



RESULTS OF OCTOBER 2008 COMMUNITY FORUMS AND PUBLIC INPUT

Report prepared by Social Entrepreneurs, Inc.

This report contains the results of public input gathered in October 2008 related to First 5 Alameda County's strategic planning process. Community input was sought on two main topics. First, feedback was sought on the goals and outcomes adopted by the Commission for the 2009-2013 strategic plan. Second, input was obtained regarding the strategies that the Commission should consider in order to achieve the goals and outcomes, with an emphasis on three items:

- Identifying specific strategies that the Commission should consider;
- Input on which strategies will (or won't) work best; and
- Preferences – which strategies they would select and why.

The report is organized in six sections. The first section is an executive summary that highlights the key findings from the community input process. The remaining sections contain the detailed notes from all of the October 2008 community input activities according to the target audience and manner in which input was obtained, as follows:

- Community forums for parents
- General community forums – service providers, parents and other interested persons
- ECC staff forum
- Other meetings held with community groups
- Other input received from individual people

Executive Summary

Nine community forums were held in October to gather public input about strategies. Three of those forums were targeted specifically for parents. The others were designed to be open to all types of participants, and were primarily attended by service providers. In total, 140 people participated in the forums, of which at least 60 were parents or caregivers of children.

It must be emphasized that the recent community forums, although producing useful input, did not contain a fully representative cross-section of either parents or service providers. For example, there were few health care providers at the forums and few or no parents from some ethnic groups and geographic areas. The input obtained in October 2008 therefore needs to be placed in context with the findings from the many previous community outreach efforts

sponsored by First 5 Alameda County. Those previous efforts are described in the Community Outreach Summary distributed to the Commission at the 9/26/08 meeting.

The consultants supporting the strategic planning process analyzed all of the input from the October 2008 events and then went back through input from the June 2008 forums and the reports developed from First 5 Alameda County's previous community outreach efforts in order to create an overall summary of what has been learned from community input about strategies. Following are the key findings from this analysis.

1. **Agreement with the goals and outcomes selected by the Commission.** At most of the recent forums, participants were given the goals and outcomes adopted by the Commission for the 2009-2013 plan and asked whether the Commission selected the most important issues to focus on for children 0-5 and their families. Over 95% of participants said that the Commission did select the most important goals and outcomes.

2. **Strategies with solid public support that are seen as core "platforms" for services.** Several strategies were rated highly in community input and were seen by many community members as effective ways to link and deliver a variety of different services to benefit children and families. In short, these strategies were seen as the central ways in which many services should be made available. They are:
 - Neighborhood Family Centers – local sites where parents can get information and access to a range of services. Neighborhood-based approaches are preferred because they can adapt to the unique needs, cultures and languages present in each neighborhood. These sites can be any accessible neighborhood location such as community centers, schools, child care centers or other community based sites.

 - Home Visiting – seen as a valuable way to reach families that may not be comfortable going to neighborhood centers and that will respond better to personalized support in their own homes.

 - Coordinated Screening, Referral and Treatment – a systematic approach to providing child health and development screenings across many service settings (not just neighborhood-based and home visiting programs funded by First 5) and ensuring that children with identified developmental concerns are connected to the services they need to address those concerns.

In addition, the Integrated Child Care Quality System strategy received moderate support in the general forums in order to use the early care and education system as a platform to reach many children and families.

3. **Linkage of strategies.** In most of the October 2008 forums, participants talked about the importance of connecting services together instead of providing numerous stand-alone programs spread across different locations. The platforms above were frequently viewed as the mechanism to link and deliver other strategies such as parent education, child development screening, connecting families to local parent/child activities, family literacy and support for specific health issues such as asthma.

4. **Desired elements for all strategies.** Three approaches received consistent support across the recent forums as being important elements to incorporate into any other strategies that are adopted by the Commission. These are:
 - Language Assistance Services – culturally sensitive services in different languages to reach non-English speaking and immigrant families were seen in virtually every forum as being important. Language assistance should be part of all funded services.

 - Special Needs Access and Support – targeted assistance to help families with special needs children or parents with disabilities to access services.

 - Policy Advocacy – in most of the general forums, investments in focused advocacy efforts were seen as critical to supporting all of the other strategies.

5. **Other highly rated strategies.** A few other strategies received solid support across several different forums, with the level of support also being consistent with the results of previous community outreach activities conducted by First 5 Alameda County.
 - Parent/Caregiver Support and Education – accessible ways for parents and other caregivers to get information and support on child development, positive parenting practices and other matters.

 - Kindergarten Transition – seen as valuable by itself and also a culmination of supports for children and families leading up to kindergarten. Focus groups of parents participating in 2007-08 kindergarten transition programs viewed these services very positively.

- Community Based Provider Training – seen as critical to enhanced quality and consistency of services as well as relationship building among service providers. Further, participants in several forums encouraged a coordinated system of professional development that would link together the strategies of Community Based Provider Training, Professional Development Supports and Multi-Disciplinary Consultation for Service Providers.
6. **Strategies with moderate or mixed public support.** Several strategies were rated as less important than the ones listed previously in this memo, but received at least moderate support across the forums. In general, participants in the forums indicated that these strategies should be considered as services to be delivered through integrated platforms such as Neighborhood Family Centers, Home Visiting and ECE.
- Community-Based Parent/Child Activities – seen as a worthwhile approach to building community capacity and parent relationships with their communities.
 - Faith Based Service Linkages – faith-based organizations were noted as being the best means of connecting with some families, but this was seen as being done best through partnership with Neighborhood Family Centers.
 - Provider Technical Assistance and Capacity Building – generally seen as a lower priority than Community Based Provider Training and Professional Development Supports, but rated as important in some forums to help providers to successfully implement the practices that are promoted in training sessions.
 - Lactation Support – not rated as a top preference by any participant in the October forums but noted in previous community outreach efforts as a valuable and relatively low cost investment, especially when connected to other service platforms such as Home Visiting.
 - Support for Unlicensed Child Care Providers – moderate support was noted in four of the general forums, seen as a way to reach children and families that are not connected to other service systems and to increase children’s access to quality learning experiences.
 - Parent-Community Engagement – noted as being one of the few strategies that is focused directly on community capacity building.

- Family Literacy – scattered support, generally viewed positively but not a high priority compared to the other strategies.
7. **Strategies that were not rated highly by community input.** The following strategies were rated low or not at all as preferred approaches during the October 2008 forums, and were not identified as high priorities in previous community outreach efforts sponsored by First 5 Alameda County. However, it must be emphasized that some provider groups (e.g. health care providers) were not well represented at the latest forums; different results may have been obtained with a broader cross-section of service providers and other community members.
- Integrated Child Care / Family Support Center Models – not rated highly as a separate strategy, but seen in several forums as simply being a variation of the Neighborhood Family Centers or Integrated Child Care Quality Systems strategies.
 - Information and Referral Services – seen as a service under other strategies but not highly rated as a stand-alone strategy.
 - Multi-Disciplinary Consultation for Service Providers – seen as potentially being part of a coordinated system of professional development in order to shift provider practices in the field, but not rated highly as a stand-alone strategy.
 - Health Insurance Support – little support overall, only highly rated by a few people (almost all in the Spanish language forum but with a note that it won't help undocumented people who don't qualify for services).
 - Health Issue Management – not rated as a priority overall, most support was to link these types of services to other platforms (e.g. Home Visiting) and to maintain mental health services.
 - Family Financial Fitness Support – barely mentioned in either the parent forums or general forums and, when mentioned, seen as a service to be offered within a larger strategy such as Neighborhood Family Centers.
 - Facilities Development – rarely noted as a priority by participants and, when mentioned, seen as a support strategy to expand neighborhood based services where they are needed.

- Public Education Campaigns – never mentioned or rated as a preferred strategy by participants in any of the recent forums.
8. **No new strategies identified.** Very few comments were received during the October 2008 forums to suggest additional strategies beyond the ones handed out to participants for consideration. As there were no additional strategies suggested by more than one person, and those that were suggested were mainly refinements to strategies already being considered (for example, to clarify that Family Literacy efforts should include book distribution), the previous list of strategies was revised to enhance the wording of a few strategies but no new strategies were added.

Community Forums for Parents

Three community forums were conducted specifically to reach parents of young children. These forums were conducted in English, Spanish and Mandarin (one forum in each language) and were held during evening hours in accessible, non-governmental community locations to encourage parent participation.

North Oakland – conducted in English

Date: October 9, 2008

Location: Bee Bee Memorial, 3900 Telegraph Avenue, Oakland

Participant Profile: There were 15 participants, 10 of which were parents or grandparents. Eight of the parents had children 0-5 years old. Five providers were in attendance, 3 of which were also parents.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?
 Yes – 4 (57%)
 No – 1 (14%)
 Maybe – 2 (29%)

Comments:

- Those that said yes, stated that given the current economic environment, the goals and outcomes seemed inviting and welcoming for families and focus on the important issues.
- Those that said maybe believed that because it was so generic, it was unclear what was covered.
- The person that said no said that they do not see things that reflect children with special needs, that there should be something added related to that. Additionally, there is an ambiguity on the populations that would be served.

Additional comments on goals:

- BANANAS provided interpreters but when there is a lack of support, I wonder how can I go to meetings or communicate? I feel alone and isolated, but it is very important to me to have communication.
- As a parent, improved availability of quality early childcare is very important.
- The broad definition of health has to include all aspects of health.
- How does the advocacy outcome at the local, state, and national levels get reflected in the specific strategies?
- I would add interpreting services as part of the support system.
- The points are sufficient, but they need to fall into a certain population.
- I have a special needs child that received services until age three, but does not qualify for school services anymore, and falls through the cracks. She gets services through First 5 only.
- All children, particularly those with special needs, need help from the environmental and health service systems.

Feedback on strategies:

What TYPES of strategies would have the best chance of achieving the goals and outcomes?

- There should be Outreach and Education for families about the services in their own language. An additional outreach could include reaching into their neighborhood for their culture. The commission needs to identify barriers to address and overcome obstacles.
 - In order to do this, the commission needs to look for ways to support neighborhoods, addressing the specific needs in the community. Also they need to be aware of needs of specific neighborhoods, and cultures and ensure accessibility.
- There needs to be continued support and compensation for childcare providers such as support, quality, curriculum, environment, facility, and play space. To be focused on those most in need, I like the “narrow disparities” in the mission.

- It is very important that Policy Analysis and Advocacy addresses barriers that children and parents face with multi-disciplinary systems. This addresses the advocacy at both the state and the national level.
- One participant stated that the commission should promote police and neighborhood watch in communities.
- Another stated the importance of providing family resource options and networks.
- The commission should provide help in transitions for children, and consider the whole range of transitions that children go through, including,
 - 0-5 years of age
 - Pregnant women
 - Adoptive parents
- The commission needs to provide places for parents to go for support, to think about where parents already go, and bring additional support and services to them there, such as,
 - A one stop online directory
 - Child care programs
 - Call clearing house
 - Information and referral
 - Regional centers
 - Other systems
- Provide training and workshops for parents to enhance knowledge
 - Support existing programs for single parents, teens, adoptive parents, and pregnant women, that are available during the evenings or on weekends.
- For children who don't qualify, provide children's services and parent support, including,
 - Medical/health/social/environmental services.
 - Special needs and other needs.
- Broadly serve families that are needy, but who may not qualify for a subsidy.
- Create programs that lend or borrow to support all aspects of child development for such things as the purchase of a trampoline and/or a therapy pool. It was also suggested to:
 - Check Craig's List.
 - Provide a tool lending library, clearinghouse, or a program like Autism British Columbia.
- The forum advocated looking at the systems in place that can be built upon, rather than looking at those systems that are new or innovative. It was widely held that those systems that are currently in place should be supported and maintained.
- It was also suggested that the commission sustain and maintain existing services rather than add new or one-shot services.

- Service providers and families need education on existing entry points for children and families.
- The commission should coordinate with business management resources in order to maximize resources. This encompasses the idea of identifying and being aware of leveraging opportunities.
- Continue training to manage and sustain services, such as current projects funded by First 5.

What APPROACHES would be best for providing services and supports?

- Technologies such as TTY, deaf education, and video relay
- Provide outreach and case management to families in their homes and neighborhoods.
- Cast a wide and broad net, e.g., the working poor.
- Look at ways to make programs temporary to extend resources. While the economy is bad, we should maximize dollars, not cut off programs all of a sudden.
- Evaluate why and what is working that the commission is funding, and if it is working well, then the commission should continue to fund the program.
- Integrate and proactively plan services in safe, positive places.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	# Votes Most Difference	# Votes Most Funding
1	Provide training and workshops for parents to enhance knowledge	6	5
2	Provide places for parents to go for support	4	4
3	Provide family resource options/networks.	3	5
4	For children who don't qualify, provide children's services/parent support	3	3
5	Continued Support and Compensation for Childcare providers such as support, quality, curriculum, environment, facility, and play space. To be focused on those most in need, like the narrow disparities.	2	1
6	Look at systems in place that could be built upon, rather than new or innovative.	1	3
7	Outreach and Education for families about the services in their language, as well as reading into their neighborhood for their culture. Identify barriers to address and overcome obstacles.	1	0

Order of Preference	Strategies Preferred the Most by Participants	# Votes Most Difference	# Votes Most Funding
8	Policy Analysis and Advocacy to address barriers that children and parents face with multi-disciplinary systems. This addresses the advocacy of the state and the national level.	1	0
9	Education at entry points for children and families	1	0
10	Provide helping transitions for children	0	1

Fremont – conducted in Mandarin

Date: October 14, 2008

Location: Fremont Family Resource Center, 39155 Liberty Street, Fremont

Participant Profile: There were 10 participants at the forum.

Feedback on goals and outcomes:

The entire session focused on the list of strategies rather than discussion about goals and outcomes; specific input on the goals and outcomes was not obtained at this forum.

Feedback on strategies:

What TYPES of strategies would have the best chance of achieving the goals and outcomes?
 What APPROACHES would be best for providing services and supports?

- Home Visiting (#1) provides support for special needs children. During the home visit, it is especially important to share or speak the same language and understand the cultural values.
- Neighborhood Family Center (#2) would provide family resources and should be guided by the needs of families. The center should provide information and referral type of services, i.e., websites on family services.
- Regarding Integrated Child Care (#3) the group feels that the U.S. government is only paying attention to special needs children. It is important to provide services to special needs children and also support their family needs. Parents want to put their other children in the integrated child care because “normal” children (those without special needs) are able to learn to care for others.
- Information and Referral Services (#4) would be very useful when offering information in person (face to face) to those who aren’t able to use a computer in English.

- They wish that First 5 services outreach more into the community so families know what is available to them.
- Language Assistance Services (#5) is a must and needed, according to the providers. Parents feel that the government should show concern for new immigrants so they can express their needs.
 - They wish that First 5 provides language interpretation for all future talks or presentations; they valued being able to communicate in Mandarin and have feedback documented in character.
- Special Needs Access and Support (#6) should address the problem of having a lack of a bilingual speech and language therapists. This [lack of resources] makes it difficult for monolingual parents when the speech pathologist is not bilingual. Also, a specialized type of parenting education guide should be offered. For example:
 - Correct ways of teaching and educating children
 - How parents control emotions
 - Parent support groups
 - Playgroups
- Parent/Caregiver Support and Education (#7) is needed because having the same language and culture are very important. Parents wish that resource materials were translated into Chinese.
- Community-Based Parent/Child Activities (#8) should provide parent education and support with weekend game activities.
 - Parents would like the community to build more parks and rest areas allowing families to have healthy and happy recreational time together.
 - Parents wish that talks and presentations were conducted by presenters who are able to speak in both Mandarin and Cantonese.
 - Strongly request Chinese speaking instructors.
- Health Insurance Support (#9) should offer more resources and outreach information to the community. For example, they need to know how to apply for health insurance.
- Lactation Support (#11) is very important for the first-time mother.
- Kindergarten Transition (#12) would help parents to know and become familiar with their children's school, classrooms and the community.
 - Kindergarten preparation through Head Start or a similar type of program could assist with the transition to the public school environment.
- Family Literacy services (#14) would increase family reading literacy levels.

Preferences:

- The participants were not asked to vote on preferences of strategies, but the underlying theme for most of the strategies discussed was the need for language support and services so they can communicate their needs in their own language.

East Oakland – conducted in Spanish

Date: October 15, 2008

Location: East Mont Town Center, 7200 Bancroft Avenue, Oakland

Participant Profile: There were a total of 14 participants, 11 of which were parents of children 0-5

Feedback on goals and outcomes:

The entire session focused on the list of strategies rather than discussion about goals and objectives. Therefore, this section does not apply.

Feedback on strategies:

What TYPES of strategies would have the best chance of achieving the goals and outcomes
What APPROACHES would be best for providing services and supports?

- Home Visiting (#1) provides support for parents, easy access for parents, and support for children with special needs.
- Information and Referral Services (#4) provide on going trainings for Service Providers on current resources and referrals. Service Providers should take trainings on how to be sensitive when dealing with the community.
- Special Needs Access and Support (#6) is important to have support groups for parents with special needs children. [There were three parents of special needs children that participated in this forum; this was an important area of support.]
- Community-Based Parent/Child Activities (#8) should provide additional summer programs for children at a lower cost within the community.
- Health Insurance Support (#9) brought up the question of how is this going to help a person that is undocumented and doesn't qualify for these services?
- Health Issue Management (#10) needs to be more specific, for example, teaching parents how to prepare healthy food [prevention / health maintenance focus].
- Professional Development Supports (#21) should provide more support and programs where people can get child development classes and obtain an AA degree

or other certifications (e.g. CDA). Community based classes are considered more accessible than some of the college courses, and are sometimes taught in Spanish.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact
1	Special Needs Access and Support	11
2	Parent/Caregiver Support and Education	6
3	Home Visiting	4
4	Information and Referral Services	4
5	Health Insurance Support	4
6	Nutrition Support Services	3
7	Language Assistance Services	2
8	Community-Based Parent/Child Activities	2
9	Neighborhood Family Centers	1
10	Parent-Community Engagement	1

Other input:

- The only point of entry to receive services from certain programs is through a referral from a pediatrician or associated with a specific hospital/clinic. Parents want other points of entry to obtain child development information.
- Where can I get support/services/programs regarding child development when my child does not have special needs or does not belong to a Healthy Steps site. There is a need for these types of programs/services within the community.
- We would like more information on how to obtain childcare.
- Parents should be required to take classes on the services they are or will be receiving. For example, services like WIC which requires parents to take a short nutrition class at reclassification.

General Community Forums

Five community forums were conducted that were open to educators, service providers, parents and any other interested community member. These sessions used a slightly different format than the parent forums; participants at the general forum were given the draft list of potential strategies that had already been identified by the Commissioners, ECC staff and strategic planning consultants and asked to provide input on that list of options – including additions to the list – rather than starting with a “blank slate” in identifying potential strategies. Input gathered from the five general forums is presented in this section.

Fremont

Date: October 10, 2008

Location: Fremont Main Library, 2400 Stevenson Blvd., Fremont

Participant Profile: There were 9 participants, all of which were providers.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?

Yes -6 (86%)

No- 0 (0%)

Maybe- 1 (14%)

Comments:

- The forum would like to see early assessment added under the goals of children or systems. Additionally, on goal number one regarding children, a recommended suggestion is to identify supporting children at the beginning of the sentence. It should read: "**Support children by improving and integrating health and early care and education services for children 0-5 so they enter school ready to learn.**"
- An additional suggested amendment, for Outcome 4B to read: "Increased coordination, **communication**, and collaboration of agencies and organizations that serve the 0 to 5 population."

Feedback on strategies:

Which strategies would have the best chance of achieving the goals and outcomes? Why?

- Neighborhood Family Centers (#2) because Alameda is a large county with very scattered services. It would be beneficial to have a hub in the neighborhood that helps increase access. Particularly, it would help to reach the underserved if there are economic or language barriers.
- Parent-Community Engagement (#13) because engagement is empowering to parents. For culturally and linguistically similar peers, this is a helpful strategy. It also addresses access.
- Integrated Child Care Quality System (#22) because child care providers spend more time with children than anyone else, except parents, and they need a lot of business and financial management support.

- Coordinated Screening, Referral and Treatment (#16) because they would see children who should have received services as newborns but did not see them until it was too late.
- Multi-disciplinary Clinical Consultation for Service Providers (#17) because the forum felt a need for a lot of training in the field; good training is not easy to come by.
- Provider Technical Assistance and Capacity Building (#19) because we need a lot of training in the field to enhance what we have.
- Professional Development Supports (#21) because many of the providers working in the field are also parents, and therefore, the providers who are parents credit the training and supports with their parenting skills. This is a two-fold benefit.
- Policy Advocacy (#26) because every year when the budget tightens, the government goes after the monies given to First 5. The program needs to be protected to sustain services as the revenue goes down.
- Support for Family, Friend and Neighbor Care Providers (#23) addresses the biggest problem in childcare, which is the linguistics. Families of different ethnicities tend to stick to own group.
- Integrated Child Care/Family Support Centers (#3) because having children can make it hard to access services and engage families.
- Parent/Caregiver Support and Education (#7) because engagement is empowering to parents. For culturally and linguistically similar peers/peer mentoring, this approach is helpful. It also addresses access.
- Faith Based Service Linkages (#18) addresses diverse communities and faiths, and faith-based organizations have programs to link with. For example, here in Fremont, the Afghans are hard to reach.
- Support for Family, Friend and Neighbor Care Providers (#23) because there is a large number of children in unlicensed care. This would enhance quality.
- Home Visiting (#1) because with many cultures, people are too intimidated to access the services. This builds confidence, language, skills, addresses teens, for example.
- Kindergarten Transition (#12) because people are concerned with Kindergarten Transition with multi-age children in a childcare setting—especially with those licensed or unlicensed care.
- Community Based Provider Training (#20), it is essential that programs like theirs exist as it brings together providers from many fields. It creates multi-disciplinary linkages, increases collaboration, increases understanding, and builds relationships.
- Home Visiting (#1) gives the full picture and completes the story to better assist providers in serving families.
- Health Insurance Support (#9) because people lose work time and hours in the Emergency Room.

- Health Issue Management (#10) because with certain diseases it is critical to address the issues so the child can attend preschool and do other things. Many health issues, such as asthma, diabetes, and special needs children, would require lifetime ongoing care.

Which strategies would make the biggest difference for you and your child, or the families and children you currently serve? Why?

- Home Visiting, Health Insurance Support, and Health Issue Management because these are what I do.
- Special Needs Access and Support, because it's what I do and there is an epidemic of autism.
- Public Advocacy because without money, none of the rest can happen.
- Professional Development Systems, Integrated Child Care Quality System, and Facilities Development, because I spend most of my time doing this and see the huge impact on children and people who work with children.
- Home Visiting, Neighborhood Family Centers, Family Financial Fitness Support, and Coordinated Screening, Referral and Treatment because in the mental health field, these make engagement and services easier. It builds the community and access as well as a continuum of care. These are all part of Fremont Family Resource Center and the programs are working with CalWORKS, which is decreasing barriers to service access.
- Community Based Provider Training because we do this as well as utilize a collaborative network.
- Home Visiting, Neighborhood Family Centers, Parent/Caregiver Support and Education, and Coordinated Screening, Referral and Treatment because the first two allow families to gain access and the providers to meet them where they are. With Parent/Caregiver Support and Education, families change as they gain confidence and competence, and with Coordinated Screening, Referral and Treatment, if a child with special needs is caught early, the child does well. That same child would lead a different life if the needs were not caught early. We need Policy Advocacy for all the reasons listed above.
- Policy Advocacy because beyond First 5, there are others we need to coordinate with and sustain the services.
- Provider Technical Assistance and Capacity Building, Community Based Provider Training, Professional Development Supports, and Integrated Child Care Quality System because the mental and cultural aspects have to be high quality to do the best for children.
- Family Literacy because the importance of parents reading to children has been shown in much research and literature.

Other potential strategies not already included on the draft list provided at the forum:

- Support Family Mental Health in general. The parents need a lot of support and it is important to go beyond being available to being safe and confidential (and intervene). It is difficult for some parents with little money. They are afraid of the system because they believe that if they get help, they may lose their child.
- Cultural Training to assist providers in serving multiple cultures, which enhances the comfort level of parents and providers
- Provide prenatal mental health services to combat the overwhelming feelings when giving birth, rather than waiting until after the birth of the child.
- Therapeutic nursery schools for children with no place to go. This service should be offered countywide.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

- In terms of most positive impact, the forum determined that Neighborhood Family Centers is the highest ranked. Following that, Coordinated Screening, Referral and Treatment and Policy Advocacy.
 - Ranked third overall, is Home Visiting and Community Based Provider Training, and fourth is Community-Based Parent/Child Activities, Health Insurance Support, Kindergarten Transition, and Support for Family, Friend and Neighbor Care Providers.
 - Finally, those strategies that are ranked lowest with one persons' suggestion each are Integrated Child Care/Family Support Centers, Special Needs Access and Support, Parent/Caregiver Support and Education, Health Issue Management, Parent-Community engagement, Family Financial Fitness Support, Multi-Disciplinary Clinical Consultation for Service Providers, Faith Based Service Linkages, Integrated Child Care Quality System, and Public Education Campaigns.
- In terms of priority given for funding, the forum determined that Neighborhood Family Centers, Coordinated Screening, Referral and Treatment, and Policy Advocacy are of the highest importance. These are also listed as the top three in terms of positive impact.
 - Secondarily are, Health Insurance Support, Community Based Provider Training, Professional Development Supports, and Integrated Child Care Quality System.
 - Finally, Home Visiting, Integrated Child Care/Family Support Centers, Information and Referral Services, Special Needs Access and Support, parent/Caregiver Support and Education, Community-Based Parent/Child

Activities, Health Issue Management, Kindergarten Transition, Multi-disciplinary Clinical Consultation for Service Providers, Support for Family, Friend and Neighbor Care Providers, and Facilities Development.

Oakland – Fruitvale District Oakland – Fruitvale District

Date: October 13, 2008

Location: Cesar Chavez Library, 3301 East 12th Street, Oakland

Participant Profile: There were 20 participants at the forum, 18 of which were providers and 2 were parents. Some attendees arrived late, after a vote was taken.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?

Yes – 11 (92%)

No – 1 (8%)

Comments:

- The respondent that answered “no” to the above question added that the focus is on early care and education, but do not include outcomes specific to perinatal pregnancy services which are an important component of prevention.

Feedback on strategies:

Which strategies would have the best chance of achieving the goals and outcomes? Why? Which strategies would make the biggest difference for you and your child, or the families and children you currently serve? Why?

- Policy Advocacy is critical, as it would have an impact on multiple areas. Policy decisions affect the clients coming in, and have a catalytic effect. It is important to coordinate with others to take advantage of the efforts, rather than duplicate efforts.
- For [the strategy on] Integrated Child Care/Family Support Centers, this language is too broad. There is a need to have integrated service providers. This also links with capacity and coordination, which impacts many areas, i.e., Coordinated Screening, Referral and Treatment, Multi-disciplinary Clinical Consultation for Service Providers, and an Integrated Child Care Quality System.

- Multi-disciplinary Clinical Consultation for Service Providers is important to expand the capacity, while Community Based Provider Training propels the 0 to 5 work through training clinicians and refining the work. The ongoing support has a profound effect on how the provider looks at mothers. Professional Development Supports provides alternative routes to training, like CDA and diverse populations.
- Language Assistance Services is important as it impacts client services as well as recruiting.
- Parent-Community Engagement is the key to building communities' capacity, and links with Public Education Campaigns and Policy Advocacy. When families' stories are included [in public education/advocacy efforts], families become credible experts.
- Support for Family, Friend and Neighbor Care Providers is important because some families and providers (FFN and ECE) are not connected to a formal system. Additionally, Professional Development Supports provide alternative routes to training, like CDA, and increase outreach to diverse populations.
- Lactation Support is a system to focus on primary prevention. This needs to be connected with Health Insurance Support and Parent/Caregiver Support and Education. With Coordinated Screening, Referral and Treatment, there needs to be a focus on the system level, and Multi-disciplinary Clinical Consultation for Service Providers does not assume an something is an "issue" if they [the provider] invest in primary prevention.
- Home Visiting helps with isolation. Families are unable at times to go to a service site or center. Additionally, there is a better understanding by the provider of the issues families face by being in the client's home; such as the need for case management, mental health, or other services. There is a decrease in stigmatization, and it is important to have linguistic and cultural competency. Home visiting provides a model for working with the family as a whole. The main reason for visiting also allows the home visitor to learn more, build rapport, and help refer to other needs. The relationship built in the home visit enhances treatment, and for children 0 to 18 months the services more appropriately delivered in the home [than in a center]. Cost effectiveness is a concern. Birth and Beyond model in Sacramento combines home visiting and centers. Consultation and support is essential for home visiting, and home visiting is the gateway to services and supports, especially for immigrant families.
- Regarding Parent/Caregiver Support and Education, if the parent or caregiver is supported and taken care of, then they are able to take care of the children. This also includes other strategies, such as Home Visiting, Integrated Child Care/Family Support Centers, Language Assistance Services, etc. This would include all

strategies that educate families, and would provide a place where families already connect.

- Regarding Professional Development Supports, the California Infant Early Childhood Initiative is being introduced and implemented, which will touch a number of provider groups. This may be an additional avenue to leverage First 5 efforts, and may impact the number of providers in the system.
- For Coordinated Screening Referral and Treatment, if all provider services are incorporated and placed on a spectrum, one could identify specific outcomes. One could look at SART to leverage and build on future efforts. If there is a screening, it would be necessary to refer that person to services that can help them.

Other potential strategies not already included on the draft list provided at the forum

- None.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
1	Neighborhood Family Centers	8	7
2	Home Visiting	8	6
3	Coordinated Screening, Referral and Treatment	7	4
4	Parent/Caregiver Support and Education	6	4
5	Multi-Disciplinary Clinical Consultation for Service Providers	5	4
6	Policy Advocacy	5	4
7	Support for Family, Friend and Neighbor Care Providers	4	2
8	Integrated Child Care / Family Support Centers	3	4
9	Community Based Provider Training	3	2
10	Health Insurance Support	2	2
11	Language Assistance Services	2	
12	Provider Technical Assistance and Capacity Building	2	
13	Kindergarten Transition	2	
14	Health Issue Management	1	1
15	Parent-Community Engagement	1	1
16	Community-Based Parent/Child Activities	1	
17	Family Literacy	1	
18	Professional Development Supports		1
19	Integrated Child Care Quality System	1	
20	Facilities Development		1

Hayward

Date: October 13, 2008

Location: Alameda County Office of Education, 313 W. Winton Avenue, Hayward

Participant Profile: There were 6 participants at the forum.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?

Yes – 4 (67%)

No – 0%

Maybe – 2 (33%)

Comments:

- Maybe selection for goals and outcomes was based on not feeling certain about how they would translate in the final version of the strategic plan.

Feedback on strategies:

Which strategies would have the best chance of achieving the goals and outcomes? Why? Which strategies would make the biggest difference for you and your child, or the families and children you currently serve? Why?

- Neighborhood Family Centers (#2) have the best chance of achieving the goals and outcomes because integrating services reduce access barriers. Neighborhood Centers can integrate home visiting services into their approach. It provides a way to include the entire family with the spectrum of services and supports. Provides access to referrals, friends and other community members. Comprehensive, with scalability based on neighborhood needs.
- Home Visiting is the first step, the entrée into supports. It is important to recognize the language spoken in the home. Through home visiting, specific family needs are met, needs such as being new to the community, feeling isolated.
- Language Assistance Services are important regardless of the service strategy (i.e., home visiting, centers). Should be integrated into other services, such as Special Needs Access and Support. Within the organization, there needs to be cultural awareness (beyond simply the language), which is important to knowing how to assess the needs.

- With Kindergarten Transition, there is more support in bringing the community (with diverse providers) to having one goal, therefore reducing fragmentation. Participants see successful transition as an outcome of other strategies that support the childcare system, particularly, the Integrated Child Care Quality System, Support for Family, Friend and Neighbor Care Providers, Integrated Child Care/Family Support Centers, and Parent/Caregiver Support and Education. This is much like the Neighborhood Family Centers. One suggestion is to move unlicensed providers towards licensing (e.g., through incentives tied to training), which might be a policy or advocacy focus.
- Professional Development Supports can be used as a catalyst, with enhanced mentoring, linking providers more closely to the field. This also helps with retention after creating a mentor relationship. This strategy also links with Provider Technical Assistance and Capacity Building.
- Provider Technical Assistance and Capacity Building can include non-college options, such as child development training through other venues, and C.D.A. certificates.
- The Community Based Parent/Child Activities strategy is important to continue.

Other potential strategies not already included on the draft list provided at the forum

- None.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
1	Neighborhood Family Centers	6	4
2	Language Assistance Services	4	2
3	Parent/Caregiver Support and Education	4	1
4	Coordinated Screening, Referral and Treatment	3	3
5	Professional Development Supports	3	2
6	Facilities Development	3	2
7	Integrated Child Care Quality System	3	1
8	Integrated Child Care / Family Support Centers	2	2
9	Provider Technical Assistance and Capacity Building	2	1
10	Special Needs Access and Support	2	1
11	Health Issue Management	1	1
12	Parent-Community Engagement	1	1
13	Multi-disciplinary Clinical Consultation for Service Providers	1	1

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
14	Policy Advocacy	1	1
15	Community Based Provider Training	1	1
16	Home Visiting	1	1
17	Support for Family, Friend and Neighbor Care Providers	1	0

Oakland – Jack London Square

Date: October 16, 2008

Location: Alameda Behavioral Health Care Services, 2000 Embarcadero, Oakland

Participant Profile: There were 24 participants in attendance at the forum, all of which were providers.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?

Yes – 23 (96%)

No – 0

Maybe – 1 (4%)

Comments:

- The group stated that maybe these are the most important issues, but they would like to see the existing goals of the Commission.
- Regarding Outcome 4A, Increased community capacity in targeted neighborhoods to respond to the needs of children 0 to 5 and their families, why doesn't this reference violence?
- Other comments include, "Devil in the details," how do they propose to do this? What will we need to leave out?
- There is concern about what will be left out.
- The question was raised, how do these goals fit in with the current goals?
- What is the feedback loop from our customers or clients?
- It is hard to answer without considering our own clients.
- We have a number of community services that are working well—we are concerned about where they fit.

- Why is the Integrated Child Care Quality System only shown to impact one outcome? This strategy should be seen as having the same effect on outcomes as the Integrated Child Care/Family Support Centers strategy.

Feedback on strategies:

Which strategies would have the best chance of achieving the goals and outcomes? Why?

- Regarding Community-Based Parent/Child Activities, we don't see remediation because there is so much need.
- Regarding Family Literacy, we don't see books listed, and would like to have more specifics listed.
- With Home Visiting, you can do a lot of the following strategies: Neighborhood Family Centers, Integrated Child Care/Family Support Centers, Information and Referral Services, Language Assistance Services, Special Needs Access and Support, Parent/Caregiver Support and Education, Community-Based Parent/Child Activities, Health Insurance Support, Health Issue Management, Lactation Support, Kindergarten Transition, Parent-Community Engagement, Family Literacy, and Family Financial Fitness Support. Specifically, Home Visiting targets cultures, those who can't get around, those that need translation, can make referrals, particularly in some neighborhoods where services are so available. There is a need for more providers to serve the southern county and make services more accessible.
- With Integrated Child Care/Family Support Centers, Language Assistance Services, and Parent/Caregiver Support and Education, it looks like the Head Start model, with a primary teacher, a social worker, a home visitor, these seem to encompass a lot of what we do.
- With Neighborhood Family Centers, you can also link many other strategies such as Information and Referral Services, Language Assistance Services, Special Needs Access and Support, Parent/Caregiver Support and Education, Community-Based Parent/Child Activities, Health Insurance Support, Health Issue Management, Lactation Support, Parent-Community Engagement, Family Literacy, and Family Financial Fitness Support.
- With everything going on in the neighborhood, we need to strengthen the community. In West Oakland, they have to go out for everything, and the senior center there could be a site for services.
- In Community-Based Parent-Child Activities, it is important to build the community and help them to be resilient.
- Home Visiting reaches people who won't or can't get out of their home, specifically those with children or who are discouraged.

- For Home Visiting, Neighborhood Family Centers, and Integrated Child Care/Family Support Centers, would we fuse these strategies? Why not add to them? We have families going to child care centers, and we could incorporate so much there.
- Home visiting is very important for new mothers who don't want to go out. Would like to continue Language Assistance Services and Parent/Caregiver Support and Education, as language assistance are important for mothers that don't speak English so they can access the services. It can help with the concern about ways to help children and help mothers to help the children, and also help with information about labor delivery and the translation with medical and other providers.
- Regarding Provider Technical Assistance and Capacity Building and Integrated Child Care Quality System, the early care and education system has a lot going for it but needs support. If we provide quality child care, it supports other systems, and increases both quality and capacity. It all has to include culture and language capacity.
- We need for Provider Technical Assistance to follow up and to implement Professional Development Supports. With more education, there is more quality. Emeryville has an initiative linking schools, the community, and service centers. The vision is that if we use Neighborhood Family Centers and Integrated Child Care/Family Support Centers; every other strategy is what happens there. We need Facilities Development to make it a reality. Neighborhood Family Centers and Integrated Child Care/Family Support Centers are related, and Kindergarten Transition, Multi-disciplinary Clinical Consultation for Service Providers, and Integrated Child Care Quality System provide services in child care. This allows you to reach families and children without a stigma, while also supporting teachers.
- Neighborhood Family Centers, Integrated Child Care/Family Support Centers, and Community-Based Parent/Child Activities should be fused together. Eight people vote to fuse these together. Additionally, we need to pull in Support for Family, Friends, and Neighbor Care Providers to reach all children.
- With Parent/Caregiver Support and Education, the alcohol and drug abusing parents can be reunified with their children.
- Childcare environments promote early identification and screening, which includes the strategy on Multi-disciplinary Clinical Consultation for Service Providers. Early identification leads to intervention and remediation. There is group consensus to combine strategies, to embed these into communities, and look for ways to economize. Additionally, to address language needs of families throughout.
- With Health Insurance Support and Health Issue Management, health access and issues are most relevant when it comes to poverty, with Coordinated Screening, Referral and Treatment, it also supports this work, primarily with families.. The

system is so convoluted that we have to reach both families that go out as well as those that do not go out.

- Regarding Language Assistance Services, I have parents who raised me that didn't speak English, and this is the most important part of any strategy. There are many people who appear to speak English, but do not. There are hundreds of languages, and we have an effective community center with neighbors who can interpret.
- There is a need for diversity in Provider Technical Assistance and Capacity Building, and encourage agencies into the workforce.

Which strategies would make the biggest difference for you and your child, or the families and children you currently serve? Why?

- All previous strategies along with Policy Advocacy for ongoing support to continue and grow the unmet services.

Other potential strategies not already included on the draft list provided at the forum

- Regarding Provider Technical Assistance and Capacity Building, we need to increase the capacity of the service providers to address gaps, and expand it to cover Coordinated Screening, Referral, and Treatment. Treatment is where it falls off. There is a need for "General Capacity Building to Reduce the Disparities."
- Along the knowledge provided through the Multi-disciplinary Clinical Consultation for Service Providers strategies, make it a requirement of the training for recipients of training to give back to others.
- We are seeing a lot of parents who need help with job skills, who need full time child care, and work assistance, so they can feel like a provider for their family in the home.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
1	Professional Development Supports	7	6
2	Neighborhood Family Centers	6	4
3	Special Needs Access and Support	6	4
4	Coordinated Screening, Referral and Treatment	5	4
5	Parent/Caregiver Support and Education	5	2
6	Kindergarten Transition	5	1
7	Policy Advocacy	4	0

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
8	Multi-disciplinary Clinical Consultation for Service Providers	3	2
9	Integrated Child Care Quality System	3	1
10	Support for Family, Friend and Neighbor Care Providers	3	1
11	Integrated Child Care/Family Support Centers	2	2
12	Language Assistance Services	2	2
13	Provider Technical Assistance and Capacity Building	2	2
14	Faith Based Service Linkages	2	1
15	Health Insurance Support	2	0
16	Information and Referral Services	1	1
17	Family Literacy	1	1
18	Home Visiting	1	0
19	Community Based Provider Training	1	0

Pleasanton

Date: October 16, 2008

Location: City of Pleasanton Council Chambers, 200 Old Bernal Avenue, Pleasanton

Participant Profile: There were 15 participants who attended the forum.

Feedback on goals and outcomes:

Did the Commission identify the most important issues to focus on?

Yes – 11 (100%)

No – 0%

Comments:

- Mental Health consultation is missing in the Valley, especially Family Child Care, Title 22. There is a lack of providers and Resource and Referral Services should be linking people to providers. In preschools there are services for children but the parents fall through cracks because of language, immigration and culture.
- We need to bring parents on board.
- Pleasanton, Livermore and Dublin are areas not considered to have need.

- There is a lack of awareness of services. The perception is that “East County is wealthy and has no needs.” This results in a lack of funding.
- Families have trouble traveling over the hill, particularly the zip code ending with 550 is high on the unmet needs list.
- Livermore is in the top of the need for child care and early autism list. Make sure the targeted neighborhoods include the Valley.
- All three cities are great stakeholders, have agencies who work well together and have had some successful First 5 advocacy working on Kindergarten transition.
- First 5 needs to build relationships.

Feedback on strategies:

Which strategies would have the best chance of achieving the goals and outcomes? Why?

- Home Visiting (#1): Pregnant and parenting teens. Lets you see environment, language, behaviors. It is important to know where to start with a family. These families don't have the money to get to you, so home visiting allows easier access.
 - One participant questioned “What criteria is used or identified for home visiting? If only targeting 3 hospitals, not every family in the county will be served.
 - Need to look at lowering cost, one on one is very expensive
 - Some families feel that home visiting is too intrusive, and prefer to go back to agency-based services
- Faith Based Service Linkages (#18): Outreach to build awareness of services is a low cost strategy, as is Policy Advocacy (#26). There is an awareness with a lower cost, as in city council meetings. The idea of “community organizing” should be considered in relation with Policy Advocacy. For example, existing services are important but support is needed in a broader context of early childcare. Additionally, with three cities, there should be a human services collaborative on human service issues. There's an opportunity to build new relationships in the community, as well as plug into the existing systems.
- The Neighborhood Family Centers (#2) are very powerful, and it is important to maintain the existing services, like Resource and Referral. We know these may go away. We can incorporate Integrated Child Care / Family Support Centers (#3), Information and Referral Services (#4), Language Assistance Services (#5), Special Needs Access and Support (#6), Parent/Caregiver Support and Education (#7), Community-Based Parent/Child Activities (#8), Health Insurance Support (#9), Health Issue Management (#10), Lactation Support (#11), Kindergarten Transition (#12), Parent-Community Engagement (13), Family Literacy (#14), and Family Financial Fitness Support (#15) into Neighborhood Family Centers, and all could

- happen there. Additionally, the Faith Based Service linkages can happen at the centers as well. Families would feel welcome.
- For Multi-disciplinary Clinical Consultation for Service Providers (#17), we need to add an element where at-risk children could be referred to better identify individual needs.
 - We need to merge Neighborhood Family Center (#2) with Parent/Caregiver Support and Education (#7), however, it has to be local enough that all families can access it. Access is almost impossible without public transit.
 - Neighborhood Family Centers (#2) and Information and Referral Services (#4) is part of Family Financial Fitness Support (#15). The Every Child Counts program (ECC) should be a leader in a centralized point of entry to overcome the cultural, language, and geographic barriers, and case management to navigate the system.
 - With Professional Development Supports (#21), the diversity of providers requires better applications and training in diverse languages. Encouraging providers drives to quality, and gets providers there. It is a huge financial priority. There are lots of kids in care for many hours, which means a greater significance. Also an important strategy to focus on is the Integrated Child Care Quality System (#3) to provide a range of activities that improve child care quality. The system has minimal standards, and little support. It wouldn't have evening, weekend, or bilingual classes without ECC.
 - Policy Advocacy (#26) takes a stronger role as an organization for a systems change at the state level with community based organizations. Research on 0 to 5 has to be a part of this.
 - We need to bring Community Based Provider Training (#20), Professional Development Supports (#21), and Support for Family, Friend and Neighbor Care Providers (#23) all together, and need the Professional Development at all levels. The integration is important because children are with the providers for so long, and are not getting enough exposure to quality care. Additionally, this needs to be in the evenings and weekends and close to where they live. This also ties in with Support for Family, Friend and Neighbor Care Providers (#23), and the question is how to track this? County childcare links can be the measure of quality.
 - Regarding Kindergarten Transition (#12), we would like to see a countywide effort so every child has access. They will have earned so much, and it benefits children so much.
 - For Special Needs Access and Support (#6), what about the "not bad enough" kids in need? This could tie into Kindergarten Transition in order to achieve school readiness.
 - For Health Insurance Support (#9), this should be especially subsidized for children not eligible for dental and mental health care.

- Regarding Professional Development Supports (#21), as a recipient of ECC Child Development Corps money, it is very important to me to bring in skills to the classroom. Education and peer support improves the quality of ECE.
- For Provider Technical Assistance and Capacity Building (#19), First 5 ECC has done great, successful work, such as physician training, which we need to look to bring systems (like local stakeholders) to the table to make it fit local needs. Additionally, act as a convener or facilitator from those who have done it.

Which strategies would make the biggest difference for you and your child, or the families and children you currently serve? Why?

- “All of us care about all children, and we just want to make sure that all are considered.”

Other potential strategies not already included on the draft list provided at the forum:

- Increased number of clinicians trained to work with First 5 in the areas of Pleasanton, Dublin, and Livermore, and have connections with all those agencies across the state. Additionally, Community Based Provider training is not included, and maybe if it is, it needs to be fleshed out.

Preferences: Strategies preferred the most by participants are listed below in descending order of preference.

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
1	Professional Development Supports	8	8
2	Neighborhood Family Centers	6	4
3	Special Needs Access and Support	6	4
4	Coordinated Screening, Referral and Treatment	5	5
5	Parent/Caregiver Support and Education	5	2
6	Kindergarten Transition	5	1
7	Integrated Child Care Quality System	4	2
8	Support for Family, Friend and Neighbor Care Providers	4	1
9	Policy Advocacy	4	1
10	Multi-disciplinary Clinical Consultation for Service Providers	3	1
11	Integrated Child Care/Family Support Centers	2	3
12	Provider Technical Assistance and Capacity Building	2	2
13	Language Assistance Services	2	2
14	Faith Based Service Linkages	2	1
15	Health Insurance Support	2	

Order of Preference	Strategies Preferred the Most by Participants	Most Positive Impact	Priority for Funding
16	Family Financial Fitness Support	1	1
17	Home Visiting	1	
18	Information and Referral Services	1	
19	Community Based Provider Training	1	

ECC Staff Forum

One forum was conducted specifically for the staff of First 5 Alameda County / Every Child Counts (ECC) to obtain staff input on the list of potential strategies, including insights about specific strategies that can help inform recommendations being developed by ECC’s Strategic Planning Work Group. This forum was held on October 15 at the ECC office, with 50 people participating.

Feedback on goals and outcomes:

The staff was asked what strategies feel most effective in achieving goals and outcomes and which should be included in the strategy plan. Staff were divided into four workgroups that successively discussed the best strategies to achieve each goal. Then they were asked to “vote” for the top three strategies they believed would have the most impact on achieving the goal. The tables below show both the suggested strategies for achieving outcomes for each goal and the number of staff that identified the strategy as one of their “top three”. Rationale for prioritizing the strategy and how it might be linked or leveraged are noted throughout.

GOAL 1: Improve and integrate health, early care and education services for children 0-5 so they enter school ready to learn.

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
16	Coordinated Screening, Referral and Treatment <ul style="list-style-type: none"> • Providing early intervention has long-term positive impact on EVERYTHING!!! • Could be provided in almost any setting • Multiple systems already in place Also linked to strategy #4 Information and Referral Services	36
22	Integrated Child Care Quality	33

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
	<ul style="list-style-type: none"> Increased cross disciplinary support Broader reach for children throughout the county Meets children and providers where they are Also linked to strategies #1, 3, 5, 7, 12	
1	Home Visiting <ul style="list-style-type: none"> Takes place where the families are Highly individualized Great way to coordinate services 	25
12	Kindergarten Transition <ul style="list-style-type: none"> Potential universal reach Building on school infrastructure Federal mandate Extends benefits of services provided 0-5 Positive for school readiness 	19
11	Lactation Support <ul style="list-style-type: none"> Long term health benefits Improved attachment Prenatal and postpartum in person support Also impacts outcome 1B Broad reach-systems already in place-county wide 	14
26	Policy Advocacy	8
7	Parent/Caregiver Support and Education <ul style="list-style-type: none"> Child’s education begins in the home and continues in the home 	3
17	Multi-disciplinary Clinical Consultation for Service Providers	3
14	Family Literacy	2
3	Integrated Child Care/Family Support Centers	1
9	Health Insurance Support	1

GOAL 2: Support families to provide a safe, emotionally, and economically secure home environment to ensure optimal development.

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
1	Home Visiting <ul style="list-style-type: none"> The system is already developed Far reaching/hard to reach population Integrated Services/MDT Is family-specific 	36

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
	<ul style="list-style-type: none"> This includes Strategy #11, Lactation is related to outcome 1A, as it improves children's preventive and ongoing health, and is related to outcome 1B as it improves the social and emotional well-being 	
2	Neighborhood Family Centers <ul style="list-style-type: none"> Links with Strategies 1, 4, 9, 7, 10, and 14. 	16
7	Parent/Caregiver Support and Education <ul style="list-style-type: none"> Classes/One on One Parents Build the Support Network Far Reaching 	16
18	Faith Based Service Linkages <ul style="list-style-type: none"> Access for families who may not be linked anywhere else Provides a point of entry for families 	11
9	Health Insurance Support <ul style="list-style-type: none"> Losing those services 	9
5	Language Assistance Services <ul style="list-style-type: none"> Over-arching 	8
16	Coordinated Screening, Referral and Treatment <ul style="list-style-type: none"> Impact great deal with prevention 	8
8	Community-Based Parent/Child Activities <ul style="list-style-type: none"> Increases parent skills Parent/Child Relationships 	7
4	Information and Referral Services <ul style="list-style-type: none"> Access Services Sustainability 	6
14	Family Literacy <ul style="list-style-type: none"> So many people are without literacy skills Creates a trickle-down effect 	6
15	Family Financial Fitness Support <ul style="list-style-type: none"> Financial situations impact the overall wellness of families Skills acquired provide long-term benefits 	6
10	Health Issue Management <ul style="list-style-type: none"> Meeting basic needs, such as mental health and physical health Support adult mental health 	4
13	Parent-Community Engagement	1
17	Multi-Disciplinary Clinical Consultation for Service Providers	1
25	Public Education <ul style="list-style-type: none"> Motivate parents to change behavior 	1

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
	<ul style="list-style-type: none"> Develop materials for our community 	

GOAL 3: Support professionals to provide high quality services to children 0 to 5 and their families.

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
20	Community Based Provider Training <ul style="list-style-type: none"> Focused to group Assessment Evaluation FFN Language Access Links with Outcome 3A 	32
21	Professional Development Supports <ul style="list-style-type: none"> Linking a bridge to the community Responsive to the work force issue, particularly around diverse workers in a diverse community 	24
17	Multi-disciplinary Clinical Consultation for Service Providers <ul style="list-style-type: none"> Need to remove the word “clinical” from the strategy A way to link and provide comprehensive services (teamwork) 	23
19	Provider Technical Assistance and Capacity Building <ul style="list-style-type: none"> Support to provider in home allows easier access Agency specific/place-based 	21
26	Policy Advocacy <ul style="list-style-type: none"> To make long-lasting impact of all of our work 	10
22	Integrated Child Care Quality System <ul style="list-style-type: none"> This links with Strategy #3 Provides immediate and ongoing support to early childhood education in their environment and addresses a variety of issues Quality/Rating Systems 	8
23	Support for Family, Friend and Neighbor Care Providers <ul style="list-style-type: none"> Broader reach to children in the community Providers are greatly underserved 	6
4	Information and Referral Services <ul style="list-style-type: none"> Providers will have access to resources to provide to families 	5
5	Language Assistance Services	5

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
	<ul style="list-style-type: none"> Provides professional support and allows access to a broader range of community members and children 	

GOAL 4: To promote systems and policy changes that enhances community capacity and fiscal sustainability for services to children 0 to 5 and their families.

Strategy Number	Strategies Preferred by the Most by Participants Staff Comments and Rationale for Recommendations	# Votes Most Impact
26	Policy Advocacy <ul style="list-style-type: none"> Strong impact, but would need clear boundaries 	30
22	Integrated Child Care Quality System <ul style="list-style-type: none"> This would be creating a systems change Recommended linking with Strategies 1, 5, 23, 24 	28
2	Neighborhood Family Centers <ul style="list-style-type: none"> Provides a place to gather, which links with Strategy #23 Parent and Community focused Strategies 1, 5, 8, 18, 19, 20 should be part of this 	20
16	Coordinated Screening, Referral and Treatment <ul style="list-style-type: none"> System impact 	20
5	Language Assistance Services <ul style="list-style-type: none"> Neighborhood/community capacity Also links with Outcome 4A 	11
21	Professional Development Supports <ul style="list-style-type: none"> Links with Outcome 4A regarding community capacity 	10
18	Faith Based Service Linkages <ul style="list-style-type: none"> Fiscally sustainable Enhances services where people already are 	7
23	Support for Family, Friend and Neighbor Care Providers <ul style="list-style-type: none"> Enhancing existing system, builds provider capacity 	7
20	Community Based Provider Training <ul style="list-style-type: none"> Does everything Uncertain about sustainability Links to Outcome 4A Can combine Strategies 19 and 20 	2

Some general comments on Goal 4: Some strategies were broad; some were specific and could be grouped under others. The language access and special needs should be inherent throughout, and some strategies affect outcomes that were not noted.

Other Meetings Held with Community Groups

In addition to the nine community forums facilitated or supported by SEI, the ECC staff offered to meet with other local groups that wanted to learn about or provide input to First 5 Alameda County's strategic planning process.

One additional session was conducted by the ECC staff in Spanish, held on October 21 with 27 people attending. All participants were parents or caregivers of children. The following feedback was received about the potential strategies.

Strategy	Comments
Home Visiting	<ul style="list-style-type: none"> • We need more programs like this. I received follow up to see if my newborn's development was fine. • We need more information on how to help children with challenging behaviors and health care. • Nurse/Case worker provides resource assistance. (Helps fill out forms and explains about other resources)
Integrated Child Care/ Family Support Centers	<ul style="list-style-type: none"> • Childcare should be a priority. • These are good programs.
Information and Referral Services	Promote and publish the programs. Parents do not always know where to find programs; such as these strategies.
Parent/ Caregiver Support and Education	<ul style="list-style-type: none"> • Have more activities for parents. • More information on how to help your adolescent.
Health Issue Management	<ul style="list-style-type: none"> • More information on how to help your adolescent. • Psychological support for parents, family and children; however parents often don't have identification or necessary documentation to qualify for these services such as insurance.
Lactation Support	<ul style="list-style-type: none"> • Home visitor not only provides support related to breastfeeding but they help with the social emotional development. • Make sure that the community has more information about the different programs that are available.
General Comments	<ul style="list-style-type: none"> • All services should be available to everyone. Parents want other points of entry to obtain child development information and support programs. • Parents stated all these resources are great and very necessary in the community however; will everyone be able to access? Many programs claim immigration status does not matter, but if programs require clients to have medical or other insurance then everyone can't participate.

Other Input Received from Individual People

At each community forum and other group meeting, and on ECC's website, people were encouraged to submit additional comments in writing via mail, email or fax. All such comments were sent directly to the strategic planning consultants and are compiled in this section of the report.

Received From	Summary of Input Received
Chabot Space and Science Center, Alex Zwissler, Executive Director/CEO	The Executive Director wrote on behalf of the Chabot Space and Science Center in support of the Community-Based Parent/Child Activities strategy within the 2009-2013 Strategic Plan. It is his opinion that this strategy in particular is a proven strategy to achieve the goals of First 5 Alameda and cultural institutions like the Chabot Space and Science Center.
American Lung Association of California, Serena Chen, Regional Director of Policy and Tobacco Programs	The Regional Director recommends that each goal area regarding Children, Families, Providers, and Systems, as well as the agencies that provide the services in those goal areas identify interventions that they can incorporate into their work plans that will help reduce young children's exposure to secondhand tobacco smoke.
BANANAS, Arlyce Currie, Program Director	The Program Director wrote in support of continued training and support of those that work in the Child Development field, specifically in academic advancement, developing literacy as well as English language proficiency. Additionally, she would like to see more alternative systems for professional development, such as the Child Development Associate Credential.
Parent of BANANAS Child	The parent wrote a letter of support of BANANAS, citing the benefit to both him and his 16-month-old son.
Parent of BANANAS Child	The parent wrote a letter of support of BANANAS, particularly the workshops Positive Parenting and Spirited Child.
Parent of YMCA SwimGym Child	The parent wrote a letter in support of the YMCA and the activities it provides for her special needs son. She cites that other parents have received the same support for their special needs children.
Parent of BANANAS Child	The parent wrote a letter in support of BANANAS, and her concern that funding will decrease, leaving her child without the benefits of an education. Her child is deaf, and needs particular attention that the parent cannot provide.
Oakland Zoo, Joel J. Parrott, DVM Executive Director	The Executive Director wrote on behalf of the Oakland Zoo expressing his support for the Community-Based Parent/Child Activities strategy discussed as a potential strategy to reach the goals defined in the draft 2009-2013 Strategic Plan. It is his opinion that this is a proven strategy to achieve the goals of First 5 Alameda and cultural institutions like the Oakland Zoo, and will continue to be active partners to reach these goals.