

SAN DIEGO CHILDREN AND FAMILIES FIRST COMMISSION'S PUBLIC FORUMS

Overview

The Children and Families First Commission received community input from over 620 people through 12 public forums held under its sponsorship between September 17 and October 20, 1999. These public forums were held to seek the community's input as part of the data collection phase of the Commission's strategic planning process.

Several themes emerged in the community discussions:

1. People want services that are more readily available and more accessible in their primary community. These include more home visitation services and such centralized service locations as family resource centers.
2. Access to existing services is limited by inadequate transportation services; a lack of knowledge about service availability and not knowing how to access services; cultural and linguistic barriers; fear and intimidation; and insufficient financial resources that limit the ability to afford available services, such as childcare or health care.
3. Basic deficiencies exist within San Diego County's infrastructure related to housing, transportation, health insurance, and financial support for childcare providers;
4. A new system's approach is needed that would fund and institutionalize working programs and decrease bureaucracy and fragmentation while creating more autonomy for programs and more influence for community members and associated collaboratives.
5. Too many gaps in services occur due to fragmented or disjointed programs, especially with regard to early childhood health and development screenings and services for children with special health and development needs.

A more complete accounting of myriad issues discussed in the forums is found below and in related attachments. Community members were quite insistent that their concerns be brought forth to the Commission in full, with minimal consolidation, to assure that an intermediary did not obstruct the communication that they wanted to have with the Commission members. This report is intended to facilitate the community's request.

A listing of all issues raised at each forum and the related prioritization is contained in an attachment to this report, Small Group Content from Each Public Forum by Region. In addition, a full listing of the summarized priorities across all forums is found as attachment, Priorities from Twelve Public Forums Sponsored by the San Diego Children and Families First Commission. The following report of the public forum findings is divided into the following Sections:

- Forum Structure and Process
- Top Priorities
- Top Priorities by Region

FORUM STRUCTURE AND PROCESS

The San Diego Children and Families First Commission authorized 12 public forums to obtain community input for its strategic planning process. With the reorganization of the County's Health and Human Services Agency, San Diego was divided into six geographic service areas. The Commission targeted these six geographic regions for its public forums. Two public forums were held in each of the six regions as listed below.

North Inland

Monday, October 4
6:00 – 8:30 PM
Escondido City Hall
Council Chambers
201 North Broadway
Escondido

Wednesday, October 13
6:00 – 8:30 PM
New Hope Church
10330 Carmel Mountain Road
Rancho Penasquitos (San Diego)

North Coastal

Friday, September 17
9:00 AM – 11:30 AM
Green Oak Ranch
1237 Green Oak Ranch Road
Vista

Tuesday, October 12
6:00 – 8:30 PM
Encinitas City Hall
Council Chambers
505 South Vulcan Avenue
Encinitas

South

Wednesday, September 22
9:30 AM – 12:00 Noon
Children’s Services
Conference Room A/B
1000 West 24th Street
National City

Thursday, October 14
6:00 – 8:30 PM
Casa Familiar Civic and Recreation Center
212 West Park Avenue
San Ysidro

Central

Thursday, September 23
4:00 – 6:30 PM
Jackie Robinson YMCA
151 YMCA Way
San Diego

Monday, October 18
6:00 – 8:30 PM
Rosa Parks Elementary School
4510 Landis Street
San Diego

East

Tuesday, September 28
9:30 AM – 12:00 Noon
Lemon Grove Community Center
3146 School Lane
Lemon Grove

Tuesday, October 19
6:00 – 8:30 PM
Church of Jesus Christ of Latter-day-Saints
1270 South Orange Avenue
El Cajon

North Central

Monday, September 27
9:45 AM – 12:15 PM
San Diego County Office of Education
Room 306
6401 Linda Vista Road
San Diego

Wednesday, October 20
6:00 – 8:30 PM
A. B. Jesse Polinsky Children’s Center
9400 Ruffin Court
Building A, Rooms 15 & 16
San Diego

The Commission sought broad public input by scheduling the forums at various times of day and offering translation, refreshments, and childcare services. Flyers in various languages—including English, Spanish, Vietnamese, and Somali—announced the forums within regions. Flyers listing all of the forums were widely distributed along with press releases in both English and Spanish. Approximately 20,000 flyers were distributed through community collaboratives, schools and school districts, churches, businesses, community-based organizations, regional Health and Human Services Agency offices, and networks such as the Child Planning Council and the Community Initiatives for Children and Families. As a result of the press releases, numerous

media outlets carried news of the forums to the general public and created greater awareness of the Commission's existence and activities throughout San Diego County.

Each forum was conducted in a similar fashion in order to produce consistent opportunities for input among regions as well as information in a form that would fit into the context of the Commission's preliminary planning structure. The Commission's goal for the forums was to elicit broad community input regarding the needs and services necessary for San Diego County to optimize the lives of children from 0 to 5 years of age and their families. Three objectives were identified:

1. To obtain a list of the service needs required to produce the results/outcomes outlined by the Commission
2. To identify the current service gaps and barriers to accessing existing services
3. To determine the highest priorities for addressing the needs of these children and their families

The agenda for the forums included

- An introduction and welcome by the Regional General Manager from the Health and Human Services Agency, welcomes by County Supervisors and/or local elected officials in attendance, and the introduction of Commission members and Technical and Professional Advisory Committee members present
- An overview of the purpose of the public forum
- An overview of the progress to date in the context of the strategic planning process
- The input process that included having participants self-select into three smaller discussion groups defined by the California Children and Families State Commission's Results Strategies, reconvening as the full group to receive group reports, and offering an open comment period

The forum participants were given background information in English and Spanish that provided

- a background on Proposition 10,
- the Children and Families First Commission's membership list and contact information for the Commission,
- the Commission's Vision, Mission, Values and Operating Principles draft, and
- the Commission's initial 10 results/outcomes as a format for the smaller group discussions.

The forum attendees selected one of the following three areas in which to participate for the smaller group discussions.

Improved Child Health: Healthy Children

- Children are born healthy
- Children remain healthy
- Access to health care
- Children and families in tobacco-free environments

Improved Child Development: Children Ready for School

- Children are learning
- High quality childcare
- Accessible childcare
- Children succeeding in school

Improved Family Functioning: Strong Families

- Informed, supported, and healthy parenting
- Children and families in safe supportive environments

Small-group participants were asked by facilitators to identify what services/programs are currently working in their communities and what service needs and gaps exist under these three categories. Following the group discussions, participants were asked to select their highest priorities in each of these three areas, and the facilitators conveyed the results to the full audience. The attachment, Small Group Content from Each Public Forum by Region, contains a listing of all the issues identified by each group, by region, for each of the 12 forums.

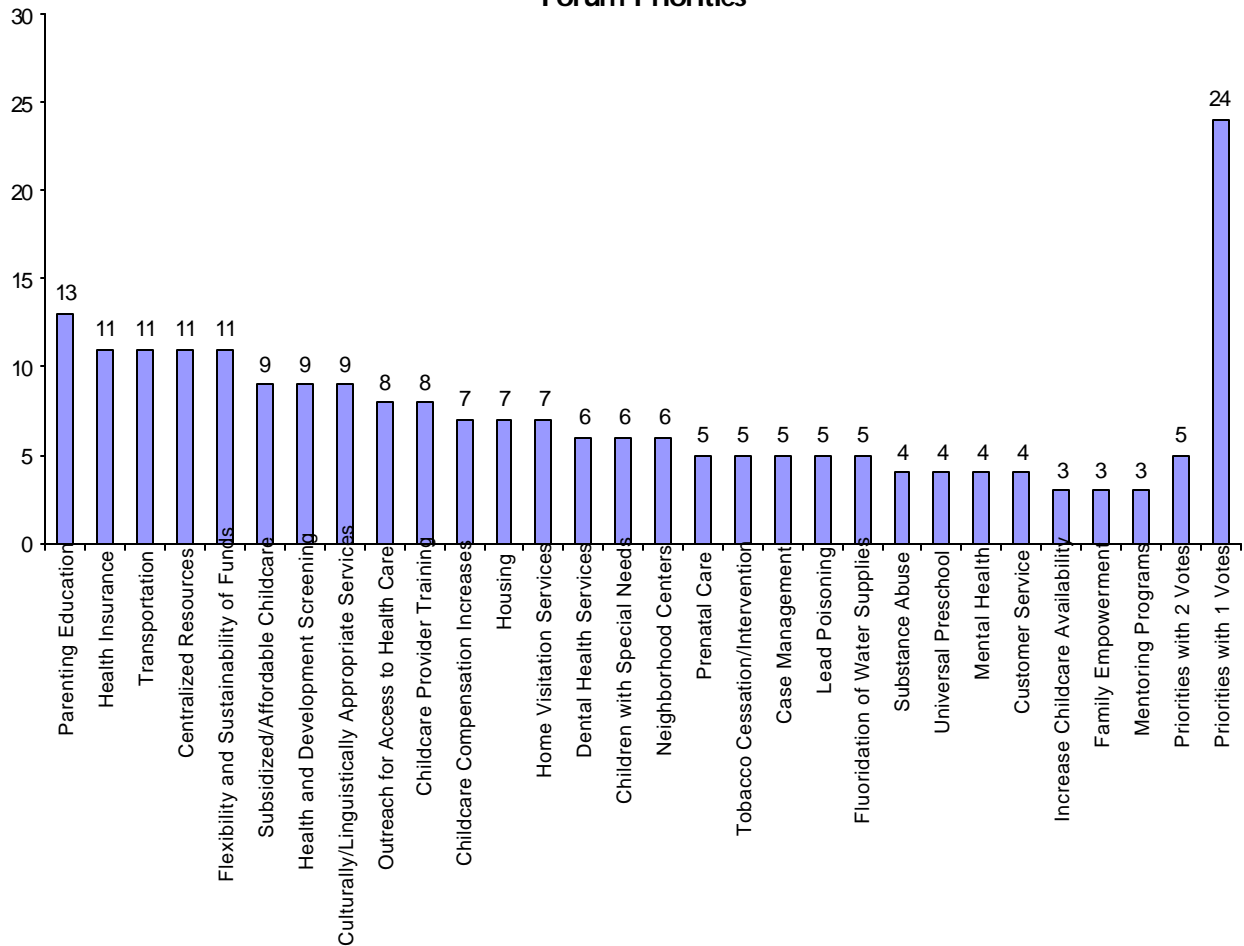
TOP PRIORITIES

In total, 36 group discussions occurred producing approximately 36 hours of community input with 57 priorities identified. The participants identified a wide range of existing programs that are working and that support early childhood development and strong families. While recognizing the value of these programs, they noted that many additional resources and system changes were needed to support early childhood development and strong families in San Diego County. Several themes became evident:

1. People want services that are more readily available and more accessible in their primary community. These include more home visitation services and such centralized service locations as family resource centers.
2. Access to existing services is limited by inadequate transportation services; a lack of knowledge about service availability and not knowing how to access services; cultural and linguistic barriers; fear and intimidation; and insufficient financial resources that limit the ability to afford available services, such as childcare or health care.
3. Basic deficiencies exist within San Diego County's infrastructure related to housing, transportation, health insurance, and financial support for childcare providers;
4. A new system's approach is needed that would fund and institutionalize working programs and decrease bureaucracy and fragmentation while creating more autonomy for programs and more influence for community members and associated collaboratives.
5. Too many gaps in services occur due to fragmented or disjointed programs, especially with regard to early childhood health and development screenings and services for children with special health and development needs.

The full list of the 57 priorities derived from myriad issues is contained in the attachment, Priorities from Twelve Public Forums Sponsored by the San Diego Children and Families First Commission. The following chart demonstrates the distribution of the 57 priorities by vote count, with those receiving one and two votes grouped together. (A list of those priorities is located in the text beginning on page 11.) Many of these priorities are interrelated. They remain separate at the request of the community members who made conscious decisions to keep the priorities separate at the time of voting so that the individual issues did not get lost in the transmission to the Commission.

Forum Priorities



Highest Ranked Priorities

The highest ranked priorities—those receiving 6 or more votes—included parenting education, health insurance, transportation, centralized resource access, flexibility and sustainability in funding community-based programs, subsidized and affordable childcare, health and development screenings and follow-up, culturally and linguistically appropriate services, outreach for access to health care, childcare provider training, increase childcare provider pay and benefits, housing, home visitation services, dental health services, children with special health care needs, and neighborhood-based community resource centers. The following paragraphs describe the range of issues and the suggested actions recommended by community members for each of these priorities.

Parenting Education

Participants recognized the need to begin training parents, prior to having children, by offering comprehensive parenting and life skills education beginning in junior and senior high schools, such as is currently done in Poway and Oceanside High Schools. Current parents and family caregivers also need access to parenting education during the first three years following a child's birth. This education should have a comprehensive curriculum that provides both health and

developmental components, addresses violence prevention and non-physical discipline, supports nurturing skills, and encourages family interaction and decreased use of television.

Other criteria identified for parenting education was for classes to be conducted in accessible, comfortable environments with positive, not punitive, perspectives that motivate parents to be responsible and to learn about parenting. In addition, educational materials should be provided in a format that is easily referenced and linguistically and culturally appropriate.

“Parents as Teachers” was repeatedly cited as an excellent model program for San Diego. The comprehensive nature is appealing, including parent-coaching and in-home visits that focus on how to foster development of children under age 5. Participants also acknowledged the need for additional support services for parents in order to reinforce and build upon the content of the parenting classes, such as home visitation services, Family Resource Centers, and family counseling. (See priorities, Home Visitation Services, Neighborhood-Based Family Resource Centers, Supportive Home Environment and Family Empowerment, Access to Comprehensive Mental Health Services, and Family Counseling.)

Health Insurance – for those who are not eligible for funded programs

Parents and children need to be healthy to flourish. Participants recognized that many parents and children are not healthy because they lack funds to pay for health (including physical, mental, and dental) care. More opportunities for low-cost health care and insurance are needed. This is especially true for undocumented and uninsured persons. A suggested way to improve this situation is to modify enrollment in Healthy Families to allow people who are eligible for Medi-Cal to enroll in Healthy Families. (Also see priorities, Outreach for Access to Health Care, Dental Health Services, Access to Comprehensive Mental Health Services, and Prescription Drugs for Children.)

Transportation

A widespread problem in San Diego County is insufficient bus services and the lack of other types of transportation. Participants from every region identified some degree of transportation access that negatively impacts families and their children’s development. They noted that the lack of transportation services limited families’ access to health and social services and childcare.

Increased and improved transportation services are needed, both within the communities themselves and also to get from communities to locations outside of their regions. Much of the available bus service requires multiple stops and transfers which are very time-consuming and which create a challenge for families with small children, especially for families whose members have disabilities. For those living in East and North County, many routes are limited and are scheduled at inconvenient times. The scheduling of some routes limits parent involvement in the community and family activities because the long commutes keep people away from home for extended periods of time.

Suggested solutions that were offered in regard to the transportation problems included using smaller buses or vans for less-traveled routes; adding mid-day express bus service; use of school buses, during non-use hours, for community transportation, providing community health vans for health and dental care; taking services to the community (schools, satellite clinic hours, mobile vans); taking the community to services (taxi vouchers, clinic vans, non-emergency medical transport); implementing voucher systems for paying friends and/or neighbors for rides; and providing more family support services within the community to lessen the transportation burden for accessing these services.

East County participants noted a special need to improve transportation services for all emergency services, especially emergency services for mental health.

Centralized Resource Access

Both consumers and providers experience difficulty in finding existing services and related service information. Participants suggested that a centralized, locally oriented referral system and increased centralized service access would ensure access to community resources that support early childhood development and educate parents about early childhood development. Better disseminating of information on existing resources would result in better use of existing programs and help people access the services that they need. Suggested options include telephone hotlines, directories, neighborhood-based Family Resource Centers, outreach using community residents, and public access television.

Flexibility and Sustainability in Funding Community-Based Programs

Participants want the Commission to ensure that new funding is non-categorical, long-term, and flexible to better meet the needs of individuals and communities. This would stop or help eliminate current fragmentation of services, programs, and eligibility criteria. Concern was raised that too much red tape is tied to funding, so ways to eliminate red tape (e.g., multiple re-applications for funding and onerous monitoring) should be found to allow programs more autonomy.

The Commission should continue and expand current programs that are successful, such as Healthy Start. Additional space and infrastructure are needed to support existing programs, especially community resource centers that have limited space to provide their services.

More neighborhood-based community involvement in service and funding decisions is needed. Local community autonomy and control should be supported, as opposed to countywide programs or programs directed by the County. Greater emphasis should be placed on local collaboratives, local hospitals, local preschool networks, and local public health nursing in providing input and in decision making. Participants think that better use of the community would be an asset to accomplishing the goals of the Commission by building local community leadership abilities, forming local commissions to make funding recommendations, and developing the ability to build communities from the inside out.

Subsidized and Affordable Childcare

Affordable childcare was another key issue. The current waiting list for subsidized childcare is too long. The working poor do not have enough available slots for subsidized childcare. People at the high end of the eligibility criteria for subsidized care remain on the waiting list indefinitely, due to the priority of people at the lower end of the criteria receiving the first available openings. The participants agreed that more affordable childcare is needed overall, as well as for families who are just above the subsidy criteria. (See priority, Increase the Number of Family Childcare Opportunities.)

Health and Development Screenings and Follow-up

Early identification of children needing specific services or support programs to progress positively in their development is imperative. Delays in identification keep children away from treatment or early enrollment in programs. This is especially detrimental for children with special needs who face great difficulty trying to enroll in programs midstream.

Not enough children are having physical or developmental needs identified at an early stage. Increased in-depth screenings, including developmental evaluations, vision, hearing, dental, and

any other appropriate screenings, need to start early—at least by 24 months—and be ongoing. These screenings need to be incorporated into appropriate settings, such as childcare centers and preschools. Connecting children and their parents to suitable interventions to follow up on the screenings is paramount, and children with special education needs should be linked to required services. (See priority, Children with Special Health Care Needs)

Culturally and Linguistically Appropriate Services

Providing culturally and linguistically appropriate services relating to all services offered to children and to their parents, including childcare, was universally recognized as a need. More effort must be made to increase the number of service providers that exhibit cultural competence. Training of more bilingual (and signing) case managers and counselors would improve the situation. In addition, service providers must be more sensitive to the subcultures that exist within larger cultural groups, with regard to language and traditions.

Outreach for Access to Health Care—for those who are eligible for funded programs

Barriers to health care exist for those who are eligible for funded programs. The participants suggested that outreach should be expanded into communities, through a cadre of trained outreach workers, to promote access to health care coverage, access to care and services, and promotion of the need for a medical home for those who are eligible for funded programs. Suggestions were made to streamline the entire process of accessing health care for those eligible for publicly-sponsored programs. These suggestions included changing the agencies that authorize assistance, giving the assistance agency staff customer service training, and making them culturally and linguistically competent. The general consensus was that current assistance agency staff do not provide adequate assistance to people who are applying for Medi-Cal and, instead, function as a deterrent to Medi-Cal enrollment due to intimidation by treating applicants as potential criminals.

Childcare Provider Training

Participants were strong in their support for achieving a high quality of childcare within San Diego County through improved training. Standard, optimum training for all providers, including care for children with special needs, should be adopted. Incentives for training and other forms of professional development that would allow flexibility and options at an affordable cost should be constructed. In addition to having qualified childcare and preschool educators, participants also acknowledged that these providers should be recognized for their contributions and valued for the critical role they play with our children.

Increase Childcare Provider Pay and Benefits

Participants agreed that current compensation levels for childcare providers are too low for the value of the service that they provide to society. Compensation, including benefits, should be at a level that will increase retention, recruitment, and stability in the learning environment.

Housing

Good housing was identified as being essential for producing healthy, strong families. Participants identified many shortcomings in housing resources for people living in San Diego County. First, the shortage of affordable housing (ability to pay based on income) keeps families from living in acceptable housing. Second, lower income families need more assistance to become first-time homebuyers so that they can be homeowners as opposed to renters, creating a more stable home base. Third, affordable rental housing is needed. Many lower income renters can afford the monthly rent, but cannot produce payment for first and last month's rent. Support services are needed to help these families with these payments. The cost of multiple application fees also drains available resources for low-income people looking for rental housing. Fourth,

there is a lack of homes for families with children, especially for larger families, intergenerational families, and families with members who have disabilities. Finally, some housing is not appropriate or designed for children. In some neighborhoods, there is an insufficient supply of safe and healthy housing, and people are living in housing that should be condemned or is not lead-safe. Many housing areas also lack appropriate play areas for children.

Another housing issue addressed residents who have tenant/landlord issues and who do not have access to tenant rights' services. Some landlords exploit tenants who they know do not have the financial resources to challenge the inappropriate actions of landlords. Housing advocacy is also needed to promote clean, healthy physical environments. More effort is needed to improve the conditions of current housing to meet code and health standards.

Homeless shelters, emergency housing, and short-term transitional housing for families with children are either nonexistent or insufficient in supply. Shelters for the homeless that will take parents and their children in the same environment are nonexistent. Transitional housing resources are also insufficient for: victims of domestic abuse; pregnant women and teens, especially pregnant teens; persons released from chemical dependency treatment and prisons; refugees; persons who have been evicted; families who must leave rental units due to lead problems; and foster children who become 18 years of age.

Additional supervised housing is also needed for persons with developmental disabilities, young parents, and persons with dual diagnosis (mental and developmental disability).

Home Visitation Services

More home visitation services were recommended to promote prevention and intervention for at-risk families and others who need assistance. Participants suggested more home visitor services that link with childcare programs such as those provided in Parents as Teachers programs. By increasing home-based services, participants noted that some of the barriers to access caused by transportation could be minimized.

Dental Health Services

Participants agreed that access to dental education and services needs to be expanded in San Diego County. They suggested several ways to accomplish this including: increasing the number of centers like Children's Dental Health Center or satellites; providing a mobile dental van to see siblings of school-aged children; increasing dental prevention efforts, including coupling with immunization programs and increasing funding for the Smile program; utilizing registered dental hygienists in alternative practice and other auxiliary professions; providing more and better dental care for special needs children; distributing dental supplies, such as toothbrushes and dental floss, to children in daycare or kindergarten; and requiring childcare providers to teach children about dental hygiene and encourage brushing in daycare. (See priority, Fluoridation of Water Supply.)

Children with Special Health Care Needs

Group consensus was that children with developmental delays are not receiving needed services to transition into school, especially Latino children. Participants noted that sufficient funding is not available to address the needs of children with developmental delays, this produces waiting lists for the inadequate number of services that exist.

A major problem is the absence of a smooth transition of programs for children aged from 0 to 3 to school district programs that start at age 3. Not only is the transition difficult, but the school district programs lack the same comprehensiveness in services that is found in the 0 to 3 programs. Thus some children cannot continue the same services. School district programs have

conflicting agendas—the more children they identify, the more money that they need to spend to address the needs. Politics gets involved. The disarray requires the skill of a paid advocate to help parents maneuver to get adequate services for their children. Hiring a paid advocate is impractical and is too expensive for many parents.

Unfortunately, one significant group of children is overlooked in the system. Children with borderline delays are not identified and, therefore, do not receive needed services. These children should be a priority for identification and intervention because of the potential return on investment.

Programs addressing children 0 to 3 and programs for children 3 to 5 need to be more comprehensive. Suggested transition strategies include standardizing paperwork and training the providers and parents about “next steps” or transitioning into the 3 to 5-year-old programs. Creating a comprehensive streamlined program—an umbrella organization—for developmental disabilities and delays would begin to address these problems. (See priority, Health and Development Screenings and Follow-up.)

Neighborhood-Based Family Resource Centers

More neighborhood-based Family Resource Centers are needed to provide information on the availability of resources, childcare, classes, support groups, social events, and other services that are within walking distance of residents. Childcare needs to be provided within neighborhoods, and the participants suggested Resource Centers as viable options. Participants valued the Family Resource Centers for providing services and support that empower families. The resource centers fit the profile that many participants requested of service delivery: that services be located within neighborhoods and that they provide a centralized location for seeking and receiving services. (See priorities, Centralized Resource Access, Flexibility and Sustainability in Funding Community-Based Programs, and Supportive Home Environment and Family Empowerment.)

Mid-Range Priorities

Priorities receiving more than two votes, but fewer than six, included: prenatal care, tobacco cessation, case management, lead poisoning prevention, fluoridation of water supply, substance abuse treatment, universal high-quality preschool, access to comprehensive mental health services, improve customer service, increase the number of family childcare opportunities, supportive home environment and family empowerment, and mentoring programs. Brief descriptions of these priorities follow. Additional information can be found on these priorities in the attachment, Priorities from Twelve Public Forums Sponsored by the San Diego Children and Families First Commission.

Prenatal Care - Prenatal service packages should be available to all, including education about healthy lifestyles and prevention of problems.

Tobacco Cessation - Tobacco cessation includes education, prevention, treatment, enforced laws and creating counter-incentives for sellers. A more concerted effort to build partnerships between the media, health care, schools, and businesses for tobacco cessation and prevention is needed. Tobacco cessation should be directed toward new parents and young girls.

Case Management - Multidisciplinary, comprehensive, areawide family management teams should be instituted to ensure appropriate service delivery to families.

Lead Poisoning Prevention - More education needs to be directed to parents regarding the sources of lead poisoning, the dangers of lead, symptoms of lead poisoning, and prevention of lead poisoning in children.

Fluoridation of Water Supply – Fluoridation of the water supply would have a great impact on improving the dental health of San Diego’s children.

Substance Abuse Treatment - Substance abuse treatment for pregnant women and outpatient services for parents is insufficient to meet the community’s needs. Services for recovering parents are needed to help parents maintain custody of their children, participate in support groups, and engage case management.

Universal High-Quality Preschool - Full-day universal preschool for 3 to 4-year-olds should be developed so that all children have access to the same educational preparation for school.

Access to Comprehensive Mental Health Services - More family and individual counseling is needed, and more emphasis should be placed on early intervention and prevention.

Improve Customer Service - Agency personnel need to be trained to improve their customer service response, to provide information about available community resources, and to offer referrals for needed services.

Increase the Number of Family Childcare Opportunities - More childcare needs to be made available for infants and toddlers ages 0-3 years of age. (Note: In some groups the issue of increasing childcare opportunities was not raised until after the prioritizing process. Facilitator observation was that in most of the groups, there was an underlying assumption that more childcare was needed throughout San Diego County.)

Supportive Home Environment and Family Empowerment - Create a supportive home environment for children by encouraging parents to read to children and offer home visitation services for parent education and support. An emphasis should be put on services and support that promote family empowerment, such as those found in Family Resource Centers.

Mentoring Programs - Intergenerational mentors for children under age 5 are needed to encourage reading, relationship building, and other age-appropriate skills. Parent-to-parent mentoring is also needed.

Lower Ranked Priorities

Priorities that received two or fewer votes are listed below. A description of these priorities can be found in the attachment, Priorities from Twelve Public Forums Sponsored by the San Diego Children and Families First Commission.

Schools as a Resource for Community
Outreach and Services
Prescription Drugs for Children
Teen Pregnancy Prevention and Education
Family Counseling
Proposition 10 Community Advisory Board
Childcare at Worksites
Family Planning

Children’s Health Kits
Dissemination of Nutrition and Development
Information
Support and Programs for Single Mothers
Community Responsibility for Children
User-Friendly Schools
Transition from Preschool to Kindergarten
Expand Use of Childcare Centers

Places for Children to Play
Smoking and Asthma
Public Access Television Services
Reduce Cultural Isolation
Child-Centered Focus
Service Improvements for Children in Foster Care
Independent Standards/Monitoring
Independent Proposition 10 Commission
Childcare Resource Line
Sick Childcare

Community Collaboratives
Independent Living Skills
Limit Alcohol Access
Funding for Equipment for Childcare and Preschools
Transportation Funding for Preschool Trips

TOP PRIORITIES BY REGION

This section contains the regional reports. Due to the volume of material generated by the community participants, only the priorities from each of the regions are represented in this section. (As noted above, all issues from each regional forum are included in the attachment, Small Group Content from Each Public Forum by Region.) Within each regional report, the priorities from the individual forums are described under each of the three discussion group categories:

- Improved Child Health: Healthy Children.
- Improved Child Development: Children Ready for School.
- Improved Family Functioning: Strong Families.

An example of the format for this Section using the North Coastal Region is:

Improved Child Health: Healthy Children

- Vista
- Encinitas

Improved Child Development: Children Ready for School

- Vista
- Encinitas

Improved Family Functioning: Strong Families

- Vista
- Encinitas

The order of the forum reports in this Section is as follows.

NORTH COASTAL REGION

- Vista
- Encinitas

SOUTH REGION

- National City
- San Ysidro

CENTRAL REGION

- Jackie Robinson YMCA
- Rosa Parks Elementary School

NORTH CENTRAL

- County Office of Education
- Polinsky Children's Center

EAST REGION

- Lemon Grove
- El Cajon

NORTH INLAND REGION

- Escondido
- Penasquitos

North Coastal Region

VISTA - SEPTEMBER 17, 1999 & ENCINITAS - OCTOBER 12, 1999

Regional Priorities for the North Coastal Region

The six discussion groups from the two North Coastal Regional forums identified quite an array of priorities. Five priorities appeared in more than one discussion group. One priority was delineated by four of the six groups: a mechanism accessible to the community that provides information about the availability of community resources. The other multiple priorities dealing with childcare, children with special needs and home visitation services are listed below with the other priorities from the North Coastal Region. (The number of discussion groups that selected the priority is indicated next to the priority.)

- Information about available community resources - 4
- Accessing affordable childcare - 2
- Increased compensation for childcare providers - 2
- Children with special health and developmental needs - 2
- Home visitation services - 2
- Continue and expand current programs that work
- Comprehensive, coordinated service delivery
- Comprehensive prenatal care
- In-depth children's screenings
- Health care coverage
- Improved access to health care
- Transportation
- Dental services and fluoridation of the water supply
- Tobacco-free education
- Universal high-quality preschool
- Increase preschool programs for children 3-6 years old who have health and special needs
- Increase the number of family childcare programs
- Neighborhood-based family resource centers
- Schools as community resources
- Parent education and support groups
- Intergenerational mentoring programs for families
- Transportation
- Affordable housing

A description of the priorities by discussion group topic by site of the forum in the North Coastal Region follows.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

The two Healthy Children groups produced a variety of priorities. A priority that occurred in each group was the need to create better awareness in the community of existing resources and access to information about how to use them.

Regional Priorities

- Continue and expand current programs that work
- Comprehensive, coordinated service delivery
- Greater awareness of health and health-related services
- Comprehensive prenatal care
- Home visitation services
- In-depth children's screenings
- Health care coverage
- Improved access to health
- Transportation
- Dental services and fluoridation
- Tobacco-free education

Top Priorities at Vista Forum

The community members expressed a strong desire to continue and expand current programs that work, such as the Women, Infant and Children's program (WIC), Comprehensive Perinatal Services Program (CPSP), and peer programs to all groups, especially the working poor and parents of moderate income, in the areas of health promotion and prevention and direct services. To accomplish this, an increased capacity must be built in terms of facilities, staff, services, and operations' funding.

Recognizing that comprehensive, coordinated service delivery is most efficient in producing effective service results, the participants recommended instituting multidisciplinary, comprehensive, areawide family management teams to ensure optimum service delivery to families. To facilitate this, the Commission needs to ensure that new funding is noncategorical, long-term, and flexible.

Many families are unaware of health and health-related services in their communities. Efforts must be made to communicate this information to residents through expanded outreach into communities through a cadre of trained outreach workers for promoting and facilitating access to health care coverage and access to care and services.

Top Priorities at Encinitas Forum

The community members expressed a need to provide comprehensive prenatal care to all pregnant women, regardless of risk. The prenatal care would include education, home visits, and coordination of services. Postpartum home visits should also be a part of the comprehensive service package. Follow-up visits by public health nurses or private providers should be provided for every mother at a time when the father present.

Increased, in-depth screenings of children in preschool and kindergarten including vision, hearing, development, and obesity are needed. Following detection of any problems, parents should be referred to services to receive early intervention and financial assistance to assure that needed services are accessed.

The absence of health care coverage for working poor parents impacts the lives of their children. The participants suggested more efforts to encourage employer-based health insurance coverage with a basic package of benefits. To encourage appropriate use of health care services, education and assistance should be provided regarding available benefits and how to use them.

Participants acknowledged that more must be done to improve access to health care and that universal access to health care is the ultimate answer. Short of that, improving transportation resources to access existing health care is essential. In addition, efforts should be made to include dental services and fluoridation in health care coverage.

Unfortunately, many residents are unaware of existing services. Action is needed to improve public information about the services that are available and how to use these services. Some suggestions were generated:

- Hire personnel to assist people in accessing care and coverage
- Distribute information to new families in the area
- Encourage publicity by health facilities promoting their services
- Develop a central resource for information
- Community outreach workers such as those in North County Health Department, but need more
- Have existing sites and resources disseminate information, e.g., YMCA, parks, newsletters, schools
- Put information into water and utility bills

Starting children's lives in a tobacco-free environment is also an important concern. More programs are needed to promote tobacco-free education, targeting new parents and young girls.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

Both Children Ready for School groups identified these priorities: 1) the need to increase wages and benefits to childcare providers in order to improve the quality of childcare in the community and 2) the need to expand subsidization programs to promote greater affordability and access to childcare, especially for the working poor.

Regional Priorities

- Universal high-quality preschool
- Accessing affordable childcare
- Increased compensation for childcare providers
- Children with special health and developmental needs
- Increased preschool programs for children 3-6 years old who have health needs and special needs
- Increased number of family childcare programs

Top Priorities at Vista Forum

The community members acknowledged that childcare providers are underpaid, which leads to instability in the workforce and difficulty in recruiting well-trained staff. Increasing childcare provider pay and providing benefits would help to alleviate these problems and would promote higher quality childcare in the community.

Access to childcare was another issue identified that needs to be addressed. The community suggested that a system of universal subsidized childcare, including sliding-fee slots for all types

of providers throughout California, should be implemented so that there is uniform pricing wherever one goes to obtain childcare.

The participants also addressed the issue of achieving universal high-quality preschool. The recommendation was to create public preschools.

Top Priorities at Encinitas Forum

The working poor have limited opportunities for accessing affordable childcare. This population's needs are often ignored. Most often, the working poor have incomes just above the eligibility criteria for subsidized childcare, e.g., the working poor make too much money to be eligible for Head Start. The community recommended creating mechanisms such as expanding eligibility for subsidized programs to increase childcare opportunities for the working poor.

Increased wages and the provision of health insurance for childcare providers were recommended by the participants to address improving the quality of childcare in the community.

Children with special health and developmental needs experience service disruptions when they transition from the 0 to 3 programs to the school districts program for children 3 to 6 years of age. At three years of age, the qualifications for admission change. Children do not have a smooth transition between programs, and the school district program is lacking in both programs and support. Suggestions were made to increase preschool programs for children 3-6 years old who have health needs and special needs. They cited Solana Beach's program as a good model.

Participants also identified a need to strengthen and to increase the number of family childcare programs in the community. Additional support and resources for family childcare were noted as grants for education, tax breaks, toys, health insurance, start-up costs, and "friendly cities"/zoning.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

The two Strong Families groups raised a variety of priorities. Common among them is the need for centralized information access to available services that support families and early childhood development.

Regional Priorities

- Neighborhood-based Family Resource Centers
- Schools as community resources
- Parent education and support groups
- Intergenerational mentoring programs for families
- Children with developmental delays
- Transportation
- In-home services
- Affordable housing
- Information about available community resources

Top Priorities in Vista Forum

Neighborhood-based family resource centers were seen as the key resource for providing centralized, accessible services to support early childhood development. Family resource centers support the family by offering childcare, community classes, support groups, and social events within walking distance for community residents.

Schools were also seen as a primary resource for strengthening families. To activate this sleeping giant, schools need to be more responsive to communities by offering

- extended hours
- greater opportunities for parent involvement
- use of facilities so they could double as community centers
- expanded Critical Hours program
- smaller student populations and class size
- exercise programs and opportunities for children and parents

More parent education and support groups need to be offered to families. Parent education programs should be designed in a positive, non-punitive style to motivate parents to be responsible and to learn about parenting. “Parents as Teachers,” a program model developed in Missouri, was cited as a program that has demonstrated that it works. This program coaches parents on how to foster the development of their children under age five and includes home visitation services. Participants agreed that parenting education should begin by teaching future parents (youth) about parenting responsibilities.

The importance of building and strengthening intergenerational mentoring programs for families was another key concern of participants. Mentoring builds upon the concepts of family support programs noted under parenting education. Mentors for children under five years of age are needed to encourage reading, relationship building, and other age-appropriate skills. Additional support can be given to parents through the encouragement of parent-to-parent mentoring programs.

Top Priorities in Encinitas Forum

Children with developmental delays are not receiving adequate services for their transition into school. Unfortunately, a smooth transition from 0 to 3 programs to school district programs, which start at age 3, does not exist. In addition, the school district programs lack comprehensiveness. School district programs have conflicting agendas—the more children that they identify who need services, the more money the school district needs to spend to address the needs. Politics gets involved. Often a parent appears to need a paid advocate to get adequate services. This is too costly an alternative for most parents and should not be necessary if the system is functioning properly in meeting the needs of the children and their families. The school district programs tend to avoid identifying children with borderline delays; and therefore, these children do not receive needed intervention services. The borderline children should be a priority area because of the potential return on investment. More funding is needed both to provide comprehensive services to all children in need and to better transition children between the programs.

Access to transportation was cited as a major problem. The current bus system is inefficient with too many transfers and too much time required to get to destinations. This is especially problematic for families with small children. Participants thought that current restrictions on bus passes are too limited and need to be lessened. They recognized that low-income parents may jeopardize other funding support if the value of bus passes is counted as additional income, thereby creating further barriers for low-income people who are trying to move up to a higher income level. Suggestions were made to encourage service providers to offer van services and to create an environment for others to offer reasonable cost van and shuttle services. Finally, participants requested that more home visitation services be provided as a means of decreasing the transportation burden for clients and of facilitating better access to needed services.

Affordable housing was recognized as an asset to producing strong families. Some of the housing needs identified included housing that is appropriate for children, housing in safe neighborhoods, and more low-income housing. Participants noted that there was a need for a liaison, vendor payment program, or some other type of special arrangement with Section 8 (HUD) to address the problem of obtaining housing for persons who have bad credit or other barriers such as prison records.

Lastly, participants noted that, commonly, both providers and community members are not aware of the available resources or how to access them. They requested that some type of centralized system or mechanism be developed to communicate to families the information about available community resources that support early childhood development and educate parents about early childhood development.

South Region

NATIONAL CITY - SEPTEMBER 22, 1999 & SAN YSIDRO – OCTOBER 14, 1999

Regional Priorities in the South Region

Nine of the same priorities surfaced in two or more discussion groups in the South Region. Half of the six groups prioritized access to health care, early identification of children with special needs and home visitor services. One-third of the groups chose to prioritize six of the same priorities. These included lead poisoning prevention, prenatal care, dental health services, access to information about available resources, subsidized childcare, and housing shortages. The list of priorities follows with those that were selected in more than one of the six groups designated with the number.

- Access to health care - 3
- Children with special developmental and/or behavioral needs - 3
- Home visitation services - 3
- Lead poisoning prevention - 2
- Prenatal care, especially in the first trimester - 2
- Dental health services - 2
- Information regarding available services -2
- Subsidized childcare - 2
- Housing - 2
- Mental health services
- Fluoridation of the water supply
- Improved customer service
- Flexibility in program funding
- Access to funds for health care
- Education on how to use health care and health insurance
- Information on healthy nutrition and normal development
- Teen pregnancy prevention and education
- Family planning services
- Transportation
- Licensing and strict enforcement penalties for selling tobacco to children
- Difficulty finding childcare
- Parenting education
- More childcare resources
- Supportive home environment
- Community advisory board for Proposition 10 funding
- Value of existing programs

- Family resource centers
- Additional space and more infrastructures for existing services
- Cultural competence and linguistically appropriate skills
- Access to alcohol

For more information about the priorities, below is a description of the priorities by group discussion topic and geographic location of the forum.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

The two Healthy Children discussion groups in the South Region reached a consensus when they determined their priorities on dental health care services, prenatal care, and access to health care, including the need to eliminate barriers to enrollment in Healthy Families and Medi-Cal.

Regional Priorities

- Information regarding available services
- Access to funds for health care
- Access to health care
- Lead poisoning prevention
- Mental health services
- Fluoridation of the water supply
- Improved customer service
- Flexibility in program funding
- Dental health services
- Routine developmental evaluations
- Education on how to use health care and health insurance
- Information on nutrition and normal development
- Teen pregnancy prevention and education
- Family planning services
- Prenatal care, especially in the first trimester
- Transportation
- Licensing and strict enforcement penalties for selling tobacco to children

Top Priorities at National City

Participants noted that information regarding available services is not readily accessible in the community. To provide for better use of existing programs, a mechanism needs to be developed to communicate the availability of community resources to parents and children. In addition to awareness of available services, many families that have multiple needs, especially families at risk, need assistance with coordination of services, which is a daunting task for many. To address this, case management should be made available through existing agencies to assist families in coordinating needed services.

Access to funds for health care and access to health care for undocumented and uninsured persons are major problems in the community. Medi-Cal, Healthy Families, and Denti-Cal must do a better job of enrolling people who are eligible for their programs. Participants noted that many are in denial about the care needs for undocumented children. They suggested that funds should be provided to care for children, especially at community health centers, and for undocumented children who are living with guardians. Information needs to be provided to legal immigrants, whose access to publicly funded programs is restricted, about private programs that are available to them. In addition, service gaps exist in the community for prenatal care, dental health care

services, lead poisoning prevention, and mental health services. Participants noted that fluoridation of the water supply was a viable means of helping to improve the dental health status of the children in the community.

Community members also saw a need for service providers to improve customer service. All providers should train their staff to improve customer service skills, to provide information about available resources, and to refer appropriately to needed services.

As a final note, participants asked for more flexibility in program funding to better meet the needs of individuals and communities.

Top Priorities at San Ysidro

The participants identified barriers that discourage people from obtaining health services through Healthy Families and Medi-Cal. They want barriers removed so that people who are eligible for these programs will have access to health insurance through these programs. Issues that create barriers and produce an intimidating environment are the investigations, anti-fraud phone messages, immigration issues that challenge one's legal status, mail-in program complexities, and the general bureaucracy.

Limited access to dental health services was seen as another major problem in the community. Several issues need to be addressed, including more pediatric dental providers, early screening, more preventive services, and increased funding to cover the costs of dental services.

Early identification of any impediments to children's development is crucial to remediation. Unfortunately not enough routine developmental evaluations, including early identification of dyslexia, are occurring. Even when a child does receive an evaluation, often there is not sufficient coordination of services in follow up to assure that children needing services receive them.

Participants saw a need for a variety of educational activities to improve the health of children and families. Many families are not familiar with using health insurance and taking advantage of prevention services. Family education about accessing and using health care should be provided through an expanded network of agencies and contact points with an emphasis on the importance of developing and maintaining a permanent medical home. Schools can also play a role in health education by sending information on nutrition and normal development home with the students.

Another educational approach is to provide more teen pregnancy prevention and education programs in an effort to delay parenthood until the teens are ready for its responsibilities. In this vane, communities need to have better access to more family planning services through existing agencies such as Planned Parenthood, community health centers, and other public health facilities. More opportunities should be taken to identify women, both prior to pregnancy and after the initial identification of pregnancy, and to educate them about the importance of receiving prenatal care in the first trimester. Women who are identified as being pregnant should be referred to prenatal care resources at the earliest possible time.

Regardless of what health care services are offered or added to the community, transportation to these services is a problem that must be addressed. Having the services available and not being able to access them because of transportation barriers does not serve families and their children in need.

Regarding tobacco-free environments, the participants recommended requiring a license to sell tobacco and strict enforcement penalties for selling tobacco to children.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

Although similar issues were discussed in these two Children Ready for School groups, only one common priority surfaced—home visitation services. The participants observed that home visitation services benefited many families by taking services into the home—thus avoiding transit issues for the family—and providing one-on-one service in an environment that is comfortable for the family.

Regional Priorities

- Subsidized childcare
- Difficulty finding childcare
- Parenting education
- Home visitor services
- Lead poisoning
- More childcare resources
- Supportive home environment
- Children with special developmental and/or behavioral needs
- Community advisory board for proposition 10 funding

Top Priorities at National City

Childcare is not accessible to many families due to cost. Participants recognized the need to provide more subsidized childcare for children 3-5 years old and for working but poor parents who have children of all ages needing childcare. Parents also have difficulty finding childcare. Developing a countywide Childcare Resource Line would assist families in finding available childcare. This Line would maintain a central database that covers information that parents need to know in order to access childcare information including cost, availability of spaces, locations, services for children 0-5 years of age, and waiting lists. The participants were vehement that this Line be answered by a live human being.

Parenting education and support services need to be expanded. Participants recommended that parenting education should be mandated and should start at the junior high school level. They also wanted more home visitation services that support parenting and that is linked with childcare programs. The Parents as Teachers program was cited as an example of how this can be done.

With the condition of housing in the region, the participants agreed that parents need to be educated about the dangers of lead poisoning, its symptoms and prevention. In addition, providers should do universal lead screening of all children in this region. Remediation of the lead problem within households also should be done. Currently, not enough funding support is available to remove the lead.

Top Priorities at San Ysidro

Participants decided that more childcare needs to be made available for infants and toddlers ages 0-3 in the region. They also suggested that childcare centers expand their scope of services to educate parents about other family resources, to provide other services, and to host parenting-related workshops.

Creating a supportive home environment for children was also a key point for community members. A variety of activities are needed to create this environment. Two suggested options were to encourage parents to read to their children and to offer home visitation services for parent education and support. Examples of successful programs to build upon include Even Start and Migrant Education.

Participants observed that children with special developmental and/or behavioral needs are not being identified and, therefore, are not receiving appropriate and needed services. They want an increase in services for identification of children with special developmental and/or behavioral needs.

As a final point, participants recognized the need for more local control over their environment and the means by which services are offered in the community. Participants requested that a permanent community advisory board be created for Proposition 10 funding.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Affordable housing was the unifying priority for these two South Region Strong Families' groups. A wide range of housing issues exists, including availability of affordable housing, an insufficient supply of transitional housing, and not enough shelters for families in need.

Regional Priorities

- Value of existing programs
- Family Resource Centers
- Additional space and more infrastructures for existing services
- Housing
- Cultural competence and linguistically appropriate skills
- Affordable childcare
- Assistance in applying for Medi-Cal
- Children's special education needs
- Access to alcohol
- Available resources and services
- Home visitation services

Top Priorities at National City

The community members recognized the assets that existing programs provide to the community, especially family resource centers. Unfortunately, many of these programs operate in cramped facilities. Additional space and more infrastructures are needed to support existing programs and their expansion.

Participants agreed that housing resources are in short supply in the region. Three areas of housing shortages were identified: 1) affordable housing for families, 2) emergency housing (short-term), and 3) shelters for the homeless that will take both parents and their children in the same environment.

Families need to be able to communicate effectively with their service providers. Community members identified existing barriers to communication. Communication is compromised when service providers do not exhibit cultural competence and linguistically appropriate skills. Participants noted that more culturally competent and bilingual (and signing) case managers and

counselors should be providing services, and that providers need to have sensitivity to the subcultures within larger cultural groups with regard to language and traditions.

Even though another community group was asked to address childcare, the participants in this group felt that affordable childcare is such a crucial need and is so important to supporting strong families that they recognized it as a priority.

Top Priorities at San Ysidro

The lack of affordable housing is a major deterrent to building strong families in this region. Participants noted that assistance to help first-time homebuyers purchase low-income housing is needed to help convert renters into homeowners. They also recognized that more low-income housing, especially for people with disabilities, is required. In addition, temporary and emergency shelters for homeless people, victims of domestic violence, and pregnant teens are not available. Regarding the housing that is affordable, the quality was questioned. Better enforcement of code and health standards are needed to upgrade the living conditions of current housing to acceptable standards. Due to a lack of other alternatives, some people are forced to live in housing that should be condemned. These people should be helped with relocation costs and the housing should be condemned.

Community members believe that many residents in their community are eligible for Medi-Cal, but are not enrolled because of inadequate assistance from agencies charged with enrollment and eligibility determination. Participants want changes made so that people in their community who are eligible will receive assistance in applying for Medi-Cal.

Children's special education needs are not being met, especially for the Latino population. Greater effort and more funding must be devoted to early identification of children with special needs through health and developmental screening and appropriate intervention services.

Use of alcohol by some family members has a detrimental effect on building strong families. Alcohol is too readily available in this community. Participants want to reduce the number of establishments licensed to sell alcohol to limit access.

Too many members of the community do not know about available resources and services within the community. Mechanisms need to be put into place to create greater awareness in the community of existing services and how to access them.

Home visitation services were highly valued by the participants for a wide variety of services. To produce more support to families, they recommended an increase in home visitation services.

Central Region

*JACKIE ROBINSON YMCA - SEPTEMBER 23, 1999
& ROSA PARKS ELEMENTARY - OCTOBER 18, 1999*

Regional Priorities for Central Region

Nine priority areas appeared in more than one of the six discussion groups in the Central Region. Emerging in five of the groups was the need to increase the cultural and linguistic competency of all agency service staff providing services to people in the region. Another theme that was represented in two similar priorities identified by two groups was the need to build upon the community from within – one mechanism being community collaboratives. Other priorities

addressed childcare, home visitation services, housing issues, and lead poisoning. See the following list of priorities cited by the participants, with those occurring in more than one group designated by the number next to the priority.

- Culturally and linguistically competent services - 5
- Build communities from the inside out/community collaboratives - 2
- Mandatory, quality childcare training - 2
- Home visitation services and home-based counseling - 2
- Affordable housing - 2
- Homeless shelters - 2
- Transitional housing - 2
- Housing advocacy - 2
- Lead poisoning - 2
- Fragmented services, programs and eligibility
- Improving access to health care
- Customer service training
- Supporting community-based agencies successful
- Decrease bureaucratic red tape
- Tobacco cessation
- Dental health services and fluoridation of the water supply
- Parent education
- Increased wages for childcare providers
- Funding childcare sites for equipment
- Supervised housing
- Transportation
- Family counseling
- Medical insurance for parents
- Family empowerment
- Community resource centers
- Mentoring
- Outpatient substance abuse treatment centers

The priorities and related discussion from each forum location in the Central Region can be found below by group discussion topic.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

Within these two Healthy Children groups, participants identified a wide range of priorities, but did not choose any common priorities.

Regional Priorities

- Fragmented services, programs, and eligibility
- Improving access to health care
- Customer service training
- Culturally and linguistically competent services
- Supporting community-based agencies that are working
- Decrease bureaucratic red tape
- Build communities from the inside out
- Tobacco cessation

- Dental health services and fluoridation of the water supply
- Parent education
- Lead poisoning

Top Priorities at Jackie Robinson YMCA

The participants recognized that fragmented services, programs, and eligibility are counter-productive to community members in need of services. They proposed having numerous coordinated services that are co-located to operate as a “one-stop shop” in neighborhoods that treat the whole family for all its needs. Not only does the fragmentation of service delivery need to be stopped, but barriers to accessing health services have to be reduced. Improving access to health care would result from changing the agencies that authorize assistance by giving them customer service training, making them culturally and linguistically competent and streamlining the entire process. Current agency workers are intimidating and, for no good reason, look upon applicants as potential criminals.

The Commission needs to identify the community-based agencies that are already working and should continue to build them and fund them. Participants agreed that investing in communities would have the biggest return on investment. There is a need to decrease bureaucratic red tape and onerous monitoring requirements and to give programs more autonomy within communities. Focus should be directed at building local community leadership abilities, letting local commissions make funding recommendations, and developing the ability to build communities from the inside out.

Tobacco cessation was also seen as a priority. Participants recommended expanding efforts and support in education, prevention, treatment, law enforcement, and creating counter-incentives for tobacco sellers.

Top Priorities at Rosa Parks Elementary

With the vast number of dental care needs in the community, fluoridation of the water supply and educating people about the benefits of fluoridation received overwhelming support from the participants.

Providing more parent education, during pregnancy and up to two years post-delivery, is needed in the community to create healthier mothers and children. Participants suggested several methods to encourage participation in parent education, including offering free parent education and Lamaze to community members, increasing the use of promotoras and Sister-Friends for prenatal and postnatal care, and providing special outreach to teen mothers.

After a Commissioner suggested lead as an issue, the participants agreed that screening children for lead poisoning should be a priority. They recommended that parents need to be educated about the dangers of lead, and they encouraged more health care providers to test children in the region for lead poisoning.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

These two Children Ready for School groups concurred on two priorities. The first was to strive for more culturally and linguistically appropriate staffing in childcare environments and in all services related to families. They also shared a common priority to foster high-quality childcare by promoting excellence in childcare training.

Regional Priorities

- Increased wages for childcare providers
- Mandatory, quality childcare training
- Funding childcare sites for equipment
- Culturally and linguistically appropriate services
- Lead poisoning

Top Priorities at Jackie Robinson YMCA

The community identified the need to increased wages for childcare providers as an essential element to maintaining continuity and quality staff in childcare centers. In addition, all childcare providers should participate in mandatory, quality training. Providers should be paid stipends to attend training. Training should be conducted at both childcare facilities and within childcare homes. Media campaigns should be orchestrated to inform providers of the availability of training and the need to participate.

Participants also noted that additional funding is needed in childcare sites for equipment, e.g., computers/technology, playground equipment, fencing, safety equipment, and quality equipment, and for funding transportation to take children on field trips.

A final universal comment from participants was that culturally and linguistically appropriate services should be available for any kind of service offered to children, not just childcare.

Top Priorities at Rosa Parks Elementary

After a Commissioner suggested lead poisoning as an issue for consideration, the participants noted that lead screening of children should be done prior to their starting school. If results are positive, a follow-up study should be conducted to discover the origin of the problem. If there is lead-based paint in homes, appropriate action should be taken to remove it.

To help ensure that children are learning, they must be in a comfortable learning environment. Being in surroundings that are foreign culturally and linguistically do not create a comfortable situation for learning. To help address this issue, participants recommended increasing the number of culturally and linguistically appropriate staff who work in childcare settings. This means going beyond English- and Spanish- speaking providers to include the Somali and Sudanese communities. They suggested a strategy to accomplish this: train those from the community with appropriate cultural and linguistic backgrounds to become childcare providers. The training should focus on child development and other areas necessary to become a childcare provider.

Improving the quality of childcare was another key issue for participants. They suggested that all childcare providers who care for children 0-5 years of age receive quality training. The training should be flexible so that it is easy for providers to access it. An example would be to have videotapes available for providers to watch in their homes.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Several issues ranked as common priorities in the two Central Region Strong Families' groups. Participants looked to increasing home-based services as a means of improving access to family support services. Improving the outlook for housing was another key consensus priority, including generating affordable housing, safe and healthy housing, shelters and transitional housing, and housing advocacy. They also agreed that developing more culturally and

linguistically appropriate parenting education and other services is imperative to the betterment of the community.

Regional Priorities

- Affordability of housing
- Homeless shelters
- Transitional housing
- Supervised housing
- Housing advocacy
- Culturally available and appropriate services
- Transportation
- Family counseling
- Home visiting and home-based counseling
- Medical insurance for parents
- Community collaboratives
- Family empowerment
- Community resource centers
- Mentoring
- Outpatient substance abuse treatment centers

Top Priorities at Jackie Robinson YMCA

Housing was a huge issue for these community members. They addressed the affordability of housing, homeless shelters, transitional housing, supervised housing, and housing advocacy.

Regarding affordable housing, participants first defined affordable as the ability to pay based on income. Then they noted that the cost of multiple application fees drains available resources from low-income renters; that many units place restrictions on family size; that few units are available for large families; that some housing is not appropriate, lead-safe, or designed for children; and that there is a need for additional new housing. Participants also recognized that community housing advocates are needed to promote clean, healthy physical environments and that more education is needed regarding lead poisoning in housing.

There simply are not enough homeless shelters in downtown San Diego and no shelters in the eastern area of the Central Region to serve the needs of the population. Pregnant women, families and teens, especially pregnant teens, are especially vulnerable. Shelters typically do not serve these members of the community.

Participants also noted that there are insufficient resources for transitional housing for persons released from chemical dependency treatment and prisons, for persons who have been evicted, and for foster children who turn 18 years of age. As well, there are inadequate resources for families who must leave rental units due to lead problems. In addition, more supervised housing is needed for persons with developmental disabilities, young parents, and persons with dual diagnosis.

Culturally available and appropriate services are needed to better serve the community. More providers need to be linguistically proficient or provide access to translation services and demonstrate cultural sensitivity to the populations that they serve.

Transportation remains a problem in this region. Participants suggested the addition of more express routes; easier access for families, especially for families with small children and/or disabled children; and more bus discount programs.

Other priorities that need to be addressed to strengthen families in the Central Region include greater availability and access to family counseling, home visitation services and home-based counseling, and affordable medical insurance for parents. A greater emphasis needs to be directed at building community collaboratives to address the community's needs and to determine appropriate solutions.

Top Priorities at Rosa Parks Elementary

Participants concurred that services and support to promote family empowerment is essential to building strong families. This would include more home-based services, strengthened community resource centers, utilization of community people for outreach and mentoring programs such as family to family, Parent Pals, and faith community programs.

Cultural and linguistically appropriate parenting education and other services will strengthen families. Current training programs of providers on culture and linguistics exhibit a disconnect with the actual communities to be served. So the participants requested that training programs be revamped to better address the actual community needing the services. These training programs should address both the professional and para-professional provider. In addition to training programs, improved outreach to populations that are currently alienated by language and culture is needed to engage these community members in parent education and other services that they may need.

Housing, again, was noted as a major problem in the Central Region. There is a general lack of affordable housing, and assistance is needed to help families afford first and last months' rent so that they can access housing. Homes for families with children, especially larger families and intergenerational families, are difficult, if not impossible, to find.

Safe and healthy housing is also hard to find in the region. Much of the existing housing is poorly maintained by landlords, heating and plumbing is not in working order, lead-based paint is present, infestations of insects and rodents are not addressed, and external environments are not safe due to violence, drugs, poor lighting, gangs, and attack dogs.

Regarding shelters, participants noted that there is a lack of shelters globally and no shelters locally. Transitional housing is scarce, especially for refugees, people in recovery from substance abuse, and working families—local motels are being used by families as transitional housing,

Participants cited a lack of access and services to assist tenants in advocacy for tenants' rights. They noted that too many evictions are occurring and that too many of these are unwarranted evictions. Tenants are being evicted to accommodate new development and because of a lack the resources to assert their rights. The cost of accessing assistance to help with tenant/landlord disputes is prohibitive and not language-appropriate for some populations.

Substance abuse is also a major problem in this region. Participants identified the need for more outpatient substance abuse treatment centers to help parents and allow them to stay in the community while receiving treatment.

North Central Region

*COUNTY OFFICE OF EDUCATION - SEPTEMBER 27, 1999
& POLINSKY CHILDREN'S CENTER - OCTOBER 20, 1999*

Regional Priorities for North Central Region

One priority was mutually agreed upon by four of the six groups. That was parenting and life skills education. Among the substantial number of other priorities raised, three were selected by two of the six groups. Those included addressing the needs of children with developmental delays, providing systems of family support such as Family Resource Centers, and finding some system to meet the health insurance needs of the uninsured. The priorities within the region follow.

- Parenting and life skills education - 4
- Children with developmental delays - 2
- System of family support - 2
- Health insurance for uninsured parents - 2
- Community autonomy and control
- Coordination between, and referral to, resources
- Prenatal care
- Dental care services
- Outreach for Medi-Cal and Healthy Families
- Smoking cessation programs
- Training for all childcare providers
- More childcare programs
- Increased compensation for childcare providers
- Cultural sensitivity and English language education
- Healthy Start
- Existing programs need sustained funding
- Independent living skills
- Short-term housing and shelters
- Affordable long-term housing
- Family Resource Centers
- Family mentoring
- Child-centered or child-focused programs
- Children in foster care
- Independent standards unit
- Proposition 10 Commission, independent of San Diego County government

Below is a description of the priorities for each forum in the North Central Region organized by discussion group topics.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

The need for health care coverage for uninsured parents and the availability of more comprehensive parenting education with associated support were the two common priorities identified from the vast number of issues reviewed by these two Healthy Children discussion groups.

Regional Priorities

- Parenting and life skills education
- Community autonomy and control
- Coordination between, and referral to, resources
- Prenatal care
- Health insurance for uninsured parents
- Dental care services
- Outreach for Medi-Cal and Healthy Families
- Smoking cessation programs

Top Priorities at County Office of Education

Participants recognized that parenting and life skills education are essential to producing healthy children. Starting this education at the junior high school level is a viable intervention point. Information about tobacco, oral health, and nutrition should be included. Another key target for parenting education and support is new parents. Content should include home visits, information about injury prevention, oral health, nutrition, and the impact of television on child development.

Community autonomy was also a very important issue for participants. They wanted the Commission to support local community autonomy and control. The focus of activity regarding health issues in the community should occur among local collaboratives, local hospitals, local preschool networks, and local public health nursing. In other words, localized programs and local control of funding is preferred to countywide programs or programs directed by the County.

Another recurring theme that participants noted is the need to have some type of coordination between, and referral to, resources for families. This should be done to eliminate fragmentation and facilitate better access to existing resources by community members.

Participants recommended better coordinated pre-natal care and programs to assure that all pregnant women receive comprehensive coverage, including pregnant women who are undocumented. They also recognized that many parents lack health insurance and recommended that action be taken to find a way for low-income parents to have access to health insurance.

Another key issue was dental care services for children. Realizing that the children in San Diego experience a disproportionate number of dental problems, they suggested that more proactive measures be taken to increase dental screenings, treatment, and follow-up, and that dentists and other dental providers receive more education in pedodontics.

Top Priorities at Polinsky Children's Center

Participants were adamant that "real" parent education be offered and available in the community. They requested that parent education be based at healthcare facilities and be comprehensive by including both health and developmental issues. The education should address violence prevention and the importance of non-physical discipline and should encourage family interaction and discourage television. They noted that substance-abusing parents should be identified and referred to needed services. Other key criteria for parent education were that it be reimbursable, that it occur during the prenatal period and the first 3 years on a weekly or monthly basis with incentives for parents to participate, and also that it be offered to extended family caregivers.

Health care coverage for the uninsured continues to plague the community. Greater efforts need to be made to identify uninsured children 0-5 years of age via parents and siblings and connect them to Healthy Families and Medi-Cal, if eligible. Participants also noted some essential services are currently not covered by insurance, such as lice shampoo, INH medicine for

tuberculosis, and pharmaceuticals. They also acknowledged that insurance coverage and services for undocumented individuals continue to be a major problem, and that barriers exist for eligible immigrants to obtain coverage. Many eligible immigrants do not apply for government programs because they are afraid that doing so will hurt their chances for citizenship. Outreach to eligible immigrants or children of immigrants for Medi-Cal and Healthy Families must be increased, and issues related to their citizenship should be clarified.

To address tobacco-free environments, participants suggested increasing smoking cessation programs in the community, targeting ethnic groups with high smoking prevalence, developing mechanisms to obtain free Nicorette from health care providers, and offering smoking cessation classes in a variety of languages.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

A common priority in both of these Children Ready for School discussion groups was the need to address the current system of early identification of children with developmental delays to make it work better to help more children achieve successful outcomes. More screenings were recommended along with linking children to appropriate services for intervention.

Regional Priorities

- Training for all childcare providers
- Children with developmental delays
- Parenting education
- More childcare programs
- Increased compensation for childcare providers

Top Priorities at County Office of Education

Providing quality training for all childcare providers was key to participants for improving the quality of childcare. They recommended mandatory provider training, with content to encompass child development and other topics yet to be determined. Childcare providers should be educated about “what is necessary for children to learn at school” so that children can be prepared for succeeding in school. Training needs to occur at least annually and should be based on the population being served.

The other key area discussed was the need to increase the number of children who receive screening for developmental delays. This needs to start early (at least by 24 months of age) and be ongoing. The participants proposed integrating this service into appropriate and convenient settings and identifying children with special education needs.

Top Priorities at Polinsky Children’s Center

More parenting education on child development is needed, according to the participants. Education should address age-appropriate learning and how to play with children. Ideally, this education should start as early as high school. Poway and Oceanside High Schools were cited as having model programs.

More attention needs to be given to early assessment and recognition of children with developmental delays. Current waiting lists cause children’s assessments to be delayed and often, insufficient services do not allow children with identified special needs to receive needed services. The participants recommend that the earlier the assessments are conducted, the better the outcome for the children. Assessment services should be offered within childcare settings or

should be linked to childcare, with early developmental assessment and referral services provided by local centers, e.g., school districts.

In addition to the region's needing more childcare programs, the current childcare programs need to increase wages for their childcare providers. As noted by community members, "Teachers are the working poor." "If we could solve this issue, we would be addressing a lot of the gaps we are talking about – children would be learning." Members acknowledged that increased wages would contribute to retention, recruitment and continuity of childcare for children. They noted that the current average annual income for childcare providers in nonprofit and for-profit settings is between \$14,000-\$16,000.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Although the two Strong Families groups addressed overlapping issues, when priorities were determined, the outcome was just one priority that was the same in each group. That was the need for a coordinated service delivery system of family support services located within the community. Again, the Family Resource Center concept was noted as an example of a model that is working in other communities.

Regional Priorities

- System of family support
- Cultural sensitivity and English language education
- Healthy Start
- Existing programs need sustained funding
- Parent education
- Independent living skills
- Short-term housing and shelters
- Affordable long-term housing
- Family Resource Centers
- Family mentoring
- Child-centered or child-focused programs
- Children in foster care
- Independent standards unit
- Proposition 10 Commission independent of San Diego County government

Top Priorities at County Office of Education

A system of family support that provides a wide array of services, especially parenting services, in a culturally sensitive way is needed to help build strong families. All of our families need to have access to family support services. Thus, services must be geared to access translation services, when needed, and to train providers in cultural sensitivity. In addition, non-English speaking parents must have access to English classes.

Participants agreed that several existing programs that support families are working, such as Healthy Start. These programs need sustained funding to institutionalize them within the community. Too much time and energy is spent in reapplying for programs that have already demonstrated that they are working in the community.

More parent education, especially for parents with a first child and for immigrant populations, should be provided in the community. Parents as Teachers was cited as an excellent example of the type of parent education program that should be offered.

Some members of the community need to develop independent living skills so that they can function more effectively in the community as parents. Participants recommended that more independent living skills support was needed in the community for teens, especially teen parents; persons with developmental disabilities; and persons coming back into the community from recovery and treatment programs, including domestic violence.

An insufficient number of short-term housing and shelters and affordable long-term housing is creating difficulty for families within the community. Short-term housing and/or shelters are needed for families experiencing domestic violence, teen parents, homeless families, and foster children. Related to long-term housing needs, there simply is not enough affordable housing. Participants noted that much housing is in need of repair, the environmental condition of some homes is unacceptable, some housing poses a risk of lead exposure, locations are not accessible by public transportation, and environments are not conducive to children, e.g., no place to play.

Participants recommended that a coordination of services system be established by first conducting asset mapping followed by the development of a centralized referral system for resource access and information. The concept would to produce a one-stop shop within the community, e.g., Family Resource Centers. Participants agreed that more Family Resource Centers are needed in the North Central Region—possibly at school sites.

Realizing that not all solutions to strengthening the family can come out of government-funded and nonprofit programs. Participants suggested that facilitating family mentoring would help to expand agency support systems, e.g., transportation. They also mentioned other programs such as barter systems for exchange of resources, e.g., Time/Dollar programs, that could also be implemented within a community.

Top Priorities at Polinsky Children’s Center

Note: The group established an overall premise for all services for children. The premise is that all programs need to remain child-centered or child-focused. Too often, programs for children benefit or serve the provider or parent at the expense of the child.

Improving service for children in foster care was a very high priority. Participants recommended that changes occur in screening, placement, training, and monitoring. Screenings for foster parents should be conducted so that appropriately skilled parents can be matched with the right children. Currently, foster parents receive insufficient training. Therefore, training needs to be improved and increased. Competency standards should be established for foster parents, and these standards should be closely monitored. Warehousing of children in foster care must be minimized. Examples of this are the current practice of overcrowding, caused by putting too many children in one home, and the plans to convert San Pasqual Academy into a modern day orphanage. Participants recognized that the current system has inadequate resources and that the demand for foster care settings is exacerbated by the lack of kinship care in southern California.

The group was very concerned about the need to validate the effectiveness of the current system and programs before determining if money should continue to flow to them. They also expressed the same type of concern about any new programs to be funded. Are they designed based on research and/or science in a way that will produce the intended results? They recommended that an independent standards unit be established for Proposition 10-funded projects to address training, monitoring, evaluation and reporting. This unit would define the standards for ongoing programs before allowing them to continue to receive funding, establish a research-based

program design and development element—something that is currently lacking, and provide outside validation of public policy decisions.

The Proposition 10 Commission needs to remain independent of the San Diego County government in order to objectively view the system and any needed change. The group noted that the chair of the Board of Supervisors is chairing the Commission and three of the other members are in the county sphere of influence – either as employees responsible to the Board of Supervisors and/or receiving funds from the County. Only one Commissioner was perceived as being independent of county government, and therefore, able to function in an independent manner.

East Region

LEMON GROVE - SEPTEMBER 28, 1999 & EL CAJON – OCTOBER 19, 1999

Regional Priorities for East Region

The six discussion groups identified a wide range of issues that is reflected in the breadth of their priority list below. Ten common priorities emerged from the six groups, as indicated by the number following the priorities below. Several other priorities interrelate, but have enough individual specificity to remain listed separately.

- Comprehensive mental health services - 3
- Transportation - 3
- Centralized, local system of access to available resources - 2
- Parent education incorporating nurturing - 2
- Family Resource Centers - 2
- Health insurance - 2
- Dental health services - 2
- Fluoridation of the water supply - 2
- Compensation for childcare and preschool providers - 2
- Universal preschool system - 2
- Community health workers
- How to use the health care system and health insurance
- Prenatal services
- Programs and support for substance-abusing pregnant women and mothers
- Health and prevention education
- Care and shelters for homeless mothers and children.
- Tobacco cessation and prevention
- Full inventory of all existing resources
- Free or low cost health “kits”
- Smoking and asthma
- Eligibility criteria for obtaining subsidies
- Children with special health care needs
- Transition of children from preschool to kindergarten
- Linguistically and culturally appropriate services
- Children do not have enough places to play
- Case management
- Parenting support groups
- Public access television services
- Cultural isolation
- Better use of schools for community services

A description of the priorities by discussion group topic by site of the forum in the East County Region follows.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

After discussing a wide range of issues, the Healthy Children groups converged on three common priorities. The first two are related, as they both address children's oral health. The first one specified was recommended fluoridation of the water supply, and the second, expansion of dental health services within the community. The third common priority was to address transportation services so that community members can access health services.

Regional Priorities

- Community health workers
- How to use the health care system and health insurance
- Prenatal services
- Dental health services
- Fluoridation of the water supply
- Mental health services
- Programs and support for substance-abusing pregnant women and mothers
- Health and prevention education
- Care and shelters for homeless mothers and children.
- Health insurance
- Transportation
- Tobacco cessation and prevention
- Full inventory of all existing resources
- Free or low cost health "kits"
- Smoking and asthma

Top Priorities at Lemon Grove

Participants recognized that many members of their community need assistance to adequately take advantage of the health care system and their health insurance. A proposed solution to address this situation was to provide more community health workers, using the promotora and/or the Sister Friends models to perform follow-up, to facilitate access to services, and to teach community members how to use the health care system and health insurance.

To foster better outcomes for newborns, participants noted that a comprehensive package of prenatal services should be available to all pregnant women, including education about healthy lifestyles and prevention of problems.

Lamentably, the participants identified several areas of unmet needs. Inadequate attention has been paid to dental health needs in San Diego's children. Participants recommended that action be taken to fluoridate the water supply, provide fluoride treatments, and expand the capacity to provide dental services to children with special needs. There was general consensus that families needed better access to

- mental health services,
- programs and support for substance-abusing pregnant women and mothers,
- health and prevention education, and
- care and shelters for homeless mothers and children.

Compounding these unmet needs are two other needs: health insurance for low-income families and transportation services. Participants requested that a program providing comprehensive benefits and consistent eligibility be designed for low-income people countywide. As for transportation, the needs are two-fold. Because there are insufficient transportation services, services need to be taken to the community through service delivery at schools, expanded satellite clinic hours, and mobile health vans. The other transportation option is to take the community to services through taxi vouchers, clinic vans, and non-emergency medical transport.

To address creating a tobacco-free environment, the participants suggested expanding and forging new partnerships to promote tobacco cessation and prevention between the media, health care organizations, schools, and businesses.

Finally, the community members recommended that the Children and Families First Commission develop a full inventory of all existing resources, services, and locations to use as a basis for their strategic plan.

Top Priorities at El Cajon

Dental health services issues ranked very high with participants. A number of possible approaches to improving the dental health status of children were suggested, and they include:

- increasing the number of centers like Children’s Dental Health Center or creating satellites
- providing mobile dental vans to see siblings of school-age children
- increasing dental prevention efforts by adding “dental” to immunization programs and increasing funding for the “Smile” program
- fluoridating the water supply
- utilizing and paying registered dental hygienists in alternative practice and other dental auxiliary professionals to provide services to young children
- providing more service attuned to the oral health needs of children with special needs
- purchasing dental supplies such as toothbrushes and dental floss to give to children in daycare or kindergarten
- recommending that childcare providers teach children about dental hygiene and encourage them to brush their teeth while at daycare

The lack of transportation services inhibits access to health care services, especially from rural areas of East County. This is especially acute for those needing specialty care, dental health services, and ancillary services. Strategies, including providing community health vans for health and dental care, should be developed to address this problem so that community members can access the care that they need.

Another suggestion to assist parents meet the health needs of their children was to provide free or low cost “kits” to address children’s health problems, such as kits for head lice or dental health.

With regard to promoting a tobacco-free environment, participants noted the special situation with childhood asthma and smoking in the home. They suggested that information and education be provided to parents who smoke about the relationship between smoking and asthma, including the adverse health effects on children with asthma.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

Participants in both Children Ready for School groups concurred that there is a definite need to increase the compensation of childcare providers. They also prioritized finding a mechanism to

level the playing field in some financial way to allow all children to participate in preschools or childcare.

Regional Priorities

- Compensation for childcare and preschool providers
- Eligibility criteria for obtaining subsidies
- Children with special health care needs
- Transition of children from preschool to kindergarten
- Parent education
- Home visiting
- Linguistically and culturally appropriate services
- Universal preschool system
- Children do not have enough places to play

Top Priorities at Lemon Grove

Participants saw the need for a two-pronged approach to issues related to childcare and preschool: one to increase compensation for providers and the other to increase subsidies to families.

Current compensation for childcare and preschool providers is not adequate. The participants recommended that action be taken to appropriately compensate childcare and preschool providers in both wages and benefits. Children need access to preschools and childcare. Unfortunately, many low-income families do not have access because they cannot afford to pay the costs. The participants recommended expanding the eligibility criteria for obtaining subsidies or finding other types of funding support for low-income families who do not meet eligibility criteria.

Children with special health care needs require more services than are currently being offered and a better system of transition from 0 to 3 year old programs to 3 to 5 year old programs. With different programs operating to serve the needs of these children, smooth transfers and/or transitions from 0-3 programs to 3-5 programs are not occurring often enough. These programs need to collaborate more and be comprehensive in service provision.

Another transition point for children generally is from preschool to kindergarten. Communication should be enhanced and training should be provided to parents and preschool providers to enable a smooth transition of children from preschool to kindergarten.

Top Priorities at El Cajon

Parent education on child development topics needs to be offered in a way that assures that the education is easy to access, makes parents feel comfortable, and is available, e.g. home visitation services. Educational materials and brochures should be designed so that they can be easily referenced and organized, such as in a booklet format. Participants also noted that both the parenting education and the information provided should be linguistically and culturally appropriate.

Participants recommended the development of a universal preschool system, i.e., assure that access to preschools is not based on income. Current waiting lists to receive subsidies for childcare are very long, prohibiting some children from attending preschool. Families who are just above the financial eligibility criteria often cannot afford preschools, so their children also do not have access to the opportunities that preschools can offer. Some arrangements should be made so that these children also have the opportunity to participate in preschools.

Participants also agreed that preschool and childcare teachers are under-compensated. They recommended increasing wages of childcare providers to attract quality teachers.

Children do not have enough places to play. Participants suggested increasing community resources/services, such as libraries, parks, and recreational centers so that children have a place to play. In addition they suggested that bookmobiles do more, such as hosting puppet shows. These services are especially lacking in “rural” settings such as Spring Valley. Another option was to open on weekends and off-hours in existing settings, e.g., preschools and elementary schools, so that parents can bring their children to play. Initiatives should also be taken to work with apartment managers to secure places for children to play.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

Common priorities for these Strong Families groups included the need for more services to create a comprehensive mental health services delivery system that can serve families and their children. In addition they supported the formation of more Community/Family Resource Centers for coordinated, centralized service delivery within their communities. Finally, participants recognized a common priority in the need for creating of a mechanism for a centralized, local system of access to information about available resources.

Regional Priorities

- Centralized, local system of access to available resources
- Family Resource Centers
- Case management
- Comprehensive mental health services
- Parenting support groups
- Health insurance
- Public access television services
- Cultural isolation
- Transportation
- Better use of schools for community services
- Nurturing in all parenting classes

Top Priorities at Lemon Grove

Again, the participants decided that a centralized, local system of access to available resources was needed in their community to increase awareness and use of services by community residents. This system should reflect all the resources of East County. It would address the current lack of coordinated management of resources. Possible mechanisms that could be used include creating a hotline, a toll-free number, family resource centers, and Internet access to centralized information.

The need for a centralized service delivery within the community was also noted. Participants stated that a family resource center is needed in Santee and in other neighborhoods within East County.

Case management and coordination assistance are needed to support at-risk families and to assure that they get the services that they need. At-risk families need assistance with coordination between agencies and services that are individualized and personalized. Unfortunately, more case managers are necessary to meet the existing need. Attracting more case managers would require increasing wages generally, and for those who are currently working as case managers, to a wage more reflective of their worth. To upgrade the skills of case managers, better training must also be provided.

Comprehensive mental health services also attracted the group's consideration. They observed that the County mental health program does not have sufficient emergency services and has a long waiting list for nonemergency care. This greatly limits access to mental health services. A shortage of children's psychiatrists and insufficient medication management for those persons with prescribed medication for mental illnesses also impact the quality of care. To augment mental health service in the community, the group expressed a need for locally accessible parenting support groups that focus on effective parenting.

Healthy parents contribute immeasurably to strong families. Regrettably, too many working poor parents do not have access to affordable health insurance that includes mental health coverage. Participants cite this as a major service gap to be addressed.

Top Priorities at El Cajon

Participants highly recommended better use of public access television services to help strengthen families. They suggested using public access television to support preschool learning in the home, providing parents with tools to teach their children, assisting parents with supporting their child's development, and providing parenting education. Public access television is also a way to reach isolated parents and others, and it provides a mechanism for disseminating information about available community resources. The acknowledged drawback is that not all homes have access.

Greater effort is needed to increase outreach to those community members living in isolation, especially cultural isolation. Participants suggested more home visitation services similar to Welcome Wagon and making greater use of the faith community to reach out to families. The International Friendship Festival planning and implementation has started to build relationships with culturally diverse populations. These relationships need to be built upon. More grassroots functions are needed to build a sense of community between multiple cultures. Activities should be nonlabeling and neutral. Neighborhood Watch was cited as an example of a neutral activity that tends to bring communities together.

Insufficient bus services or other types of public transportation are widespread throughout East County. For near East County, bus service requires multiple stops and transfers that are very time consuming and are a special challenge for families with children, especially for families with disabled members. Routes are limited and are scheduled at inconvenient times. The scheduling of routes in eastern East County limits parent involvement in community and family activities due to long commutes keeping people away from home for extended periods of time. Demand for accessing the existing routes limits those who can use the service. Also, no bus service is scheduled for the new high school. Participants also noted that within the region, there are inadequate emergency services for all emergency medical services and no emergency services for mental health.

Schools can be better used in the community. They can serve as a resource for community outreach and services, including provision of multidisciplinary services, functioning as a community resource center, and setting up a system that is uniform across East County to eliminate the "have" and "have-not" communities. Schools also function as a neutral site for all cultures. Eastern East County needs more community resources; using the schools as a service site would help address this need.

Participants acknowledged the need for more comprehensive mental health services and related intervention. More family and individual counseling is needed and more emphasis should be

placed on early intervention and prevention. Significant treatment and intervention gaps exist in the mental health system with too few child psychiatrists/psychologists. The current mental health system needs to be reoriented from a reactive to a proactive system.

A final priority was the need to emphasize nurturing in all parenting classes. Participants noted that nurturing is the key element to effective parenting and an element that society needs to embrace.

North Inland Region

ESCONDIDO - OCTOBER 4, 1999 & PENASQUITOS – OCTOBER 13, 1999

Regional Priorities for North Inland Region

The six discussion groups raised a variety of priorities that should be addressed to help children of zero to five years of age and their families achieve optimum early childhood development and strong families. Below is the list of priorities selected from myriad issues discussed. Nine priorities were ranked by two or more groups – they are noted by the number in the list. The remaining priorities were identified by one of the six groups.

- Affordable childcare and childcare for the working poor - 3
- Transportation - 3
- Culturally appropriate family counseling - 2
- Parent education - 2
- Children with developmental disabilities and delays - 2
- Continuing education for childcare providers - 2
- Increasing wages with benefits for childcare providers - 2
- Home visitation services - 2
- Community/Family Resource Centers - 2
- Health insurance
- Substance abuse (tobacco, alcohol and drugs)
- Community support and programs for single mothers
- Prescription drug access for children
- Centralized information resource
- Providers' role in tobacco cessation
- Community responsibility for children
- Valuing preschool educators
- More childcare spaces
- Universal preschool
- Childcare at worksites
- Housing
- Empowering the community through volunteerism
- Cultural isolation

Below is a description of the priorities for each forum in the North Inland Region organized by discussion group topics.

IMPROVED CHILD HEALTH: HEALTHY CHILDREN

The participants in the two Healthy Children groups addressed a wide range of issues with little overlap. Access to health care in its various forms did surface as a priority in both discussions.

Regional Priorities

- Health insurance
- Substance abuse (tobacco, alcohol and drugs)
- Community support and programs for single mothers
- Culturally appropriate family counseling
- Community responsibility for children
- Transportation
- Children with developmental disabilities and delays
- Prescription drug access for children
- Centralized information resource
- Home visitation services
- Providers' role in tobacco cessation
- Fluoridate the water supply
- Parent education
- Valuing preschool educators

Top Priorities at Escondido

Access to affordable health insurance remains a problem both for children and their parents. Participants suggested broadening the levels of health insurance eligibility to cover the uninsured, to make existing programs more accessible, to improve outreach to those currently eligible, and to make Healthy Families an option for Medi-Cal-eligible families, or those families who want to avoid the stigma of Medi-Cal.

Substance abuse (tobacco, alcohol, and drugs) was seen as a major problem to be addressed in the community. Suggestions for intervention began with prevention and prenatal education, modeled on existing programs such as those found in the Urban League, schools, Youth Advocacy/Innocent Youth Program, and Black Infant Health. In addition, participants recommended broadening programs to help substance abusing-mothers keep their children, focusing more on an intervention versus enforcement policy approach, modeled on the Child Protective Services' program. Finally, they noted the need for more support groups, follow-up, and case management for recovering substance-abusing parents.

Other key needs included: providing more community support and programs for single mothers, e.g., to keep their children from drugs; expanding access to culturally appropriate family counseling; and promoting community responsibility for children, through neighborhood and community events and programs, such as Neighborhood Watch and Safe Walk Home.

A final issue was the need for better transportation to get to health care services. Possible approaches to address this problem would be through improved public transportation, clinic vans, and a centralized coordination point for existing transport.

Top Priorities at Penasquitos

Participants recommended creating an umbrella organization encompassing all programs that currently address the needs of children with developmental disabilities and delays. This organization should coordinate eligibility and services and eliminate the tangle of regulations.

Prescription drug access for children surfaced as an issue. Participants noted that even if children receive health screenings at school or through Child Health and Disability Prevention (CHDP) exams, and they do not have Medi-Cal or Healthy Families, prescribing medications for the children will not solve the health problem since they cannot afford to fill the prescription. If they were in Healthy Families or Medi-Cal, the cost of their drugs would be covered. However, they

may not have Healthy Families or Medi-Cal for reasons of income or immigration status or other access issues. They may be uninsured. There are many families whose insurance is minimal and does not cover drugs, which can be very expensive, and who cannot afford to pay for the drugs. Some existing programs, such as Child Health and Disability Prevention-TR (CHDP TR), could help with this problem, however, their procedures are very cumbersome. The participants thought that there should be an easier way to avoid bureaucracy and get the children the prescription drugs that they need. Suggested approaches included developing a voucher system that can be used at community health centers, schools, preschools, and pharmacies, or creating some type of corporate partnership program.

Many members of the community do not know where to go to receive needed services or where to go to find out if services exist. Participants recommended that a centralized information resource be developed that offers information about existing resources and how to use them.

Home visitation services are a valued resource and service in the community. Participants recommended that more home visitation service be provided for a variety of services in the region.

Providers should take a stronger role in addressing the no-smoking message to mothers including: assessing pregnant women and mothers for tobacco use, advising on how to quit, and referral to appropriate cessation programs. Providers should continue to evaluate and follow up after any referral.

With the high number of dental health problems in San Diego's children, the participants strongly recommended continued efforts to fluoridate the water supply.

Parent education was again recognized as a key factor in helping parents to foster learning in their children and in preparing them for school. Parent education should be comprehensive, coordinate both parenting and health education, and address the whole child.

Participants noted that mechanisms must be in place to assure that preschool educators are qualified. They also observed the tremendous responsibility that society places on these educators. The community needs to give more recognition to, and demonstrate the value of, these preschool educators.

IMPROVED CHILD DEVELOPMENT: CHILDREN READY FOR SCHOOL

Several priorities appeared in each of these Children Ready for School discussion groups. Participants recognized the need to increase wages with benefits for childcare providers and noted that continuing professional education is necessary to maintain the quality of childcare providers. They also acknowledged that access is limited to childcare due to its cost. Thus, they recommended that subsidized childcare programs be expanded or other financial support programs be developed.

Regional Priorities

- More childcare spaces
- Subsidized childcare
- Universal preschool
- Continuing education for childcare providers
- Children with development, health, and behavioral problems

- Parenting education
- Increasing wages with benefits for childcare providers
- Childcare at worksites

Top Priorities at Escondido

Accessible childcare was a primary issue identified by community members. To improve accessibility, they recommended increasing the number of childcare slots, increasing childcare slots for the working poor, and increasing the number of subsidized slots.

Universal preschool for 3- and 4-year-olds was recommended to enhance children's readiness for school. These preschools should be offered on a full-day basis. Poway School District's program could be used as an example. (Although there is minimal tuition, parents participate, and teachers are well paid at \$22 per hour.)

Participants noted that better recruitment of childcare providers, retention, and quality of care can be achieved by increasing the pay and benefits for childcare providers and by creating monetary incentives for childcare providers to obtain continuing education.

Children with development, health, and behavioral problems are not being identified early. Suggested changes to address this are to increase developmental screening services; identify needs that might impact the ability to learn, including vision and hearing; be proactive on behavioral problems, especially attention deficit disorder (ADD); and increase the number of nurses in schools to identify problems. Parent training should be offered to enable parents to support the learning process for their children who have been identified with problems.

Top Priorities at Penasquitos

Parenting education that covers child development was acknowledged as a key element in preparing children to learn. More parent education classes and support are needed within the community to allow parents to develop the skills and understanding that they need in order to foster positive child development.

Although payment subsidies exist for childcare services, families that are at the high-end of the eligibility criteria for receiving subsidies never seem to be able to actually obtain the subsidies. Most of these families stay on waiting lists, while new families that are lower on the eligibility criteria, receive the subsidy slots as they become available. A new system is needed to assure that all families who meet the criteria can actually receive the subsidies.

Quality childcare is integral to preparing children for school. The rapid turnover of staff is counterproductive to quality childcare. Participants supported increasing wages with benefits for childcare providers to maintain consistency of staff for the children. In addition, quality would be enhanced further by ongoing professional development that is free and offers a choice of options.

Participants also recommended that greater effort should be expended to encourage worksites to make childcare services available onsite or within close proximity. Onsite childcare should permit mothers to breastfeed their babies and have lunch with their children.

IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

These Strong Families discussion groups found commonalities in two priorities: Family Resource Centers and transportation. The first emphasizes the need for a broad array of family support

services within each community. Transportation services currently limit access to needed services.

Regional Priorities

- Community/family resource centers
- Housing
- Empowering the community through volunteerism
- Transportation
- Affordable childcare and childcare for the working poor
- Family counseling services
- Home visitation services
- Reduction of Cultural isolation

Top Priorities at Escondido

Community resource centers were viewed as an ideal service delivery model to strengthen families. Participants saw them as one-stop shops for family resources and service delivery, places where the community could meet and conduct activities and a place for promotoras to sponsor activities and conduct promotoras training.

Obtaining affordable housing is also a problem in the region. There simply is not enough low-income housing and housing for the working poor within the community. Support services need to be developed for people moving up the income ladder to enable them to move to better housing. The lack of affordable housing causes other problems by forcing overcrowding when multiple families must live in a single dwelling.

Recognizing that the community needs to be a key player in strengthening families, participants recommended empowering the community through volunteerism to assist families, especially families who cannot move to optimum or acceptable housing because of finances and other system supports.

A lack of public transportation and the scarcity of locally based resources negatively impacts families. More regional services are needed so that travel is not necessary to distant locations such as San Diego. Transportation routes also need to be developed within the region. Suggestions to help improve the situation included implementing voucher systems for paying friends/neighbors for rides, smaller buses and vans for less traveled routes, mid-day express service, and a more visible connection with the North County Transit Authority.

Realizing that their fellow community members were addressing the issues relating to childcare, these participants thought the need for affordable childcare and childcare for the working poor was so important to strengthening families that they selected it as one of their priorities, too.

Top Priorities at Penasquitos

The participants acknowledged that the reason for needing more services to support families in the community was to replace the loss of the extended family support network. Participants placed a high value on Family Resource Centers that are locally accessible within the community. More Family Resource Centers are needed to provide the one-stop shop service base for a full array of services that support the family. Family Resource Centers would provide much-needed referral and access entry points for programs that are available in the community. Additional services that the Resource Centers could provide include family counseling services, especially for depression and stressed parents; a 24-hour hotline for stressed parents to provide support for immediate issues; and community-accessible childcare.

Home visitation services are another valued resource. Participants recommended that the availability of home visitation services be increased for all families, not just those at high risk, following the birth of a child, and especially for those who have experienced a multiple birth.

Access to transportation is a major problem for families trying to access services. The current bus service is insufficient. Neither service to get around within the community nor services to get outside the community are adequate. Suggested fixes consist of developing mentoring or buddy systems that would have mentors and/or buddies provide periodic transportation along with other supports; making better use of school buses during non-use hours for community needs; and providing more family support services within the community to lessen the transportation burden.

Participants recognized the need to reduce the cultural isolation that some members of their community are experiencing. They determined that mechanisms are needed to address the disconnect and isolation that people with cultural and language differences are experiencing within their community. Support programs should be offered to parents who have limited or no English language skills and who depend on their children to navigate the “English” system, to decrease their dependency on their children, and to create more independence for them. In addition, more English language education programs for people should be available in the community, along with more resources to support immigrant families. Participants noted that resources to support immigrant families need to be better dispersed within the county.