



**EVERY CHILD COUNTS
FISCAL LEVERAGING PLAN**



Prepared for the Alameda County Children and Families Commission
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EXECUTIVE SUMMARY

Every Child Counts (ECC) is the strategic plan of the Alameda County Children and Families Commission. The Alameda County Children and Families Commission was created as a result of the passage of the Proposition 10 tobacco tax in November of 1998. **The fiscal leveraging plan builds upon existing services and resources to maximize the impact of the Proposition 10 funds.** The integration of services and fiscal opportunities is central to the mission of the Children and Families Commission and the Every Child Counts plan. Other essential plan elements include a comprehensive accountability framework of measurable outcomes and indicators and an agenda of systems change.

Every Child Counts provides early intervention and prevention services to create better outcomes for children. The three major components of ECC serve children from prenatal to age five in an integrated system of care centered on the three environments where children's lives are most significantly impacted:

Children at Home

Comprehensive family support services including home visiting and special programs for teen mothers and medically fragile infants

Children in Child Care

Programs to improve the quality of child care including the Child Development Corps (a stipend program that rewards child care providers who obtain early childhood education credits), quality improvement grants and loans, and career advisors.

Children in the Community

Community grants initiatives that work with non-profit and public agencies serving children and families.

The plan was developed in combination with a Fiscal Consultant and a Fiscal Workgroup, comprised of representatives from fiscal and program divisions of County Departments, and staff from the Commission. The fiscal consultant was provided to Alameda County by the California Center for Health Improvement, the technical assistance contractor for the California Children and Families Commission. Additional support and guidance was provided by State Agencies and Departments. This plan details how to leverage the funding provided by Proposition 10 to draw down additional Federal and State revenues for those allowable activities to be performed.

The major fiscal recommendations requiring policy action include:

- **Contract Language to facilitate fiscal leveraging opportunities**
- **In collaboration with the State Department of Health Services, request expansion of the Child Health and Disability Prevention (CHDP) and Early Periodic Screening Diagnosis and Treatment (EPSDT) Program budgets to support ECC**

- **Expand linkages for ECC clients to services provided by CalWorks Mental Health and Substance Abuse funding and provide contracts specifically for ECC clients, if necessary**
- **Use CalWorks Single Allocation funding for CalLearn expansion**
- **Develop an integrated approach that facilitates fiscal leveraging in cases with multi-agency involvement, such as: ECC/CalWorks, ECC/CWS, ECC/Behavioral Health, and ECC/Public Health**
- **Work with the State Department of Social Services to fund the Alternate Response/Intensive Family Support program as a state pilot**
- **Allocate CalWorks Child Care Stage One Capacity Building funding for training enhancements on an annual basis**

Other recommendations for leveraging are listed within the body of the plan, with process instructions. It is projected that this plan will enable the commission and its county partners to increase services within the Children at Home component by thirty percent and by at least twenty five percent for Children in the Community component. For the first year, the estimated additional revenue is over four million dollars. As year one is a phase in period, revenues in later years will be significantly higher. In addition, at least one million dollars in leveraged funds are anticipated annually for the Child Development Corps.

While the focus was to identify leveraging opportunities and to detail the process to obtain them, the effort also provided a look at how the County Departments should collaborate on the ECC cases for effective outcomes. This plan identifies several policy options that will assist in the successful operation of ECC and serve to improve the outcomes of other programs:

- **The adoption of a set of agreed upon outcomes for all children in the county**
- **The addition of Alameda County outcomes for children and ECC goals to all contracts to children where there is flexibility to do so**
- **Work towards system integration for all programs for children**
- **Aim towards a seamless delivery of services to children through all Departments**

Success of ECC and the fiscal leveraging plan is dependant upon careful and detailed implementation and monitoring. The data system being developed for ECC will assist in monitoring and evaluation. The creativity, teamwork and support of Alameda County Agencies and Departments has created a model of early intervention and prevention services and fiscal leveraging strategies. Many of the elements of this plan can be replicated in other counties.

PLAN DESCRIPTION

The following is a functional design for the implementation of Alameda County's Children and Families Commission program *Every Child Counts* (ECC). It is a plan to utilize the Proposition 10 Sales Tax revenue to provide a high quality, community based, countywide system of continuous prevention and early intervention services to improve the quality of life for the children and families living in Alameda County. In order to increase initial capacity and provide for long-term sustainability, the funds will be invested and leveraged where opportunities exist. This plan has been developed with the cooperation of multiple county departments, the administrative and program staff supporting the Commission, and a consultant hired by the California Center for Health Improvement, providing Proposition 10 Technical Assistance to the counties on behalf of the Statewide Commission.

RELATIONSHIP TO ECC STRATEGIC PLAN

This fiscal plan represents the strength behind the ECC Strategic plan, which was developed following the Proposition 10 guidelines. A collaborative team of public, private non-profit, and community leaders was assembled to identify service needs and gaps. The needed services were developed independent of any fiscal consideration. The following fiscal recommendations are made to support the identified ECC services. The goal is to build upon existing services when possible; have collaborative agreements with local non-profit community based organizations (CBOs), and other participating concerns, such as hospitals, Alameda Alliance for Health (AAH) and Blue Cross managed care plans, Health Net for Healthy Families, foundations and citizens; draw down new Federal and State revenues where viable; and use Proposition 10 funds to fill gaps.

*Alameda County's
Fiscal Leveraging
Plan will become a
model for other
counties.*

FISCAL INNOVATIONS

As Alameda County is the first county to implement a service plan funded with Proposition 10 funds, the recommendations made here are innovative, yet untested. While theoretically viable, due to the creative and new procedures involved, implementation will be complex and critically supervised. As the goal of the plan is to improve the quality of life for children and families in Alameda County, which is supported by all stakeholders in Proposition 10 efforts statewide, as well as all local government agencies working with children, from the Board of Supervisors to the line workers, as well as the private agencies involved in the provision of family support services, all efforts must be made to ensure the success of the planned programs. Fiscal leveraging and good investment practices are vital to the long-term success of the programs. With a complete, accurate and reproducible claiming system, Alameda County will be paving the way for other jurisdictions to achieve the same successful results.

CHILDREN AT HOME

The plan was developed using a thorough analysis of the activities to be performed for ECC. Beginning with Services to Children at Home, an analysis of insurance coverage of the target population, and a look at those within the target population already receiving support from a public agency was completed. The service activities were then evaluated based on whether it was an

existing available service or a new service. Both existing and new service activities were then examined against the approved list of activities eligible for Federal Financial Participation (FFP), and other funding sources. Some of the activities are actually eligible under multiple areas, and for those the recommendations are made on a priority basis, considering all factors, such as discounts, timeliness of reimbursement and administrative requirements. This plan represents the best choice for funding the ECC activities, and does not necessarily conform to the Proposed Alameda County budget for the fiscal year beginning July 1, 2000. The full use of the best choice of funds, for leveraging purposes, may require new plans requiring State approval, estimated cost reports, or new contractual agreements with the Commission, the Board of Supervisors, community leaders, CBO's and community organizations. Full implementation of the fiscal plan may take a full fiscal year. This may coincide with the phased implementation of the Services to Children at Home. The phase in period will also give the County the opportunity to reexamine its own fiscal priorities for any changes to budgeted funds. Funding resulting from implementation of this plan will go to the Commission budget. This funding will enable the Commission to initially build capacity in the ECC program and assist in providing long-term sustainability.

CHILDREN IN CHILD CARE

For the Child Care and Early Education programs, there are potentially fewer opportunities to leverage funds. The workgroup looked at existing funding structures for all childcare services in the county. The childcare delivery system in the county is complex. Most all services are contracted out to the private sector. The services and policy are overseen by the Childcare Planning Council, which is comprised of early childhood, health care and social service professionals from across the county. A significant goal of ECC is to improve the quality of early childhood education (ECE) for those children in childcare. The value of this education has been documented by extensive research as vital to the long-term intellectual, emotional and physical health of children.

To achieve the ECC desired results, efforts have to be made to properly train, supervise and retain quality ECE staff, both in center based environments and in family care homes. While the main focus will be on ECE, additional cross discipline training is desired to enable the ECE providers the knowledge and skills to be a part of the team ensuring quality family support services. While ECE providers are already mandated reporters for child abuse, the training would enable them to identify risk factors and behaviors that indicate potential problems. Referrals to the ECC Services to Children at Home will result in earlier voluntary interventions to prevent or reduce longer-term service/crisis needs for families. In addition, with the advent of CalWorks, there is a capacity issue in the county. ECC hopes to provide funds for new site development and assistance in upgrading or improving existing sites.

OTHER RECOMMENDATIONS

At the end of the plan, there will also be some recommendations for alternative funding options for existing services within the county. These options are ideas that came to light during fiscal and programmatic discussions for the ECC leveraging plan. These recommendations have the potential increase in the quality of services provided to clients with the potential of saving county dollars for reinvestment into other early intervention and prevention programs for children. It seems prudent to include such findings in this report, as our ultimate goal is to improve outcomes for children in Alameda County.

ATTACHMENTS

There are several attachments to this plan. Attachment One will acknowledge the team that developed the plan. Attachment two is the final fiscal matrix used to select the best fiscal leveraging source. Attachment three details the administrative processes needed to provide the data to bill for leveraged funds. And, Attachment four will describe the ECC claiming system to be used for the Commission expenses to detail amount to pass through to County Departments for inclusion in State billings/claims. For reference, Appendix One will list definitions of the acronyms used in this plan.

FISCAL LEVERAGING PLAN

CHILDREN AT HOME

The Every Child Counts program will be gradually implemented over a multi-year period. For year 1, the births of healthy babies from two local hospitals will be targeted to receive the 1-3 home visits. For more intensive family support there will be two target populations, medically fragile infants, and births to teen moms. The services to Children at Home component for ECC began as in January 2000, with a contract with Children's Hospital Oakland and Alameda County Public Health Department for the implementation of the "Special Start" portion of ECC. Special Start is a program of intensive family support services for families with medically fragile infants, those requiring Neonatal Intensive Care while in the hospital. For teen births, the mothers will receive the 1-3 initial home visits by the ECC Public Health Nurses, and be concurrently referred to CalLearn and the Adolescent Family Life Program (AFLP) contractors.

For all other births, the Public Health Community Health Teams will provide Intensive Family Support Services needed by families. This process will remain in place until contracts can be let to the community for formation of the Intensive Family Support Teams as referenced below.

Prenatal Education - FIRST STEP

For prevention purposes, the continuum of care begins with increased emphasis on prenatal services. The target population in year one will be first time mothers, pregnant adolescents, those with chemical dependencies and those with medically high-risk pregnancies. To accomplish this, a strong education effort with new and existing resources will be made. This education, a combination of written material and training will be provided to childcare facilities, medical providers' offices, clinics, social service agencies, correctional facilities, managed care plans, homeless shelters, residential treatment programs, and faith based organizations, among others.

Funding for the prenatal education is included in several existing county programs, such as grants for tobacco cessation, substance abuse allocation, Maternal and Child Health programs etc. In addition to these existing services, the Federal Title XIX funding provides for outreach and education for potential eligibles. The ECC population should all be eligible for this outreach. ECC will provide the matching funds.

Encouragement and requests for collaboration in this effort should also be made to the managed care health insurance plans within the county as well as private insurers and foundations to assist in this activity. It certainly is the first step in prevention with the goal of increasing healthy outcomes for the babies to be born. The ECC staff would need to assume this responsibility of soliciting these private and non-profit partners in the health education and insurance outreach portion of ECC.

Orientation and Screening - SECOND STEP

The second step is to provide an ECC orientation to all new parents. The program will be phased in at the two selected hospitals. Full-scale implementation will include this service in all birthing hospitals. A Commission employee, similar to a Health Educator or Social Worker outstationed in the hospital, will provide this service. The hospital will provide daily supervision and office space, with program and service delivery supervision by the ECC program director.

This is the first leveraging opportunity in the collaborative ECC environment. The value of the hospital contribution of supervision and space should be used as in-kind match for the federally eligible outreach activities performed, as the hospitals are incurring no additional cost. Proposition 10 funds will provide the remaining match.

Universal services to new families can be supported through fiscal leveraging opportunities and in-kind contributions.

There are three funding sources identified for this activity and should be applied in the following order. 1) the majority of all cost in this area will be covered by MAA, Medi-Cal Administrative Activities Claiming. This funding source is not discounted for this activity and is a 50%Federal/50% County reimbursement. This funding will not be used for families with private insurance. 2) As mandated by SB 2669, an initial screening for parental substance abuse must be made for all births. This activity is covered by SB90 as SB2669 is a recognized unfunded mandate and is funded at 100% of cost, up to the limits of the state appropriation. This claim is more burdensome than the MAA claim, but will be pursued as match to MAA, as it is State reimbursement. 3) Proposition 10 funds will front the costs of the program and will match the remaining MAA.

MAA claiming would go through the County Health Care Services Agency, as they are the designated lead agency. ECC would summarize MAA costs for this activity function as well others. SB90 costs would be summarized and sent to the appropriate County Department for inclusion in the County's total SB90 claim submission.

Family Support Services Home Visitation, Well Babies – THIRD STEP

The third step is divided into two categories. It begins with the process for well babies. The second category is for medically fragile infants and will be addressed separately under the title Special Start. The plan offers one to three home visits post discharge to families of new infants. These visits will include linkage to various Health and Human Services programs, assistance with access to services, physician referrals, information on parenting classes, written materials on child development, assessment and follow up. The assessment portion of the visit is claimable to Targeted Case Management (TCM). Home visitation will be provided by the City of Berkeley, the City of Alameda, and by ECC staff, housed and supervised by the Public Health Department.

The City of Berkeley already does home visits for Medi-Cal clients. They will contract with ECC to expand home visits to include non-Medi-Cal families. This will be part of the year one implementation and will have to be funded with Proposition 10 funds. The only option for leveraging here is for collaboration with the private insurance plans within the county to pay for this service. This collaboration would also need to include the local physicians to support the medical/preventative necessity of the service.

The City of Alameda, in partnership with Xanthos, will hire one Public Health Nurse to do home visits. ECC will finance the position as an addition to their Smart and Healthy Babies contract with the County. This will occur in year one and the City is prepared to participate in the leveraging process the same way as the county ECC staff.

The Commission will employ public health nurses, to be housed and supervised by the Public Health Department to perform these functions for the remainder of the county. These staff will be part of the Community Health Teams already in place within the county. The ECC staff will comply with documentation and reporting requirements identified in this leveraging plan.

There are several funding choices for family support home visitation services. Any existing reimbursement opportunity should be utilized before Proposition 10, such as insurance reimbursement and existing government and community services. Well baby care and home visiting may be eligible for both private, managed care, and Medi-Cal reimbursement, with physician referral. As this is clearly a prevention opportunity, savings for all insurances should be realized with parent education on proper nutrition and early child development, well-child follow-up and other support services. The optimal collaborative arrangement, quantified by results oriented data from the data tracking system, would be to ensure a reinvestment of savings by local managed care plans and private insurers to help sustain the successful support system developed by ECC.

After any available insurance reimbursement, the remaining costs are best leveraged with the use of a combination of Targeted Case Management (TCM) and CHDP/EPST. TCM will cover the 1-3 home visits for all families with Medi-Cal eligibility. The costs for this are reimbursed in a similar fashion to Short Doyle Medi-Cal. For the first year, a one month special TCM time study is done in the month of September, an estimated cost report, which determines the cost of services and develops an encounter rate is prepared and submitted in November, and encounter forms are completed with each home visit. The process in year 2 is the same, except the cost for year one is compared to the estimated rate, and any adjustment of funds is done. TCM is a Federal Title XIX eligible activity. It results in slightly more than 50% federal reimbursement. Proposition 10 would match the remainder.

*A combination of
ECC funds and
leveraging
opportunities will
support ECC
services for all
families in Alameda
County.*

A significant portion of the responsibility for both outreach/screening and home visiting will be to obtain insurance coverage for the families that need it. A request should be made to the Department of Health Services for additional Healthy Families funding for this outreach activity. These funds have been underutilized statewide and current information indicates the DHS is returning a large amount of funding.

Special Start – THIRD STEP

**Children's
Hospital Oakland
is the first
community
contractor to
participate in
fiscal
leveraging.**

A concurrent activity with those listed above is the Special Start program. This program began on a small scale in January 2000 in a contractual agreement with Children's Hospital Oakland (CHO) and its partner, Public Health. It provides for similar services as described for well babies, but these services are designed to meet the more intense needs of the babies in the Neonatal Intensive Care Unit (NICU). These needs may initially focus on the medical condition requiring intensive care, but will include case management for aftercare services for both the child and family. This can include substance abuse treatment needs of the parent, special infant health care needs, special

developmental follow-up, and referrals to other services such as California Children's Services (CCS), Early Start, etc.

The Special Start function is an expansion of the existing grant program operated by CHO, called High Risk Infant Follow-up (HRIF). ECC funding will enable additional cases to be followed, but will not pay for those cases already receiving HRIF home visiting services. CHO is willing to participate in the same leveraging process required of the county ECC home visitors.

The Alameda Department of Public Health partners with CHO in the delivery of Special Start services to NICU babies with lower acuity levels. The services are similar to those provided by CHO and are done in coordination with CHO. In comparison, CHO provides services to an estimated 96 babies annually, and Public Health to an estimated 236 babies. As Special Start is a component of Every Child Counts, oversight comes from the Commission Program Director.

For all Special Start services leveraging opportunities exist. For eligible children, CCS and Regional Center Services, such as Early Start (Part C) should be considered, SB90 for parental Substance Abuse services for babies in the hospital, TCM for home visiting and follow-up for Medi-cal eligibles, and Prop 10 for match and for services to the uninsured. Uninsured services should be minimal, as a goal is to obtain insurance coverage for all children in the county.

Coordination should occur for this service and the services being provided by the Medically Fragile unit within Social Services Child Welfare Services. For those cases that are currently handled by both agencies, care should be given to ensure each has an awareness of the others services. This is also an area where Federal Title IV-E could assist in paying for the ECC services as part of the overall CWS plan. As a part of a service team, ECC time could be administratively charged to CWS. There is also a proposal for direct charging being presented to the State Department of Social Services by Santa Barbara County. Upon Federal approval, Alameda County should also use this direct charge mechanism.

Intensive Family Support

The ECC Strategic Plan assumes that approximately 25% of the families served by ECC home visitation will need more intensive family support (IFS) services. These services will be provided in a combination of ways, by multi-disciplinary trained staff or by referral to services provided by local agencies. In year one, there will be three IFS components. One component is Special Start, operated in partnership by CHO and Public Health. This team may be comprised of developmental

specialists, mental health specialists, nurses, occupational and physical therapists, nutritionists, and social workers. The second component will assist teen mothers, through contracts for CalLearn and AFLP services. The contractors will employ the IFS staff and will participate in the leveraging process. In year one, the third component of ECC staff, or subcontracted multidisciplinary agencies, will provide multidisciplinary case consultation to the Public Health Department's Community Health team, along with the cities of Alameda and Berkeley nurses to assist families with normal or less medically fragile births to receive additional services or referrals. In years two through five services are expected to be provided through contracted resources within the community.

Cooperative Case Management

As many of the families needing IFS may also be receiving services from other public agencies, successful ECC leveraging will depend on cooperative case management between the IFS team and other agencies. This actually could lead to improved service integration within Alameda County. With good training and administrative support, it will become second nature to the IFS staff to recognize where the best leveraging opportunities exist. This will be the most difficult part of the plan to implement. Leveraging success will depend upon clients receiving necessary services from referral agencies in a timely manner. The client's participation in another public social service

Leveraging funds for intensive family support services will depend upon good coordination between the ECC worker and case managers in other County Departments.

program, which may not be voluntary, may dictate some of the ECC involvement. For example, an ECC family with a new birth may already have an open CWS case for an older child. The ECC worker, in cooperation with the child welfare worker, may assist the family in caring for the new child. The ECC worker becomes part of the CWS team for these efforts, and charges time accordingly to the Title IV-E or Title XIX funding source. Santa Barbara County is requesting approval from the State Department of Social Services to use Title IV-E for early intervention and prevention services as a support to the existing CWS program. ECC is following the Santa Barbara effort and

would request approval to also participate if Santa Barbara is successful. A similar scenario would take place if the family were on CalWorks. CalWorks can help fund the ECC IFS effort if the efforts include the goals of the CalWorks program, specifically obtaining or maintaining employment.

As can be seen above, documentation and process for IFS leveraging will depend on several factors. There are multiple funding sources available for leveraging, but most all will depend upon case specific status and the various nature of the activities performed. The funding sources identified to date are, TCM, EPSDT/CHDP, CWS Ancillary Case Management, CalWorks Supportive Services, CalWorks Mental Health and Substance Abuse, Mental Health EPSDT Case Management, TANF pilot request for prevention services, CalLearn, AFLP, TANF Incentive funds, Realignment and Proposition 10.

Substance Abuse and Mental Health Training

Treatment and/or pre-treatment counseling for issues such as substance abuse and mental health are expected to be a significant issue as demonstrated by parents receiving services from Special Start. The role of IFS worker will be to build a strong relationship with the family. This support and encouragement, and pre-treatment counseling will assist the families in accessing necessary services. This plan recommends that Alameda County establish linkages for ECC/CalWorks clients

to access services provided by the CalWorks Substance Abuse/Mental Health funds. If access problems arise, the County should explore allocating a portion of the available treatment funds for specific contract services with regional providers with capacity to work with ECC clients. This funding will provide services to ECC/CalWorks clients and while supporting ECC family goals, would also focus on the client's employability. If the amount of CalWorks Mental Health and Substance Abuse allocation is insufficient to cover all county needs, a strategy of overmatch should be considered, as since there is currently a statewide surplus in this funding category.

The remainder of ECC clients needing Mental Health services can be handled in two ways. Some will be directly served by the ECC IFS Team, and if managed by the Mental Health specialist, EPSDT can be used to pay for case management as well as treatment, for those clients qualifying between the ages of 0-21 years. For those clients not served directly by the IFS Team, a referral to the Alameda County Behavioral Health Care ACCESS program will be made. The ECC worker will help families navigate the application processes and assist in transportation, if necessary. TCM will fund this service coordination and transportation for Medi-Cal eligible cases. The services needed will need to be approved by the managed care plan. As treatment will be deemed necessary to meet the families ECC goals, coordination between Behavioral Health Care and ECC will need to be prearranged by MOU, in a manner similar to that used by the Children and Family Services Department.

CHILDREN IN CHILD CARE

Child Development Corps

The first ECC activity in Child Care is the formation of the Child Development Corps. The Corps began in May 2000, provides financial awards for childcare staff and providers for achieving experience and educational benchmarks. These stipends are intended to encourage career

***AB 212, the
C.A.R.E.S. bill,
will provide State
funding for a
portion of the Child
Development Corps***

development and long-term commitment to the field of childcare. A bill developed in the current legislative session, AB 212, by Dion Aroner, referred to as California C.A.R.E.S., was recently signed into law by the Governor. This bill will provide State funding, through the Child Development Division of the State Department of Education for a portion of the stipend costs. As all ECC efforts will be connected to the ECC data and results tracking system, the success of this

program to achieve the retention and improved quality should be measurable. Opportunities for expansion with foundation and corporate support are also being explored.

Increased Revenue to the Community

Corps participants will be required to take classes to obtain their Child Development Permit to continue to receive stipends. There are four colleges in Alameda County that will participate in providing the increased number of classes that will be needed for the anticipated 2,000 participants. Each of these colleges will receive \$75,000 from ECC to evaluate their Child Development Programs. In addition, the colleges will receive Average Daily Attendance (ADA) funding to provide the necessary child development classes needed by the Corps members. While these funds will not pass through the Commission, they are being generated directly due to the formation of the Corps.

Corps participants will be eligible for tuition and permit fee reimbursements from the Child Development Training Consortium, funded by the Child Development Division of the Department of Education. The permit fees alone are over one hundred dollars and there are currently over 2,000 childcare providers without permits. That alone will bring an additional \$200,000 to the program.

Other Child Care Funding Opportunities

Alameda County Children and Families Commission should also apply to the State Commission for matching funding to assist in funding the Corps, as they have identified this effort as one of their priorities. The application elements for these funds has not yet been released, but as Alameda County is so far into the Corps development, it should be eligible to receive additional Commission funding. The Alameda Corps can be used as a model for other counties.

In addition, ECC ECE Quality Improvement is requiring that all Corp members complete a self-assessment of their classroom/family childcare using the standard childcare program assessment tool, Early Childhood Environmental Rating Scale (ECERS). We are also providing grants for a trained assessor to work with programs to use the Scale in programs.

The California Department of Education, Child Development Division (CDD) is not adopting the same assessment tool for use by its contracted programs (about 47 in Alameda County)

We will be training assessors to be reliable on the ECERS tool, which may allow for leverage funding from the CDD to provide both training of assessors and to provide assessments of the CDD programs.

Training Enhancements

There are many exempt childcare providers in the County. Exempt providers give care in their homes, or in the home of the client and are often family members. The ECC plan includes training options for these providers also. Emphasis will be on child development and safety. As many CalWorks clients use this type of childcare, funding for this training would most appropriately come from the CalWorks Child Care Allocation in the capacity building component. A yearly increase to the Resource and Referral providers of \$200,000 enables ECC to help Social Services by using training formats, protocols and trainers already in place working with the Corps. This capacity building project will support goals of the entire county to provide quality childcare.

Funding from the State Commission has gone to Health Linkages for the Child Care Health Project. It may be possible to link with this project for the health component of the training addressed above.

Facilities Improvement Fund

Another component of the Child Care Services component of ECC is a Facilities Improvements Fund. This fund, otherwise known as the Child Care Fund of Alameda County, has been started with three sources of funds:

*The Child Care
Facilities Improvement
fund is made possible
by collaboration
between ECC, CalWorks
Child Care, and the*

- CalWorks Child Care Capacity Building funds totaling \$300,000
- Donation by Providian Financial in the amount of \$400,000
- \$800,000 from the Children and Families Commission.

The mission of the fund is to maintain, improve, and expand healthy safe, and accessible environments for children in childcare. Currently a needs assessment is being conducted to evaluate the facilities development and business management needs of Alameda County's Child Care Field. As these needs are evaluated, it will be determined the best way to disseminate the funding to the community. Options currently being considered include childcare facility and business financing and development loan and grant programs that will be accompanied by technical assistance, as well as on-going business management and facilities development training.

One option being reviewed is contracting with an existing agency that has experience in administering an initiative with the same or similar objectives as the Child Care Fund. This agency should also have the capacity and experience to generate matching, as well as new, funds to leverage the activities of the Child Care Fund. Efforts are also being made to include local city community development programs in the efforts to improve the quality and increase the capacity of child-care in Alameda County.

After the initial funding has been used, evaluation of the process and results shall take place. If the efforts proposed have achieved the desired results, Alameda County and the Commission should recommend an annual amount to come each from CalWorks Child Care Allocation, Capacity Building component, the Children and Families Commission and other private organizations.

CHILDREN IN THE COMMUNITY

For this part of the Strategic Plan, funds are competitively distributed to both community-based programs and to programs provided by public agencies. While the workgroup has not yet focused on this portion of the funding process, there are fiscal leveraging opportunities here also.

Phase two of fiscal leveraging should focus on contracts to community providers.

As the greatest potential for leveraging exists in the Children at Home component, efforts should focus on these activities in the first year to ensure the viability of this plan and provide future stability to the services. However, at the completion of that work, efforts should then concentrate on the ECC Community grant process. Public agencies currently are required to include leveraging in their proposals for funding. In year one, the estimate provides for an additional one million dollars to be generated by the ECC funded programs. It should become a requirement in the funding process that community based grantees participate where possible to generate matching funds.

Technical assistance may be needed for the CBO's to become familiar with the leveraging process. CBO proposals should be reviewed for leveraging possibilities, based upon the services and activities to be provided. This effort to draw down federal and state revenues for CBO programs is gaining momentum statewide and exists in other efforts to move services to the community. An example is the Answers Benefiting Children (ABC) project currently sponsored by the State Office of Child Abuse Prevention.

System Development and Accountability Framework Training

Training is a critical component of the ECC plan and its successful implementation. It will be provided to all staff and providers by the ECC staff. The first training was held in September 2000 and will be offered 2-4 times during the first two years. This training will include a complete ECC orientation, with a focus on team building, QA standards, assessment tools, and data collection requirements. In addition monthly trainings will be offered in specialty topics. Some of the monthly trainings will be mandatory.

It is envisioned that some of the specialty trainings may be offered or funded by the County Departments responsible for the services. For example, as part of the multi-disciplinary training for core providers, Social Services may train on the CWS program or the CalWorks program, Mental Health may train on EPSDT services for children or Public Health may focus on identification of health issues in children. As ECC is rolled out, it is hoped that the County will maintain the level of support that has been evident during the planning phase. These trainings will increase the capacity of the providers, whether County or contract to identify clients with needs, and also to know where resources exist to help.

In addition to program training, those providers participating in fiscal leveraging will need to be trained on the proper administrative procedures to draw down federal funds. Some of the requirements may be new to contractors and in addition to the initial training, some county staff may need to be available for technical assistance. One of the critical factors is the need to ensure that the procedures are followed and that the appropriate documentation and audit trail exists. This training could be provided initially by either consultants or county staff. Once fully implemented, this type of training would only be necessary for new contractors.

GENERAL ADMINISTRATION AND PROGRAM MANAGEMENT

There are also leveraging opportunities for the program and administrative management staff within the Commission. Many of their administrative activities are eligible for MAA claiming. Identification of these activities should take place, and the appropriate staff within the Commission office should participate in the annual MAA timestudy.

The proposed budget for the Commission from January 2000 through June 2001 estimates over \$300,000 in possible federal funding. For process, any MAA reimbursement should be deducted before allocating the remaining administrative costs for the computation of direct and indirect internal overheads.

RECOMMENDATIONS

Summary of the recommendations requiring policy changes for implementation:

Contracts

- Include language to allow for in-kind match for space/supervision
- Require participation in leveraging if appropriate
- Include audit language to ensure accountability for claiming

CHDP/EPST

Public Health Department should request approval from Department of Health Services to increase capacity in these areas, with match to be provided by Proposition 10.

CalWorks

- Expand linkages to contract providers of CalWorks Substance Abuse/Mental Health for treatment of ECC/CalWorks clients. Contract specifically for ECC clients if necessary. If additional contract funding is not available in year 1, the County should explore the strategy to overspend the allocation and anticipate closeout funding. As the need for these services is anticipated to be high among ECC cases, this is one of the most critical decisions to be made. This should be viewed as an annual commitment to provide the treatment necessary for ECC.
- Utilize CalWorks Single Allocation to fund the expansion of CalLearn. In year one, if the single allocation is insufficient to cover the entire expansion cost, a strategic decision to overspend the allocation and anticipate closeout funding should be made. For Year 2 and forward, the expansion costs should be included in the County PCAB, Proposed County Administrative Budget, to the State Department of Social Services.
- Use ECC home visitation program to assist with families either in sanction or about to be sanctioned, similar to the San Bernadino model of home visitation, which has resulted in a high rate of return to the program. CalWorks could participate in the funding for ECC staff in these cases.

Child Welfare Services

Continue to integrate services and include ECC staff as part of team supporting families. Allow for use of Federal Title IV-E funding, as appropriate, for both case management and health related purposes for combination ECC/CWS cases.

Alternate Response System

Efforts should be made to prepare a sustainable funding source for this program as it coordinates well with the ECC structure. These efforts could easily result in a stabilization of CWS referrals, if not a decrease. The request to Department of Social Services for a pilot project for early intervention, to be funded by TANF, similar to Emergency Assistance, should

be vigorously pursued. Reserve funds are available for the budget year in the Department of Finance, and the State is specifically interested in new and creative programs.

Services to the Uninsured

Some of the ECC families will not have insurance, and Proposition 10 funds will be required to incur the full cost of any services or treatment. Early outreach efforts will first attempt to link these families with an existing health coverage system, including the County's own indigent funded programs. This portion of the plan should be monitored routinely to ensure the effective use of Proposition 10 funds, and also universal access to services.

Child Care Training Enhancements

Direct a portion of CalWorks Child Care Allocation, Capacity Building component, for training enhancements directed at CalWorks Exempt providers, by increasing the contracts with the local/regional R & R's. This should be looked at as an annual commitment to support the efforts of the ECC program to improve childcare and build capacity.

OTHER RECOMMENDATIONS

County Contract Coordination for Children's Services

ECC gives Alameda County a new opportunity to continue to work on collaborative efforts for improving services to children. Access to services for ECC clients is a key issue. County Departments currently issue contracts to the community for a multitude of programs for children's services. The orientation for the consultant included a complete review of existing services to children, focusing on the ECC 0-5 year age population. The contracts being issued to the community show a great deal of support by local government for the impact the community can have when involved directly in the delivery of services. Some examples of funding sources for children's contracts are CWS, TANF, TANF Incentives, Proposition 10, MCH, Healthy Start, CCS, Federal Family Preservation Family Support, CAPIT, STOP, and others.

While each department is very diligent in their contracting process, ECC presents a new challenge to the county to begin working toward achieving the ECC goals for children and families. ECC should

ECC gives Alameda County a new opportunity to continue to work on collaborative efforts for improving services to children. Contract coordination can be effective for achieving access and success for ECC.

provide a new opportunity to look at the contracting process. As ECC is developing a data tracking system to begin to follow the outcomes of the services provided it would be appropriate to develop a set of guidelines for children's services contracts that outline the outcomes the Commission, the county and the community wish to achieve. A collaborative process could be used to develop the guidelines, including some existing contractors within the local community. This collaborative approach should lead to complete buy in and support of the effort to use contract dollars as effectively as possible. Due to the nature of funding sources, each contract would need to include tracking, specific

service delivery modes, etc. in addition to the above referenced guidelines.

By tracking contractual outcomes, as well as the progress of the clients, a results-based evaluation process would begin to evolve. Client's progress would show the effectiveness of services received and contractors would be accountable for areas of low performance results. This evaluation would not occur immediately, but over the course of many years. However, contract coordination and evaluation should only lead to improved results to show the effectiveness of early intervention programs and services.

AB 1259 Integrated Health and Human Services

AB 1259 gives Alameda an opportunity to implement some of the service integration and administrative efficiency already tried by other innovative counties. For ECC the most relevant project would be the implementation of a Uniform Time Study, single point of entry, and a Consolidated Public Health Claim. This claim, originally developed by Placer County as a pilot project under their SB 1846 legislation, would allow ECC costs to flow into the Department of Public Health for inclusion to the State Department for funding. It would provide multiple administrative and

program management benefits and challenges to the Department of Public Health, but would make ECC pass through of costs simple.

Alameda County has submitted an implementation plan to the State which does include this claim. ECC should support and assist the Health Care Services Agency and the Department of Public Health to achieve this approval.

Technical Assistance Teams

To provide continued success of the fiscal leveraging plan, it is recommended that the county continue to support ECC with the staff that have participated on the fiscal workgroup. This group of key players could serve as a fiscal Technical Assistance Team. The fiscal manager hired by the Commission will need the back up of this group to provide the oversight and direction to the ECC program providers for full accountability and documentation as required to meet federal reporting requirements. This group could assist in the initial training of providers. This group also should assist the fiscal staff of the commission in evaluating the progress and success of the leveraging process. Efforts should continue to maximize leveraging opportunities. This first plan should only be the beginning of a continuous process. The monitoring of the leveraging should become part of the regular reporting requirements to the Commission and also to the County. ECC success may demonstrate the value of prevention and enable the County to direct continued support and even additional funding towards the effort.

Alternative Response System

The County Social Services Agency has developed a plan for providing services to families referred to Child welfare Services (CWS) but where no case would be opened. These services, named the Alternate Response System (ARS), are currently funded by TANF incentive funds, through fiscal year 2001/2002. The policy and programmatic goals of ARS and ECC are very similar. In fact, a Packard Foundation Grant of \$50,000 has been obtained to coordinate the two programs.

It is anticipated that when fully operational ECC will handle ARS cases with children 0-5 and ARS will handle cases for older children. Services provided will be family centered, community based and will be tailored to the needs of the family to prevent further crisis, or need for CWS.

While this model of services is not fully operational, sustainability in the future is an issue. ECC is recommending to the State Department of Social Services to operate a pilot project in Alameda County funded by TANF, with services similar to Emergency Assistance, but for families in early stages of crisis, or referrals to ARS. Every effort should be made to pursue this additional funding to fully evaluate the effectiveness of the early intervention model of services.

Service Integration

Service Integration initiated by the Social Services Agency could be expanded to all services to children.

The County Social Services Agency has funded an effort to improve service integration within their agency. This is a quality proposal that has potential beyond just this agency. Their mission is "staff from the key program departments, Welfare to Work, Children and Family Services and Adult and Aging, will work together in 'cross-classification' teams to reduce the fragmentation

experienced by clients with multiple needs. Services will not only be targeted at the entire family but also their neighborhood through a collaborative planning process with the Community Partnership Grant Program. Services will be delivered in the home and the neighborhood whenever indicated. Staff will provide services to improve the family's ability to be self-sufficient by obtaining employment, child-care and transportation and by reducing other stressors that may contribute to child maltreatment."

This mission is very consistent with ECC efforts and it would potentially enrich the effort if the two groups work together to achieve this goal. The best result would have ECC, the Social Services Agency, Health Care Services Agency, and the ICPC work together to improve all services to children.

TANF Incentives

For the current year, the County will be asked by the State Department of Social Services to develop a plan to spend the TANF Incentives. The current law changes the definition of needy families to 200% of poverty, and allows for up to 25% of the funding to go to this population, utilizing goals three and four of the State TANF Plan, which are preventing unwanted pregnancies and preserving and maintaining two parent families. ECC goals and objectives easily fit into this definition. If the funds are not already appropriated in the County budget, County Departments should work together with the Social Services Agency in identifying the County priorities for this funding. The Commission should recommend an ECC utilization to assist in implementing ECC more rapidly.

System of Care

The Behavioral Health Department, within the Health Care Services Agency operates a small unit, funded by AB3015, Children's System of Care. This effort is typically a collaborative approach to serving children with mental health disorders. This model however is serving a small number of clients. There are other models, based upon this same principle, in other counties that greatly expand services to children and collaboration between agencies and departments. Alameda County may want to explore expansion of this effort by using the collaborative approach to delivering quality services to children. It ties in very well with the Service Integration effort being initiated by the Social Service Agency.

ATTACHMENT 1

The following list represents those who participated in the development of this report. Each participant contributed a significant amount of time and effort to achieve a quality result.

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ATTACHMENT II

Fiscal Matrix

Every Child Counts - Revised-9/21/00										
Funding Matrix - Home visiting										
				Funding				Theoretical	Reality	Combined
Service Component	Potential Funding	Summary	Funding Flow	Impact	Target Population	Restrictions	Funding Timeline	Ranking	Ranking	Rank
								OPTIMAL	REALISTIC	ECC Choices
I. Prenatal Identification, Education & Outreach										
ID new parents and encourage participation	Healthy Families (HF)	Outreach to low-income families to enroll in Healthy Families Insurance	XIX 50%/SGF 50%/No Local Match	Based upon state receiving federal matching funds.	Families with incomes between 100-250% of federal poverty level.	Activities must be focused on Healthy Families enrollment. There is a \$50 fee to enrolling agents and a \$50 for a Medi-Cal application.	Subject to State budget allocations.			
<u>Target population</u> = 20,000 births; Medi-Cal Eligible = 7,000 & Non-Medi-Cal Eligible = 13,000	Medi-Cal Administrative Activities (MAA)	Outreach only for enrollment in Medi-Cal or Medi-Cal services. Two main types of outreach: A) To Medi-Cal eligible. B) Entire population. Reimbursement rate lower for B.	XIX 50%/Local Match 50% Type A Outreach and 50% after discount for Type B Outreach. Discount determined by percent of MC eligibles in your target population.	Medicaid open ended but cap by State contract determined annually by LGA projection. LGA projection submitted in May.	Type A: Medi-Cal Eligible Type B: Entire population.	Type A activities must be entirely focused on Medi-Cal enrollment. Type B more flexible but smaller reimbursement.	Quarterly time-study allowed, annual time study required. Time study is used for LGA invoicing, not required by the state. Establishing a claim plan with a new entity can take up to two months to process paperwork.			
	Child Welfare Services (CWS) Health Related (HR) Activities	For CPS at-risk MC eligible children to inform of access to Health Related services	XIX 50%/SGF 50% (up to amount of SGF allocation within CWS/Local 15%	Open ended	Children who have been abused or neglected.	Services must be included in client's case plan.	Based on yearly allocation			
	Women, Infants, and Children (WIC)	Nutrition and food program for low-income mothers and children	Federal Dept. of Agriculture 100% No Local Match for program, some local match required for building and infrastructure support.	Based on monthly participation rates	Low-income (up to 185% poverty level) pregnant women, breast-feeding/ post-partum mothers up to 6 months; mothers with children under 5 years who have medical/ risk problems	Outreach activities specific for enrollment in WIC. There are fluctuating eligibility criteria based on current year funding limitations.	Each year allocation based on prior years utilization rates.			
	Managed Care + Private Ins.	Outreach and prenatal identification covered by some managed care plans as part of benefit package. Varies by insurer	Private/Gov't Insurance No Local Match	Based on premiums paid by beneficiary or employers	Managed care plan beneficiaries	Services must be included in managed care benefit package.				
	TANF Incentive	Discretionary TANF funds provided to states/counties who are able to reduce welfare caseloads. Goal of funds are to provide flexibility in creating programs to reduce welfare dependency.	Federal TANF 100% /No Local Match	Declining fund base. Predict lose of all revenue by 2002.	Low-income families eligible for CalWORKs					
	Realignment (SS,MH and Health)	Flexible County decision	100%County Discretion as long as it is for SS/MH/PH	Based on county budget process	County residents	Based on LGA funding priorities.	Yearly budget cycle			
	County Gen'l Fund	Flexible County decision	100% County	Based on county budget process	County residents	Based on county value based budgeting priorities set.	Yearly budget cycle			
	Foundations	Grants for outreach and education.	Private	one-time only funds						
	Proposition 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	100% County, with requirement to be for children's programs	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement			

ATTACHMENT II

Fiscal Matrix

Every Child Counts - Revised-9/21/00										
Funding Matrix - Home visiting										
Service Component	Potential Funding	Summary	Funding Flow	Funding Impact	Target Population	Restrictions	Funding Timeline	Theoretical	Reality	Combined
								Ranking	Ranking	Rank
<i>II. Birth-site screening & assessment</i>								OPTIMAL	REALISTIC	ECC Choices
	Perinatal Substance Use Screening (Mandated by SB 2669, authorized reimbursement by SB 90)	Reimbursement for costs associated with mandated substance screen for all new obstetrical patients up to date of birth of child. Needs assessment and referral for drug treatment when indicated by initial screen. Includes necessary overhead.	SGF/County/Service Provider Reimbursement for mandated services, based on cost.	Needs to be included in State budget - capped at 2.4 million for entire state. Annual appropriation varies.	Initial screen for ALL new obstetrical patients. Needs assessment and referral for tox positive results.	Claims must be made within 120 days of state issue of claiming instruction. Late claims result in decreased reimbursement. Claims not accepted after one year. Claim must be reduced by any amount received for service from other funding sources. NO DOUBLE BILLING!	We need to find current dates for claim and estimated claim deadlines. Must keep supporting documentation for four years.	1	2	2
	MediCal Administrative Activities (MAA)	Outreach, access to Medi-Cal/Healthy Families	50% Fed/OSGF/50% County	NO DISCOUNT for outreach	All		Quarterly Reimbursement	2	1	1
	Proposition 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	100% County, with requirement to be for children's programs	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement	3	0	3
III. 1st 1-3 home visits										
	Includes in-depth evaluation/ assessment of child and family needs, parenting and child development education, resource and referral									
	TCM	Will cover evaluation and assessment, as well as case management, ISP, Linkage and Consultation	XIX 50% of approved rate Local Match 50%. Rate determined by cost report filed annually.	Title XIX open ended BUT reimbursement rate and annual cost capped by projections based on annual time study.	MC eligible and < 18, ALL PREGNANT WOMEN, other eligibility varies by service area's defined target population.	No coverage for direct service, education, discharge planning.	Time study completed in September. Projections due to LGA (Jan Bass) by 10/22/99. If we can not project our billable TCM by 10/22 we will have to wait until next year to include. CBO's can be added mid year of they fall under existing service area contract (i.e.. Public Health).	3	1	3
	Perinatal Substance Use Screening (Mandated by SB 90)	SB 90 will also pay for home visits PRIOR TO delivery and/or discharge (w/in County brokered and funded system)	SGF/County/Service Provider Reimbursement for	Needs to be included in State budget - capped at 2.4 million for entire	Initial screen for ALL new obstetrical patients. Needs assessment and referral for tox positive results.	Claims must be made within 120 days of state issue of claiming instruction. Late claims result in decreased reimbursement. Claims not accepted after one year. Claim	We need to find current dates for claim and estimated claim deadlines. Must keep	1	1	1
	CHDP/EPST	Medi-Cal Administrative Claiming	XIX 50%/Co 50%		Focus on kids, Medi-Cal Eligibles	Open ended based upon County match availability, Claim through Public Health Department.		1	1	1
	Managed Care + Private Ins.	Outreach and prenatal identification covered by some managed care plans as part of benefit package. Varies by insurer	Private/Gov't Insurance Plans pay \$132 per visit	Based on premiums paid by beneficiary or employers	Managed care plan beneficiaries	Services must be included in managed care benefit package.		1	1	1
	Proposition 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	100% County, with requirement to be for children's programs	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement	3	3	3
For Supervisors/Program Coordinators and Managers	MediCal Administrative Activities (MAA)	Outreach, access to Medi-Cal/Healthy Families, Program Planning and Development	50% Fed/OSGF/50% County		All		Quarterly Reimbursement	2	1	1
IV. Intensive Family Support										

ATTACHMENT II

Fiscal Matrix

Every Child Counts - Revised-9/21/00										
Funding Matrix - Home visiting										
								Theoretical Ranking	Reality Ranking	Combined Rank
Service Component	Potential Funding	Summary	Funding Flow	Funding Impact	Target Population	Restrictions	Funding Timeline	OPTIMAL	REALISTIC	ECC Choices
Ongoing services and case management for families; education, linkages to other services, treatment.	TCM	Only covers ongoing evaluation	XIX 50% of approved rate Local Match 50%. Rate determined by cost report filed annually.	Title XIX open ended BUT reimbursement rate and annual cost capped by projections based on annual time study.	MC eligible and < 18, ALL PREGNANT WOMEN, other eligibility varies by service area's defined target population.	No coverage for direct service, education, discharge planning.	Time study completed in September. Projections due to LGA (Jan Bass) by 10/22/99. If we can not project our billable TCM by 10/22 we will have to wait until next year to include. CBO's can be added mid year of they fall under existing service area contract (i.e.. Public Health).	1	1	1
	EPSDT/CHDP	Case management for Medi-Cal clients receiving EPSDT treatment services	XIX 50%/50% County	Uncapped entitlement at federal level	MediCal eligible beneficiaries up to age 21	Must be claimed through Department of Public Health		1	2	2
PENDING	CWS-Ancillary Case Management	Case management for ECC staff on open CWS cases	Title IV-E/SGF/Local Match	Depends on status of SGF available in County, if overmatch only 50% Fed/50% County	CWS Open Cases	Not primary case manager	Quarterly billing through County Social Services Agency	1	1	1
	CalWorks-MH/SA	Pre-treatment counseling for CalWorks clients	100% Fed/State		CalWorks Recipients	Depends on availability of Alameda County allocation, may need to overmatch and await closeout funds.	Quarterly billing through County Social Services Agency	1	1	1
	CalWorks Supportive Services	Ancillary case management for CalWorks clients coordinating either diversion funding or supportive services for families to assist in obtaining or maintaining employment	100% Fed/State		CalWorks Recipients	Depends on availability of Alameda County allocation, may need to overmatch and await closeout funds.	Quarterly billing through County Social Services Agency	1	1	1
	Proposition 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	100% County, with requirement to be for children's programs	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement	3	3	3
	Realignment (SS,MH, and Health	Flexible County decision	100%County Discretion as long as it is for SS/MH/PH	Based on county budget process	County residents	Based on LGA funding priorities.	Yearly budget cycle	3	3	3
	TANF Incentive	Discretionary TANF funds provided to states/ counties who are able to reduce welfare caseloads. Goal of funds are to provide flexibility in creating programs to reduce welfare dependency.	Federal TANF/No Local Match	Declining fund base. Predict lose of all revenue by 2002.	Low-income families eligible for CalWORKs	Currently 2 mechanisms: a) TANF Proposals made to SSA from various Departments; b) SSA Partnership Grants	a) TANF Proposals funded through FY 2001; b) SSA Partnership Grants have quarterly funding cycles	4	4	4
PILOT PROJECT	TANF	EA for prevention/prior to CWS or ARS	TANF 100% Federal		Needy Families with risk of future CWS involvement	Program design of services, similar to EA, but not connected to CWS	Subject to pilot approval	2	2	2
Direct Program and Referral Source	CalLEARN	Visitation and in-home case management for CalWORKs teen parents	TANF 100% Federal after County MOE paid					1	1	1
Direct Program and Referral Source	AFLP	Visitation and in-home case management for non-CalWORKs teen parents	Currently 100% State, but eligible for Title XIX match		Teen parents	State funds fixed per case rate capped.				
	CWS-Health Related	Title XIX services for CWS children and families	Potential 50% match after CWS SGF used		CWS Eligibles			1	1	1
For Supervisors/Program Coordinators and Managers	MediCal Administrative Activities (MAA)	Outreach, access to Medi-Cal/Healthy Families,Program Planning and Development	50% Fed/OSGF/50% County		All		Quarterly Reimbursement	2	1	1
V. Linked services and Referral Sources										

ATTACHMENT II

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REFERRAL	Early Start, Part C	Case management and direct services for children and families with developmental delays, mental retardation, physical/ mental impairments.	Federal/DDS/ Local Regional Centers/ Vendorized programs	Capped funds	Children at risk for developmental/ physical delays	Must be services identified in IFSP (In individual Family Service Plan). Very limited services available with each Regional Center.				
REFERRAL	Supportive and Therapeutic Options Program	CDSS funds to provide therapeutic and support services to children who can't access services through MediCal. Purpose is to prevent initial and subsequent out-of-home placement and successful transition back to community.	CDSS/ SSA 30% Local Match	Very small amount of money-contracted out to community	Children at risk of foster care placement or transitioning home from placement	Children cannot be eligible for other sources of funds such as MediCal. Social Services focus on treatment, shadow services and respite.				
REFERRAL	EPSDT	Provide diagnostic and treatment services needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services, whether or not services are covered by the state plan.	XIX 50%/SGF 50% , delay in getting reimbursement. Enhanced Fed available for SPMP	Uncapped entitlement at federal level-Fee For Service	MediCal eligible beneficiaries up to age 21	Reimbursement is based on previous year expenditures. Mental health services are based on FY94-95 baseline spending, but counties can increase baseline based on actual utilization. Physical health sending must have prior Treatment Authorization from state MediCal field offices.	Subject to State budget allocations.	2	1	2
REFERRAL	CWS-EA/CWS	Crisis Resolution Services	TANF/SGF/NCC		Open CWS cases	Limited to one incident in 12 month period/heavy administrative requirements				
REFERRAL	Title IV-E-WAIVER	Case management and direct services for children and families in foster care.	Title IV-E/SGF		Foster Care eligibles			2	2	2
REFERRAL	California Children's Services	Medical and therapeutic services to children with disabilities	See Description in Section III							
REFERRAL	Child Abuse Prevention Intervention and Treatment	Flexible to pay for child abuse prevention-funds contracted out to community	CDSS/ Child Abuse Prevention Task Force	Based on state budget process and allocation	Children at risk of abuse or neglect in county	Services must meet requirements of RFP.	Every three year RFP. New cycle starts in Fall 1999			
REFERRAL	Birth Certificate Fees	Flexible to pay for child abuse prevention-funds contracted out to community	local tax	Based on county taxes. In 1998 @\$157,000	Children at risk of abuse or neglect in county	Services must meet requirements of RFP.				
	REGIONAL CENTER				Children over 5 years with disabilities					
REFERRAL	HPCFC	Health care program for children in Foster Care	100% SGF		Children in Foster Care					
parenting classes/ groups	Prop 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	100% County, with requirement to be for children's programs	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement			
	WIC	Nutrition and food program for low-income mothers and children. Staff can provide education, counseling, resource and referral for clients.	Federal Dept. of Agriculture 100% No Local Match for program, some local match required for building and infrastructure support.	Based on monthly participation rates	Low-income (up to 185% poverty level) pregnant women, breast-feeding/ post-partum mothers up to 6 months; mothers with children under 5 years who have medical/ risk problems	Outreach activities specific for enrollment in WIC. There are fluctuating eligibility criteria based on current year funding limitations.	Each year allocation based on prior years utilization rates.			
	CalWORKs	Services to families on Calworks	TANF 100% Federal		CalWORKs clients					
support groups	MH Realignment	Treatment	Fee For Service							
health education/ prenatal classes	Perinatal Education setasided in Substance Abuse allocation	Services contracted out	20% of SA allocation		Pregnant Substance abusing clients					
	MCH Programs									
mental health treatment	FFS or Short-Doyle MediCal	Mental health services available according to MediCal criteria and medical necessity.	XIX/ DMH/ LGA	Counties receive block grant from state.	Low-income MediCal eligible or indigent clients	Based on medical necessity criters. Some diagnosis such as substance abuse, mental retardation, etc are excluded diagnosis.	Yearly budget cycle			

ATTACHMENT II

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Service Component	Potential Funding	Summary	Funding Flow	Impact	Target Population	Restrictions	Funding Timeline	OPTIMAL	REALISTIC	ECC Choices
	Healthy Families	Health care services to low-income families enrolled in Healthy Families Insurance. Includes mental health treatment.	XIX 50%/SGF 50%/No Local Match	Based upon state receiving federal matching funds.	Families with incomes between 100-200% of federal poverty level.	Services must be included in benefit package - well-baby and well-child care services	Subject to State budget allocations.			
	Supportive and Therapeutic Options Program	CDSS funds to provide therapeutic and support services to children who can't access services through MediCal. Purpose is to prevent initial and subsequent out-of-home placement and successful transition back to community.	CDSS/ SSA 30% Local Match	Very small amount of money?	Children at risk of foster care placement or transitioning home from placement	Children cannot be eligible for other sources of funds such as MediCal. Social Services focus on treatment, shadow services and respite.				
Protective services	CWS	Protective services for children at risk of abuse or neglect								
Other	Prop 10	Available to fill gaps for necessary services for families at risk	100% County, with requirement to be for children's programs		Children birth to 5 yrs	Cannot supplant existing services				
substance abuse treatment/MH	CalWORKs	Treatment funds for clients with substance abuse or MH problems that present barriers to self-sufficiency.	100% TANF funds for SA/MH treatment to new Calworks clients	Currently surplus -- funds are underutilized for AOD services.	CalWORKs clients	Services must be included in WTW plan. Services can only be provided for up to 18 months?	Subject to State budget allocations.			
	Victims of Crime	Victim restitution funds available to reimburse persons who have been victims of crime for health, mental health services that are needed as direct result of crime.	State Board of Control collects penalties.	Currently surplus of \$110 million at state level.	Victims of crime as defined by penal code.	Payor of last resort. If MediCal eligible, MediCal should pay for services. Treatment must be 100% directly related to crime.	provider bills directly to VOC, but payment delays up to 1 year or more.			
	Managed Care plans	Outreach and prenatal identification covered by some managed care plans as part of benefit package. Varies by insurer	Private/Gov't Insurance	Based on premiums paid by beneficiary or employers	Managed care plan beneficiaries	Services must be included in managed care benefit package.				
infant MH	EPSDT	Provide diagnostic and treatment services needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services, whether or not services are covered by the state plan.	XIX/ CDHS/ LGA	Uncapped entitlement at federal level	MediCal eligible beneficiaries up to age 21	Reimbursement is based on previous year expenditures. Mental health services are based on FY94-95 baseline spending, but counties can increase baseline based on actual utilization. Physical health sending must have prior Treatment Authorization from state MediCal field offices.	Subject to State budget allocations.			
pregnancy prevention/teen services	Cal-Learn	Visitation and in-home case management for CalWORKs teen parents	TANF							
	Comprehensive Services Act (Probation)	Probation TANF funds to provide prevention services to children at risk of entering probation system. Services mostly for status offenders.	TANF	Subject to annual budget process; previously \$5.6 million for services	Children (at least 8 years old) and families at risk of probation.	Can pay for mental health assessment and counseling, family mentoring, parent peer support, life skills counseling, individual & family counseling, parenting skills development, respite care, etc. May be used to provide 72 hour detention.	Subject to yearly budget process			
VI. Training										
general training	IV-E?									
child development/brain development										
cross-training with public agencies	TCM									
health assessment										
supervision										
MediCal outreach	MAA	Need to incorporate MAA related training needs into projected costs. Therefor training should be included in Time study unless using direct charge method - see above.	see above	see above	see above	see above	see above			

ATTACHMENT II

Fiscal Matrix

Every Child Counts - Revised-9/21/00										
Funding Matrix - Home visiting										
								Theoretical Ranking	Reality Ranking	Combined Rank
Service Component	Potential Funding	Summary	Funding Flow	Funding Impact	Target Population	Restrictions	Funding Timeline	OPTIMAL	REALISTIC	ECC Choices
VII. Marketing/ Media Campaign										
flyers	Prop 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	local discretion	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement			
PSAs	Prop 10									
welcome baskets with incentives	Prop 10									
advertisements, etc.	Prop 10									
	MAA	If campaign includes MediCal outreach compo	see above	see above	see above	see above	see above			
VII. Registration and tracking system										
county-wide database system	Prop 10	Tobacco tax to fund services to promote child development for children 0-5 years and their families	local discretion	Declining tax base; possible repeal through ballot	Children 0-5 years and their families	Services must adhere to state commission guidelines and outlined in county commission strategic plan	First disbursement on October 1999; yearly disbursement			
	Foundation Funding									
VIII. Child Care										
Child Development Corps	AB 212	Stipend program for ECE workers based on education and experience	100% County, unless AB 212 passes	AB 212 would provide 50% State match	ECE Workers					

ATTACHMENT III

Administrative Processes

As fiscal year 2000/2001 has already begun, there are some critical steps to be taken to ensure that federal funds can flow into the County for the ECC activities. While some of these steps may have taken place before the completion of this plan, it is important to detail the entire process.

MAA/TCM-There are three steps required to participate in this programmatic activity. In July Alameda County must include ECC in its request to participate in the MAA/TCM program during fiscal year 2000/2001 in the format required by the Department of Health Services. In September/October a timestudy must be done by all staff to participate in this program. And a cost report, summarizing prior year cost and/or estimating current year cost, is due November 1, 2000. ECC can chose to operate under the State Plan Amendment for Public Health, or the proposed Amendment for Home Visitation. The fiscal workgroup agrees that the best choice will be Public Health, however a comparison test should be performed prior to cost report submission to assure that there is no negative impact to the current programs operated within Public Health. It is more probable that a positive result will occur.

Timestudy Development-A single timestudy should be used for all ECC activities. Coordination will need to occur with the Public Health Department, Social Services, and Behavioral Health to include the necessary documentation will exist for claiming against their funding sources. This effort will be part of the ECC Claim development and should also coordinate with the Public Health Department efforts on AB 1259 implementation. The efforts in this arena should be to provide an on-line application to the employee whenever possible.

TCM Encounter Form-This form will be necessary to record TCM activities for claiming. For ease of data collection and preparation, this form should be as simple as possible. Coordination with Public Health should be explored. The tools used by other counties should also be reviewed. As with the timestudy, an automated version should assist the employee.

Memorandum of Understanding- The Commission will need to execute a Memorandum of Understanding (MOU) with each of the County Departments. This MOU should clearly delineate the reporting and documentation requirements, both fiscally and programmatically, necessary for the Commission staff to timestudy and pass through costs for reimbursement. As the audit responsibility will reside with the Commission for these pass through costs, it is vitally important that all the documentation be identified. The MOU's may document the licensure requirements of staff, billing or case management required forms, program requirements for number of allowable encounters, visits or treatments, identification of eligible ECC clients, confidentiality requirements and data requirements. These MOU's should be reviewed annually and updated to reflect any change in requirements from either the State or Federal agencies.

ATTACHMENT IV

Commission Claiming Instructions

County ECC staff will be hired into the ECC budget for implementation. For years 1 through 2 or 3, the staff will remain in the ECC budget. In years 3 or 4 to 5, when the programs and costs have stabilized, the staff and Proposition 10 matching dollars may move to the County Departments.

The claim within ECC will have it's own single time study, which will capture the activities performed by the staff, clearly identifying those eligible for federal reimbursement. In the first year, staff may have to timestudy continuously for a quarter or two to validate the viability of a mid-month only timestudy. This step is necessary for the county audit trail and accountability.

The claim itself will be modeled in structure and design after the Placer County Consolidated Claim, however this is not to be confused with implementation of the Public Health model. This claim will be used because it encompasses auditable, tested allocation methodologies that are in place in the State Department of Social Services County Administrative Expense Claim, and is in use for documenting costs in the same Federal funding sources to be used in ECC. If the County of Alameda chooses to use the Public Health model, as part of its AB 1259 implementation, the ECC claim will only be a backup accounting record of pass through costs for ECC.

Salary and benefit costs of the program timestudied staff will be totaled and distributed by the ratio of time spent in each program/activity. Administrative and operating costs, including any direct or indirect overheads, will be spread in the same percentages as the timestudy staff. ECC direct program and contract costs will be totaled, and included in the appropriate funding program/activity category. The total of all three of these cost items will be grand totaled, and the federally eligible portion will be transferred by memo bill or invoice to the appropriate county department with access to those federal funds.

APPENDIX 1

Definitions

Acronym

AAH
ADA
AFLP
CBO
CCS
CHDP
CHO
CWS
ECC
ECE
ECERS
EPSDT
FFP
FTE
HRIF
IFS
MAA
NICU
TANF
TCM

Translation

Alameda Alliance For Health
Average Daily Attendance
Adolescent Family Life Program
Community Based Organization
California Children's Services
Child Health Disability Prevention
Children's Hospital Oakland
Child Welfare System
Every Child Counts
Early Childhood Education
Early Childhood Environmental Rating Scale
Early Periodic Screening Diagnosis and Treatment
Federal Financial Participation
Full Time Equivalent
High Risk Infant Follow-up
Intensive Family Support
Medi-Cal Administrative Activities
Neonatal Intensive Care Unit
Temporary Assistance to Needy Families
Targeted Case Management