



## FIRST 5 ALAMEDA COUNTY - ANALYSIS OF STRATEGY OPTIONS

All strategies funded by First 5 Alameda County will adhere to the guiding principles adopted by the Commission to support Diversity, Access, Best Practices and Systems Change. These characteristics are not listed as separate strategies, but rather will be embedded across all strategies that are supported by First 5 Alameda County.

Strategies must be able to help achieve one or more of the following goals and outcomes that are targeted in the First 5 Alameda County strategic plan:

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

Outcome 1A: Improved children's preventive and ongoing health

Outcome 1B: Improved children's social-emotional and developmental well being.

Outcome 1C: Improved availability of quality early care and education

Outcome 1D: Improved school readiness and transition to kindergarten

**Goal 2. Support families to provide a safe, emotionally and economically secure home environment to ensure optimal development of children 0 to 5**

Outcome 2A: Enhanced parenting support to promote stronger families

Outcome 2B: Increased ability of families to meet basic needs

**Goal 3. Support professionals to provide high quality services for children 0-5 and their families**

Outcome 3A: Increased knowledge, skills and capacity of providers who serve children 0 to 5 and their families

Outcome 3B: Increased ability to recruit and retain early care and education providers

**Goal 4. Promote systems and policy changes that enhance community capacity and fiscal sustainability for services to children 0 to 5 and their families**

Outcome 4A: Increased community capacity in targeted neighborhoods to respond to the needs of children 0 to 5 and their families

Outcome 4B: Increased communication and collaboration among agencies and organizations that serve the 0 to 5 population

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| Strategy  | Primary Outcomes Affected |    |    |    |    |    |    |    |    |    | Fit with Decision Criteria  |  |  | Programs Currently Funded by First 5 Alameda County Using This Strategy  | Source (How Strategy Was Identified)  |
|---|---------------------------|----|----|----|----|----|----|----|----|----|---|--|--|--|---|
|   | 1A                        | 1B | 1C | 1D | 2A | 2B | 3A | 3B | 4A | 4B | Potential Reach   | Degree of Impact   | Sustainability Over Time   |  |   |
| <b>INTEGRATED STRATEGIES</b><br>Addressing multiple goals   |                           |    |    |    |    |    |    |    |    |    |   |  |  |  |   |
| <p><b>Home Visiting:</b> Provide services in the homes of families; services can be tailored for specific outcomes but often include case management, health screening, parent education and support, child development screening, home safety and environment assessments and linkage to other services. Contact with families can be initiated in hospitals at the time of birth.</p>   | X                         | X  |    |    | X  | X  |    |    |    |    | Low<br>Resource intensive; usually must be targeted to specific groups (e.g. at-risk) to be cost effective                                | High<br>Proven in Alameda County and nationally for properly designed programs to have strong positive impact on many child health, safety and family functioning outcomes | Moderate<br>Historically able to leverage a significant amount of federal funds but threats to future leveraging are emerging. Solid partnerships and commitment by other agencies exists.   | <p>Postpartum Home Visiting - parents of newborns (FY 2006-07: 1,247 clients served)<br/>Another Road to Safety - at risk of child abuse/neglect (FY 2006-07: 156 served)<br/>Special Start - NICU discharges (FY 2006-07: 639 served)<br/>Teen IFS - teen parents (FY 06-07: 691 served)<br/>Direct services by Specialty Provider Team<br/>Healthy Steps follow-up with families<br/>Some additional targeted grants</p> | Current First 5 strategy plus noted in research reports from the Situation Analysis phase |
| <p><b>Neighborhood Family Centers:</b> "One-stop" neighborhood-based hubs to improve access to information, services and community connections for families. Many offer some core services on site (e.g. health screening, counseling, food assistance, parent education) plus referrals for other services.</p>  | X                         | X  |    |    | X  | X  |    |    | X  | X  | Moderate<br>Potential to reach many families in communities where centers are located; reach is limited by number and location of centers | Moderate<br>Tend to show low to moderate positive impact across several outcomes rather than high impact on any one outcome  | Low to Moderate<br>Diverse service mix can allow centers to tap many funding sources but no dedicated funding streams exist. Limited provider capacity exists for this strategy.   | Not currently funded. In general, few Family Resource Centers / Family Support Centers presently exist in Alameda County.  | June 2008 community input   |
| <p><b>Integrated Child Care Quality Support System:</b> Develop a coordinated, comprehensive system to assess, support and incentivize child care quality. Based on a preliminary quality assessment, support services are provided to improve or maintain a child care program's quality. Services include program quality coaches, ECMH consultation, developmental screenings, business and management support, facilitated access to AA and BA degrees, facilities improvements, etc. Could possibly include making quality ratings available to parents and/or providing financial incentives to programs that improve their quality rating.</p> |                           | X  | X  | X  |    |    | X  |    | X  | X  | Moderate<br>Able to reach a moderate number of children and families by impacting a core group of providers                               | High<br>Able to show significant measurable improvements to child care quality for those providers reached   | Moderate<br>Probably need state Preschool for All or quality rating system, with funding attached, to sustain. Potential to coordinate quality improvement resources between public and private ECE providers as well as other partners. | <p>Enhanced Mentor Program<br/>Quality Improvement Initiative (QII)<br/>Child Development Corps - for ECE providers<br/>Professional Development Supports - for ECE providers<br/>Provider BA/MA Support and Scholarships</p>  | Integrates several current First 5 strategies   |
| <p><b>Integrated Child Care / Family Support Center Models:</b> Child care centers with social workers, mental health consultation and other services to assist families with a broad range of issues to promote child and family wellness, beyond the provision of child care.</p>   | X                         | X  | X  | X  | X  | X  |    |    |    |    | Low<br>Reach limited to size of child care centers, e.g. Educare centers serve 150-200 children per year                                  | High<br>Solid research exists to show positive outcomes for the children and for parents and family units  | Low<br>Sustainability may depend on collaborations that allow resources of multiple agencies to be blended   | <p>First 5-funded Quality Improvement Initiative includes these elements</p> <p>Other examples of this strategy include Head Start, Early Head Start and Educare centers</p>   | Noted by First 5 staff and in research reports from the Situation Analysis phase          |

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| <p><b>Coordinated Screening, Assessment, Referral and Treatment:</b> Integrated systems to screen children for health or development concerns, link families to services when concerns are identified, and provide case management to ensure services are delivered when needed.</p>  | X                         | X  |    | X  | X  |    |    |    |    | X  | <p><b>High</b><br/>Potential for coordinated countywide system to reach high percentage of children and their parents</p>  | <p><b>High</b><br/>Early detection and addressing of developmental concerns shown to have large and lasting impact on child health, school readiness and life success</p>       | <p><b>Moderate</b><br/>Many agencies are committed, creative blending of funds is occurring, state policies shifting to support screening, solid support from medical community</p>                | <p>SART (Screening, Assessment, Referral and Treatment system) - under development<br/>Healthy Steps - parent education, screening &amp; referrals (FY 2006-07: 232 children)<br/>ABCD - developmental monitoring (FY 2006-07: 316 children)<br/>Inclusion Coordinators<br/>Community grants such as Family Resource Network and Pediatric Support Strategies-Medical Home project</p> | <p>Current First 5 strategy plus noted in June 2008 community input</p>                                  |
| <p><b>Multi-disciplinary Consultation for Service Providers:</b> Make specialists (e.g. specialists in mental health, child development, lactation, oral health and/or other fields) available for training and technical assistance to service providers to build their skills in specialized areas; specialists may also directly assist with serving families.</p> | X                         | X  | X  |    |    |    | X  |    |    | X  | <p><b>Moderate to High</b><br/>Reach is limited by size of specialist team but ripple effect from improved skills and practices by service providers can reach many families</p>           | <p><b>Moderate to High</b><br/>Strong systems change impact by embedding best practices across different provider settings</p>  | <p><b>Low</b><br/>First 5 is the primary funding source; few other funding streams or agencies to sustain this strategy</p>  | <p>FSS Specialty Provider Team<br/>Mental Health Consultation to Child Care<br/>Enhanced Mentor Program (for ECE providers)<br/>Quality Improvement Initiative (for ECE providers)<br/>Partners in Collaboration<br/>Cultural Access Services</p>  | <p>Current First 5 strategy plus noted in June 2008 community input</p>                                  |
| <p><b>Information and Referral Services:</b> Provide telephone lines, printed resource directories or websites (online resource directories) that community members can call or access in order to get information about community services/resources that are available to assist them with their needs.</p>   | X                         | X  | X  |    | X  | X  |    |    |    |    | <p><b>High</b><br/>With proper outreach in multiple languages, able to reach high percentage and cross-section of families</p>   | <p><b>Low</b><br/>Effective in delivering basic information; impact limited by barriers faced by families trying to access services when referred</p>                           | <p><b>Low</b><br/>State child care resource &amp; referral funding being cut. No dedicated funding streams for 2-1-1 but policy support for statewide 2-1-1 implementation is slowly building.</p> | <p>Previous funding has been provided for Child Care Resource and Referral Agencies, Kindergarten Registration and the 211 Community Resource Information Line</p>   | <p>June 2008 community input</p>   |
| <p><b>Language Assistance Services:</b> Increase service access for non-English speaking and immigrant families by expanding language-specific provider capacity, family or provider access to interpreter services, and support in language/cultural adaptations of services or outreach methods.</p>  | X                         | X  |    |    | X  |    | X  |    | X  |    | <p><b>Low</b><br/>Reach limited by size of interpreter force and number of languages in which services are provided</p>  | <p><b>Moderate to High</b><br/>Growing evidence that language support can greatly increase access and utilization of critical services by non-English speaking families</p>     | <p><b>Low</b><br/>Few funding options identified. Can be hard to find/keep trained interpreters. Minimal policy support for services targeted to immigrants.</p>                                   | <p>Bilingual providers have been added through many ECC programs. Cultural Access Services assist providers with these issues.</p>   | <p>June 2008 community input, including multiple research reports provided by community stakeholders</p> |
| <p><b>Special Needs Access and Support:</b> Targeted support for families that need extra assistance, beyond resource information and language assistance listed in preceding strategies, in order to access needed services. Transportation assistance and specialized assistance for parents with disabilities are two primary examples.</p>                        | X                         | X  |    |    | X  | X  |    |    |    |    | <p><b>Low to Moderate</b><br/>Strategy is intentionally designed for reaching targeted populations facing specific barriers to accessing services, and is not intended for broad reach</p> | <p><b>Moderate to High</b><br/>Impact is to increase access and utilization of critical child/family services among targeted families, especially parents with disabilities</p> | <p><b>Low</b><br/>Few funding options identified. Community partners related to special needs and transportation are available to assist.</p>  | <p>Special Start<br/><br/>Activities under the Quality Improvement Initiative and the Facilities Grant program to increase access to child care among families with children or parents with disabilities<br/><br/>Other grants under the Community Grants Initiative fit under this strategy</p>  | <p>Current First 5 strategy plus noted in June 2008 community input</p>                                  |

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| <p><b>Parent/Caregiver Support and Education:</b><br/>Parent education classes, parent educators to work one-on-one with families in community settings, parent-to-parent mentoring and support, and distribution of educational materials like the Kit for New Parents to promote positive parenting practices, parent knowledge of child development and other matters. This strategy focuses on out-of-home delivery of parent education (as opposed to the Home Visiting strategy listed earlier).</p> | X                         | X  |    |    | X  |    |    |    |    |                            | Moderate to High<br>Parent education can be linked with many types of services as well as being offered through stand-alone programs                                | Moderate<br>Evaluation findings on parent education programs are not clear in showing impact  | Low<br>Solid network of agencies in place but few sustainable funding options  | Parent education is integrated into many ECC programs, including distribution of New Parent Kits throughout the county. The majority of grants issued under the Community Grants Initiative have been for parent education activities, many of which use peer support approaches.   | Current First 5 strategy plus noted in research reports from the Situation Analysis phase |
| <p><b>Community-Based Parent/Child Activities:</b><br/>Use of playgroups, linkage of families to low cost local activities like parks and museums, and other such approaches that offer positive activities for parents to do with their children while building stronger community networks for parents.</p>  |                           | X  |    |    | X  |    |    |    | X  |                            | Moderate<br>Social networking methods and linkage of parents to existing local activities have potential to reach a large number of families at relatively low cost | Moderate<br>Little hard data exists to show that measurable impacts will come from this strategy, but parents view it positively  | Moderate<br>Combination of active parent engagement, leveraging established community resources (parks, museums, etc.) and low cost helps sustainability | A few Partnership Grants have included playgroup elements. Other Community Grants Initiative grants have included parent/child activities with child development components such as art, movement activities and linkages to local zoos, museums and other activities.  | June 2008 community input   |
| <p><b>Faith Based Service Linkages:</b> Engage faith-based organizations to serve as a point of entry where families can receive information and support on issues related to child and family well being.</p>   |                           |    |    |    |    |    |    |    | X  |                            | Moderate<br>Reach is focused on families who visit churches, temples or other faith based sites   | Moderate<br>Research is limited but generally shows faith based organizations are able to achieve similar or slightly better outcomes compared to other service providers                         | Moderate<br>Sustainability depends on ongoing commitments by faith based organizations to participate  | Leading Ladies  | September 2008 Commission meeting   |
| <p><b>Provider Technical Assistance and Capacity Building:</b> Enhance the quality, stability or other aspects of existing services through customized technical assistance, provider peer support networks, support for infrastructure needed by providers to implement best practices, and other such means that focus on enhancing the internal capacity of service providers.</p>  | X                         | X  |    |    | X  | X  | X  |    | X  |                            | Moderate<br>Able to reach a relatively broad cross-section (number and type) of providers   | High<br>Impact appears strongest when focused on specific practices or when First 5 can offer ongoing support   | Low<br>Past efforts have relied heavily on First 5 funding and leadership  | Enhanced Mentor Program<br>Quality Improvement Initiative (QII)<br>Partners in Collaboration (PIC)<br>Evaluation and accountability supports<br>Fiscal leveraging support<br>Cultural access training and support<br>Community Grants Initiative grants   | Current First 5 strategy  |
| <p><b>Community Based Provider Training:</b><br/>Ongoing education and training to expand provider understanding and skills in addressing full range of child and family issues. Can include cross-training to increase provider availability (for example, training of broad range of providers on maternal depression screening or cultural competence).</p>   | X                         | X  |    |    | X  | X  | X  |    |    |                            | Moderate to High<br>Able to reach a relatively broad cross-section (number and type) of providers   | Moderate<br>Impact appears strongest when focused on specific practices to shift provider attitudes and practices at a systems level (e.g. depression screen, child development screening & more) | Low<br>Few options identified for funding outside of First 5.  | Training Connections<br>Pediatric Trainings - for pediatricians<br>Quality Improvement Initiative<br>ECE Training Coalition - for ECE providers<br>Enhanced Mentor Project<br>Harris Early Childhood Mental Health Training<br>Partners in Collaboration (PIC)<br>Various other training activities including trainings on child development screening, trainings at the Family Child Care Fair, Cultural Access Symposium and Environmental Rating Scale trainings | Current First 5 strategy  |

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| <p><b>TARGETED STRATEGIES</b><br/> <b>Mainly focused on a single goal</b></p>  |                           |    |    |    |    |    |    |    |    |    |                            |   |  |  |  |   |
| <p><b>Professional Development Supports:</b><br/> Expand pool of qualified service providers by recruiting people into college degree (AA, BA or MA) programs, providing supports to assist people with obtaining college degree in fields where provider shortages exist, or providing other types of formal education. May include giving financial incentives to providers that access professional development programs, to improve retention through income supplements while seeking to improve service quality among those providers.</p> |                           |    |    |    |    | X  | X  |    |    |    |                            | <p><b>Moderate</b><br/> Moderate reach to center-based providers, low reach to family child care providers</p>  | <p><b>Low to Moderate</b><br/> No clear evidence on ability to increase retention of providers. Data to date also mixed as to whether outcomes for children are improved.</p>                              | <p><b>Low</b><br/> Few options identified for funding outside of First 5. State CARES matching funds end in 2009. Colleges have helped sustain a few of the professional development programs.</p>                                     | <p>Child Development Corps - for ECE providers<br/> Professional Development Coordinators - for ECE providers attending college<br/> Provider BA/MA Support and Scholarships</p> | <p>Current First 5 strategy plus noted in June 2008 community input</p>   |
| <p><b>Health Insurance Support:</b> Increase access to health insurance for children 0-5 through assisting income-eligible families with obtaining Medi-Cal and Healthy Families coverage, and potentially also by subsidizing insurance coverage for children not eligible for other public insurance plans and not covered by private insurance.</p>   | X                         |    |    |    |    |    |    |    |    |    |                            | <p><b>Low</b><br/> Strategy is focused on a fairly narrow income range and small percentage of children 0-5 without any health insurance coverage</p> | <p><b>Low</b><br/> Limited evidence that health insurance leads to higher utilization of preventive and other health care services; ultimate effect on health outcomes is indirect and hard to measure</p> | <p><b>Low</b><br/> First 5 California matching funds are ending; no replacement funding sources identified yet. Possible state policy support for expanding children's health insurance coverage once state budget woes are fixed.</p> | <p>Health Access state match (Alameda Alliance for Health)<br/> Assistance with enrollment in health insurance programs is provided through many ECC funded programs</p>         | <p>Current First 5 strategy to a limited extent, plus noted in research reports from the Situation Analysis phase</p> |
| <p><b>Health Issue Management:</b> Expand staffing and support resources for prevention, early intervention and treatment programs to address specific health issues affecting children 0-5 (e.g. asthma, diabetes, oral health, mental health, exposure to secondhand smoke, etc.) or a collection of health issues.</p>  | X                         | X  |    |    |    |    |    |    |    |    |                            | <p><b>Moderate</b><br/> Extent of reach depends on which health issue(s) are targeted</p>   | <p><b>Moderate to High</b><br/> Proven ability to lower asthma hospitalization rates, improve oral health and impact other health conditions that are targeted</p>   | <p><b>Moderate</b><br/> Sustainability may vary depending on the health issue but many issues (asthma, tobacco use, oral health, etc.) have strong local advocates with access to other funding</p>                                    | <p>Early Childhood Mental Health services<br/> Asthma Start - children with asthma<br/> Healthy Kids Healthy Teeth - oral health<br/> Smoking cessation programs</p>             | <p>Current First 5 strategy plus noted in June 2008 community input</p>   |
| <p><b>Lactation Support:</b> Provide education, training, equipment and other support to promote breastfeeding among mothers of newborns and help mothers overcome problems with breastfeeding in order to promote child health and parent-child attachments.</p>  | X                         |    |    |    |    |    |    |    |    |    |                            | <p><b>High</b><br/> Potential to reach high percentage of mothers of newborns</p>   | <p><b>High</b><br/> Proven ability to increase rate and duration of breastfeeding when supports are provided to moms</p>   | <p><b>High</b><br/> Many local partners in place, able to leverage WIC and other funds, policy change potential with hospitals</p>   | <p>Lactation training<br/> Direct services support for lactating mothers<br/> Provision of breast pumps<br/> Policy changes at hospitals to promote breastfeeding</p>            | <p>Current First 5 strategy plus noted in June 2008 community input</p>   |

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| <p><b>Family Financial Fitness Support:</b> Assist families with their economic health through supports such as education on budgeting and managing finances, using bank accounts, help with filing for the Earned Income Credit and other such means.</p>  |                           |    |    |    |    | X  |    |    |    |                            | Moderate<br>Services need to be neighborhood based to reach families  | Low to Moderate<br>Multiple program models (not from Alameda County) shown to have moderate positive impact on family financial stability          | Low<br>State programs being cut back. Few funding sources available for this strategy.  | Information and referral to link families with economic supports is an integrated component of many ECC programs  | September 2008 Commission meeting                           |
| <p><b>Kindergarten Transition:</b> Prepare children and families for Kindergarten and facilitate smooth transitions to Kindergarten for children, parents and providers/teachers. May include ECE and Kindergarten linkages, parent education, and community based school readiness activities for children.</p>  |                           |    |    | X  |    |    |    |    |    |                            | Moderate to High<br>Potential to reach high percentage of children entering kindergarten  | Moderate to High<br>Transition programs have positive impacts on kindergarten performance; longer term effects are not well established            | Moderate<br>Strong support among some school districts. OFCY and other funders have supported. First 5 California school readiness matching funds end in 2010.  | School Readiness programs:<br>Summer Pre-Kindergarten Program<br>Year Round School Readiness programs<br>Transition Coordinators<br>Kindergarten-ECE Collaboratives<br>Leading Ladies<br>Community Grants Initiative grants | Current First 5 strategy                                    |
| <p><b>Facilities Development:</b> Increase early care and education capacity and/or quality through construction of new facilities, expansion or remodeling of existing facilities, or improved equipment for facilities.</p>   |                           |    | X  |    |    |    |    |    |    |                            | Low<br>Can only reach a limited number of sites due to high per-site funding typically needed                                       | Low<br>Facilities alone only affect a few slots; must link with quality improvement efforts to have greater impact                                 | Low to Moderate<br>Multiple partners exist with potential to coordinate resources. Probably need state Preschool for All initiative to sustain.   | Facility Grants - for ECE providers   | Noted in research reports from the Situation Analysis phase |
| <p><b>Support for Unlicensed Child Care Providers:</b> Assist unlicensed child care providers such as family members, friends and neighbors providing child care for young children to help them provide safe, enriching care. May include training on child development and other topics, distributing materials on enriching activities that informal care providers can do with children, linking informal care providers with licensed providers or telephone or in-home support to assist informal providers with child health, development and safety issues.</p> |                           | X  |    |    |    | X  |    |    |    |                            | Low to Moderate<br>Many unlicensed care providers are used throughout the county but this is a hard group to reach and keep engaged | Low to Moderate<br>Research results are mixed regarding the extent of positive effects on learning environment and child safety                    | Low to Moderate<br>No funding sources outside of First 5 identified. Network of unlicensed providers is not organized like licensed providers. May be more sustainable if unlicensed providers are included in other parent and ECE support activities. |   | September 2008 Commission meeting                           |
| <p><b>Parent-Community Engagement:</b> Use family-centered neighborhood associations, leadership training for parents, recruitment and training of parents as community advocates, and other such means to promote greater involvement of parents in their community.</p>   |                           |    |    |    |    |    |    |    | X  |                            | Moderate<br>Can reach many parents within targeted neighborhoods  | Low to Moderate<br>Research from other cities shows positive impacts as a long term strategy (2-3+ years); need sustained effort to have an effect | Low to Moderate<br>Relatively low cost. Other cities have found that parents and communities will sustain when positive outcomes are achieved.  | Limited funding for this strategy has been provided under the Community Grants Initiative.  | June 2008 community input                                   |

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| <b>Family Literacy:</b> Efforts to promote higher levels of literacy among parents and caregivers, or to promote reading to children and other activities that build early literacy skills among children age 0-5. Can include book distribution.                  |                           |    |    | X  |    |    |    |    |    |    |                            |                  |                          | High<br>Current programs have shown ability to reach high number of children across different service settings | Moderate to High<br>Demonstrated results in increasing parent reading to children                      | Moderate to High<br>Many groups are committed to literacy, variety of funding sources are available and solid partnerships are in place | FSS Early Literacy Enhancement Project<br>Reach Out and Read - at pediatric sites (FY 2006-07: over 35,000 books distributed)<br>Raising a Reader<br>Targeted grants that focus on family literacy<br>Parent workshops delivered at school sites | Current First 5 strategy                                    |
| <b>Public Education Campaigns:</b> Use mass media and/or more targeted outreach methods (brochures, posters, community presentations, etc.) to create awareness of specific issues affecting children and families or to motivate people to change their behavior. |                           |    |    |    |    |    |    |    |    |    |                            |                  |                          | High<br>Able to reach high percentage of families if multiple media and outreach methods are used              | Low to Moderate<br>Able to create behavioral change only through well designed and sustained campaigns | Low<br>Can be expensive, hard to sustain with local funding; may need to rely on First 5 California support                             | Childhood Matters and Nuestros Ninos radio program<br>New Parent Kit distribution  | Noted in research reports from the Situation Analysis phase |
| <b>Policy Advocacy:</b> Advocate at local, state and/or federal levels for resources and policies that support the needs of families.  |                           |    |    |    |    |    |    |    |    |    |                            |                  |                          | Low to High<br>Degree of reach depends on the types of policies involved                                       | Low to High<br>Degree of impact depends on the types of policies and nature of change                  | Moderate to High<br>Once policy changes are enacted, they often stay in place for an extended period                                    | Prop 63 Advocacy<br>First 5 Association involvement<br>Staff works with local, state and national efforts promoting effective policies for children 0-5 and their families   | June 2008 community input                                   |

**Number of Strategies for Outcome**      17   17   9   8   14   11   9   3   9   6