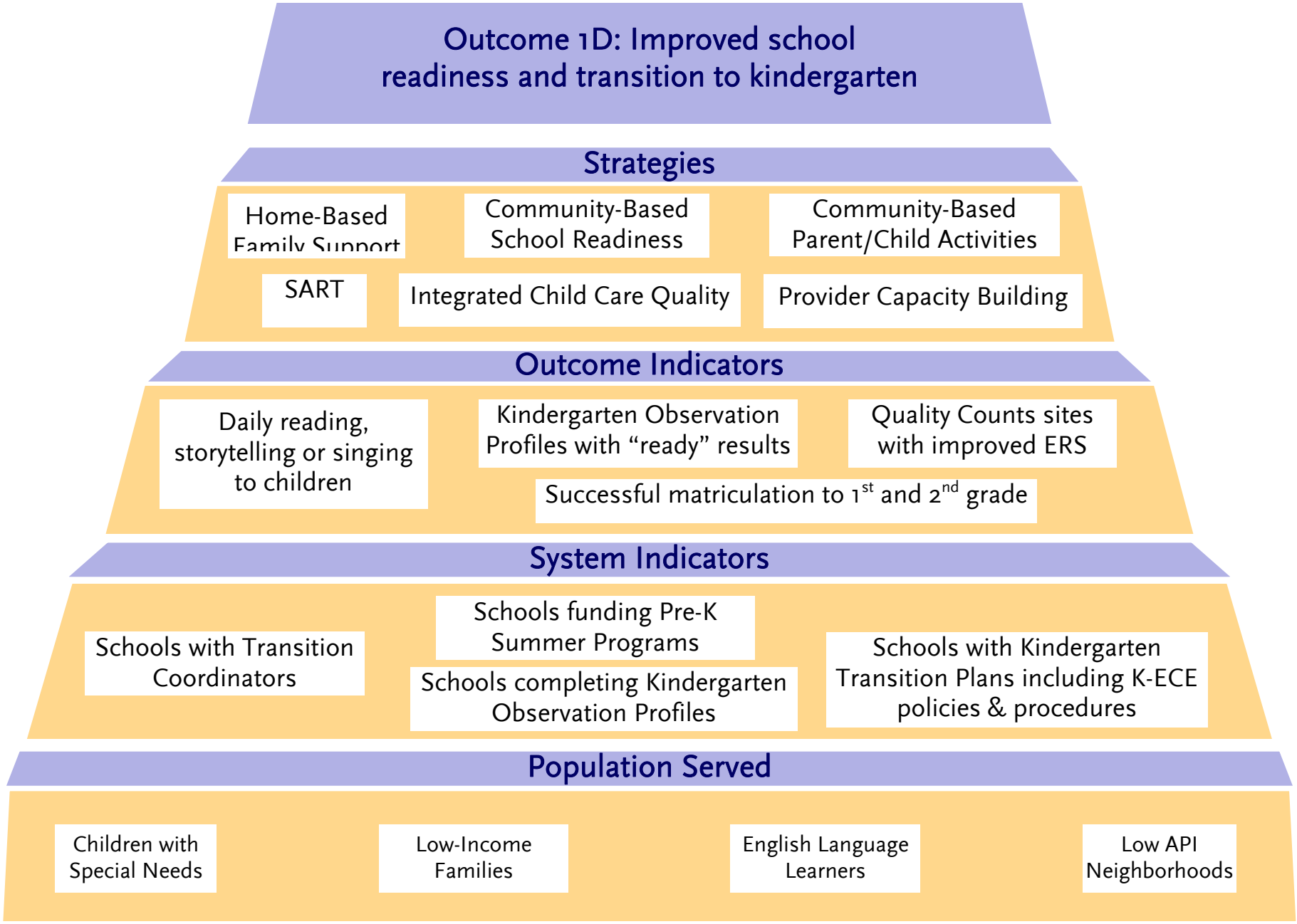
appendix a: accountability diagrams and matrix

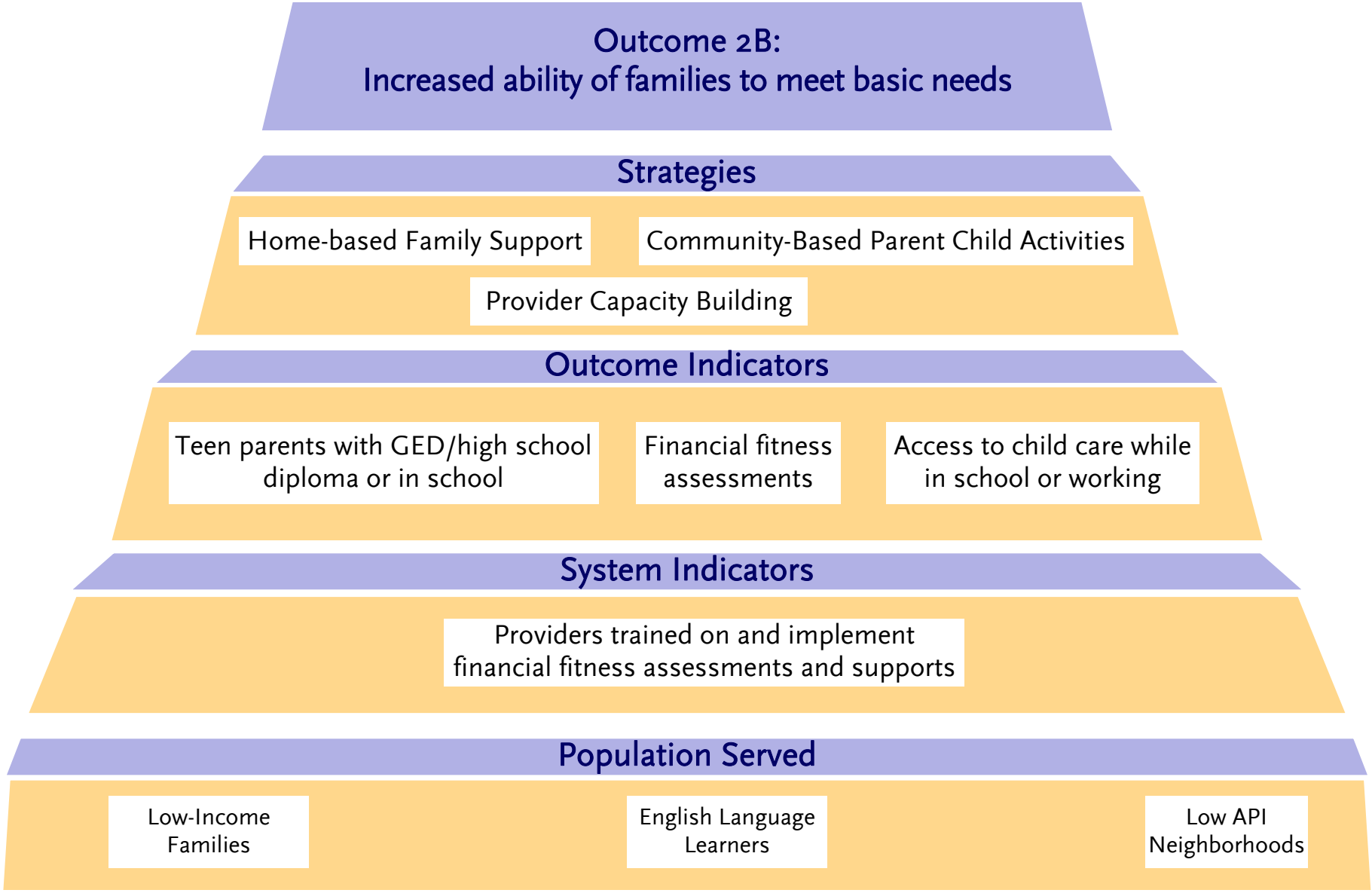


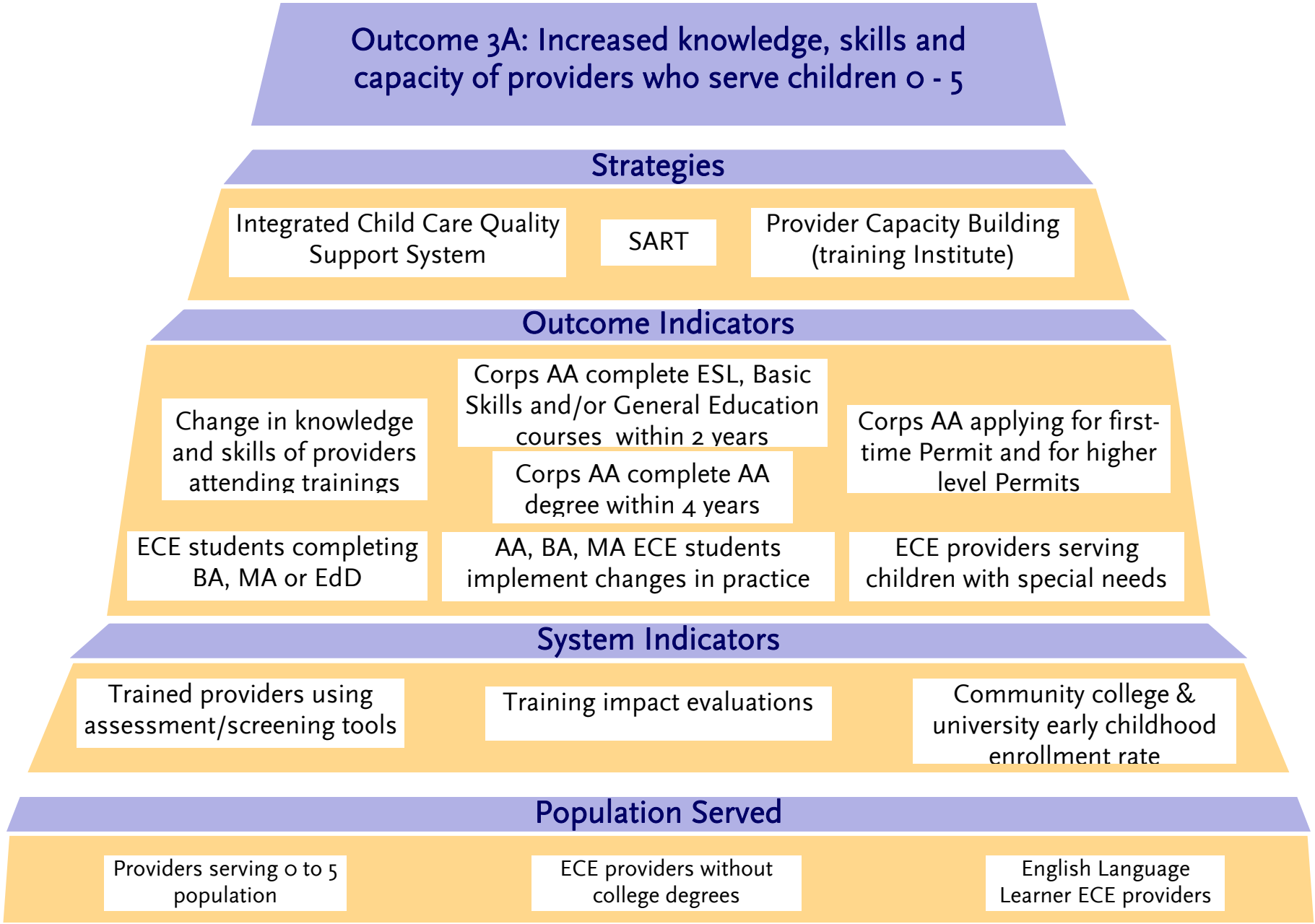

Outcome 1B: Improved children's social-emotional and developmental well being
Strategies
Home-Based Family Support
Community-Based School Readiness
Community-Based Parent/Child Activities
SART
Integrated Child Care Quality
Provider Capacity Building
Outcome Indicators
Developmental Screening by Program
DECA Results
Referrals made & received for children scoring "of concern"
Results of inclusion services for parents
System Indicators
County-wide developmental screenings
Regular ASQ screening at pediatric sites
Child Care sites screening with ASQ
Child Care sites with mental health consultation
Integrated community supports & treatment for developmental, social/emotional concerns
Preschool expulsion
Population Served
Children with Special Needs
ABCD Pediatric Sites serving CHDP patients
Head Start/Early Head Start
Low-Income Families
English Language Learners
Child Care Sites in Low API Neighborhoods

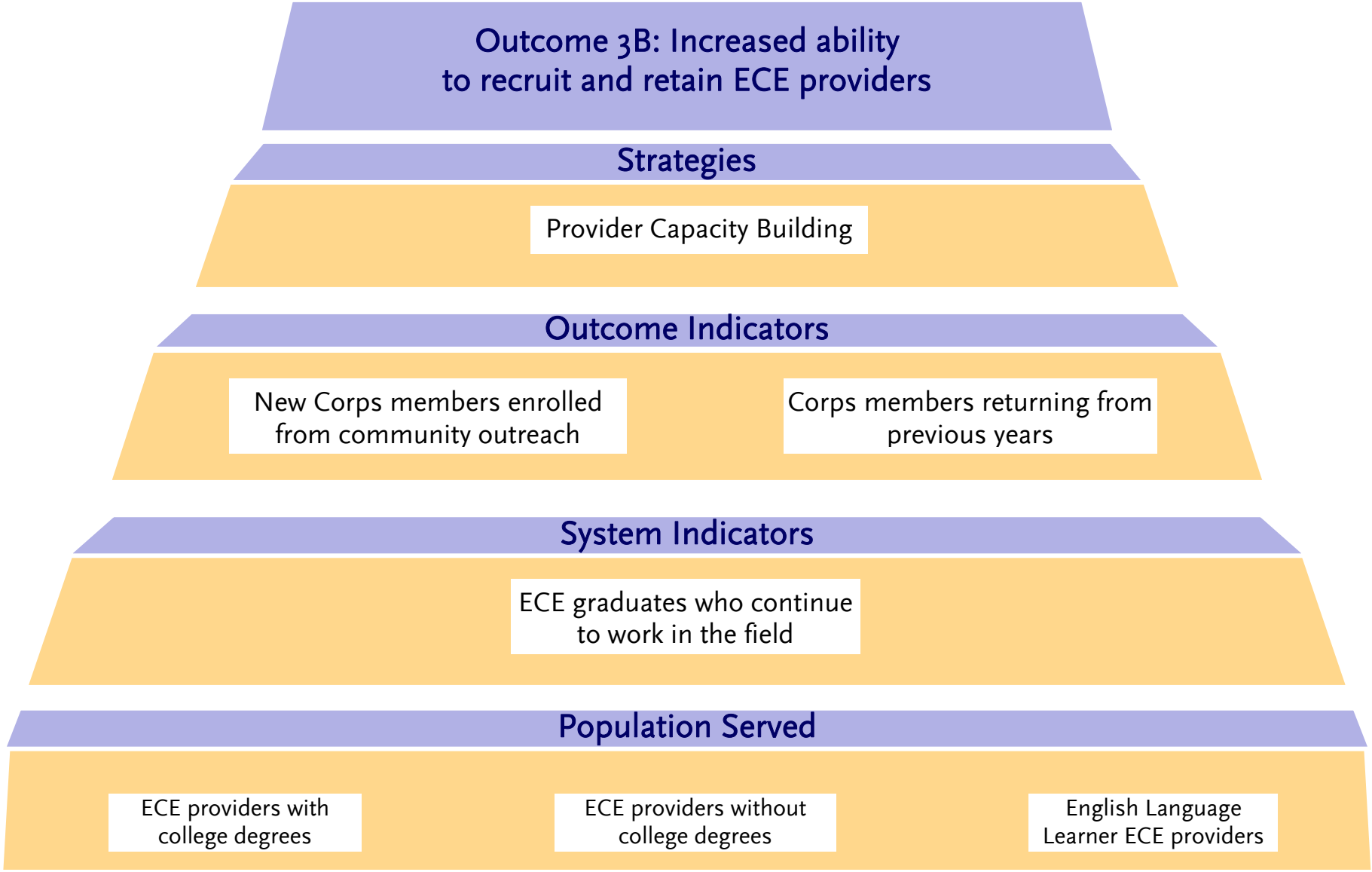

Outcome 1C: Improved availability of quality early care and education
Strategies
Integrated Child Care Quality
Provider Capacity Building
Outcome Indicators
Quality Counts sites with improved ERS scores by domain
Quality Counts sites with DECA Assessments
Child Care sites with improved facilities
Child Care sites with enhanced program materials
System Indicators
County-wide environmental rating scale screenings
Quality of Child Care sites
Population Served
Children with Special Needs
Low-Income Families
English Language Learners
Child Care Sites in Low API Neighborhoods


Outcome 2A:
Enhanced parenting support
Strategies
Home-based Family Support
Community-Based Parent Child Activities
Provider Capacity Building
Community-Based School Readiness
Outcome Indicators
Parents screened for domestic violence
Parents screened for depression
Parents screened for substance use
Opened CPS cases
Foster care placements
Parents play more with children
Parents using new skills learned from education/supports
System Indicators
Culturally & linguistically appropriate parenting education classes and supports, and parent child activities
Community-Based Agencies funded for parent education/supports
Population Served
All parents of children 0 to 5
Low-Income Families
English Language Learners
Low API Neighborhoods


Outcome 1D: Improved school readiness and transition to kindergarten
Strategies
Home-Based Family Support
Community-Based School Readiness
Community-Based Parent/Child Activities
SART
Integrated Child Care Quality
Provider Capacity Building
Outcome Indicators
Daily reading, storytelling or singing to children
Kindergarten Observation Profiles with "ready" results
Quality Counts sites with improved ERS
Successful matriculation to 1st and 2nd grade
System Indicators
Schools with Transition Coordinators
Schools funding Pre-K Summer Programs
Schools completing Kindergarten Observation Profiles
Schools with Kindergarten Transition Plans including K-ECE policies & procedures
Population Served
Children with Special Needs
Low-Income Families
English Language Learners
Low API Neighborhoods


Outcome 2B:
Increased ability of families to meet basic needs
Strategies
Home-based Family Support
Community-Based Parent Child Activities
Provider Capacity Building
Outcome Indicators
Teen parents with GED/high school diploma or in school
Financial fitness assessments
Access to child care while in school or working
System Indicators
Providers trained on and implement financial fitness assessments and supports
Population Served
Low-Income Families
English Language Learners
Low API Neighborhoods


Outcome 3A: Increased knowledge, skills and capacity of providers who serve children 0 - 5
Strategies
Integrated Child Care Quality Support System
SART
Provider Capacity Building (training Institute)
Outcome Indicators
Change in knowledge and skills of providers attending trainings
Corps AA complete ESL, Basic Skills and/or General Education courses within 2 years
Corps AA complete AA degree within 4 years
Corps AA applying for first-time Permit and for higher level Permits
ECE students completing BA, MA or EdD
AA, BA, MA ECE students implement changes in practice
ECE providers serving children with special needs
System Indicators
Trained providers using assessment/screening tools
Training impact evaluations
Community college & university early childhood enrollment rate
Population Served
Providers serving 0 to 5 population
ECE providers without college degrees
English Language Learner ECE providers


Outcome 3B: Increased ability to recruit and retain ECE providers
Strategies
Provider Capacity Building
Outcome Indicators
New Corps members enrolled from community outreach
Corps members returning from previous years
System Indicators
ECE graduates who continue to work in the field
Population Served
ECE providers with college degrees
ECE providers without college degrees
English Language Learner ECE providers

ACCOUNTABILITY MATRIX

Indicators will be reported by race/ethnicity, language, age, geographic category, provider type, risk status, as appropriate and as data are available

GOAL 1 IMPROVE AND INTEGRATE HEALTH AND EARLY CARE AND EDUCATION SERVICES FOR CHILDREN 0-5 SO THEY ENTER SCHOOL READY TO LEARN

OUTCOME 1A: Improved children's preventive and ongoing health
Strategies: Home-based Family Support, Community-Based School Readiness, Child Health Promotion, Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of children with health insurance	91% (avg. of last 7-8 years), Range 86%-99% (ECC Annual Reports)	County: 95% of children 0-5 insured, (CHIS 2005)	95% of CA children 0-5 have health insurance (2009 Children Now)	Maintain
Proportion of children with an identified primary pediatric provider	96% (avg. of last 7-8 years), Range 92%-97% (ECC Annual Reports)	NA	93% of children 17 yrs and younger who have a specific source of ongoing care baseline: (National Health Interview Survey CDC, NCHS) 97% HP 2010 target	Maintain
Proportion of children with immunizations up to date for age at last home visit or service	95% (avg. of last 8 years-Annual Reports)	70% of 2 yr olds (Health Status Report 2006)	80% of children 19 to 35 months of age 95% of children in licensed childcare and kindergarten-1st grade (HP 2010 targets)	95% or greater
Proportion of appropriate well child visits per age	96% (avg. of last 7-8 years ECC Annual Reports)	NA	NA	Maintain
Proportion of children one year and older who received an annual dental exam	Healthy Kids Healthy Teeth: 32% (2007-08 annual report), other programs: 4% Special Start, 84% SPK (Note: Percent was higher for HKHT in past years, e.g., 77% in 2003-04)	>50% of Kindergarteners on free & reduced school lunch had untreated dental decay (Health Status Indicators 2002-04)	50% of CA children 0-5 had a dental visit in the last year (2005); 28% of children receiving Medi-Cal in CA used dental services FY 2007 (CA Healthcare Foundation; US Dept of HHS, Center for Medicare and Medicaid Services, 2008 National Dental Summary)	60% of children served

*****=Systems Indicator ******=Requires Special Study or Evaluation
NA=Baseline Not currently Available, but can be measured **TBD**=To be determined **ELL**=English Language Learner **DECA**=Devereux Early Childhood Assessment **ASQ**=Ages and Stages Questionnaire **WHO**=World Health Organization **ERS**=Environmental Rating Scales

Proportion of children with ER visits or hospitalizations for asthma	0%-3% Children receiving Family Support Services 4-10% Asthma Start (2007-08 Annual Report)	(2005-07 CAPE ACPHD) 529/100,000 hospitalizations 1,378/100,000 ER visits	HP 2010 target for children under five: 250 per 100,000	Maintain
Proportion of mothers who are breastfeeding at the first home visit	89% Postpartum 63%Special Start 56% Teens	76.5% at hospital discharge (CA WIC Association 2006)	NA	Maintain
Proportion of mothers who breastfed their babies 6 months or longer	Special Start & Teen IFS: 33%-37% (2007-08 annual report)	14.6% exclusively breastfeed at 6 months of age (2006 WIC)	HP 2010 target for mothers who breastfeed Baseline* 2010 Target Early post-partum 64% 75% At 6 mos. 29% 50% At 1 year 16% 25% (*Mothers' Survey, Abbott Laboratories, Inc., Ross Products Division)	50% (HP 2010 Target)
Proportion of children served exposed to secondhand smoke	2%-17% exposed to secondhand smoke (2007-08 annual report)	8.7% pregnant women smoked 2003, CA Maternal and Infant Health Assessment Survey)	HP Baseline: 27 percent of children aged 6 years and under lived in a household where someone smoked inside the house at least 4 days per week in 1994.	10% (HP 2010 Target) regularly exposed to tobacco smoke at home
**Birthing hospitals adopt WHO steps for obtaining Baby-Friendly designation (also Outcome 4A)*		*Kaiser Hayward has Baby-Friendly designation*	*75 Hospitals & Birth Centers in US December 2008 (UNICEF)*	*Two additional Hospitals (Highland, Washington) begin to adopt steps*
**Number of child care sites receiving health consultation*	*22 child care sites assessed & received consultation for health & safety (2007-08 Annual report*	*NA*	*NA*	*Maintain*
**Number of agencies trained on tobacco cessation/smoke exposure reduction that implement tobacco policies*	*100% Grantees implemented tobacco policies*	*NA*	*NA*	*Maintain*

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OUTCOME 1B: Improved children's social-emotional and developmental well being

Strategies: Integrated Child Care Quality Support System; Community-Based School Readiness; Community-Based Parent/Child Activities; Home-Based Family Support; SART; Provider Capacity Building

INDICATOR	BASELINE/TARGET			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of children served who are screened for developmental/ social/ emotional concerns by program	1,700 screened; range of 20% to 63% of those served were screened (2007-08 Annual Report	NA		90% of children receiving FSS 75% children at Quality Counts sites 75% 18 month olds at ABCD sites (75% children served by identified grantees)
Proportion of children screened "of concern" for developmental/social-emotional concerns who are referred for further assessment or treatment services, by referral type	NA	NA	NA	95% of children with positive screens were referred
Proportion of children screened in classrooms with Mental Health or Quality Counts Consultation who demonstrate strong protective factors and fewer behavioral concerns on DECA	87% had strong protective factors; 11% had behavioral on Devereux Early Childhood Assessment, DECA (2007-08 Annual Report)	NA	81% of children show resilience compared to 15% with behavioral concerns (Devereux Foundation, 1999)	80% of children show Increased resilience, and 10% of children show decreased behavioral concerns
Proportion of children referred for assessment / treatment services who received referred services (or appropriate follow-up)	Referral To / % kept School Districts 72% Head Start / Early Head Start 38% Regional Center 66% (2007-08 Annual Report)	NA	NA	90% of referred children receive services
Proportion of families that secured and retained child care after receiving inclusion services	NA	NA	NA	*TBD*
,Proportion of children under age 5 who are expelled from child care or preschools due to behavioral problems.*	*NA*	*NA*	*6.7 per 1000 children expelled from state pre-schools nationally; 7.48 and 7.50 per 1000 children expelled from full-day and half-day state preschools in CA (Gilliam 2005)*	*TBD*
**Number of Child Care sites receiving Mental Health consultation*	*22 sites (2007-08 Annual Report)*	*NA*	*NA*	*TBD*

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OUTCOME 1C: Improved availability of quality early care and education

Strategies: Integrated Child Care Quality Support System; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of ECE sites receiving quality consultation with improved environmental rating scale (Harms/Clifford) scores by domain	1-2 pt improvement (2007-08 Annual Report)	none	NA	Maintain 1-2pt. improvement
Proportion of providers who remain in the field after receiving quality consultation services	NA	NA	NA	
Proportion of classrooms receiving MH or Quality Counts Consultation screened with DECA	16of 22 classrooms with 249 children that received MH consultation completed DECAs	NA	NA	100% of classrooms receiving Quality consultation use DECA or ASQ to screen and refer children
Number of child care sites with enhanced program materials	22 classrooms received quality grants (2007-08 Annual report)	NA	NA	Maintain
Number of child care sites with improved facilities	6 sites received facility improvement grants (2007-08 LIIF Report)	NA	NA	Maintain

OUTCOME 1D: Improved School Readiness and Transition to Kindergarten

Strategies: Integrated Child Care Quality Support System; Community-Based School Readiness; Community-Based Parent/Child Activities; Home-Based Family Support; SART; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of families receiving ECC services who report reading, storytelling or singing to their children daily	75% to 88% across programs	NA	NA	80% of families receiving services
Proportion of children receiving services enter Kindergarten ready for school per KOF profiles	NA	NA	NA	TBD
Proportion of sites receiving quality consultation with improved scores in Math, Language & Literacy, Science (e.g., ERS, ELLCO or other)	100% of 22 sites served (2007-08 Annual Report)	NA	NA	Maintain
**Proportion of children who received ECC services who successfully matriculate to 1st and 2nd grade	NA	NA	NA	TBD

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**Number of schools with transition coordinators*	*3 school districts*	*NA*	*NA*	TBD
**Number of schools funding summer pre-K*	*2 school districts*	*NA*	*NA*	TBD
**Number of schools that have formalized transition plans and activities*	*29 schools have plans*	*NA*	*NA*	*100% of schools receiving services have plans*

GOAL 2 SUPPORT FAMILIES TO PROVIDE A SAFE, EMOTIONALLY AND ECONOMICALLY SECURE HOME ENVIRONMENT TO ENSURE OPTIMAL DEVELOPMENT OF CHILDREN 0 TO 5

OUTCOME 2A: Enhanced parenting support to promote stronger families

Strategies: Community-Based School Readiness; Community-Based Parent/Child Activities; Home-Based Family Support; SART; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of parents attending parenting education or support programs who report they used what they learned	85-93% for past 3 years (ECC Annual Reports)	NA	NA	85%
Proportion of parents who report they play more with their child	96% for partnership (2007-08 Annual Report)	NA	NA	TBD
**Number of culturally and linguistically appropriate parent education and support groups and parent child activities*	*740 parent education classes & support groups provided in Eng., Span., Cantonese and Vietnamese for 1,623 parents/caregivers (2007-08 Annual Report)*	*NA*	*NA*	*TBD*
Proportion of parents/children screened for domestic violence		7,331 DV calls made to law enforcement, with a rate of 7.1 calls per 1,000 adults (vs. state rate of 7.2 and SF county rate of 8.4) 2006 Kidsdata.org	Children are present in the home in 40-50% of DV-related calls; children < 5 are more likely to be present than older children (Fantuzzo, Boruch, Beriama et al. 1997)	84% YFC families screened for domestic violence 100% of parents screening positive are referred for services
Proportion of parents/children screened positive for domestic violence who are referred for and receive services	50% parents receiving Community Grants Initiative services (2007-08 Annual Report)	NA	NA	TBD
Proportion of parents screened for depression	61-81% of Parents receiving ECC services were screened (2007-08 Annual Report)	NA	NA	TBD

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Proportion of parents screened positive who are referred for and accepted/received services	NA	NA	NA	100% of parents screening positive are referred for services
Proportion of parents screened for substance abuse	NA	NA	NA	TBD
Proportion of parents screened positive for substance abuse are referred for and accepted/received services	NA	Perinatal SART data	NA	100% of parents screening positive are referred for services
Proportion of children who have a CPS case opened during the reporting period	1-7% served by FSS (2007-08 Annual Report)	NA	NA	1%
Proportion of children who were placed in foster care during time of service	0-6% served by FSS (2007-08 Annual Report)	NA	NA	1%

OUTCOME 2B: INCREASED ABILITY OF FAMILIES TO MEET BASIC NEEDS

Strategies: Community-Based Parent/Child Activities; Home-Based Family Support; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Proportion of families receiving ECC services assessed for financial fitness	NA	NA	NA	TBD
Proportion of families with a teen moms or pregnant teens caregiver with high school diploma/GED or is still in school	59% Teen Services 40% Special Start, ARS (2007-08 Annual Report)	NA	NA	TBD
Proportion of families receiving family support services who have access to child care services while they attend school or go to work	NA	NA	NA	TBD
Proportion of Family Child Care providers receiving ECC services with financial or business plans in place	NA	NA	NA	TBD
,Proportion of providers trained and who implement financial fitness assessments and support for families and ECE providers*	*NA*	*NA*	*NA*	*TBD*

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NA=Baseline Not currently Available, but can be measured **TBD**=To be determined **ELL**=English Language Learner **DECA**=Devereux Early Childhood Assessment **ASQ**=Ages and Stages Questionnaire **WHO**=World Health Organization **ERS**=Environmental Rating Scales

GOAL 3 SUPPORT PROFESSIONALS TO PROVIDE HIGH QUALITY SERVICES CHILDREN 0-5 AND THEIR FAMILIES

Outcome 3A: Increased knowledge, skills and capacity of providers who serve children 0 to 5 and their families

Strategies: Integrated Child Care Quality Support System; SART; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Summary of any changes in knowledge, skills and/or attitude of service providers attending training institute or other ECC-funded community trainings	98% of Specialty Topic Seminar attendees reported using what they learned in their work (2005-06 Telephone Survey)	NA	NA	Increased provider skill in implementing what they learned in training
	Training Coalition served 460 providers (50% center- and 50% family child care) demonstrating significant shifts in provider attitudes, skills and likelihood of implementing what they learned (2007-08 Annual Report)	NA	Training has an impact on child care quality, particularly when coupled with technical assistance and/or coaching (Families & Work Institute, 2006; Neuman, 2007)	TBD
Proportion of new Corps members who reflect diversity of children served	Hispanic/Latino 30% Asian 23% White 22% African American/Black 18% Multi-Race 2% (2007-08 Annual Report)	2006 AC Children 0-5 Hispanic/Latino 32% White 25% Asian 24% Afr. Amer./Black 13% Other 6.5% (First 5CA Annual Report)	NA	Maintain
Proportion of Corps AA members who enroll and complete a Basic Skills course successfully	NA	NA	NA	80% of first year Corps members complete basic skills within 1 year
Proportion of Corps AA members who enroll and complete a ELL course successfully	NA	NA	NA	80% of first year Corps members complete ESL courses within 2 years
Proportion of Corps AA members who enroll and successfully complete a General Education course s	NA	NA	NA	80% of second year Corps members complete General Education courses within 3 years
Proportion of Corps AA members who complete the AA degree in ECE or equivalent	20 students obtained an achievement stipend-AA equivalent 60% of ETP cohort (2007-08 Annual Report)	NA	NA	90% obtain AA degree 60% of English language learners within 4 years

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Proportion of ECE providers who report greater readiness to serve children with special needs	NA	NA	NA	80% of providers who used inclusion coordinator services
Number of Corps members and other ECE students applying for first-time Permit	13 of 21 Corps members in the Entry Track (no permit) in FY 2006-2007 applied for permits	84 new permits were issued by CA CTC (2007-08 Annual Report	Permit level is considered an indicator of ECE educator competency (Center for the Study of Child Care Employment, 2008)	TBD
Number of Corps members and other ECE students applying for a Permit at a higher level	32 of 239 (13.4%)	NA	NA	TBD
Proportion of Quality Counts participants enrolled in Corps AA	NA	NA	NA	TBD
**Proportion of Corps members and BA and MA (Cal State East Bay) students who implement changes in practice by type of ECC professional development participation, e.g. QII site, informal training attendee, mentor consultation recipient, recruited by PDC, career advocate, etc.	NA	NA	Overall education level and training specific to ECE is related to positive outcomes for children (Bowman, Donovan & Burns, 2000; Philips et al., 2000; Whitebook, Sakai, Gerber & Howes, 2001; Benson McMllen & Alat, 2008)	TBD
The number of students who complete BA, MA and EdD degrees and remain in the field (U.C. Berkeley 4 county longitudinal study)	NA	NA	Only 30% of center-based teachers and administrators had a 4-year college degree and less than half of home -based providers had education beyond high school. (Economic Policy Institute 2005) The impact of a BA degree on quality and child outcomes is a continuing debate (Fuller, Livas & Bridges, 2005)	TBD
**Enrollment rate of ECE students Cal State East Bay*	*NA*	*NA*	*NA*	*TBD*
***Proportion of training attendees, by type, trained on assessment/ screening tools that are using the tools*	*NA*	*NA*	*NA*	*TBD*
,Proportion of providers trained and who implement financial fitness assessments and support for families and ECE providers*	*NA*	*NA*	*NA*	*TBD*
***Training institute evaluation results*	*NA*	*NA*	*NA*	*TBD*

*****=Systems Indicator ******=Requires Special Study or Evaluation
NA=Baseline Not currently Available, but can be measured **TBD**=To be determined **ELL**=English Language Learner **DECA**=Devereux Early Childhood Assessment **ASQ**=Ages and Stages Questionnaire **WHO**=World Health Organization **ERS**=Environmental Rating Scales

Outcome 3B: Increased ability to recruit and retain early care and education providers

Strategies: Provider Capacity Building

Indicator	Baseline			Target for Those Served by ECC
	ECC	County	CA/National	
Proportion of ECE providers enrolled in Corps as a result of community-based presentations or center-based outreach activity	NA	NA	NA	TBD
Proportion of Child Development Corps members returning from the previous year(s)	57.4% of Corps members return (2007-08 Annual Report)	NA	NA	90% of non graduating students return each year
,The number of AA and higher degree graduates who continue to work in the field (telephone survey of sample of former Corps members)* **,**The number of AA and higher degree graduates who are no longer working in the field and by reason (telephone survey of sample of former Corps members)*	*NA*	*NA*	*NA*	*TBD*

Goal 4 Promote systems and policy changes that enhance community capacity and fiscal sustainability for services to children 0 to 5 and their families

Outcome 4A: Increased community capacity to respond to the needs of children 0 to 5 and their families

Strategies: Community-Based School Readiness; Community-based Parent/Child Activities; Provider Capacity Building

Indicator	Baseline			Target for Those Served by ECC
	ECC	County	CA/National	
***Proportion of service providers receiving TA who report changes in practice*	*NA*	*NA*	*NA*	*TBD*
Number of private medical providers and medical clinics who implemented regular developmental screening	NA	NA	NA	*TBD*

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NA=Baseline Not currently Available, but can be measured **TBD**=To be determined **ELL**=English Language Learner **DECA**=Devereux Early Childhood Assessment **ASQ**=Ages and Stages Questionnaire **WHO**=World Health Organization **ERS**=Environmental Rating Scales

Development of county-wide early childhood policy plan to increase community capacity to respond to the needs of children 0-5 and their families (example: county-wide early childhood budget, X number of school districts now fund school readiness coordinators)	NA	NA	NA	*TBD*
Number of Child care centers and FCC that have access to ongoing health or mental health consultations	*22 sites (2007-08 Annual Report)*	*NA*	*NA*	*TBD*
Number of agencies trained on tobacco cessation/smoke exposure reduction that implement tobacco policies	*100% Grantees implemented tobacco policies*	*NA*	*NA*	*Maintain*

Outcome 4B Increased communication and collaboration among agencies and organizations that serve the 0 to 5 population
Strategies: Community-Based School Readiness; Home-Based Family Support; SART; Provider Capacity Building

INDICATOR	BASELINE			TARGET FOR THOSE SERVED BY ECC
	ECC	COUNTY	CA/NATIONAL	
Number of new collaborations among contractors, CGI grantees and/or other community agencies, to jointly serve families	*NA*	*NA*	*NA*	*TBD*
Description of new cooperative or collaborative relationships between community agencies serving children 0 to 5 and their families, e.g. county-wide early childhood budget and shared outcomes	*NA*	*NA*	*NA*	*TBD*
County agreed upon standardized protocols for early identification of children 0-5 with developmental, social or emotional concerns	*NA*	*NA*	*NA*	*SART: Training curriculum, TA system and support, resources to meet funding gaps*
Accessible, integrated system of community supports and treatment for children 0-5 with developmental, social or emotional concerns (SART)	*NA*	*NA*	*NA*	*TBD*

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NA=Baseline Not currently Available, but can be measured **TBD**=To be determined **ELL**=English Language Learner **DECA**=Devereux Early Childhood Assessment **ASQ**=Ages and Stages Questionnaire **WHO**=World Health Organization **ERS**=Environmental Rating Scales

appendix b: strategies by disparity

<table>
<tr><th>Disparity Targeted (Intent)</th><th>Strategy - Program</th><th>Populations Served (Historical)</th></tr>
<tr><td rowspan="5">Low API[1] neighborhoods
Age and language-appropriate books least likely
Lower quality ECE programs
Expulsion from ECE classrooms</td><td>Community Based School Readiness: Literacy, Reach Out & Read</td><td>Universal; books distributed in different languages by FSS service providers, pediatric offices, community agencies, etc.; majority of books distributed to high risk groups served by family support services and children served by CHDP providers)</td></tr>
<tr><td>Community Based School Readiness: Kindergarten Readiness and Transition: School District Transition Coordination, Summer Pre-Kindergarten</td><td>Schools districts covering East Oakland, Fruitvale, West Berkeley, Livermore, San Lorenzo/San Leandro, Fremont and Hayward
R/E of Children Attending Summer Pre-K N =333
Hispanic 65%
Asian 12%
52% spoke Spanish at home.</td></tr>
<tr><td>Integrated Child Care Quality Support System: Quality Counts: Quality Assessment and Customized Support for ECE Programs.</td><td>Low performing school neighborhoods in Lower San Antonio, Fruitvale, East Oakland, Livermore, Fremont, Hayward
Programs that Participated in 2007-08
Center-based classroom 5
Family Child Care 17
Priority for inclusive programs serving children with special needs</td></tr>
<tr><td>Child Health Promotion: Mental Health Consultation for Child Care</td><td>Primarily serving subsidized child development centers</td></tr>
<tr><td>Community Grants and Home-Based Family Supports</td><td></td></tr>
<tr><td>Pregnant and parenting teens
Poor education outcomes, employability, earning potential
Higher risk of foster care placement
Higher rates among Latina & African-American / Black teens</td><td>Home-based family support-Intensive Family Support (IFS): Pregnant and Parenting Teens</td><td>R/E of Teens Served by IFS in 2007 -08 N =481
Hispanic 71%
African American / Black 19%
6% of teens served are under 15 years of age
21% of mothers screened positive for depression</td></tr>
</table>

[1] Low Academic Performance Index (API) serves as a proxy for poor health outcomes, and maps consistently over areas of high poverty, neighborhood violence, other stressors.

DISPARITY TARGETED (INTENT)	STRATEGY - PROGRAM	POPULATIONS SERVED (HISTORICAL)
Low birth weight and or medically fragile infants ▪ High social risk due to unstable home environment ▪ Highest pre-term birth rates for African Americans (13.2%) ▪ Highest among African Americans at 8.3 per 1,000 (double the county average) ▪ Children at risk of abuse or neglect ▪ Mental health, lactation and substance use concerns	**Home-based family support**-Intensive Family Support (IFS): Special Start support for high risk families with infants discharged from NICU, Your Family Counts	**R/E of Families served by Special Start IFS in 2007 -08 N = 679** Hispanic 43% African American / Black 29% 295 out of 679 have identified special needs; 25% of mothers screened positive for depression Your Family Counts enrolls mothers with identified high risk pregnancies at Alta Bates Summit and ACMC-Highland
Limited availability of ECE programs serving children with special needs	**Integrated Child Care Quality Support System**: Inclusion support and training	Universal; some programs provided support for parents with special needs
ECE provider diversity and workforce development ▪ Training opportunities for ECE providers not in an academic track, including family child care ▪ Gap between percent of ECE providers compared to percent of children by ethnicity. For Hispanic/Latino providers (15% of family child care providers and 17% of center teachers, compared to 32% of children 0-5) ▪ Low wages in the ECE field	**Integrated Child Care Quality Support System**: College / University Education for ECE Providers: Child Development Corps AA Program, College / University Education for ECE Providers: BA, MA, EdD	Selected community colleges; Spanish and Cantonese language cohorts **R/E of Corps AA Participants N =484** Hispanic 30% Asian 23% White 22% African-American/ Black 18% 51% used a language other that English in their respective child care settings. Select universities offering BA/Graduate level education in ECE: CSUEB, Mills and UC Berkeley
	Integrated Child Care Quality Support System: Community Based Training and Coordination	**Training Coalition Provider Type N = 443** family child care programs 32% center-based programs 50% **R/E of Providers in Training Coalition N = 443** Hispanic 30% Asian 19% African American / Black 16% White 15% Providers used 19 languages other than English in their respective ECE settings.

DISPARITY TARGETED (INTENT)	STRATEGY - PROGRAM	POPULATIONS SERVED (HISTORICAL)
High concentrations of asthma hospitalizations in North, West and East Oakland and neighborhoods with heavy industry; disproportionately affecting African American and Hispanic children	**Child Health Promotion**: Asthma education and case management services	Children hospitalized or seen in ER for asthma **R/E of Children Served in 2007 -08 N = 492** African-American / Black 43% Hispanic 25%

Children are at risk of abuse / neglect: ▪ Highest number of child abuse reports among African American children (99.1 per 1000), 41% of African American children entering foster care system for the first time ▪ Children at risk of developmental delays; risk of expulsion from school ▪ Long term dependence on Special Services: African American children comprise 25% of children in special education but only 16% of school-age population ▪ Children at risk of not being identified early with developmental concerns ▪ Children with borderline developmental concerns, yet not severe enough to be eligible for existing Special Services nor eligible for entitlement services through Regional Center and School District	**Home-based family support**-Intensive Family Support (IFS): Pregnant & Parenting Teen services, Special Start support for high risk families with infants discharged from NICU, Your Family Counts	Primarily Hayward and Oakland residents; **R/E of IFS Families Served N =1,251** Hispanic 49% African-American 23% **Primary Languages of IFS Families N =1,251** English 65% Spanish 28%
	Coordinated SART: SART Coordination, Training and Screening: Pediatric Strategies (Healthy Steps / ABCD), ECE and Social Service Provider training / screening, Family Navigation, matching funds	

<table>
<tr><th>Disparity Targeted (Intent)</th><th>Strategy - Program</th><th>Populations Served (Historical)</th></tr>
<tr><td rowspan="8">Low income families
Poverty highest in Oakland (17%), highest among African American (18%) and Hispanic/Latino (12%) families
Children with no formal ECE experiences prior to entering Kindergarten-at risk of falling behind other children: enrollment in pre-school lowest among children below Federal Poverty Level (29%) and at 200-299% of Federal Poverty Level (29%)
Infants living in poverty are in lower quality Family Child Care environments than infants from families with higher incomes
Children not eligible for Medi-Cal / low income-, residency-qualified health insurance coverage
Almost half of kindergartners in low-income schools had untreated tooth decay, compared to 23% of kindergartners in higher-income schools
Promote strong attachment among women at highest risk of mental health issues; women in lower income households and new immigrants
Lower income pregnant women are 3 times more likely to smoke</td><td>Community Based School Readiness: Kindergarten Readiness and Transition: School District Transition Coordination, Summer Pre-Kindergarten</td><td>Schools districts covering East Oakland, Fruitvale, West Berkeley, Livermore, San Lorenzo/San Leandro, Fremont and Hayward<table><tr><th>R/E of Children Attending Summer Pre-K</th><th>N =333</th></tr><tr><td>Hispanic</td><td>65%</td></tr><tr><td>Asian</td><td>12%</td></tr></table>52% spoke Spanish at home.</td></tr>
<tr><td>Integrated Child Care Quality Support System: Quality Counts: Quality Assessment and Customized Support for ECE Programs</td><td>Low performing school neighborhoods in Lower San Antonio, Fruitvale, East Oakland, Livermore, Fremont, Hayward

5 Center-based classrooms and 17 Family Child Care programs participated in 2007-08;

Priority for inclusive programs serving children with special needs</td></tr>
<tr><td>Child Health Promotion: Health Insurance</td><td>Primary referrals from families receiving F5AC intensive family support services and Summer Pre-Kindergarten participants<table><tr><th>R/E of Families Served in 2007 -08</th><th>N = 1,580</th></tr><tr><td>Hispanic</td><td>82%</td></tr><tr><td>Asian</td><td>11%</td></tr></table>81% identified mother's primary language as Spanish

Mother's primary languages in Asian families were Korean, Mandarin and Vietnamese</td></tr>
<tr><td>Child Health Promotion: Oral Health Education and Services</td><td>Primary referrals from families receiving F5AC intensive family support services and Summer Pre-Kindergarten participants. Piloting a dental health program in the Hayward WIC program<table><tr><th>R/E of Families Served</th><th>N =554</th></tr><tr><td>Hispanic</td><td>58%</td></tr><tr><td>Asian</td><td>20%</td></tr><tr><td>African American / Black</td><td>13%</td></tr></table></td></tr>
<tr><td>Child Health Promotion: Lactation Services</td><td>Primary referrals from families receiving F5AC intensive family support services and mothers delivering at St. Rose and ACMC-Highland Hospitals</td></tr>
<tr><td>Child Health Promotion: Tobacco Education & Services</td><td>Universal</td></tr>
<tr><td>Provider Capacity Building: Family Financial Fitness</td><td>New Program</td></tr>
</table>

<table>
<tr><th>DISPARITY TARGETED (INTENT)</th><th>STRATEGY - PROGRAM</th><th>POPULATIONS SERVED (HISTORICAL)</th></tr>
<tr><td rowspan="6">Not Targeted: Implement universally
Contributes to quality ECE programs
A child friendly community for all
Culturally and linguistically appropriate supports and services for diverse families</td><td>Community Based School Readiness: Outreach and Education: Parenting Radio Show, Parent Kit Distribution</td><td>English and Spanish language radio programs; Parent kits available in English, Spanish, Vietnamese, Cantonese/Mandarin and Korean</td></tr>
<tr><td>Integrated Child Care Quality Support: Training for coaches, mentors, TA Providers who consult with ECE</td><td>New program</td></tr>
<tr><td>Integrated Child Care Quality Support: Child Care Capital Grants such as Emergency Facility Grants, Start-up Facility Grants, Improvement and Expansion Facility Grants, State Contractor Repayable loans</td><td>Universal; originally prioritized programs in low API neighborhoods</td></tr>
<tr><td>Integrated Child Care Quality Support System: Community Based Training and Coordination</td><td><table><tr><th>R/E of Providers in Training Coalition N = 443</th><th></th></tr><tr><td>Hispanic</td><td>30%</td></tr><tr><td>Asian</td><td>19%</td></tr><tr><td>African American / Black</td><td>16%</td></tr><tr><td>White</td><td>15%</td></tr></table>Providers used 19 languages other than English in their respective ECE settings.</td></tr>
<tr><td>Integrated Child Care Quality Support System: Inclusion support and training</td><td>Universal; some programs provided support for parents with special needs</td></tr>
<tr><td>Provider Capacity Building: Training Institute, Specialty Provider Services in mental health and child development, Early Childhood Mental Health Harris Training</td><td>Universal</td></tr>
</table>

appendix c: glossary

ABCD *Assuring Better Child Health and Development*

A pilot project with the State of California Medi-Cal Managed Care, the Alameda Alliance and the Alameda Medical Home Project that works to enhance standardized developmental screening in pediatric practices

APEEC *Assessment of Practices in Early Education Classrooms*

Tool used to assess kindergarten environments

API *Academic Performance Index*

State test used to rank school performance

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

ASQ *Ages and Stages Questionnaire*

A standardized parent-completed questionnaire to screen for children's developmental concerns

ASQ-SE *Ages and Stages Questionnaire – Social Emotional*

A standardized parent-completed questionnaire to screen for children's social-emotional concerns

CA *Career Advocates*

Positions funded by ECC at each R&R to assist Corps members with Corps requirements, finding a Professional Growth Advisor, locating trainings or workshops and address questions about the Child Development Permit

CAS *Cultural Access Services*

CAS assists clients with language and cultural barriers by providing interpretation and translation services offers seminars for service providers on strategies to improve culturally responsive care

CDS *Child Development Specialist*

Staff with specific training in child development who screen children for developmental concerns and provider parent education and support at pediatric offices and other ECC programs

CDTC *Child Development Training Consortium*

An independent agency that supports providers applying for the Child Development Permit

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

CGI *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

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

Corps AA *Child Development Corps Associates of Arts Program*
Professional development program that offers support and stipends to encourage ECE providers to obtain their AA degree

CTC *Commission on Teacher Credentialing, State Department of Education's Child Development Division*

The state agency that processes and issues Child Development Permits and teaching credentials for the k-12 system

CPS *Child Protective Services*

Alameda County Social Services Agency (SSA) that evaluates families for reported child abuse, molestation or neglect

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 partnership between the California Early Childhood Mentor Program and Every Child Counts, Mentors provide short-term, on-site technical assistance and training for licensed Alameda County child care providers

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

ETP *Emerging Teachers Program*

Program at Merritt College for English language learners studying for their AA degree in early care and education

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.first5ecc.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) and Alta Bates Medical Center

HS *Healthy Steps*

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

IEP *Individual Education Plan*

Plan that identifies a student's specific learning expectations and outlines how the school will address these expectations through appropriate special education programs and services

IFSP *Individualized Family Service Plan*

Plan that identifies a student's specific learning expectations and outlines how the school will address these expectations through appropriate special education programs and services

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

K-ECE *Kindergarten – Early Care & Education*

Collaboration of Kindergarten teachers and ECE providers to facilitate, support, and share best practices to support children and families transitioning to kindergarten

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

NICU *Neonatal Intensive Care Unit*

Unit of a hospital specializing in the care of critically ill or premature infants

PDC *Professional Development Coordinator*

Located at Alameda County community colleges to recruit and enroll Corps members, assist students with education plans, address questions about the Child Development Permit and work to promote a system of education for ECE students

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

PIPE *Partners in Parenting Education*

An interactive curriculum and training program on a relationship-based approach to child development activities for home visitors or early interventionists

PPHV *Postpartum Home Visit Program*

A voluntary home visiting program that for families with newborns. Alameda County Public Health Nurses can provide up to 10 home visits

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

SART *Screening, Assessment, Referral and Treatment*

System for children at risk of developmental and emotional delay

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

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

Summer Pre-K *Summer Pre-Kindergarten Program*

A six-week summer program held for children who have not been in formal preschool or childcare 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

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

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