



**2009-2013 Strategic Plan
FIRST 5 ALAMEDA COUNTY
EVERY CHILD COUNTS**

**DRAFT
February 16, 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.

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overview

WHO WE ARE

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

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

ABOUT THIS PLAN

State law requires every County Children and Families 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 caused some policymakers to propose that some or all of the First 5 funding be redirected to fill shortfalls in the state budget. **The 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 were to decide to reduce or eliminate First 5 funds that are distributed to the counties around the state, 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 holds ourselves and our funded partners to the following guiding principles. 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. 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

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 THIS PLAN WAS 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 to develop this plan.

- The first step was to obtain the best available information about children age 0 to 5 and their families in Alameda County so that planning decisions could be based on

solid objective data. This was done by combining past research from Every Child Counts 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. In total, 194 different reports and data sources were analyzed and summarized into one Situation Analysis report that presented critical information about community assets and needs affecting children and families. 12 community forums were held in June 2008 to solicit public input on a draft version of the report. Changes suggested by community members were then incorporated into the final report.

- 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 to consider. Nine community forums were held in October 2008 to gather public input about these potential strategies. Three of those forums were specifically for parents, while the others were designed to be 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.
- Every Child Counts re-assessed all current programs and considered new program ideas in order to implement the strategies and have the greatest positive impact for children, families and the services they depend upon. 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.

For more information about what we learned through the planning process, please see the Related Documents list at the end of this plan.

goals and strategies

GOALS AND TARGET OUTCOMES

Four overall goals have been set for 2009-2013, showing the areas where we will focus our efforts. Within each goal, more specific outcomes are defined to show the changes sought for people served 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 to 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 children 0-5 and their families
Outcome 3A: Increased knowledge, skills and capacity of providers who serve children 0 to 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 to 5 and their families
Outcome 4A: Increased community capacity in targeted neighborhoods to respond to the needs of children 0 to 5 and their families
Outcome 4B: Increased communication and collaboration among agencies and organizations that serve the 0 to 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. Seven core strategies will be used, as shown in the diagram on the next page. The emphasis is on strategies that integrate the many different services and supports needed to produce measurable effects for children and families. Each strategy, in turn, is focused on specific target populations and outcomes where the strategy is expected to have the greatest impact. This approach enables First 5 Alameda County to have the most impact on reducing disparities across all of the goals and outcomes.

The diagram on the next page also shows several characteristics, such as language assistance and cultural competence, that will be built into all 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 ECE programs, professional development for ECE providers, business and management support,

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

COMMUNITY-BASED SCHOOL READINESS

Link 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,

Targeted to geographic areas with disparities in child outcomes based on Commission-approved criteria
Emphasis is on collaboration with and between community based services such as child care centers, schools, clinics and other community based organizations; this can include

HOME-BASED FAMILY SUPPORT

Provide integrated services 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

Targeted initially to children with highest risk factors as identified in the SART strategic plan (in government subsidized ECE, in child welfare system, receive primary

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

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

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

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. It is important to recognize, however, that many of the strategies will also have beneficial secondary effects on other goals and outcomes.

Strategy	Linkage to 2009-2013 Goals and Target Outcomes									
	Goal 1: Improve and integrate health and 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 to 5		Goal 3: Support professionals to provide high quality services children 0-5 and their families		Goal 4: Promote systems and policy changes that enhance community capacity and fiscal sustainability for services to children 0 to 5 and their families	
	1A: Improved children's preventive and ongoing 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 and skills of providers	3B: Increased ability to recruit and retain ECE providers	4A: Increased community capacity to respond to unmet needs	4B: Increased coordination and collaboration of agencies and
INTEGRATED CHILD CARE QUALITY SUPPORT SYSTEM	X	X	X	X			X	X		
NEIGHBORHOOD-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					X				X	

ACTIVITIES											
PROVIDER CAPACITY BUILDING	X	X	X				X	X	X	X	

programs and support

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 on nine years of experience including quantitative and qualitative program data, client and community input, knowledge of the programs, best practices in the field and the needs of our community. 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 attract and retain early care and education (ECE) providers, assess the quality of ECE services and provide a variety of supports to ECE providers in an integrated manner to assist them in delivering high quality services.

2009 – 2013 Integrated Child Care Quality System Programs

Quality Counts: Quality assessment and customized 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, inclusion services and kindergarten transition 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 BA, MA and EDD degrees to expand the pool of well-educated and diverse ECE providers.

Community Based Training and Coordination: Provide on-going training to 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: Make Emergency Grants and Start Up Facility Grants available to any qualified ECE provider, offer Quality Improvement Grants to providers that participate in the Quality Counts program, and provide 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 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 the broadcasting of 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 Early Literacy Enhancement project distributing high-quality culturally and linguistically appropriate children's books to children receiving intensive home visits. Expand the Reach Out and Read program to provide books through at least 20 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 low-API school districts to continue year round school readiness programs and transition services, including technical assistance for these districts to assist them in leveraging other public and private dollars. Expand year round school readiness programs to three new low-API school districts. Maintain funding for Summer Pre-K programs in six low-API districts and expand into 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 and development of children age 0-5 while helping parents and the overall functioning of families through parent education and support, family financial fitness, health insurance and other supports. These services are quite intensive and therefore are 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.

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 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 multidisciplinary 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 for high risk and hard to reach families, such as but not limited to mothers at high risk of mental health, 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: Activities conducted in this category include coordination of SART services across county and community agencies, policy development, oversight of programs under this strategy (Medical Home, Perinatal SART, etc.), and technical assistance for service providers.

SART Training and Screening: Pediatric Strategies programs (Healthy Steps/ABCD) integrate standardized developmental /social emotional and autism screenings at county and community clinics and pediatric practices. The existing Healthy Steps child development specialists will expand their role to provide developmental play groups and family navigation to 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 deeper level assessments for children who have been identified with developmental and/or social-emotional concerns, but are not eligible for entitled services through Medi-Cal. EPSDT funding will be utilized for “Enhanced Screening, Assessment and Treatment ” services for children on full-scope Medi-Cal.

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 R&R Inclusion Coordinators, Family Resource Network peer navigators and other community based bi-lingual .bicultural positions.

City and County Matching Funds: Leveraging existing funding streams requires a local match. This funding will be used as match for the Triage & Referral Phone Line to serve as the gateway into the SART system of care and link families with appropriate services. In addition, matching funds will be available to encourage city funding and support for regionally-based community support and integration with SART.

CHILD HEALTH PROMOTION

Child Health Promotion programs offer 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.

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: Provide Healthy Families insurance coverage for new enrollments of children age 0-5. Continue to complete the newborn referral form at the time of delivery to assure medical coverage for the infants first year.

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

Lactation Services: Lactation Specialists provide direct service to families to promote breastfeeding and address lactation related concerns. Lactation Specialists provide training and consultation to community partners to promote best practices in infant feeding, increase provider capacity to address infant feeding issues, improve service delivery models that incorporate a multidisciplinary approach and enhance the quality of services delivered. .

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: Training on secondhand smoke and cessation for child care providers and parents, asthma trigger site assessments for child care centers, and dissemination of information on local tobacco policies and laws to Resource and Referral agencies.

PROVIDER CAPACITY BUILDING

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

2009 – 2013 Provider Capacity Building Programs

Training Institute (Training Connections, Consultation, 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. Topics to be covered include child development, maternal depression, early childhood mental health, relationship-based practice and related screening tools. Additional topics will be identified based on the needs of providers and/or as dictated by the Strategic Plan. 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 cost of the Every Child Counts Conference Center is included here. The Conference Center is available for use at no charge for non-profit and public agencies serving children 0-5 and their families.

Specialty Provider Services - Mental Health / Child Development: Multidisciplinary 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 multidisciplinary 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: This is a workforce development and best practice promotion initiative aimed at creating a more prepared and diverse corps 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.

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.

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 related to this strategy will be funded through the Community Grants Initiative, which is described later as a program that is integrated across all strategies.

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. (CGI) The Community Grants Initiative promotes and advances the mission of First 5 through grant making to, capacity building with and convening of 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, Every Child Counts 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.

Strategies	Annual Allocation Guideline
Strategy: Community-Based School Readiness Services	1,296,712
Strategy: Home Based Family Support	6,033,861
Strategy: Integrated Child Care Quality Support System	5,897,471
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
Totals	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 are inclusive of applicable 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. Each year when the strategic plan is reviewed and at other times as needed, the financial plan will be reviewed 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, which is adopted by the Commission in a public meeting, then 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 are in direct furtherance of 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 implement evaluation models to objectively demonstrate the cost-effectiveness and overall efficacy of their services.

SUSTAINABILITY

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

The Every Child Counts fiscal leveraging plan (available at www.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.

accountability framework

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

EVERY CHILD COUNTS ACCOUNTABILITY MATRIX

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

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

The accountability matrix is continually revised to reflect program changes and previous results. Please see our website at www.first5ecc.org for the most recent matrix and our annual report.

2009-2013 Accountability Matrix Implementation

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

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

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

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

Update the standard client/provider satisfaction survey used by all Every Child Counts service providers

Contract for external evaluations of pilot and ongoing programs as appropriate

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

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

CONFIDENTIALITY AND PRIVACY

Every Child Counts protects the confidentiality and privacy of the families we serve while collecting individually identifiable information to monitor services and generating outcomes and results data.

2009-2013 Confidentiality and Privacy Implementation

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

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

COMMUNITY GRANTS ACCOUNTABILITY AND TECHNICAL ASSISTANCE

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

2009-2013 Community Grants Accountability Implementation

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

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

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

TECHNICAL INFRASTRUCTURE AND SUPPORT

Every Child Counts uses state-of-the-art technology to assist program implementation and evaluation efforts and requires a proactive stewardship of current technology. Technical support includes a Help Desk for users and continuous enhancement in response to new programs and user needs. Data systems include: ECChange, the secure web-based, cross-agency integrated information system for Family Support Services and School Readiness programs; ECC Online, the web-based database that serves Community Grants, Child Development Corps, Quality Enhancement Services, Training Connections, and the Training Coalition, First 5 contracts and stores organizational contacts.

2009-2013 Technical Infrastructure and Support Implementation

Continue to develop ECChange modules to meet the data collection and reporting needs of new and modified programs (e.g. postpartum home visits)

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

Continue to enhance, support and maintain ECC Online to meet data collection, program and contract monitoring and reporting needs

Continue to support data sharing procedures between ECChange and partner agencies

Update ECChange and ECC Online to meet current technology demands

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.

related documents

Listed below are the primary documents that were produced during the development of this plan. These documents 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 of these documents 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.

<u>Document Name</u>	<u>Publication Date</u>
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
June 2008 Community Forum Notes	July 31, 2008
First 5 Alameda County Analysis of Strategy Options	October 29, 2008
Results of October 2008 Community Forums and Public Input	October 29, 2008
ECC Director and Staff Program Recommendations	December 11, 2008
2009-2013 Strategic Plan Funding Allocation Recommendation	January 13, 2009