

Child Care and Early Education Workgroup

Result Area: Improved Child Development: Children Learning and Ready for School

GOAL: Increased access to quality, developmentally appropriate child care that meets the economic, cultural and developmental needs of all children and families of Tehama County.

OBJECTIVES	POTENTIAL STRATEGIES	INDICATORS	OUTCOMES
<p>1. Tehama County child care providers will achieve and maintain quality assurance standards from National Association for Family Child Care (NAFCC), National Association for the Education of Young Children (NAEYC) or its equivalent.</p> <p>2. Increase availability of programs that meet and maintain quality assurance standards by 25% both in slots and available hours of operation within 3 years</p>	<ul style="list-style-type: none"> • Establish baseline data for number of currently accredited providers/centers in Tehama County • Recruit, support, assist and provide grants to child care and development providers less than 100% subsidized to achieve accreditation • Work with existing educational institutions and technical assistance providers to support and expand training based on adopted standards. • Develop and fund a compensation program for child care and development providers less than 100% subsidized for achieving and maintaining accreditation based on best practices model – include incentives for mentors • Support the development of non-traditional hours of child care including early morning, evening, night and weekends • Support the development of a child care provider substitute program • Provide quality improvement grants/financial assistance for providers/centers to purchase appropriate equipment/supplies based on accreditation findings 	<ul style="list-style-type: none"> • Number of accredited facilities • Number of slots available in accredited programs • Hours of operation at accredited programs • Number of child care providers enrolled in education and training • Criteria for compensation stipends/incentive payments • Compensation program for professional development and reimbursement for training time • Availability of non-traditional hours of child care • Child care provider substitute program • Number of quality improvement grants 	<ul style="list-style-type: none"> • Decrease the numbers of health and safety complaints to Dept. of Social Services • Increased academic achievement • Increased school attendance • Increase number of accredited child care and development providers and centers • Increase number of child care providers/centers offering non-traditional hours • Increase availability of qualified child care provider substitutes • Physical environment and supply improvements

<p>3. Increase parents, providers, employers and community knowledge and support of quality child care and the benefits</p>	<ul style="list-style-type: none"> • Promote mass media educational information and outreach regarding what is quality child care and the benefits include how to access needed services • Expand outreach to parents to ensure they are knowledgeable about programs and services that assist families in meeting the cost of child care • Support community advocacy for affordable, accessible quality child care • Promote employer utilization of family friendly benefit packages (flextime, job sharing, cafeteria benefit plans, Dependent Care Assistance Programs, etc.) • Work with employers in communities to provide quality on-site child care programs or child care assistance (business sponsorships, centralized child care fund, direct employer child care subsidies to parent/provider, vouchers, etc) • Partner with employers to ensure working families do not spend more than 25% of their income on child care • Provide technical assistance and/or incentives to employers regarding development and implementation of family friendly benefit packages including employer sponsored child care • Increase the number of employers supporting child care expansion in the community 	<ul style="list-style-type: none"> • Number of television, radio and newspaper articles/ads • Number of employers utilizing family friendly benefit packages • Number of on-site child care programs • Number of employers providing child care assistance • Schools, churches, worksites which house (lease space or sponsor) child care facilities • Number of parents spending less than 25% of their income on child care 	<ul style="list-style-type: none"> • Increase outreach and television, radio and newspaper coverage of what quality child care is and the benefits • Increase in parent satisfaction in relation to quality, affordability, and availability of child care • Increase worker productivity rates • Decrease sick leave use rates • Decrease the percent of income working families spend on child care • Increase work attendance rates • Increase Work Force Stability rates • Increase job satisfaction rates
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Health and Wellness Workgroup

Result Area: Improved Child Health: Healthy Children

GOAL: Foster a healthy community and provide access to affordable, comprehensive and preventive health services.

OBJECTIVES	POTENTIAL STRATEGIES	INDICATORS	OUTCOMES
<p>1. Increase access to preventative and primary care and health coverage for all children birth to age 5 and pregnant women.</p>	<ul style="list-style-type: none"> • Promote the development of countywide immunization registry that includes a recall system • Promote the enrollment in health coverage programs • Support the development of sponsored health coverage for children birth to age 5 ineligible for existing programs • Support coordinated early screening programs that link families with comprehensive healthcare services • Support collaboration through participation in multidisciplinary teams addressing community health services to ensure children birth to age 5 and their families receive needed services and avoid duplication • Work with existing providers to encourage school based and faith based services • Support transportation solutions that promote access to health services particularly solutions that bring services into isolated communities 	<ul style="list-style-type: none"> • County wide immunization registry • Percentage of children with up-to-date immunizations by their 2nd birthday • Number of emergency room visits for non-emergent care • Number of income eligible children enrolled in Healthy Families, Medi-Cal, AIM and other low-cost insurance programs • Number of pediatricians, OB/GYNs accepting Medi-Cal and other low-cost insurance • Number of women receiving prenatal care during their first trimester of pregnancy • Number of children ineligible for existing programs enrolled in health coverage programs • Percentage of children 0-5 who receive checkups according to suggested schedule • Percentage of children 0-5 with a regular medical provider/"medical home" • Number of providers participating in coordinated systems of care • Utilization rates of active satellite office and mobile services 	<ul style="list-style-type: none"> • Increase percentage of children with up-to-date immunizations by kindergarten • Decrease number of emergency room visits for non-emergent care • Increase number of income eligible children enrolled in Healthy Families, Medi-Cal, AIM and other low-cost insurance • Increase number of pediatricians and OB/GYNs accepting Medi-Cal and other low-cost insurance • Increase number of women receiving prenatal care during their first trimester of pregnancy • Number of babies born at or above normal birth weight • Increase percentage of babies and children receiving well-baby and well-child checkups • Increase number of providers participating in coordinated systems of care • Increase number of transportation alternatives available to county residents

<p>2.Ensure access to dental care and oral health education for all children birth to age 5 and pregnant women.</p> <p>3.Promote healthy and safe home environments for children birth to age 5 and their families</p>	<ul style="list-style-type: none"> • Expand outreach and education that will increase knowledge about and provide healthy diets to children birth to age 5 and pregnant moms • Coordinate with healthcare and parenting education providers to promote the importance of breastfeeding • Promote the enrollment in dental health coverage programs • Support the development of sponsored dental health coverage for children birth to age 5 ineligible for existing programs • Support strategies to increase the number of dental providers who will accept Medi-Cal and Healthy Families insurance • Support the inclusion of assessment and treatment of the mother’s dental health as part of routine prenatal and postnatal care • Integrate oral health services into programs serving infants and children such as child care, WIC, and primary care clinics • Develop a media campaign to increase public awareness about oral health and early childhood caries prevention • Support transportation solutions that promote access to dental health services, particularly solutions that bring services into isolated communities • Work with existing providers to encourage school based and faith based services • Promote the coordination and expansion of public education regarding the harmful effects of second-hand smoke, alcohol and other drug use 	<ul style="list-style-type: none"> • Parent survey • Percentage of babies being breast fed when released from hospital • Average number of months babies are breast fed • Number of children on Medi-Cal, Healthy Families, and other low-cost insurance programs • Number of children ineligible for existing programs enrolled in dental health coverage programs • Percentage of children with a regular dental provider/”dental home” • Number of children receiving regular dental care at least annually • Rates of children with dental caries • Percentage of pregnant women screened for dental disease • Number of pregnant women treated for dental disease • Percentage of pregnant women receiving oral health education • Percent of pre-term deliveries • Percent of low birth weight babies • Number of television, radio and newspaper articles/ads about oral health and early childhood caries prevention • Utilization rates of active satellite office and mobile services • Number of educational/promotional activities • Number of tobacco users • Number of children with asthma, 	<p>available to county residents</p> <ul style="list-style-type: none"> • Increase adequate nutrition to children and pregnant moms • Increase breast feeding rates • Increase number of children enrolled in dental health coverage programs • Decrease the number of children 0 to 5 with dental caries • Increase the number of regular dental providers/dental homes for children 0-5 • Increase children receiving regular dental care • Decrease rates of children with dental caries • Decrease percent of pre-term deliveries • Decrease percent of low birth weight babies • Increase number of television, radio and newspaper articles/ ads about oral health and early childhood caries prevention • Increase number of transportation alternatives available to county residents • Decrease number of births reported exposed to tobacco, alcohol and other drugs • Decrease number of smokers in households with children prenatal to age 5
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<p>and their families.</p>	<ul style="list-style-type: none"> • Partner with existing programs to expand public education on the harmful effects of alcohol and substance abuse especially during pregnancy through the first five years of age. • Promote and expand programs that provide prevention and early intervention to families with children 0-5 • Promote the availability of local alcohol and substance abuse prevention and treatment programs. • Promote a variety of free/low cost smoking cessation services in appropriate locations, languages, and with child-care available. • Promote the availability and coordination of a comprehensive car seat/bike helmet safety program that includes education and the provision of free/low cost seats and helmets. 	<p>bronchitis and other related conditions</p> <ul style="list-style-type: none"> • Number of families participating in the "smoke-free homes and cars" campaign • Number of mothers receiving second-hand smoke education as part of post-delivery discharge process. • Establish a baseline for number of infants born with a positive toxicology screen • Number of persons participating in prevention or treatment programs • Number of mothers/fathers on waiting lists for substance abuse treatment • Number and variety of cessation services offered • Number participating in cessation services • Number of car seats/bike helmets provided to low-income families • Rates of unintentional injuries 	<ul style="list-style-type: none"> • Decrease in low birth weight babies • Increase number of healthy births • Decrease number of infants born with a positive toxicology screen • Decrease in number of mothers/fathers on waiting lists for substance abuse treatment • Decrease rates of unintentional injuries
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Parent Education and Support Services Workgroup

Result Area: Improved Family Functioning: Strong Families

Goal: Each Community will have the capacity and confidence to raise children in healthy, safe, and loving environments.

Objective	Potential Strategies	Indicators	Desired Outcomes
<p>1. Increase parental involvement in the development and delivery of service programs in each community by 10% within 3 years.</p>	<ul style="list-style-type: none"> * Support the development or expansion of quality co-operative preschool or early education programs. * Expansion of parent support groups and other shared learning environments in both the community at large and at school sites. * Increase parental involvement and service to community boards and agencies serving children ages 0-5 by providing training, stipends, or scholarships. * Identify culturally appropriate community leaders and provide them with skills and training to become peer educators and promotoras. * Establish parent councils in each geographic community. 	<p>Number of co-operative programs available to the general public in Tehama County.</p> <p>Enrollment and/or service delivery hours provided by parents in co-operative service programs.</p> <p>Number of participants in school based parent support groups or shared learning programs.</p> <p>Number of participants in community based parent support groups or shared learning programs.</p> <p>Appointment of new community representatives to local boards and agencies that serve children.</p> <p>Parent training & scholarship programs established, # of participants</p> <p>Number of community residents trained in peer education and community outreach.</p> <p>Number of active existing or newly established parent councils in each community</p>	<ul style="list-style-type: none"> * Increased school attendance * Increased participation in early childhood education programs * Increased academic achievement * Decrease in referrals to Child Protective Services * Decrease in substance/drug related crime in residential zoned neighborhoods

<p>2. Parents will report at least a 5% overall increase in confidence in child rearing and family relationships, as evidenced by outcome achievement.</p>	<ul style="list-style-type: none"> * Support and expand parent education and counseling opportunities for all parents, as well as the general public, including but not limited to, preconception and prenatal care, anger management, substance abuse, positive discipline and school readiness. * Promote and expand community based and in-home support services. * Expansion of parent support groups. * Promote mass media educational information and outreach regarding parenting and family health issues. * Support transportation solutions that promote access to integrated and coordinated services, particularly solutions that bring services into isolated communities. 	<p>Parent Survey</p> <p>Number of parent education classes provided.</p> <p>Types of strength-based parent education programs offered.</p> <p>Number of sliding scale, income based educational and counseling services and service providers.</p> <p>Number of no or low cost educational opportunities.</p> <p>Attendance and participation in local parent education classes.</p> <p>Attendance and participation in local counseling services.</p> <p>Number of, participation in, and frequency of parent support groups.</p> <p>Number of television, radio, and newspaper articles/ads on parenting and family health issues</p> <p>Utilization rates of active satellite offices and mobile services.</p>	<ul style="list-style-type: none"> * Decrease in family violence * Decrease in juvenile crime * Increased use of parenting related services * Decrease in reports to Child Protective Services * Increased television, radio, and newspaper coverage of parenting and family health issues * Increase number of transportation alternatives to county residents
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<p>3. Access to services in Tehama County will be expanded and promoted to Latino and Spanish speaking children and their families.</p>	<ul style="list-style-type: none"> * Establish baseline data for number of current Spanish bilingual staff employed by health and human service programs/agencies * Encourage health and human service programs/agencies to recruit, hire, and train Spanish bilingual staff. * Increase the number of culturally appropriate public services offered in Spanish. * Support the development and expansion of existing Latino service groups within Tehama County. * Support the development of affordable housing for low-income agricultural workers. * Support Latinos in accessing and obtaining qualified interpreter training or certification programs through stipends, scholarships, and technical assistance. * Expand low and no cost, individual and family based English as a Second Language and citizenship classes. * Expand the number of critical care service providers and legal programs that have Spanish speaking staff available during all hours of service operation. 	<p>Number of current Spanish bilingual staff employed by health and human service programs/agencies</p> <p># of new Spanish bilingual staff hired in health and human service programs/ agencies</p> <p># of new Spanish bilingual staff hired in programs serving families with children ages 0-5.</p> <p># of public services offered in Spanish.</p> <p>Membership and continued activity in Latino specific service or advocacy groups.</p> <p>Housing complex constructed</p> <p>Vacancy rate in low-income ag worker housing developments</p> <p>Enrollment and completion in quality interpreter training programs.</p> <p>Number of qualified interpreters utilized by service providers.</p> <p>Number of service providers utilizing qualified, non-familial interpreters.</p> <p>Number of ESL, citizenship classes available.</p> <p>Enrollment in ESL and citizenship classes.</p> <p>Number of emergency, court, and legal service providers maintaining at least one qualified Spanish speaking staff member on duty at all hours of service operation.</p>	<p>Increased utilization of health and human services by Spanish speaking residents.</p> <p>Decrease in juvenile crime</p> <p>Decreased rate of substance abuse among Tehama County Latinos.</p> <p>Increase in legal employment status rates among Spanish speaking immigrants</p> <p>Decrease in utilization of familial interpreters, particularly for sensitive health and legal services.</p> <p>Increased rates of citizenship attainment</p> <p>Increase ESL and citizenship classes available</p>
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Integrated System

Result Area: Integrated Services: Improved Systems for Families

Goal: Families from all cultural backgrounds are easily able to access multiple services and resources through an integrated system.

Objective	Potential Strategies	Indicators	Desired Outcomes
<p>1. A 10% increase in the availability of multiple support services to families at shared locations throughout Tehama County within 3 years</p>	<ul style="list-style-type: none"> * Establish co-located multi- service centers in communities throughout the county. * Support transportation solutions that promote access to multiple services in a coordinated and time efficient manner. * Support the development of service delivery programs that travel to the client, rather than having the client travel to the service. * Communicate to families how and where to access multiple services to increase awareness of and use of these services including various media. 	<ul style="list-style-type: none"> * # of new clients on wait lists for services * # of women and children receiving services * # of no-shows / cancellation of appointments * # of service delivery sites in county for each program serving families * # of service programs that are co-located * # of transportation alternatives available to county residents * # of print, radio and television articles/ads related to accessing services 	<ul style="list-style-type: none"> * Increase in the number of individuals who are served in program target populations * Increase in number of women and children receiving services * Decrease in no-shows / cancellation of appointments for services * Improved social support for families and self-sufficiency * Increase service delivery upon consumer need

Objective	Potential Strategies	Indicators	Desired Outcomes
<p>2. Reduce duplication by 10% of services through integrating and coordinating resources and services for families within 3 years</p>	<ul style="list-style-type: none"> * Promote and support the use of common intake systems for multiple services * Promote and support the use of common information and referral processes for all service providers to eliminate duplication and simplify how families obtain information. * Encourage and provide technical assistance to Health and Human Service Providers and Community Based Organizations in the utilization of common service coordination processes. * Link services and resources through shared staff, shared space, and shared materials. * Support cross-training of staff from multiple service providers and service sites, including schools and churches. * Support the use of technology to achieve integration and coordination of resources and services (e.g. the development of centralized web sites, on-line resource guides, on-line intake and case management systems, access to e-mail for all providers) 	<ul style="list-style-type: none"> * # of intake systems used by service providers in the county * % of programs using coordinated resource materials * # of non-county government providers utilizing common service coordination processes * # of cross-training opportunities available to service delivery staff and other information-givers * % of programs that share physical space and materials * % of programs that share staff * % of programs and service delivery sites connected by e-mail * # of web sites or other technology aides that support service delivery in the county 	<ul style="list-style-type: none"> * Decrease number of intake systems used by service providers in the county * Decrease in frustration level of individuals accessing services * Increase in the number of individuals who success-fully use programs/ services/resources * Increase number of health and human service providers and community based organizations utilizing common service coordination processes. * Increase number of programs that share space and materials * Increase knowledge of services and resources of service delivery staff and other information givers * Increase use of technology that support service delivery