

# All Bexar County Children are Happy, Healthy, Ready!



	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER
<b>Result 1. All children are curious learners progressing towards their full potential</b>	<b>Indicator 1.1. Percent of Kindergarteners assessed as Very Ready on four or more EDI domains</b>	Educate Parents about kinder readiness thru navigators at pediatricians office		Expand EDI to all ISD's	Get more ISD's, charters and private schools to use EDI	Parenting tips on back of HEB receipts
		Parent Open Houses for 3 year olds to assess kinder readiness		Media/Marketing Campaign	More kids in care	City-wide PSA/Marketing campaign on readiness
		A Café College like place for parents of young kids to review developmental milestones				Get university to develop media campaign
						Community Play Days for young children

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<b>Result 1. All children are curious learners progressing towards their full potential</b>	<b>Indicator 1.2. Percent of licensed child care capacity with an accreditation</b>	More funding for extended/full day	Full day Pre-K within school districts (vs half day)  ④	Require all childcare centers/home –based licensed (or seeking licensing) to align w/TEA PreK outcomes. Infant & Toddlers	KLRN’s “New Gen” Text Service-alert parents of enrollment	
		More Spots?	Partnership—Expansion of Pre-K4 SA existing elementary schools All 17 districts ④	Target the advocacy to state budget committee		
			Scale by Cross-pollinating master teachers	Expand Requirements or allow for extension of service if income increase ④		
			Bus transportation for Pre-K Students within all districts	*Value of Early ed & increased awareness is a catch 22 when slots are not available.		
			How we promote PreK—see the value of early education	*Include 3-4 year olds receiving PreK curriculum outside public/private schools in CI:NOW data (childcare centers/home)		
			Standard Enrolment period	Seek grant opportunities for transportation, additional slots, curriculum and full day schedules.		

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<b>Result 1. All children are curious learners progressing towards their full potential</b>	<b>Indicator 1.3. % of licensed child care capacity with an accreditation</b>	Increase parents knowledge of child care licensing website for cited deficiencies(les deficiencies =higher quality)	Raise minimum standards for Texas childcare license	Shifting culture in center	Create partnerships and opportunities to develop pipeline between childcare centers and ECE centers	High School CDA
		Increase parent’s knowledge about quality of centers via New Gen text service (KLRN). RKSA website, WSA website etc			Incentivize child care centers to focus on 0-2 and partner w PK centers to build common quality and cultures	“YELP” reviews for child care centers
					Call accredited teachers something different	
					Centers who are already Texas Rising Star mentor centers who are aspiring to become TRS	
					Utilize ACCD or local universities w/early childhood programs to get professors to mentor as part of stipend	

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RESULT 2: All children grow up in safe, stable, and nurturing environments	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER
	<b>Result 2.1: # of confirmed victims of child abuse and neglect per 1,000 children</b>	Empowerment school directed training for students and parents Use webinars Get mascots	Get on city and county legislative agenda		Partnerships with hospitals, obstetricians, pediatricians to “train” or “inform” new parents on child abuse and give techniques to cope and other strategies – get insurance	Grassroots campaign – get local orgs and churches to do parenting classes
		Parenting classes at schools, Headstart, prek, etc	Use state benefits/WIC to require universal parenting education			Perpetrator intervention
		Expand home visiting agencies – HIPPIY, PAT Parent Talk				
		Hotline for parents				

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	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER
<b>RESULT 2: All children grow up in safe, stable, and nurturing environments</b>	<b>Result 2.2: % of children 0 to 17 experiencing food insecurity</b>	Health Education mandatory for UW funded programs. Programs like zuber tubers			Lower Price of healthy items on menus	Healthy Foods Vending Machines "Little" free pantries
		Make community aware of workforce training opportunities through Food Bank, Alamo Workforce, and Alamo Colleges.			Alignment of existing programs to target area in need	Mobile Fruit Truck HEB Change Buddy Bucks incentives to healthy prizes
		Educate people on how to store food for longer shelf life.			Changing availability times – weekend/after work food pantry	Collaborate with restaurants to pick up for distribution that would otherwise be wasted.
		Have "back pack" food drives at schools.			Lower price of healthy items on menus	Kids eat free at restaurants w/a paying adult – (meets req.)
		More mobile Mercado, community gardens, & affordable farmers markets				HEB Cooking w/kids Blue Apron Concept @ HEB

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	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER
<b>RESULT 2: All children grow up in safe, stable, and nurturing environments</b>	<b>Result 2.3: Percent of families with children 0 to 17 experiencing employment instability</b>	Increase awareness of existing employment and education programs 1	Grace period to prevent the “benefits cliff” 1	Increase one-stop shop dual gen programs (job training/childcare)1	Incentivize employers to provide work from home opportunities 1	Home based business grants & opportunities
		Dual Generation program – Eastside; Parents Training/ Child Care2	Childcare grace period for scaling down supports 2	Extended child care hours, evening and weekends 1	Grow high school trades training programs/ early college HS programs 1	Employer based childcare as employee benefit 4
		Employment programs: <ul style="list-style-type: none"> <li>• SA Works</li> <li>• Workforce Centers</li> <li>• Jobs Plus 2</li> </ul>	Benefits scaling down vs cutoff at once 2	Increased funding to be able to provide alternative hours of operation 2	Line-up potential employers 2	OFF THE WALL ☺ Workforce Solutions office inside HEB (in high traffic areas)4
		Workforce Programs i.e. Project Quest = high demand vocational training 4	Program evaluation for impact 3	Money & time for program evaluation 3	Providers that offer non-traditional childcare hours 2	Employer tax credit for employing bilingual staff 5
		Out of school care; After hours care; Elder care programs 4				
		Money Management curricula and financial coaching 4	Use more qualitative data to answer why? 3	Increased funding for affordable/subsidized childcare vouchers 4	Extended hours for doctors, services and other supports 2	
		Ways to Work 4				
		Increase van/carpool programs 4	Benefits ladder vs benefits cliff 4 for childcare, food etc		Different programming working together to provide supports at equal levels 2	
		Each 1 teach 1 IBest 5				
		High frequency ESL classes,Ex: 5 X week vs once 4	Marriage incentives i.e. taxes, employer benefits etc 4		Data sharing 3	
Adult education for basic skills – reading, math, computer literacy 4						

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		Integrating healthy rel./co-parenting w/all home visiting programs 5	Income waiver to avoid benefits cliff and create a grace period 5		Cross-sector accountability 3	
		Secure child support through possibly financial empowerment service 5			Implement shuttle systems 5	

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RESULT 3: All children are healthy in mind, body and spirit	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER	
	Indicator 3.1. Percent of children 0 to 17 without health insurance	Increase civic engagement – Voter Registration		Expand Medicaid (Accept fed \$\$)	Funding another mobile clinic. Locate them at HEB, Walmart and Flea Markets	Elect a different governor	
		Preventative Health Education		Working with employers to set mandates & requirements to pay for healthcare		Change Administration (New President)	
		Certify more promotoras					
		Implement reminder programs					
		More preventative care education					



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RESULT 3: All children are healthy in mind, body and spirit	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER	
	<b>Indicator 3.2. Percent of pregnancies receiving late or no prenatal care</b>	Home Visits		Buy In – Public Awareness of need – based on data (map)	Delegate agency funding to non-profits offering direct services	Increase number of clinics – based on need (map)	VIA to offer free transportation to said clinics
		Case Management					
		Mobile Clinics – Work/college/home/school	Public restroom campaign (signs) Pregnancy testing vending machine Why you need to see a Dr. Early	Funding & Policy – work with local and state gov’t to make prevention a priority	Cultivate messaging with partners for PSA’s (reducing stigma and asking for help)	Free tele-health	
		Consistent Marketing messages/materials for service providers serving women and teens (DHS Pamphlet)	Advocate for sex ed in schools Change abstinence policy – implement early	Incentives for attending pre-natal appointments		Sibling care in clinic	
		Online ads	More comprehensive education in schools			One stop shop	
		Health & Wellness Expo – Vendors/providers to incorporate pre-natal health info for all women	Change policy (ACOG) on pre-natal care – see doctor before 12 weeks				

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	Result Area	DIRECT SERVICE	POLICY	FUNDING	SYSTEM CHANGE	OTHER
<b>RESULT 3: All children are healthy in mind, body and spirit</b>	<b>Indicator 3.3.</b> Percent of Kindergarteners assessed as “Vulnerable” in the emotional maturity EDI domain	Early childhood mental health screenings 5	Social-Emotional Learning 3	Increase the ECI providers & capacity; increase the # of social workers/mental health providers 2	Reimbursement to docs for spreading parenting info 5 Schools have hours that match typical work day 8-5 4	Libraries and COSA offer parenting support training 5
		Home visitors; classes; apps; webinars 4	Universal, High Quality, full day State Pre-K 3	Kinder camps for children coming from informal care 2	SNAP offices have parenting info available 5 Disaggregated data 3	Childcare provides to administer ASQ-SE w/parents 4
		Play dates/groups 4		Universal Pre-K (dreaming big) 2	Parenting tips on electronic billboards 5	
		Parent education – culture shift: make it a norm to take parenting class. Working with ISD to increase communication, advocacy for your child. 4		Expand Pre-K 4	Hospitals partner w/ providers to refer parents of newborns to additional supports 1	
				Increase mental health reimbursement rates 4	Social, Emotional Learning	
		Mental health First Aid training for ECE providers, teachers, parent educators etc 2			Ensuring children are assessed for delays prior to kinder: doctors, childcare, home visitation 2	
		Mobile programs & engagement opportunities that come to the community after hours (partner w churches?) 2			Expand knowledge base about early emotional dev; feedback loop; engage all sectors 5	
		Baby Box recipient survey/screen high needs for add'l services 1			Data base of services to decrease wait lists; direct link to services 5	

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