

**KEY INFORMANTS' RECOMMENDATIONS REGARDING
FIRST 5 ALAMEDA COUNTY'S 2013-2017 STRATEGIC PLAN**

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July 1, 2012

INTRODUCTION

On May 10, 2012, First 5 Alameda County (F5AC) selected Research & Evaluation Systems (RES) to conduct 20 interviews with key informants. These key informant interviews, together with other planning efforts, will ensure that F5AC's goals, strategies, and funding allocations for fiscal years 2013-2017 will be appropriate for meeting the evolving needs of Alameda County's children 0 to 5 years of age and their families.

METHODS

Approach to Developing the Key Informant Interview Schedule: Starting on May 16, the evaluator began a collaboration on a rapid turnaround schedule with F5AC staff to revise initial and subsequent interview protocol drafts to improve wording. After an initial pilot test interview with a key informant, some of the questions were re-ordered to improve question flow and other questions were revised to improve clarity and reduce interview length. The interview schedule was then finalized for the remaining key informant interviews. A copy is attached (**see Attachment A**).

Setting up the Key Informant Interviews: Across many studies, the evaluator has found that the most effective initial approach for requesting an interview for this type of study is a letter sent by email. F5AC staff and the evaluator collaborated on letter drafts and the final versions appear as **Attachment B**. A list of 27 potential key informants was provided by F5AC staff, together with email addresses and phone numbers as available. After all email addresses were obtained (which in some instances required phone contacts with the offices of the potential informants), the letters were emailed to each potential key informant explaining why the interview was being requested, asking the person to participate, and saying to expect a phone call to set an appointment for the in-person interview. The letter also explained that a transcript of their interview responses will be shared with F5AC but their names would not be associated with their responses in any publications.

Conducting the Interviews: The evaluator read each question from her laptop and entered the responses by question. For two questions, a visual aid was used (a document containing two "show cards," which listed additional details of the question content to which the key informant was asked to respond. Following each interview, the transcripts were edited to remove typographical errors.

Between May 23 and June 14, a total of 22 (from the initial list of 27) key informant interviews were conducted, for a response rate of 81%. (See **Attachment C** for a table showing the initial list of 27 potential key informants by category of employment.) Two additional key informants indicated their willingness to be interviewed if the time frame for the interviews would have been extended for an additional week.

Analyzing Results and Creating a Report: For each question in the interview schedule, a document was created on which the content of the each informant's answer was tabulated. As interviews were reviewed, the document reflected the extent of commonality and variation in responses across informants. Tables were created to provide information on the number of key informants holding each expressed view.

RESULTS

The interview schedule included nine questions. The results for each of the nine questions appear below.

Question 1

In the face of declining revenues from tobacco tax, F5AC is reexamining its priorities. To best use its resources and enhance the sustainability of First 5 services in the community, the Commission is strengthening its focus on systems development and capacity building. While direct services will continue to be supported through community partners, funding will be aligned with larger systems of care initiatives F5AC has identified as priority areas.

F5AC will continue to focus its work in the following outcome areas: (SHOW CARD A). With which of these F5AC outcomes is your agency most aligned? [ENTER LETTER]

CARD A

- A. **Early identification of children with developmental and behavioral issues and linking families to early supports for development and social emotional, behavioral health.**
- B. **Parent / primary caregiver mental health: Enhanced primary caregiver mental health, increased access for and utilization by primary caregivers of mental health services.**
- C. **Parenting support: improved parent child attachment, reduced parenting stress, increased access to concrete basic needs economic support, enhanced parent knowledge of child development, increased optimal breastfeeding/nutrition and prenatal and postpartum health.**
- D. **Kindergarten readiness: Improved readiness in basic building blocks, smoothed transition to K, enhanced access to quality preschool and other early learning experiences, improved child care quality.**

All respondents without exception initially either chose multiple areas or asked “Just one?” However, when asked to select just one category, the results shown in Table 1 were obtained. An equal number of key informants were from agencies most aligned with the early identification and treatment of children with developmental and behavioral issues or with kindergarten readiness, with some representation of key informants from the other two areas.

Table 1. Outcome areas in which the key Informant’s agencies were most aligned

Category	Content	# of key informants selecting (N=22)
A	Identification and treatment of children with developmental and behavioral issues	9
D	Kindergarten readiness	9
C	Parenting support	3
B	Parent/primary caregiver mental health	1

Four follow-up questions were asked of each informant regarding the agency alignment category selected. These questions were:

- **As I mentioned earlier, F5AC plans to increasingly align its funding to support larger initiatives that provide systems of care. What role should F5AC play in moving toward an early childhood system of care in [THE OUTCOME AREA]?**
 - **What are existing barriers?**
 - **Would your agency participate in developing common outcomes and data collection efforts to measure success countywide?**
- **IF YES: What would you or your agency need from F5AC or others to participate in this process?**

Results for each of the four areas are presented below by each of the four agency alignment categories A-D that were shown to the key informants.

Roles F5AC Should Play in Moving Toward an Early Childhood System of Care

Agency aligned with category A: Early identification of children with developmental and behavioral issues and linking families to early supports for development and social emotional, behavioral health.

This category was chosen by 9 key informants as the outcome with which their agency is most aligned.

Table 2. Themes in the responses of the 9 key early informants from agency alignment category A: Early identification and treatment of children with developmental and behavioral issues

Recommended role for First 5 Alameda County	Number of mentions of this role by the nine key informants
Lead/Convene/Identify	12
Create/continue to work toward an organized, easily assessable system of screening and referral and care that brings agencies together	4
Identify and help agencies with funding gaps and families not currently being served	4
First 5 is on the vantage point to have objectivity, set the vision, see connections, develop policy recommendations and advocate	3
Prevent duplication of effort across agencies	1
Increase support and/or collaboration with specific agency types and/or specific services	9
Solidify and expand existing early intervention programs; continue funding programs that work	3
Continue support of pregnancy and early support programs (including home visiting programs)	2
Expand partnership with social services agency	2
Collaborate with community health centers	1
Support parent education	1

As shown in Table 2 above, key informants whose agencies were most aligned with this area believed F5AC’s main roles should be: to provide leadership for bringing agencies together; provide vision; and have an overview of other agency resources, connections, gaps, and duplication of services. One of the more extensive comments on this theme is:

“With its expertise and funds, provide leadership in identifying multi-door systems of care for children and their families that are outcome driven...include coordinated systems of care across education, health care, social service, criminal justice, and mental health treatment for children who witnessed violence.”

Agency aligned with category B: Parent/primary caregiver mental health: Enhanced primary caregiver mental health, increased access for and utilization by primary caregivers of mental health services.

This category was chosen by one key informant as the priority area with which her agency was most aligned.

Her comments on First 5's roles in moving towards an early childhood system of care in this area included:

- Identification: Enhancing the identification of parents with mental health needs that will impact children
- Parent education and parental support: Increased parental access to mental health promotion by giving parents information on positive parenting, positive discipline, and increasing the capacity of adults
- Private sector insurance: More emphasis on services available through these systems

Agency aligned with category C: Parenting support: improved parent child attachment, reduced parenting stress, increased access to concrete basic needs economic support, enhanced parent knowledge of child development, increased optimal breastfeeding/nutrition and prenatal and postpartum health. This category was chosen by three key informants as the outcome with which their agency was most aligned.

Table 3. Themes in the responses of the three key informants from agency alignment Category C: Parenting support

Recommended role for First 5 Alameda County	Number of mentions of this role by the three key informants
Lead/convene/identify	2
Continue to serve as convener to develop a large systems effort in this area, include social services, ECE, and public health 5	1
Identify agencies that have experience and expertise doing the work and fund or assist them with funding, directly or indirectly 7.	1
Build on the work of others:	2
Build on the electronic tools now being developed to share patient health information between health centers 14	1
Use the research and curriculum developed by others, such as the Harlem Children's Zone 14	1

As shown in Table 3 above, key informants whose agencies were most aligned with parenting support recommended that F5AC continue and strengthen its role in leadership and convening, utilizing its position as the agency with an overview. Other comments focused on building on the work of others in research, curriculum and tools for data sharing.

Agencies aligned with category D: Kindergarten readiness: Improved readiness in basic building blocks, smoothed transition to K, enhanced access to quality preschool and other early learning experiences, improved child care quality.

This category was chosen by nine of the key informants as the outcome with which their agency was most aligned.

As shown in Table 4, key informants whose agencies were most aligned with kindergarten readiness recommended that F5AC strengthen its role in leadership and convening, using its position as the agency with the greatest overview to be a hub for convening, referrals, and the identification of funding issues. Also recommended was that First 5 continue to partner with other initiatives including school districts.

Table 4. Themes in the responses of the nine key informants from category D: kindergarten readiness

Recommended role for First 5 Alameda County	Number of mentions of this role by the nine key informants
Lead/convene/identify	7
Be stronger in communication, stakeholder convening, advocacy, and public policy	3
Identify agencies that provide services and serve as the centralized place for referral/convene to convince them to collaborate more	2
Lead in the use of common goals, tools, and data collection	1
Address separate funding streams as work for a system of care, connect with administrative or legislative remedies	1
Continue Partnerships	3
Continue to work and coordinate in quality rating and improvement system, including the school districts	2
Continue to support Help me Grow, and provide funds for it	1
Disseminate information/educate	5
Provide landscape analysis, data collection, literature review	2
Provide best practice model(s) on parent engagement, parent ed, preparing kids for kindergarten, and update as new research results come in	2
Provide TA for teachers and funding for college courses	1

Summary of recommendations: There was considerable convergence in the recommendations the 22 key informants made regarding the roles that First 5 Alameda should perform in creating early childhood systems of care. First and foremost, the key informants believed that First 5, with its funding not tied to providing specific services, could serve critically important leadership roles in convening the County’s agencies to work successfully toward the goal of creating systems of care. Such roles included helping to create a shared vision, developing policy recommendations, advocating on the importance of the early years, and leading in the use of common goals, tools, data collection and reporting. Other recommendations included continuing partnerships with other systems of care initiatives, creating and disseminating best practice models and the research of other organizations, and producing reports on the needs of local communities.

The Existing Barriers to a System of Care

The 22 key informants identified 40 issues they considered existing barriers to creating a comprehensive system of care for Alameda County’s children and families. As shown in Table 5 below, these centered on resource limitations, on the fragmentation of existing agencies and approaches, knowledge limitations, and determining priorities. Illustrating knowledge limitations, one respondent stated

“We need more education and awareness of First 5’s existing programs. Our agency is appointed to represent every child in the foster care system in Alameda County. Twenty-five percent of Alameda’s children in foster care are aged 0-5.”

Table 5. Themes in the responses of the 22 key informants regarding existing barriers

Barriers to the creation of a system of care	Number of mentions by the 22 informants of a barrier within this theme
Difficulties in allocating scarce resources/resource limitations	9
Existing agencies and systems are fragmented, not working together, approaches are not unified; there is a need for universal child care standards; it would be difficult to set up a common system of pre- and post assessments across different agencies	9
Knowledge limitations: there is much not known about how to identify all children and families in need of services, agencies/services that are available, and how to engage and connect families to services	6
Difficulties in determining and prioritizing: determining what are best practices, determining where to start first, balancing the need to spread resources to a large population vs. giving the resources in a more focused way to a specific population or geographical area	3
Organizational/administrative changes needed	3
A need for advocacy or a social campaign for healthy child development	2
Not all agencies are open to change	2
Parents need more information when and how to obtain services	2
Lack of transportation for parents and teachers	1

Would The Key Informant’s Agency Participate in Developing Common Outcomes and Data Collection Efforts to Measure Success Countywide?

Almost all key informants responded ó most with enthusiasm ó that they would contribute, as shown below. Some concerns were expressed by five key informants, however, as shown below.

Table 6. Agency participation in developing common outcomes and data collection efforts to measure success countywide

Offer of assistance	Number of the 22 key informants who made this response
Yes, no other comment	9
Yes, and we have expertise and experience developing outcomes, collecting and analyzing data	3
Yes, and we could help facilitate agreement on shared outcomes	2
Yes, with contingencies:	
o We can share aggregate data only	2
o We can find shared outcomes, in addition to each agency needing to report their own outcomes to funders	1
o We cannot change what outcomes we report, but we could use help in better collecting and combining the data	1
o Yes, we need to work for simplicity and ease of data collection	1
Total Responding Yes	19
It depends; have existing data reporting mandates/resource constraints	2
Response missing	1

IF YES: What Would the Key Informants or Their Agencies Need From F5AC or Others to Participate in this Process?

As shown in Table 7, a variety of needs were expressed on what support would be needed to participate in common outcome definition and measurement, with the most frequent responses being that leadership is needed from First 5, and that funding would be needed (3 informants) or helpful (1 informant). Six of the informants expressed a concern that the data collection and entry for outcome measurement should be designed with the goal of not overburdening agencies, and in particular, not require data entry that was duplicative.

Table 7. Support needed from First 5 to participate in common outcome definition and measurement

Types of support	Number of the 22 key informants who made this response
Leadership from First 5	5
Funding	4
We are already working on with First 5 on this	2
Need more knowledge of First 5	2
Answer indicates need for a goal of designing a data system that does not overburden agencies	
<ul style="list-style-type: none"> ○ Need to have as a goal a system that does not require us to duplicate entry for data we are already collecting and entering to meet other funder obligations 	2
<ul style="list-style-type: none"> ○ Need to identify measures already being collected that could be good measures for this system; 	1
<ul style="list-style-type: none"> ○ Happy to participate; much depends on the outcome data needed 	1
<ul style="list-style-type: none"> ○ We need an action plan to identify a few outcomes, and the tools to measure them 	1
<ul style="list-style-type: none"> ○ Not overburdening our clinics 	1
Nothing is needed	1

Question 2

F5AC is working with several systems-focused initiatives in partnership with others: (SHOW CARD B)

CARD B

- **Home Visiting/Family Support**
- **Help Me Grow/Early Connections (Early Identification, referral and treatment of developmental and social emotional issues)**
- **Race to the Top Early Learning Challenge Grant - Quality Improvement Rating System (Quality Early Care and Education)**
- **School Readiness/School Transition**
- **Hayward Promise Neighborhood**
- **East Oakland Building Healthy Communities**

In what other systems-focused initiatives do you believe First 5 Alameda County should be involved?

Key informants provided the names of 16 entities they considered systems initiatives, and provided descriptions of 14 others without the name specified.

Systems initiatives named

1. Alameda County Childcare Planning Council
2. Alameda County Family Justice Center
3. Alameda County Interagency Children's Policy Council (ICPC) led by the board of supervisors
4. Alameda Health Consortium
5. Building Blocks Collaborative
6. Comprehensive Perinatal Services Program (CPSP), administered by Alameda County Public Health, part of Medi-Cal
7. Every One Home (Social Services program)
8. Fight Crime, Invest in Kids
9. Men and Boys of Color initiative
10. Oakland Fund for Children and Youth
11. Oakland Unified School district, particularly their parent group for kids with disabilities (CAC)
12. Project Launch, which may be a subcategory of the East Oakland Building Healthy Communities
13. Sustainable Neighborhood Initiatives (Bay Area LISC)
14. Task Force of the Oakland School District
15. Youth and Family Opportunity Hubs (Alameda County Health Care Services)
16. "Zero to Eight Convergence"

Descriptions of systems initiatives without the name specified

1. Building community support for early childhood as recommended by the report "Transition to Kindergarten: A Review of Current Research and Promising Practices to Involve Families"
2. Children's Hospital of Oakland's initiative for 0-5
3. Community based health centers
4. Connect with city governments and their partners in the County
5. "Cradle to Career" initiative in Oakland funded by the Kellogg Foundation
6. Food access and nutrition programs
7. Full service community schools
8. Initiatives to provide health insurance to all children
9. Job development, Cal Works training, this has a lot of impact on children

10. Mayor's office with the school district has created an education policy group
11. Neighborhood based initiatives
12. Private health care (e.g., Kaiser, Palo Alto Medical Foundation) either directly or through foundations such as Robert Wood Johnson or the CA Endowment
13. Programs focusing on school retention, including school assistance of finding appropriate ways to help kids with social and behavioral issues instead of school suspension
14. School based health centers

Question 3

What other key partners should F5AC be working with that are not currently involved in any systems initiatives as far as you know? PROBE IF NECESSARY: These might be, for example, community-based organizations, public agencies, or foundations.

Key informants provided the names of 14 entities they recommended as key partners, and provided descriptions of 12 others without the name specified.

Programs named

1. Alameda County Office of Education
2. Blue Ribbon Commission of Alameda County
3. CA ECE Association
4. Casey Family Foundation
5. Children Now
6. District Attorney's Office
7. East Bay Community Foundation
8. Family Support Services of the Bay Area
9. Fight Crime/Invest in Kids
10. Head Start
11. Kidango
12. Lotus
13. Men and Boys of Color (2 interviewees mentioned)
14. Task Force of Oakland Unified School District

General program descriptions

1. Accrediting agencies
2. Continue to participate in Early Childhood Funders
3. Faith-based organizations
4. Farmers' markets
5. Grass-roots neighborhood driven initiatives
6. Health centers/plans, including commercial health plans (2 interviewees mentioned)
7. Libraries
8. Organizations working for community/economic development
9. Other local established and licensed preschools
10. Park districts
11. School districts within the county (3 interviewees mentioned)
12. Strengthen the effectiveness of existing relationships rather than forging new ones to overcome gaps in service

Question 4

There are a variety of roles First 5 Alameda County could play in promoting a systems-focused initiative in the county. Such roles might include providing leadership, writing grant applications, providing advocacy, developing data specifications and providing support for common outcome measurement, and so forth.

What do you believe would be the two most effective roles for First 5 Alameda County to assume in promoting a systems-focused initiative for children 0-5 in the county?

Many informants asked for the list of examples to be repeated before answering the question, although they were reassured that their answers were not to be limited to those provided. Key informant's choices of roles they recommended for First 5 are shown in the table below.

Table 8. The two most effective roles First 5 Alameda could play in promoting a systems-focused initiative

The roles First 5 should play in promoting a systems-focused initiative	Number of the 22 key informants who made this response
Provide leadership in determining common outcomes and data specifications/data sharing between agencies and between First 5 and other agencies, evaluation	10
Leadership in grant writing, resource development; apply for funding in partnership with other organizations, or help other organizations in doing so to promote sustainability	10
Providing overall leadership, improve coordination and serve as convener and/or referral hub for a systems approach	9
Technical assistance, training, and/or professional education	6
Serve as a research resource	5
Provide advocacy and/or public awareness campaigns	3
Total number of roles suggested	43

The suggestions the six key informants provided on how First 5 could "serve as a research resource" include gathering or publicizing accurate data on the status of children/kids not being served; showing correlation between problems and negative outcomes to build evidence of need for First 5 and others' use in advocacy including city/area-specific reports like Children Now does for the state, gathering data on methods that work, and disseminating best practices for use in advocacy for the expansion of proven methods (rather than searching for new programs).

Question 5

What other comments do you have on the role F5AC should play to promote an early childhood system of care in Alameda County?

A range of suggestions was made. Those suggestions that were made by two or more key informants are shown in Table 9, with the remaining suggestions listed below the table.

Table 9: Other suggestions for promoting an early childhood system of care

Suggestion for promoting an early childhood system of care	Number of the 22 key informants who made this response
Serve as strong advocate/spokesperson for a family and child-centered system of care. Comments included: advocacy on the value of prevention services in the early years; make people aware of the consequences of not serving children 0-8 in those critical years; the public needs to understand the importance of ECE is the foundation of education, not just childcare; using public education campaigns; talk about investments and tax savings, etc. using findings; use evidence in the literature; and advocate for universal pre-K or play and learn groups.	5
Continue to do the good work they are doing: serve as a convener, sit at multiple tables (including 4-year institutions of higher learning), identifying and supporting experts, staying abreast of current research, and/or modeling examination of key priorities for the future.	4
Continue to work with the school districts, using the concepts of 3 rd grade success as goals to promote early intervention and keep early childhood on the school districts' agendas.	3
Focus support on place-based, neighborhood initiatives of communities in greatest need that build from the individual out to the community, focusing on root causes, primary prevention including food, parks, safety, youth development, early learning, schools up to age 8, build capacity. Empower the community.	3
Help with funding: identify other funding sources for others, and seek funding opportunities for F 5 that others are not eligible for or don't have the capacity for, using community input to help decide if the opportunities are worthy.	2

Other suggestions included:

- Bring forward innovation and new thinking
- Continue or increase First 5's focus on school readiness and transitional kindergarten
- Help set up an automatic system in which all children 0-5 in foster care have an assessment to identify their developmental needs and connect them with services
- Expand its mission to support Help Me Grow in looking at all children in this age range
- Ask direct service providers funded by First 5 that provide effective services what is working, and collaborate to more holistically to raise our children

- Make sure that efforts to identify and refer children with developmental needs are met with adequate capacity of programs to serve them
- Increase communication and collaboration with health centers (including their administrative headquarters) serving low income people
- Increase focus on parent education

The vast majority of key informants are enthusiastic about F5AC taking on this role. For example, one key informant said: "They are doing a great job now, have gotten all of the key stakeholders together, and stay abreast of current trends and research. That kind of research and convening is essential."

Question 6

Even while moving more into systems change efforts, what role should F5AC play in ensuring that families are able to care for and promote their children’s optimal development?

Key informants made the suggestions listed below.

Table 10. The recommendations made by key informants on the role First 5 should play with families

Helping families be able to care for and promote their children’s optimal development	Number of the 22 key informants who made this response
Educating parents	9
Parental support	9
Continue to support direct service programs/include screening/that First 5 has shown to have positive outcomes	5
Adopting and advocating some of the framework for strengthening families, promoting language, theory and/or framework for family-centered policy and practice	4
Continue and promote the great work they’ve been doing in training.	2
Home visiting	2
Families should be at the table	2
Promote school readiness and transition	1

There was a wide range of ideas expressed by the nine informants suggesting ways for continued First 5 involvement in providing parental support:

- Help parents enroll in Medi-Cal if health reform is not overturned
- Create welfare-to-work programs that elevate their status and skills. Create some work re-entry programs for parents and caregivers that stayed home with heir kids.
- Support families through the school district child care centers; infuse their commitment and knowledge base.
- Include family strengthening in early care and education programs.
- Include nutrition, exercise, self care, etc. in a way that is accepted in different cultural and economic environments.

Quotes from key informants in answering this question for illustrate the passion many informants brought to the issue of family support.

Regarding educating families:

“Awareness, educating families. I think a lot of neglect issues can be avoided if parents or other caregivers know what issues to be aware of and get services for their children. I see child abuse and neglect has a public health components and educating and equipping parents and caregivers early When they leave the hospital, they should have info on how to contact the services of First 5. This is on the top of my list. System transformation from the ground up.”

Regarding parental support, a key informant said:

“Providing parents with info or help with nutrition, healthy means, ways to cope when tired and the children want attention. Those kind of everyday things that families need to be healthy, preserve the mental health of parents. The families need to know how important those early years and not just park them in front of the TV with a cup of noodles. Provide information to parents on how to get it done in a way that is healthy for your family but does not take all of the time and money in the world. Build on the strengths of the family’s resources, identify who can help with the family. If you have a dad who does not get along with the mom, figuring out how that dad can provide assistance to that family. Conflict resolution and so forth.”

A vision was expressed by another key informant:

“I think promoting more peer support strategies; programs where we have families from specific communities supporting each other (for example, Latinos and Afghans). Organizing some community building to support parents in helping their children grow and develop. Need to empower people on how the systems work, e.g. schools, health care. People may turn to neighbors for advice--- encourage peer to peer, and make sure people know what they are talking about. Seed the community with real accurate information. In a recession, an opportunity: people are more willing to volunteer.”

Question 7

What role should F5AC play in assuring that all providers working with children 0-5 have the knowledge, skills, and resources to provide quality services?

Key informants enthusiastically underscored the need for F5AC to continue the work they have been performing in the area of provider training.

Table 11. Role F5AC should play in assuring quality provider services

Suggestions on F5AC role	Number of the 22 key informants who made this response
Continue to support and provide up-to-date training and coaching; highlight best practices, build capacity (four of these responses contained a specifically mention of the need to maintain the incentive program for child care providers to continue their professional development)	16
Identify what's working, identify shared outcomes, monitor quality and/or hold funded service providers accountable to meet the mission/outcomes	5
Look to enhance existing programs, rather than to replace or duplicate	1
Promote the development of a registry and the use of early childhood competencies throughout the county	1

The verbatim responses of key informants regarding provider training are worthy of note:

“Feeding back the data and the info on what’s working. First 5 does a pretty good job on its annual report, but it’s it s hard to read it cover to cover when received. More regular reports in a social media framework on what’s working and invite taking action. Be strategic and selective.”

“Valuable if they played a role in helping the state devise mandates that everyone should follow.”

“In our domain, they could provide training through the Alameda Health Consortium. Train the trainers, come to the sites to train staff, support continuing ed and build some incentives for real changes in the use what is being taught.”

“Some of the in-service trainings they did have been really great and should be continued. A model for preschools for engaging parents in supporting child development, geared for teachers, got my staff really excited and motivated. Not all preschool teachers find working with parents a natural skill.”

“Train on teacher intentionality, positive behavior management and parent involvement strategies. Teacher intentionality is the process by which teachers work with children with specific developmental goals in mind tailored to the individual child... to help them grow developmentally.”

“Provide diverse training geared to the unique needs of the communities in which the providers serve, to be assured that the providers have the appropriate knowledge, skills, and resources.”

Question 8

If we want to have a real impact, First 5 believes it must take effective interventions to scale. What approaches can F5AC use to influence city and county government, private foundations and the business community to make early childhood a priority and to commit funds to achieve outcomes?

Table 12: How First 5 can take effective interventions to scale

Suggestions for taking interventions to scale by influencing government, foundations, and the business community.	Number of the 22 key informants who made this response
Show and have more contacts with stakeholders/agencies/potential funders/elected officials/politicians on a variety of levels what our system of care has done and clearly articulate common goals/why it is a benefit to the community for others to invest in meeting the needs of young children 7	7
Partnering with other agencies, community organizations, foundations to deliver the message, with three specifically mentioning continued participation in the ICPC	6
Orchestrating public awareness campaigns about the importance of early childhood years/early childhood intervention using research, using multiple media	6
Determine common outcomes/data driven initiatives in collaboration with others	5
Present a clear strategic plan that shows where First 5 is investing, and how other funders and systems partners can leverage First 5 funding, and vice versa.	3
Be clear on priorities/common goals/not try to do everything. 3	3
Have a skilled representative/cultivate community leaders/providers/families to attend public meetings and better advocate by telling their stories	3
Need more targeted data analysis, for example, of the E. Oakland Community, so we can better understand the scope of issues by neighborhood .	2
Build a stronger stakeholder community with other agencies, including CHO and the school districts, community based organizations and medical providers	2
Link these messages to the Common Core Standards	
Instead of advocacy, craft a service for which there is already a revenue source; don't talk about new services, talk about improved services. Ask the government to pay for a better designed service.	
Need an explicit theory of change model that incorporates strengthening families, life course, early child development and behavioral health to encourage getting people out of silos and have a language to show we are all working together. Includes getting more congruence between the sectors on outcomes.	1

An example of how the value of common outcomes was recognized:

“We have tons of CBOs that get funding in the county, and right now they [report] different outcomes. We could eliminate duplicate effort with common outcomes and have a common RFP like San Francisco does.”

Key informants gave many ideas regarding how to maximize the effectiveness of contacts with stakeholders:

“A city council member said to us ‘make the case for spending money in this service to have a positive impact in the community.’ We need to make the case of how spending the money in early childhood prevention activities allows us to spend less money in police for child neglect and abuse investigations. Some cities’ mayors are promoting efforts to get reading to grade level, to attract employers with an educated population. Need to think about the way to frame and make more explicit these kinds of messages. Any public entity has lots of competing programs, and need to frame it to appeal to the purpose and goals. There are some existing resources in the “National League of Cities” that are good examples; we don’t have to invent them. Helping people look for opportunities in health care reform and Ca’s budget realignment efforts.”

Engage a broad spectrum of leaders to serve as ambassadors to talk to other policy makers and community leaders about the importance of the mission. For example, when law enforcement comes to the table, the cross-sectional leadership will have a stronger impact in engaging other agencies or leadership to commit funds. Funders want to see effective collaboration in providing comprehensive care.

Another perspective was to engage local leaders through reports on local communities:

“They could produce community-specific reports, research and analysis narrowing down to a city or community level...would be helpful for local government support.”

Regarding the need for a public awareness campaign, one key informant took looked at cultural change from a historical perspective:

“We need a culture change, similar to how we changed our response to drunk driving, littering, seat belts, and domestic violence. If you talked about these things 20 years ago, you will see the extent of change. Need to shift the culture to better understand and put to the forefront the importance of support to children during those early critical years. Reference, for example, brain development research.”

Another key informant expressed a similar message:

“The most powerful form of advocacy is education around the importance of EC, using science-based, research-based info out there. For example, The Harvard Center for the Developing Child, and brain research that shows the importance of the early years.”

Question 9

Is there anything else you would like to share with us regarding the future directions you'd like to recommend to the First 5 Alameda County?

Key informants made a number of other suggestions, which are shown below

Table 13. Other key informant suggestions by key informants

Table 13: Other suggestions for F5AC	Number of the 22 key informants who made this response
Support for First 5 to take on a systems-oriented leadership role: Work not to duplicate the efforts of others; We are happy to participate in dialogue and would like to have more of a partnership with First 5 to reduce fragmentation of services/clarify what needs to get done at different levels	4
Don't give up on being innovators in service delivery; First 5 is the only funding stream of dollars to do new things with/continue with the community grants initiative that allows creative programs to meet the needs of specific communities/First 5 does things faster than others.	3
Expression of appreciation for First 5	3
Don't eliminate efforts with positive outcomes; if necessary, reduce funding instead	2
Do we get to see the report?	2

Other suggestions and comments, each offered by single key respondents:

- Seek sustainable funding sources
- Continue to support EC teachers and program in the community
- Working on a systems focus may overlook the very poor (below 200% of the poverty level) who are not engaged in any system of care
- Serve as a training or capacity building entity, strongly recommending a model of diffusion/be the knowledge base
- Understanding of the difficulty of moving from a broad portfolio to more specific targeted efforts
- Those were good questions

A comment from a key informant about the need to take on a systems-oriented leadership role:

“Working with representatives from public education is important, and could prevent duplication of services, e.g., if parents enrolled their kids in preschool, we would not need ‘summer camp.’”

CONCLUSION

This project to interview key informants and report their comments was conducted on a compressed schedule, commencing on May 16, 2012 with protocol development and concluding on June 21 with a presentation to the First 5 Alameda Strategic Task Force. A total of 22 interviews with key informants were conducted. This report summarizes their extensive comments.

The vast majority of the key informants expressed enthusiasm for First 5's planned strategy to strengthen its focus on the development of larger systems of care of care during its fiscal years 2013-2017, and provided a wealth of input on how First 5 can best implement this strategy.

ATTACHMENT A



KEY INFORMANT INTERVIEW

In the face of declining revenues from tobacco tax, F5AC is reexamining its priorities. To best use its resources and enhance the sustainability of First 5 services in the community, the Commission is strengthening its focus on systems development and capacity building. While direct services will continue to be supported through community partners, funding will be aligned with larger systems of care initiatives F5AC has identified as priority areas.

F5AC will continue to focus its work in the following outcome areas: **(SHOW CARD A)**.

- E. **Early identification of children with developmental and behavioral issues and linking families to early supports** for development and social emotional, behavioral health.
- F. **Parent / primary caregiver mental health:** Enhanced primary caregiver mental health, increased access for and utilization by primary caregivers of mental health services.
- G. **Parenting support:** improved parent child attachment, reduced parenting stress, increased access to concrete basic needs economic support, enhanced parent knowledge of child development, increased optimal breastfeeding/nutrition and prenatal and postpartum health.
- H. **Kindergarten readiness:** Improved readiness in basic building blocks, smoothed transition to K, enhanced access to quality preschool and other early learning experiences, improved child care quality.

1. With which of these F5AC outcomes is your agency most aligned? [ENTER LETTER] _____
IF THERE IS NOT ONE AREA IN WHICH THE AGENCY IS MOST ALIGNED, ASK THE RESPONDENT WHICH OF THESE AREAS IS OF THE MOST INTEREST TO HIM OR HER.
 - a) As I mentioned earlier, F5AC plans to increasingly align its funding to support larger initiatives that provide systems of care. What role should F5AC play in moving toward an early childhood system of care in [THE OUTCOME AREA]?
 - b) What are existing barriers?
 - c) Would your agency participate in developing common outcomes and data collection efforts to measure success countywide?

IF YES: d) What would you or your agency need from F5AC or others to participate in this process?

2. F5AC is working with several systems-focused initiatives in partnership with others: **(SHOW CARD B)**

- Home Visiting/Family Support
- Help Me Grow/Early Connections (Early Identification, referral and treatment of developmental and social emotional issues)
- Race to the Top Early Learning Challenge Grant - Quality Improvement Rating System (Quality Early Care and Education)
- School Readiness/School Transition
- Hayward Promise Neighborhood
- East Oakland Building Healthy Communities

In what other systems-focused initiatives do you believe First 5 Alameda County should be involved?

3. What other key partners should F5AC be working with that are not currently involved in any systems initiatives as far as you know? PROBE IF NECESSARY: These might be, for example, community-based organizations, public agencies, or foundations.
4. There are a variety of roles First 5 Alameda County could play in promoting a systems-focused initiative in the county. Such roles might include providing leadership, writing grant applications, providing advocacy, developing data specifications and providing support for common outcome measurement, and so forth.

What do you believe would be the two most effective roles for First 5 Alameda County to assume in promoting a systems-focused initiative for children 0-5 in the county?

5. a) What other comments do you have on the role F5AC should play to promote an early childhood system of care in Alameda County?
b) What role might your agency play in this?
6. Even while moving more into systems change efforts, what role should F5AC play in ensuring that families are able to care for and promote their children's optimal development?
7. What role should F5AC play in assuring that all providers working with children 0-5 have the knowledge, skills, and resources to provide quality services?
8. First 5AC believes that to have real impact, it must take effective interventions to scale. What approaches can F5 use to influence city and county government, private foundations and the business community to make early childhood a priority and to commit funds to achieve outcomes?
9. Is there anything else you would like to share with us regarding the future directions you'd like to recommend to the First 5 Alameda County?

ATTACHMENT B

1. Advance letter version e-mailed to the six potential key informants who had indicated on the prior Community Survey their willingness to participate in an in-depth interview.

Dear _____,

I am writing to request an interview with you at your office to obtain your views to help First 5 Alameda County (F5AC) determine its future directions in the fiscal years 2013-2017. I'd like to introduce myself and let you know to expect a call from me to request a date and time to conduct the interview.

In the face of declining tobacco tax revenue, F5AC is reexamining its priorities. To best use its resources for sustained impact, the Commission is planning to reduce the funding of direct services and increase its support for the development of more integrated systems of care for the County's children and families.

Among the 560 community members who recently completed an on-line survey, the majority of the feedback we received validated our planned future strategic focus that F5AC should play significant roles in developing and supporting a variety of systems efforts including:

- strengthening networking and other linkages between providers and organizations;
- community and provider training and other capacity building; and
- policy, advocacy and communication, including data collection and evaluation.

We are requesting an interview with you as a leader in the community to obtain your views of how First 5 Alameda County can best use these and other kinds of systems efforts to help children reach their developmental potential. We hope you can participate in the interview. Your answers will be confidential, that is, when I report the findings from the interviews to F5AC, your name will not be associated with your responses but you will be acknowledged as one of the stakeholders we interviewed.

I am an independent consultant with substantial experience conducting research projects concerning early childhood issues. I will call you within the next few days to ask for an appointment at a date and time convenient for you between Wednesday, May 30th and Tuesday June 12th. The interview will take about 40 minutes. I look forward to speaking with you.

Sincerely,

Wendy Constantine

2. Advance letter version e-mailed to the remaining twenty-one potential key informants.

Dear _____,

I am writing to request an interview with you at your office to obtain your views to help First 5 Alameda County (F5AC) determine its future directions in the fiscal years 2013-2017. I'd like to introduce myself and let you know to expect a call from me to request a date and time to conduct the interview.

In the face of declining tobacco tax revenue, F5AC is reexamining its priorities. To best use its resources for sustained impact, the Commission is planning to reduce the funding of direct services and increase its support for the development of more integrated systems of care for the County's children and families.

Among the 560 community members who recently completed an on-line survey, the majority of the feedback we received validated our planned future strategic focus that F5AC should play significant roles in developing and supporting a variety of systems efforts including:

- strengthening networking and other linkages between providers and organizations;
- community and provider training and other capacity building; and
- policy, advocacy and communication, including data collection and evaluation.

We are requesting an interview with you as a leader in the community to obtain your views of how First 5 Alameda County can best use these and other kinds of systems efforts to help children reach their developmental potential. We hope you can participate in the interview. Your answers will be confidential, that is, when I report the findings from the interviews to F5AC, your name will not be associated with your responses but you will be acknowledged as one of the stakeholders we interviewed.

I am an independent consultant with substantial experience conducting research projects concerning early childhood issues. I will call you within the next few days to ask for an appointment at a date and time convenient for you between Wednesday, May 30th and Tuesday June 12th. The interview will take about 40 minutes. I look forward to speaking with you.

Sincerely,

Wendy Constantine

ATTACHMENT C

Sector	# in original list (N=27)	# interviewed (N=22)	# not interviewed (N=5)
Education/school districts 1. Barb DeBarger, San Lorenzo Unified School District 2. Suzanne Nelson, N. Region SELPA 3. Kent Rezowalli, Tri-Valley SELPA 4. Lisa Kleinbub, Regional Center of the East Bay	4	3	1
ECE 5. Vincent Cheng, R & Rs 6. Valerie Helgren-Lempesis, FIX 7. Angie Garling, Alameda County Child Care Planning Council 8. Edna Rodriggs, Chabot College	4	3	1
Clinics/Health Care 9. Deborah Workman (for Nance Rosencranz), LifeLong Administrative Offices 10. Hali Sherman, MD, La Clinica de La Raza 11. Ralph Silber, Alameda Health Care Consortium 12. Luella Penserger, Alameda Health Care Consortium 13. Ingrid Lamirault, Alameda Alliance	5	3	2
Community 14. Angela Louise Howard 15. Barbara McCullough, Brighter Beginnings 16. Sandy Taylor, Oakland Fund for Children & Youth 17. Iris Preece, City of Fremont	4	4	-
Public Agency Program Leadership 18. Andrea Youngdahl, Interagency Children's Policy Council 19. Michelle Love, Alameda County Social Services 20. Wilma Chan, Board Of Supervisors 21. Nate Miley, Board Of Supervisors 22. Nancy O'Malley, County District Attorney 23. Rhonda Burgess, Presiding Judge Of Juvenile Law 24. Rogie Chan, East Bay Children's Law Offices	7	6	1
Neighborhood Services 25. Olis Simms, Youth Uprising 26. Scott Means, City of Oakland Office of Parks and Recreation 27. Scott Ferris, Berkeley Parks and Recreation	3	3	-
Total	27	22	5