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Recommendations for Expansion of Services for Children 0-5 with Mild to Moderate Concerns

Findings from a needs assessment in Alameda and Contra Costa counties

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Table of Contents

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Executive Summary

Recommendations for Expansion of Service for Children 0-5 with Mild to Moderate Concerns: Findings from a needs assessment in Alameda and Contra Costa counties

In the winter of 2015-2016, First 5 Alameda and Contra Costa counties funded Cardea Services to conduct a needs assessment to explore opportunities to improve and expand services available to children and families with mild to moderate developmental or behavioral concerns. For purposes of this project, we defined "mild to moderate (M2M) concerns" as difficulties or delays where there is some level of concern about development, behavior, mental health, or family functioning, but the child does not qualify for and is not receiving services for the M2M area of concern, such as through the Regional Center, school district or a mental health provider. This needs assessment is an exploratory project, in a field with little existing research or agreed-upon practices.

The following qualitative and quantitative methods were used to carry out the needs assessment:

1. Background literature and web-based search to identify promising practices throughout the U.S.
2. Electronic survey disseminated to nearly 200 service providers and agencies in Alameda and Contra Costa counties serving families with children 0-5 with M2M concerns. 76 complete surveys were included in the analysis.
3. Three focus groups and a series of one-on-one interviews with parents/caregivers in both counties.
4. Nineteen key informant interviews with service providers, assessment tool experts and referring providers.

Minimal published research on M2M services was identified, confirming that this is an emerging field. The provider survey and interviews with parents and key informants yielded much information on the type of services currently offered, how they are designed and evaluated, and what parents and referring providers (such as pediatricians and early childhood educators) would like to see in those services.

The services in the two counties target a wide range of M2M concerns, and often include children with more serious concerns. Most services do not utilize a specific curriculum or program plan, do not match children with a service, and rely heavily on participant satisfaction surveys for evaluation. Parents and providers report a great difficulty in accessing services, either because they are not available or because of challenges with transportation, language and other family circumstances. This needs assessment aims to inform the allocation of funds to improve both availability and quality of services for children with M2M concerns and their families. Based on data collected, a series of recommendations are made regarding programs and services that hold promise for the M2M population:

1. Programs or grantees should assure quality and effectiveness of services through a clearly articulated logic model.

2. The concerns of parents or primary caregivers need to be heard and accounted for when establishing eligibility for M2M services, and parents should be full partners in any service or intervention that addresses a child's concern.

3. Referring providers need to be l knowledgeable of existing M2M services, so that they can support parents who express worry about their children, and refer with confidence.

4. Emphasis on family context and skill of the assessor should outweigh the choice of a specific instrument for assessment for the purposes of establishing intervention strategies.

5. Services should be co-located and embedded into existing structures or agencies, so that families can more easily access services.

6. M2M service providers should be supported with training and technical assistance on planning, assessment and evaluation.

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Introduction

The early childhood years (0-5) are tremendously important for setting the stage for a healthy childhood, adolescence and adulthood. These years are also a time of very rapid change and development. According to recent national data, over 28% of children in California under age five are at moderate or high risk of developmental, behavioral or social delays.[1] When developmental or behavioral concerns remain unaddressed early on, they may become more serious and have lasting negative effects on the child's overall healthy development and success at school. Children with identified delays that meet eligibility criteria may access services through the Regional Centers or school districts (Part B and C services), or medical or mental health services covered by private or public insurance. However, for children with mild to moderate concerns, limited services currently exist to address these challenges and improve their developmental trajectory.

In the winter of 2015-2016, First 5 Alameda and Contra Costa counties funded Cardea Services to conduct a needs assessment to explore opportunities to improve and expand services available to children and families with mild to moderate developmental or behavioral concerns. For purposes of this project, we defined "mild to moderate concerns" (hereinafter referred to as M2M) as difficulties or delays where there is some level of concern about development, behavior, mental health, or family functioning, but the child does not qualify for and is not receiving services for the M2M area of concern, such as through the Regional Center, school district or a mental health provider. This needs assessment is an exploratory project, in a field with little existing research or agreed-upon practices.

Some early childhood and health experts and practitioners across the United States have proposed that short-term, low-intensity services might be very helpful for families and children with M2M concerns. There are only a few examples of such services, including San Diego's Healthy Development Services. While children with M2M concerns may be receiving services in Alameda and Contra Costa counties, little is known about what services they are receiving, how children are matched to receive appropriate service, and whether these services are being evaluated on their effectiveness in improving developmental and behavioral outcomes.

The goal of this needs assessment is to assist First 5 Alameda and Contra Costa counties as they seek to support service providers in expanding and evaluating their services for children with M2M concerns. Through this needs assessment we aimed to understand the needs and barriers of families and children with M2M concerns, identify existing services available in the two counties, explore assessment protocols and evaluation processes, and provide recommendations for service expansion.

This report describes the key findings from the needs assessment, starting with an explanation of the qualitative and quantitative methodologies used to guide this report. Next, we will share findings from the literature search of published articles and research on available programs nation-wide. A description of the features and practices of the current service providers in Alameda and Contra Costa counties will be provided, based on the results of a provider survey. Barriers and challenges faced by families in accessing services will be discussed. Essential components of effective M2M services that emerged from the key informant interviews and focus groups will be presented. Practices for adequately assessing children and evaluating services will be shared, as well as some final considerations for developing guidance for additional funding to expand M2M services. Instruments developed as part of the needs assessment are included in the appendix.

[1] *National Survey of Children's Health.* NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Indicator 2.2. Retrieved March 11, 2016, from www.childhealthdata.org

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METHODS

Cardea utilized a combination of qualitative and quantitative methods to assess the needs of families and children with M2M concerns and explore opportunities for service expansion.

Qualitative and quantitative methods used include:

1. Background literature and web-based search
2. Electronic survey disseminated to service providers and agencies in Alameda and Contra Costa counties serving families with children 0-5 with M2M concerns
3. Focus groups and one-on-one interviews with parents
4. Series of key informant interviews with service providers, assessment tool experts and referring providers

The methods are described in further detail below.

Background literature and web search

The initial phase of the needs assessment began with a search of the literature and the web to identify existing services, programs or interventions throughout the United States that have been shown to effectively support families and children with M2M concerns. Our understanding was that services specifically designed for this population in Alameda and Contra Costa counties were limited, so we aimed to identify effective interventions from other parts of the country for additional background context.

We searched peer-reviewed journals to identify existing short-term, low-intensity interventions in the United States that serve children with M2M developmental or behavioral concerns. We searched PubMed and PsychInfo for articles on programs, coordinated systems, and services that have been shown to improve behavioral or developmental outcomes for children 0-5 with M2M concerns. We identified various intervention models described and reviewed the strength of the evidence supporting the effectiveness of these interventions. We then summarized common themes that emerged across interventions shown to be effective in improving developmental or behavioral outcomes. In addition to searching peer-reviewed journals, we also searched the web for white papers and non-published articles describing services targeting M2M concerns.

Finally, we gathered information from First 5 Alameda and Contra Costa staff, as well as from other professionals working in the early childhood development and mental health fields, on their knowledge of other evidence-based interventions or services outside of the two counties that effectively serve the target population.

Service provider survey

To characterize the array of existing services available in Alameda and Contra Costa counties for children with M2M concerns we developed a web-based survey, which was disseminated via e-mail. The survey was intended for providers in Alameda and Contra Costa counties who self-identified as providing developmental or behavioral services for children 0-5 with M2M concerns. The objectives of the survey included:

1. Identify what services are available for children 0-5 with M2M concerns in the two counties.
2. Identify whether or how children are matched to appropriate services.
3. Determine the extent to which evaluation is being conducted for the services that are being implemented.
4. Describe challenges faced by providers and existing gaps in services.

Service providers were identified through various provider contact lists from First 5, including a grantee list, resource directory, parent resource guide, and stakeholder contact lists. A web search was also conducted to identify additional programs or services in the two counties that were not included on any of the existing contact lists.

The electronic survey included 35 closed and open-ended questions. Providers were asked about the types of services they provide, areas addressed, populations served, location and duration of services, screening and assessment tools used, intended outcomes, evaluation methods, and challenges in delivering services.

The electronic survey was pre-tested by three service providers before dissemination. It was initially disseminated via email to 129 providers in Alameda and 81 providers in Contra Costa. The survey link was then further forwarded and shared by First 5 staff over additional email listservs.

For inclusion in the analysis, respondents had to identify as both (1) serving families in Alameda and/or Contra Costa counties, and (2) serving children 0-5 with M2M concerns. Survey responses were analyzed by evaluation staff at Cardea using Excel and SPSS software. Open-ended responses were reviewed and analyzed for key themes. Findings were synthesized and are summarized in this report.

Key informant interviews

A series of structured key informant interviews were conducted as part of the needs assessment to identify gaps and barriers in providing services for children with M2M concerns, as well as the key components of services that effectively meet the needs of families, from the perspective of service providers and referring providers. Key informant interviews were also conducted to gather information on effective screening and assessment practices. Four groups of key informants were identified in order to gain a broad perspective of the needs of families and gaps in services, as well as the components of effective services. A total of 19 interviews were conducted. The table below outlines the types of key informant interviews conducted, how these key informants were identified, the number of interviews conducted, and the objectives of each interview.

Key informant type	Method of identification	Number of interviews conducted	Objectives
Service providers outside of Alameda or Contra Costa counties delivering M2M services	Literature and web search for agencies providing M2M services in the US	5	• Identify components of effective services or systems that meet the needs of children with M2M concerns • Describe methods used to appropriately match children to services to ensure best fit • Describe methods used to evaluate services for children with M2M concerns • Understand challenges and barriers to providing effective services
Service providers in Alameda or Contra Costa counties who are delivering mild to moderate services	Selected provider survey respondents who indicated they are serving children with M2M concerns, evaluating outcomes, and attempting to match children to services	5	• Identify the essential elements of effective services that meet the needs of children with M2M concerns • Describe effective assessment tools and practices that could be applied in the context of a M2M intervention • Understand provider perspectives of barriers for parents/ caregivers in achieving optimal developmental or behavioral outcomes for their children • Identify the formats and structures of services that seem most appealing and accessible to families • Identify service gaps in or barriers to service delivery
Assessment tool experts	Experts identified by First 5 staff	3	• Identify what tools are used and found to be effective in assessing children with M2M concerns, matching them to appropriate service, and measuring progress • Understand challenges and successes in integrating assessment tools in service delivery

			• Identify best practices in measuring change or developmental gains
Referring providers, including: pediatricians, early childhood education providers, phone line referral staff	Referring providers identified by First 5 staff	6	• Describe the developmental or behavioral concerns commonly seen among patients/clients • Understand challenges referring providers face in locating and connecting children to effective services • Identify the essential elements of effective services that meet the needs of children with M2M concerns • Identify the formats and structures of services that seem most appealing and accessible to families • Identify gaps in services

Interview guides were developed based on the objectives for each type of key informant interview. Interviews lasted 40-75 minutes by phone. Several interviews were conducted in a group format, with multiple staff from one agency present. Notes were taken during each interview. Upon the completion of the 19 interviews, notes were reviewed and key themes were identified and findings summarized for this report.

Focus groups and parent interviews

To better understand the specific needs of parents/caregivers of children with M2M concerns as well as the types of services or resources that could benefit families, three focus groups were conducted with parents and caregivers from Alameda and Contra Costa counties. The objectives of these focus groups were as follows:

1. Identify the concerns and difficulties experienced by parents with children under the age of 5.
2. Learn about services or resources that have been helpful for parents with concerns about their child's behavior or development.
3. Identify the format, structure, and logistical aspects of a service that would make it appealing for parents to participate.

Focus groups participants were recruited to reflect a variety of geographic locations and racial and ethnic backgrounds, as well as a range of behavioral and developmental concerns. Three focus groups were conducted: one focus group, conducted in Spanish, was held in Alameda County and two focus groups, conducted in English were held in Contra Costa County. A fourth focus group was planned in Alameda County, however, the focus group was cancelled due to logistical and scheduling constraints of the screened participants. In lieu of this focus group, individual interviews were conducted by phone with five parents from Alameda County who had sought services from the Regional Center but determined ineligible because their child's developmental delay did not meet eligibility requirements. Details of these parent focus groups and interviews are outlined in the chart below.

	Focus Group 1	Focus Group 2	Focus Group 3	Parent Interviews
County	Contra Costa	Alameda	Contra Costa	Alameda County
Location	Martinez, CA	San Leandro, CA	Concord, CA	Phone
Language of focus group	English	Spanish	English	English
Participant population	Low-income families at-risk for homelessness or currently homeless who were receiving services through Shelter, Inc in Contra Costa County. As part of their program, parents were newly enrolled in a Triple P parenting class.	Mono-lingual Spanish-speaking parents who were ineligible for services through the Regional Center or school district but had children ages 0-5 with behavioral or developmental concerns.	Parents/ primary caregivers participating in a developmental playgroup at a First 5 Center in Concord, CA.	Parents who were ineligible for services through the Regional Center or school district but had children ages 0-5 with behavioral or developmental concerns.
Number of participants	8	5	9	5

Focus group protocols and discussion guides were developed by Cardea in collaboration with First 5 staff. Participant recruitment and screening efforts were carried out by First 5 staff, and the focus groups were conducted by two trained facilitators from Cardea. Focus groups lasted between 75 and 90 minutes, and interviews lasted about 30 minutes. All parents received a $50 incentive gift card to Safeway for their participation. Notes from the focus group discussions were summarized and reviewed. Key themes were identified, and findings have been summarized in this report.

RESULTS

Findings from background literature and web searches

Very few published articles were found in the literature that evaluated programs, services or interventions designed specifically for children 0 to 5 with M2M behavioral or developmental concerns. The limited number of published articles on this topic confirmed our understanding that this is an area for which there is little empirical evidence regarding what service models are most effective in improving developmental or behavioral outcomes for children with M2M concerns. It further underscores the gap in services for this population.

While few studies examined the effectiveness of programs or interventions designed to improve outcomes for children with M2M concerns, there were many studies on universal programs that are aimed at supporting the development and social/emotional competence for all children, such as early childhood education curricula that incorporate social and emotional learning. In addition, many existing programs discussed in the literature currently target children who are viewed as "at risk" of developmental or behavioral delays due to various social or environmental factors, such as living in poverty, experience with trauma, or low birth weight. While there is certainly overlap in children who would be considered "at risk" and children with M2M concerns, the research articles focusing on children "at risk" of developmental or behavioral difficulties or delays were excluded from our review, as these children may not necessarily present with a particular concern.

In the literature, we did identify articles on three interventions using commercially available curricula that have been studied through multiple randomized controlled trials and have been shown to be effective in improving developmental and behavioral outcomes for young children with various developmental or behavioral concerns. These interventions are:

- *Incredible Years series*: a set of three comprehensive, multifaceted, and developmentally based curricula for parents, teachers (classroom management), and children (classroom treatment) that dovetail to promote social–emotional competence and to prevent, reduce, and treat behavior and emotional problems in young children.
- *Triple P (Positive Parenting Program)*: an intervention comprised of five levels aimed to prevent and treat social, emotional, and behavioral problems in children by enhancing knowledge, skills and confidence of parents.
- Hanen Centre Interventions – *It Takes Two to Talk*: A group intervention gathering small groups of parents together to teach them how to help their children develop improved communication skills.

In our preliminary research to identify existing services in other parts of the country, we learned of three programs designed to serve children 0-5 with M2M concerns via short-term, low-intensity interventions:

1) First 5 San Diego's *Healthy Development Services (HDS)*
2) The Arc's *First Step to Success* in Palm Beach County, Florida
3) *Light Touch Services*, funded by Children's Services Council also of Palm Beach County, Florida

Limited information was available online on *Light Touch Services*, which was at the time still in the planning phases but we were able to collect some background information online on *First Step* and *HDS*, through a published white paper. Staff from each of these agencies were contacted and interviewed for the key informant interviews for this project.

In reviewing the literature on the three interventions mentioned above, as well as the web-based information available on services in San Diego and Florida, we identified characteristics or practices that were consistent across the services for children with M2M concerns. These characteristics included:

- **Targeting parents and caregivers**: it was notable that all of these services or interventions target parents and caregivers, aiming at strengthening their ability to support their child's development. Parents are active participants in these interventions, rather than just the child.
- "**Minimal sufficiency":** this concept used to describe the *Triple P* services, refers to the selection of interventions aimed at achieving a meaningful clinical outcome in the most cost-effective and time-efficient manner. Rather than relying on expensive, often difficult-to-access tertiary medical interventions, these "de-medicalized" services – community-based services that need not be delivered by medical or behavioral specialists or require intensive diagnostics – are lower in cost and more readily available in the community.
- **Multi-level services**: different "levels" of service are offered with increasing intensity (i.e. frequency of contact with providers and format of delivery) and narrowing population in order to appropriately address a child or family's particular needs. Effective protocols to match children to services are then needed to ensure an appropriate fit.
- **Training for staff and facilitators**: *Triple P, Hanen Interventions* and *Incredible Years* each has a specific training and certification process for staff who facilitate or carry out the interventions.
- **Services aim to address both intermediate and long-term outcomes**: while these interventions address a range of concerns, they each aimed to reduce symptoms, improve a child's ability to function, reduce family and/or environmental problems, and improve relational capacity.

Findings from the provider survey: existing services in Alameda and Contra Costa counties

Over a two-week period, 106 responses were collected from the electronic provider survey. Nine of the respondents were determined ineligible based on responses to the screening questions. Twenty-one surveys had significant missing information and were excluded from the analysis, leaving a total of 76 responses included in the analysis.

The aim of the provider survey was to gain an understanding of the existing services in Alameda and Contra Costa that are serving children with M2M needs, as well as the specific practices around matching children to services, screening and assessment, and evaluation of outcomes. A complete overview of the specific survey measures can be found in the appendix. Below are key findings that emerged from the survey results.

1. Services in Alameda and Contra Costa counties target a wide range of mild to moderate concerns

Most of the survey respondents (67%) reported that they provide services in Alameda County, compared to just 25% of respondents serving families in Contra Costa, and 8% serving families in both counties. The 76 respondents represented 59 different agencies, as some agencies completed surveys for different services or programs within the same agency.

Table 1. Primary area targeted through service (N=76)

Primary area	n (%)
Parent knowledge of child development	13 (17.1%)
Emotional or self-regulation skills	13 (17.1%)
Attachment/relationships	11 (14.5%)
Reducing family stress	8 (10.5%)
Speech and language	7 (9.2%)
Social or play skills	5 (6.6%)
Cognitive development	2 (2.6%)
Gross motor skills	1 (1.3%)
Fine motor skills	1 (1.3%)
Other	15 (19.7%)

Service providers reported addressing a broad range of behavioral and developmental areas. When service providers were asked about the single primary area targeted through their service, respondents most frequently (19.7%) indicated "other," most often noting that they were unable to identify one particular target area (table 1). When specifying

for "other," providers gave responses such as: "all of the above" or "it's difficult to specify just one." "Other" responses also included "autism and ADHD" and "sensory processing," which suggests some respondents are providing services for more serve concerns or delays. "Parent knowledge of child development" and "emotional or self-regulation skills" were the two single primary target areas most commonly addressed through services. Services targeting cognitive development and fine and gross motor skills were least commonly identified as the primary target area.

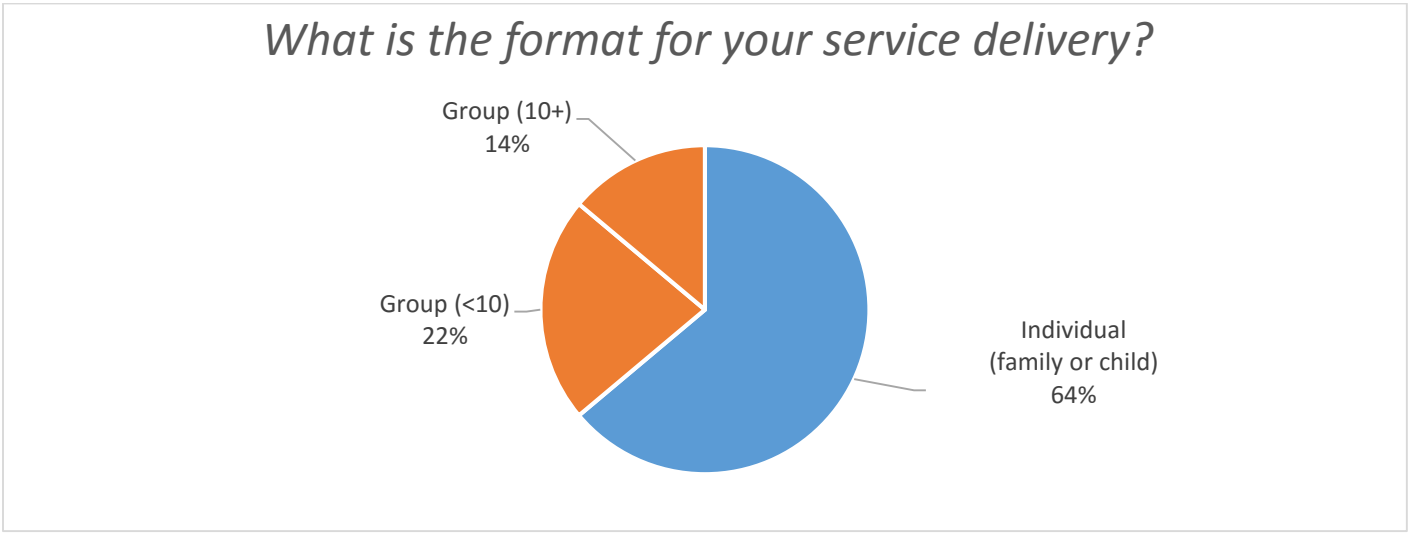
When asked about secondary areas targeted through their service, over three quarters of respondents indicated that their service targets more than one area (table 2). Half of those who responded listed "parent knowledge of child development" and "emotional or self-regulation skills" as a secondary target area.

Table 2. Secondary areas targeted through service (N=64)

Secondary area	n (%)
Parent knowledge of child development	32 (50.0%)
Emotional or self-regulation skills	32 (50.0%)
Social or play skills	26 (40.6%)
Attachment/relationships	24 (37.5%)
Speech and language	19 (29.7%)
Reducing family stress	19 (29.7%)
Gross motor skills	13 (20.3%)
Cognitive development	13 (20.3%)
Fine motor skills	12 (18.8%)

2. Many services do not utilize a specific curricula or program plan

The majority of respondents (64%) stated that their services were delivered in a one-on-one format, either individually one-on-one with the family together or with the child. Many of these one-on-one services report to be individually tailored rather than following a specific curriculum.



All survey respondents were asked in an open-ended question to specify the curriculum or program plan that is used to deliver service. Over one-third (34%) of respondents either left this question blank or determined that no particular curriculum or program plan was used. 17% of respondents gave responses indicating that the curriculum or program plan was developed individually based on clients' individual needs. The remaining respondents referenced a variety of different formal and informal curricula or program plans, including:

- *Creative Curriculum* (n=6)
- play therapy (n=3)
- *Partners for Healthy Baby* (n=3)
- *Fussy Baby* (n=2)
- *Triple P* (n=2)
- *Parent Café* (n=2)
- Other curricula mentioned included: *Centering Parenting*, *Growing Great Kids & Growing Great Families*, and *Circle of Security*.

3. Service providers do not report formal systems for matching services with children's needs

Over 80% of service providers indicated that they serve children with IEPs and IFSPs, suggesting that most providers serve children with a broad range of severity of concerns. Survey respondents were asked in an open-ended question to describe how children and families were matched to services to ensure appropriate fit, given a child's particular level of concern. Overall, there was very little description of any formalized process to match services to the particular needs of children and families. Respondents frequently cited that their services are individualized and tailored to meet the needs of families though no responses described any formal matching process. Nearly 40% of respondents (37%) left this question blank. The remaining responses were reviewed and grouped into the following response categories below. Quotations are provided by the respondents as examples.

- Services are intended to meet varying needs of children, but no specific matching occurs:
  - "*All are welcome to the playgroup and we work with kids at the level that they are at and are very intentional with what their needs in order to help them be successful in the classroom and at home.*"
- The curriculum is adjusted based on needs of the child:
  - *"Different hand-outs and therapeutic activities and sheets are created for those children who are exhibiting particular needs."*
- Services are provided on an individual basis by a specialist and are tailored accordingly:
  - *"Children and families identified as at-risk are provided individualized services by appropriate specialist (ie OT, PT, Speech, Infant Mental Health)."*
  - *"Home visits are individually tailored by families need. Once enrolled in the program the family works with their home visitor on planning and reaching personal and family goals."*
- Small groups sizes are designed to accommodate varying needs of clients:
  - *"We individualize the programs (3:1 ratio and small class size 9 children)."*

4. Few assessment or screeners are administered beyond the ASQ and ASQ-SE

Table 3. Assessment and Screening Practices (N=74)

Instrument	n (%)
ASQ	51 (68.9%)
ASQ-SE	39 (52.7%)
M-CHAT	13 (17.6%)
HELP	8 (10.8%)
DECA	2 (2.7%)
PSI	2 (2.7%)
IDA	1 (1.4%)
PEDS	1 (1.4%)
Other	17 (23.0%)
No screening administered	13 (17.6%)

When asked about assessment and screening practices administered through their service, providers most commonly cited that the ASQ (68.9%) and ASQ-SE (52.7%) was administered. 17.6% of respondents noted that no screening or assessment was done through their service. Nearly one quarter of respondents specified "Other" screeners or assessment tools. These included**:** PHQ-9, Sensory Profile, DRDP, BDI-2, REEL-3, PLS-5, Rosetti Infant-Toddler Language Scale, SKI-HI, CBCL, CLASS, Ready to Kinder, Denver Developmental Profile, CBCL, TVPS, VMI, Cornerstone Model, and POSI.

5. Most services are not evaluated beyond using participant satisfaction surveys

When asked to specify how services are being evaluated, participant satisfaction surveys were noted as the most common (66.7%) method used. There were 19 providers who noted that pre- and post-tests were used to evaluate services.

Table 4. Methods used to evaluate outcomes (N=63)

Eligibility criteria	n (%)
Participant satisfaction surveys	42 (66.7%)
Observation logs	19 (30.2%)
Pre- and post-test	19 (30.2%)
Report from a professional, such as a therapist or doctor	16 (25.4%)
Case studies	14 (22.2%)
Post-test only	1 (1.6%)
None	9 (14.3%)

6. Providers consistently report challenges around sufficient funding for staffing and programming, as well as the ability to reach populations most in need of services

Providers were asked to describe any major challenges that their agency faces in delivering services for children with M2M concerns. These open-ended responses were reviewed and common themes were identified. These included:

- Insufficient funding to meet program needs and support appropriately trained staff
- Poor retention of families in services due to stigma and families' schedules incongruent with availability of services
- Inability to effectively market to and reach the families most in need of services
- Limited ability to provide wraparound support services for families, including: transportation, childcare, support for navigating services, and incentives
- Difficulties reaching non-English and non-Spanish speaking families

When service providers were asked whether there are particular communities, groups or populations that they are unable to reach, providers commonly identified the following populations:

- Families without English or Spanish-speaking capabilities: Families who speak Farsi, Mam, Arabic and Cantonese were individually mentioned.
- Children who do not attend pre-school
- Families with history of substance abuse and trauma

- Families with limited resources and who have challenges accessing transportation

Barriers faced by families in accessing services for mild to moderate concerns

In the focus groups and interviews, parents were asked about concerns and challenges they had for their children. Speech delays and communication challenges were the most frequently reported concerns followed by behavioral issues, such as aggression which includes hitting, biting and tantrums. Many of the parents also reported multiple issues with their child; for example, for the child with speech delays, the child would quite frequently become frustrated and unable to communicate which would lead the child to develop aggressive behavior towards parents and siblings.

Very few of the participants reported having any access to helpful, support services. Of those who had accessed some services, they found playgroups to be the most useful because it allowed for peer-to-peer support from other parents and their child to interact with other children and to learn from them. Parent education classes, and one-on-one services from speech therapists (though this was very rarely reported) was also reported as being helpful. Some of the parents also shared that having access to Help Me Grow phone staff was very helpful.

Parents/caregivers from focus groups, as well as providers from key informant interviews, identified many barriers to families' access to services that will help their children. These barriers included:

Competing priorities and stressors in families' lives: Many families face difficult life circumstances that make it challenging to seek out, identify and access services for their children. Trauma, isolation, substance use, juggling jobs, lack of stable housing, having to take care of multiple children with limited funds, general stress, and scarce resources were all commonly cited as significant barriers for families.

Lack of support for a parent's belief that their child is needing help: Many parents described situations in which they raised a concern with a healthcare provider, such as a pediatrician, and were told "not to worry about it, it's normal at this age", or to come back after a given time period if the issue was not resolved. Parents expressed frustration and helplessness with not being able to find the support their family needs. As one mother stated: "He needs help. I'm not a teacher; I'm not a therapist. I can't give him what he need needs. I can only do so much. That's what is so frustrating." Many parents shared that they wanted the support, but they did not know where to find it, especially since the healthcare providers that they were trusting to know about their child's development were not seeing the problem that the parents strongly felt existed.

Inaccessible services: Lack of reliable transportation and childcare came up most frequently from the parents as barriers to accessing services, as well as lack of services and resources that were in parents' native language. Financial expense or affordability was another barrier cited that made services inaccessible for families, particularly for families who might be above a certain poverty threshold, but cannot afford one-on-one speech or occupational therapy or other services. Providers and parents alike noted that in Contra Costa, particularly, fewer services are available and are more challenging to reach due to how spread out the county is and with a lack of good accessible public transportation.

Difficulties navigating "the system": Parents reported that when they tried to access services through systems for which their child was determined ineligible, they were not provided with good referrals to other services leaving them to try to navigate difficult systems to find affordable services for their child. With lack of knowledge of other services available, parents shared that they are left frustrated and without any support. The barriers are multiplied for families with language barriers.

Lack of perceived severity: Many providers as well as parents noted that unless a problem is very serious, it does not command their attention and will go unaddressed until it seems to be more serious. Parents also reported that a child may not display the concern at the doctor's visit but the situation manifests differently in the home. Others noted that sometimes a child's behavior, particularly in young boys, was often brushed off as "boys will be boys."

Stigma and denial: Many providers noted that stigma and shame inhibit some families from accessing services. A small number of parents acknowledged a reluctance to seek help or act on their concerns, such as this parent who stated in a focus group: "I had some denial. I didn't want to deal with this all. But I have to go forth."

RECOMMENDATIONS FOR SERVICE EXPANSION

Components of effective services that address mild to moderate concerns

During the 19 key informant interviews with service providers, referring providers and assessment tool experts, key informants were asked to describe the critical components of effective services for children with M2M concerns, based on their experience and expertise working with this population. Parents and caregivers were also asked about the types of services that would be most useful for their children. Responses from interviews and focus groups were reviewed and synthesized along with the findings from the literature search. Key themes related to effective services were identified and are summarized below.

Parent/caregiver engagement

Nearly all key informants stressed the importance of parent/caregiver engagement to improve the behavioral and developmental outcomes for children. Key informants explained that for children 0-5 in this M2M category, their development trajectory needs to be "nudged". Many informants believed strongly that a child's developmental and behavioral outcomes could be improved when services are designed to help parents or caregivers understand their child's needs and increase parents' confidence in their ability to address their children's needs.

Through focus groups and parent interviews, parents and caregivers described feeling stressed and frustrated from trying to gain support or services from schools or healthcare providers. Many families have environmental stressors and a variety of unmet needs. Several key informants repeatedly used the phrase: "parents need to feel heard", in order to successfully reach and engage families.

Key informants, as well as parents, identified several different methods and approaches to effectively engage parents:

- Train staff to use motivational interviewing techniques.
- Assign parents and caregivers homework or specific activities to work on with their child at home between sessions.
- Provide parents with regular feedback on the child and family's progress. Share and celebrate successes, and identify areas that need improvement.
- Reduce barriers as much as possible in order to make services available and accommodating to parents. Parents and key informants shared that services should be affordable, accessible in timing and location, and materials should be in the family's native language. Providing incentives for participating and childcare services for other children were identified as methods to reduce further barriers and appeal to families.
- Empower parents to feel capable of supporting their children and meeting children's needs by providing tools and resources for parents and sufficient opportunity to model behavior.

- Engage family partners or peer educators, who can offer education and support in a non-threatening and culturally competent manner.

Some parents and key informants also noted that engagement of fathers and other family members is important and can be overlooked. When engaging a whole family, scheduling needs to be considered, such as holding sessions on weekends, and other incentives and supports, such as meals for families and childcare for other children in the family.

Increase parents' child development knowledge and skills

Key informants and parents report a lack of general knowledge on child development and parenting skills. Several key informants shared that increasing awareness in these areas can significantly improve outcomes. As one referring provider stated: "Often with a little intervention, [concerns are resolved] with a little bit of support. You don't have to do that much; the kids may not be getting the really basic kind of stuff that seems so normal to others," such as reading to the child and talking to the child regularly. Providing families with basic parenting skills that incorporate information on child development was viewed as a key approach to improving outcomes.

Through focus groups and interviews, parents also echoed a desire to gain more information on their child's development and techniques on parenting. One parent who has experienced communication and behavioral challenges with her daughter gave an example of how helpful it was to see a video through a Triple P parenting class in which techniques were demonstrated on how to say "no" to your child. The parent reflected that this seemed like such a simple lesson, but was so helpful in day-to-day life.

Providing parents with tangible activities for working day-to-day at home with the child was identified as an important approach to improving a child's outcomes. As another referring provider shared: "[Childcare] providers often don't have the knowledge or training on how to embed intervention activities or strategies into the day to help children practice and build on the skills they need to develop. Early care providers and parents need support around that. For example, if a child was having trouble with speech sounds- the lips, tongue, and mouth aren't working together- it would be good for parents to know to have the child blow on a whistle, on a straw, make silly faces, eat crunchy vegetables."

Embed services into existing systems and structures

When considering developing new services for children with M2M concerns, many key informants articulated benefits of embedding these services into existing systems and structures. Parents, too, noted that this is appealing for logistical reasons. A staff person from an agency in Florida that recently began funding an expansion of "Light Touch" services for this same population told us that an important aim of their service expansion is to fund programs that are integrated into an existing system. The rationale is to prevent the redundancy or duplication of services, and limit delay in serving families: "The more that we can have integration in a pipeline, the best chance families' needs can be met." Another benefit of expanding services for children into existing structures, as noted by one provider, is a natural cross-training of the workforce and building of capacity within those agencies or structures. This informant explained: "[For example] if a child development specialist was embedded in a primary care setting to support families, "Others [such as pediatricians] will learn from that person… You're not just [serving] a child, you're changing the workforce."

Parents and caregivers also expressed interest in services that are co-located or incorporated into existing agencies or systems. Parents cited that it is easier to access a "one-stop shop", rather than having to navigate an entirely new process or system, which can be frustrating and a barrier to access. Specifically, having services in the primary care clinic, or at the child care site, can be helpful.

Deliver culturally proficient services

In several interviews, key informants used the term "meeting families where they are." Key informants recognize that families come from many different social and cultural backgrounds and that to draw families into services and then retain them in services, services must be delivered in a culturally sensitive and proficient manner. In the interviews as well as through the electronic survey, many providers highlighted the need for services in the native languages of families, particularly languages other than Spanish and English. A couple of providers also noted that beyond just provision of

services in the appropriate languages, agencies need to have appropriate tools and materials. As one provider noted: "barriers are there when we don't have tools that are as multicultural as we are."

There was a consensus that staff should be culturally competent and understand the client population. "Peer educators" or "family partners" who have experienced similar situations were mentioned as one approach to truly delivering culturally proficient services. In addition, many interviewees noted that a lot of families with children with M2M concerns have experienced trauma, so ensuring that services are delivered in a trauma-informed manner is also key.

Provide opportunities for socialization

Key informants commonly identified group settings as an important component of a service or intervention for families and children with M2M concerns. Providers view the social support that is fostered in a group setting as tremendously beneficial for families. Many parents/caregivers experience isolation, so a group setting, such as a playgroup or parent group provides support that can continue beyond the duration of the intervention. For a lot of children, particularly those who are not enrolled in pre-school or an early education program, developmental playgroups are the first experience for socialization, which is critical for a child's development. Providers noted that for some parents or caregivers, a group setting is where they first recognize there is a concern in their child, because they can see other children and other parent-child relationships as a comparison. Particularly for parents who are hesitant to acknowledge an issue with their child or seek help, a group venue can raise a parents' awareness. Providers also see a group setting as a good venue to model and reinforce certain behaviors. Finally, when intervening with a child in a social setting, providers can better "understand where the child is coming from… address what is coming up for them, and how they're understanding issues and worries coming up."

Regarding the specific format of a group intervention, such as a developmental playgroup, there was consensus among key informants, as well as parents, that having structure is important. While utilizing evidence-based curricula was not seen as paramount, a thoughtfully planned structure that affords some flexibility is important. In the words of one provider: "Sometimes 'cookie cutter' plans do work, so [you want to] find something that works. But sometimes the 'cookie cutter' curriculum doesn't work for the population. You need the flexibility." Parents and caregivers simultaneously expressed interest in group activities where there would be an opportunity to connect with other parents but also bond with their child.

Regarding staffing in a group intervention, providers mentioned that it is important to have staff who are knowledgeable in both child development and mental health. Parents said they wanted access to people who were knowledgeable in certain topic areas such as speech or development, and could provide information and answer questions about their children. However, while some parents said they would like to engage with trained professionals such as therapists, others were more interested in hearing from peers.

Opportunities for one-on-one services

While most providers discussed the benefit of providing services in a group setting, many providers also underscored the value of providing services in an individual setting. Some parents, also, expressed interest in one-on-one services which could be administered in their home setting.

Providers described that home visiting provided an opportunity to see the child in his or her actual environment and understand the family relationships. One referring provider noted that through home visiting, you "can provide parent education, see the child in his or her environment, provide wrap-around services, and provide play therapy." A key benefit of one-on-one interventions mentioned by the interviewees is the chance to observe and identify the needs of a family and child, while giving the parents an opportunity "to really feel heard."

An ECE provider suggested that the ideal service would be a home visitor who could coach both the parent and the teacher about the other situation. A child may "misbehave" in the classroom because the behavior is allowed at home, or vice-versa. Understanding what the expectations are in each setting, and working to harmonize them, can minimize the chance of the child being kicked out of childcare, with all the ramifications that has for child and family.

Parents' preference for one-on-one, in-home services seemed to be driven mostly by logistics, as then transportation and accessibility are less of an issue.

Timing and duration of services

Parents and providers expressed that services should be offered at times that are conducive to families' schedules. Many parents identified mornings, prior to "nap time" and before other children in the family are let out from school, as the ideal time to participate in a program, such as a playgroup. However, providing options was also viewed as important to accommodating varying schedules.

Across all interviews and focus groups, there was no consistent finding on what constituted an appropriate duration or "dose" of service. While some stated that an effective intervention could be provided in less than a handful of sessions, other providers suggested on-going weekly sessions for several months. However, one point that was shared by several providers is the importance of fostering continual relationships with families, and the acknowledgement that this can be time-intensive. "It takes time to get families where they need to be… [We] need to build relationships so they can trust us." This work to engage families, develop relationships and "meet families where they are at… takes a really long time." Balancing the need for relationship-building amidst a potentially low-intensity, short-term intervention should be considered.

Assessment protocols to identify needs and match children to services

Once a child is screened, or a parent or provider notices a delay or difficulty, providers and parents need to identify and understand the particular needs of the child. Assessments tools can be used to help identify problems as well as match the child and family to appropriate services. Assessment tools can also be used evaluate outcomes – either during the course of services or at completion.

It should be noted that many of the key informants work with children with a range of needs, included much more severe needs. Many informants, particularly the assessment tool experts, had challenges separating out M2M children and clearly telling us what assessments are most useful for this population. Over 20 assessment tools or screeners were mentioned during the key informant interviews. The most commonly cited useful screening tool was the ASQ and speech and language delays were cited as the most common difficulties experienced by children.

There is a great variety in choice of tools and how they are used. One consistently strong message was shared when we asked about the "most useful" tools: it matters less what tool you use than *who* conducts the assessment. Our informants stressed that the interpretation of the results is what counts, and how the interpretation of the child's scores are communicated to the provider and the parent is critical: the scores must be useful to the provider in working with the child, and the parent must understand what these scores mean and why services are necessary.

In the hands of a competent assessor, there are many choices of tools – the key measure of usefulness is whether it accurately picks up the difficulty in the child. Equally important: what is going on in this child's life, and in his/her relationship with primary caregivers that might impact the delay or difficulty? Some tools measure a particular issue, such as speech/language. Other tools, such as the IDA, TAP and PSI, include a component to assess parent/child relationship and the environment of the child. Our informants stressed that context is important and that observation in the home and conversations with caregivers inform the interpretation of assessment scores.

Following are some examples of screening and assessment protocols used to identify needs and match children to services:

Healthy Development Services (HDS), First 5 San Diego, CA

Eligibility for HDS is determined by the score on the ASQ. If a child scores of concern in 2 or more domains, HDS believes the child would usually be best served by Regional Center or their local school district. For the children who score of concern on the ASQ in one domain, a determination is made whether or not they will go on to developmental assessment (HDS uses the HELP), and most children in this category do go on to complete the HELP. If a HELP is determined to be necessary, families will make an appointment with a developmental specialist who will administer the tool. Children receiving behavioral services will receive the DECA. When matching a child to level of service (level 1, 2 or 3), HDS takes into account the assessment score, the clinical judgment of the assessor and the availability of parents to attend one-on-one versus a group program. This decision is made on a case-by-case basis.

HDS has recently been working on improving inter-rater reliability for HELP scoring through training and re-training of staff who conduct assessments. One approach has been bringing together staff to view videos of children doing the various elements of the HELP, and then review the scoring. Workshops have also been held where the developers of the HELP review the tool with staff.

KidSTART, Rady Children's Hospital San Diego, CA

KidSTART provides assessment and treatment, working in conjunction with HDS, but serving more children with more severe needs. KidSTART developed their own assessment protocol, the Trauma Assessment Pathway (TAP). The assessment process occurs over four weeks, with three to four sessions with caregiver and child. While KidSTART assessment protocols are more appropriate for children who would be likely eligible for tertiary services, we can extrapolate some elements that should be part of any assessment: engagement of the families, ongoing training of assessors, and ability to take information from scores and make it useful for the interventionist and the parent.

Light Touch Services, Palm Beach County, FL

While Florida's Light Touch Services are still in the planning stages, eligibility is expected to be determined based on the ASQ or ASQ-SE. Children in Palm Beach County, Florida will be eligible if they: (1) score of concern on the ASQ or ASQ-SE but do not meet the threshold for ongoing intervention with the Healthy Beginning System, based on results from a second-level assessment; (2) score in the monitoring zone in more than one domain; (3) score in the monitoring zone in one domain over successive administrations of the ASQ; and/or (4) have been otherwise identified as eligible, for example, families who have declined other longer term services. No additional assessment tools will be administered as part of the Light Touch Services.

First Step to Success, The Arc Palm Beach County, FL

Children who do not qualify for Early Steps (Florida's Part B and Part C programs) may be eligible to receive services through the Arc of Palm Beach County's First Step to Success program. Eligibility is based on the Batelle screener: children who score -1 in one or more domains on the Batelle screener, or -1.5 in adaptive or motor qualify for First Step. Once a child qualifies, he or she will receive the full Battelle assessment battery, conducted by a staff member on the assessment team. If the child scores 'normal' on the Batelle, the child is not enrolled in First Step, but parents do receive the program's contact information and may call and access services if there are continued concerns. There is no process of matching children to services within First Step because there is only one intervention (one-on-one home visiting). After the Batelle assessment, the HELP is conducted by a developmental specialist and used to create the specific intervention plan. The Arc informant stated a belief that "progress" may be connecting the family to services. This isn't measured by a tool, but is very important.

Early Intervention Services, Children's Hospital Oakland, CA

The approach at Children's Hospital Oakland (CHO) is to conduct a partnered assessment with a team of assessors. The assessment team is comprised of a staff member with expertise in mental health and a staff member with expertise in child development. The team visits the home to get a full picture of the child, the parents, the parent-child relationship and the home environment. The PSI and DECA are used, but assessment of the child and family needs is multi-faceted, depending

heavily on observation by the team. While these assessment techniques are generally used among children with more severe concerns, a multi-faceted approach that incorporates observation of the parent, child and family relationship could be applied to children with M2M concerns.

Evaluating services for children with mild to moderate concerns

When asked about which tools are most appropriate to measure change, or improvement, and evaluate services, many key informants expressed concern that many of the existing assessment tools that they were aware of may not be sensitive enough to measure small developmental changes among children with M2M concerns. Several key informants also pointed out that children 0-5 are naturally developing rapidly, even without any intervention, so there is a challenge in attributing changes to an intervention versus a child's natural developmental trajectory.

Specific protocols and practices used to measure change were identified and are detailed below:

Healthy Development Services (HDS), First 5 San Diego, CA

HDS uses the HELP to evaluate the effectiveness of service, looking at the number of percentage of children who receive treatment and make gains in the particular area of concern. One a child begins receiving developmental services, the child receives the HELP each time there is contact with the family. The HELP is not administered in its entirety, but rather only the questions for which there is an identified concern. HDS looks for gains over time. There could be upwards of 6 or 12 HELP scores for a child. The IDA is used by the Regional Center in San Diego but was not considered appropriate for HDS to evaluate outcomes because of the short-term nature of HDS' interventions. According to informants, the IDA picks up on higher levels of need. Of note, HDS does not currently measure parental self-efficacy but is exploring the possibility of doing so.

Light Touch Services, Palm Beach County, FL

Agencies that will be receiving funding through Light Touch Services are still in the program planning stages. The funding agency has not specified and evaluation plan for this program. Each funded agency is expected to develop their own evaluation plan and select outcome measures that align with the respective logic model. During the planning period, grantees have had access to a consultant who can support program and evaluation planning.

First Step to Success, The Arc Palm Beach County, FL

Among children receiving services through First Step to Success, the Batelle screener is re-administered every six months to determine whether the child is scoring typical against her/his peers. If the child scores typical on the screener, then the full Batelle battery will be re-administered, and children scoring 'typical' will graduate from the program. The Arc's outcome of interest is whether or not children who complete services or have graduated the program screen normal/typical on the Batelle screener. Success is measured by the change sensitive score, comparing the pre- and post- scores and identifying where gains were made. Outcomes are evaluated, however, only among children who complete services or who have graduated successfully.

In addition to measuring gains in child's development, many key informants noted the importance of measuring changes in parents' knowledge, sense of efficacy, stress and comfort in doing what is needed to support their child. Key informants expressed that parents who feel less stressed, who know how to and feel confident in their ability to support their child's development will lead to better outcomes for children with M2M concerns. Measuring parental self-efficacy and parental stress may, therefore, be an important component in evaluating an intervention's effectiveness.

Finally, it should be noted that some children may ultimately have higher needs and require more intensive services. Success may then mean in some cases that a child is referred to and can access more appropriate services elsewhere.

Final recommendations related to creating the RFP for mild to moderate services expansion

There is minimal empirical research on interventions and services targeting children with M2M concerns and their families. It is evident that this is a newly emerging field that warrants further study to determine what services are most effective in improving developmental and behavioral outcomes for this particular population. However, there is robust evidence in the early childhood field on services or interventions that support healthy development, even for children in challenging situations. Through this needs assessment, we have gathered information from a wide variety of sources on approaches that seem to hold promise for the M2M population.

We were asked to provide some recommendations to First 5, as they consider who and how to fund for expansion and quality improvement of M2M services. Providing funding and support to programs that contain most or all of the following elements should have the strongest impact:

1. Programs or grantees should assure quality and effectiveness of services through a clearly articulated logic model. The model should identify desired outcomes and demonstrate how proposed activities will meet those outcomes, as well as identify a set of measures that will be used to evaluate those outcomes. Supporting various well-reasoned models provides flexibility to grantees within strong requirements for accountability. This approach to program design is currently being followed by Children's Services Council in Florida.

2. The concerns of parents or primary caregivers need to be heard and accounted for when establishing eligibility for M2M services. Parents/caregivers should be full partners in any service or intervention that addresses a child's concern. Services should therefore be accessible in timing and location, structured with activities to engage families, and delivered in a culturally proficient manner.

3. Referring providers, such as pediatricians, need information on M2M concerns and services, so that they can support parents who express worry about their children, and refer with confidence.

4. Emphasis on family context and skill of the assessor should outweigh the choice of a specific instrument for assessment for the purposes of establishing intervention strategies. While assessments are important tools used to identify a child's difficulties, how the tools are used – in the hands of a trained assessor – makes all the difference.

5. Co-locate and embed services into existing structures or agencies. Embedding services may limit duplication, build agencies' capacity, and support timely delivery, while making services more accessible to families.

6. Support M2M service providers with training and technical assistance. One approach, as used in San Diego's HDS, is to bring together administrative staff and providers from contracted agencies to share best practices, resources and lessons learned in a learning collaborative format.

Thank you for taking the time to complete this survey!

Your responses will help us better understand available services for families and children (0-5) with mild-to-moderate concerns, gaps in services, and the types of assessment or evaluation that are being conducted. Your responses will inform a competitive funding opportunity in 2016.

The survey should take up to 20-30 minutes. Anyone who completes this survey by December 24th will be entered into a raffle for a $50 Target gift card. The winner will be notified by the end of the month.

For this survey, we are asking you to focus on ONE specific program or service that helps children with mild-to-moderate concerns. If you have more than one program that serves this population, please complete a separate survey for each. Questions marked with an asterisk (*) are required.

If you have any questions about the survey, please contact us at First5-survey@cardeaservices.org or call Samantha Feld at 510-835-3700 ext. 331. We really appreciate your input!

*1. Please provide us with some contact information for you and your agency.

Name:	
Title/role:	
Agency name:	
Agency address:	
Email:	
Phone:	

*2. Do you provide services for families and children ages 0-5 years with mild-to-moderate developmental or behavioral concerns?

By mild-to-moderate we mean difficulties or delays where there is some level of concern about any of the following: child's development, behavior, mental health, or family functioning, but the child does NOT qualify for and is NOT receiving services for the mild-to-moderate area of concern.

- ◯ Yes
- ◯ No

*3. In which county do you provide services to families/children 0-5 with mild-to-moderate behavioral or developmental concerns? (Check all that apply)

- ☐ Alameda County
- ☐ Contra Costa County
- ☐ None of the above

The following questions will ask you to describe the type of service provided to families and children with mild-to-moderate concerns.

***4. What is the name of your agency's specific service or program that serves children (0-5 years) with mild to moderate concerns?**

***5. Who are the primary participants receiving your service for mild-to-moderate concerns?**

- ◯ Parents/caregivers only
- ◯ Children only
- ◯ Parent/caregiver AND children together
- ◯ Other

Please specify:

***6. What is the primary area targeted through this service?**

- ◯ Fine motor skills
- ◯ Gross motor skills
- ◯ Speech and language skills
- ◯ Social or play skills
- ◯ Emotional or self-regulation skills
- ◯ Cognitive development
- ◯ Parent knowledge of child development
- ◯ Reducing family stress
- ◯ Attachment/relationships
- ◯ Other

Other (please specify):

7. Please specify any SECONDARY area(s) targeted through your service (check all that apply):

- ☐ Fine motor skills
- ☐ Gross motor skills
- ☐ Speech and language skills
- ☐ Social or play skills
- ☐ Emotional or self-regulation skills
- ☐ Cognitive development
- ☐ Parent knowledge of child development
- ☐ Reducing family stress
- ☐ Attachment/relationships
- ☐ None

Other (please specify):

8. What is the format for your service delivery?

- ◯ Individual (child or family)
- ◯ Group: fewer than 10 participants
- ◯ Group: 10+ participants

Other (please specify):

9. Where is your service delivered? (Check all that apply)

- [ ] Family's home
- [ ] At our agency
- [ ] School
- [ ] Childcare center
- [ ] Clinic or hospital
- [ ] Church or religious center
- [ ] Other community-based organization

Other (please specify):

10. What is the location name and address where your service is delivered? If the program is delivered in the family's home, please write "in home".

11. Please specify what curriculum or program plan is used, if any:

12. Are any of the following screening and/or assessment tools administered through your service? (Check all that apply)

- [ ] ASQ
- [ ] ASQ-SE
- [ ] M-CHAT
- [ ] PSI
- [ ] PEDS
- [ ] DECA
- [ ] HELP
- [ ] IDA
- [ ] No screening or assessment is administered
- [ ] Other

If other, please specify:

13. Please describe how the screening and/or assessment tool(s) are used, when they are used, and by whom:

The following questions pertain to the duration and frequency of the service provided.

14. What is the format of your service or program?

- ◯ One-time session
- ◯ A series of sessions
- ◯ On-going basis

If there is a set number of sessions, please tell us how many:

15. How frequently do participants receive the service?

- ◯ Daily
- ◯ Weekly
- ◯ Twice a month
- ◯ Monthly

Other (please specify):

16. How many total hours of service do participants typically receive?

The following questions are related to how children and families access and are connected to your service.

17. How are children and families typically referred to your service? (Check all that apply)

- ☐ Help Me Grow
- ☐ Healthcare provider (e.g. nurse, doctor, therapist)
- ☐ Childcare provider or Head Start
- ☐ Other families/word-of-mouth
- ☐ Self-referrals
- ☐ From our own agency
- ☐ Schools
- ☐ Regional Center

Other (please specify):

18. What criteria is used to determine eligibility for the service? (Check all that apply)

- [ ] Geographic location
- [ ] Income
- [ ] Score on a screening tool
- [ ] None: any families can access service

Other (please specify):

19. If a screening tool is used to determine eligibility, please specify the tool and the cutoffs used:

20. Are children with IEPs or IFSPs eligible to receive the service?

- ◯ Yes
- ◯ No, not if we are aware of their IEP/IFSP
- ◯ Unsure

21. Please describe any efforts to tailor or match your service to the child/family's particular level of need:

The questions on this page ask about any evaluation activities used to assess the impact or success of your program.

22. What changes do you expect to see in the families or children who receive the service?

23. How do you measure your service or program's success? Specifically, what outcomes or indicators do you measure, if any?

24. Please specify any methods used to evaluate your program: (Check all that apply)

- [ ] Pre- and post-test
- [ ] Post-test only
- [ ] Participant satisfaction surveys
- [ ] Observation logs
- [ ] Case studies
- [ ] Report from a professional (e.g. a physician, therapist, social worker)
- [ ] None

Please describe any other evaluation methods used:

The following questions are about the staff who directly provide the service to families and children with mild-to-moderate developmental or behavioral concerns.

25. Using the drop-down menu below, please specify the number of staff providing the service to families and children 0-5 with mild-to-moderate concerns, by their highest level of education.

	# on staff providing service
GED/high school diploma	
Associate's degree	
BA/BS	
MA/MS	
PsyD/PhD/EdD	

Other (please specify):

26. Please describe any additional certifications, qualifications or experiences required of the staff who provide the service for children and families with mild-to-moderate concerns?

27. Do the staff providing the service to families and children with mild-to-moderate developmental or behavioral concerns have any on-going training or professional development opportunities?

- ◯ Yes
- ◯ No
- ◯ Not sure

If yes, please describe:

The following questions pertain to the families and children who access your service for mild-to-moderate concerns.

28. What is the age range of children served in this program? (Note: if parents/caregivers are the primary recipients of the service, please specify the target age range of their children).

29. Is your service targeted towards any specific population(s)? (Check all that apply)

- ☐ Single-parent households
- ☐ Low-income families
- ☐ LGBT families
- ☐ Children with an incarcerated parent
- ☐ Teen parents
- ☐ No, not applicable

Please specify any other population or community that your service may target:

30. Please specify in which language your service is delivered: (Check all that apply)

- ☐ English
- ☐ Spanish
- ☐ Cantonese
- ☐ Vietnamese
- ☐ Mandarin
- ☐ Arabic
- ☐ Interpreters available for other languages upon request

Other (please specify):

31. What are the major challenges that your agency faces in delivering services for children with mild to moderate concerns?

32. Are there any communities, groups or populations that you feel you are unable to reach? If so, please describe:

33. Is there a service that you wish you could offer, or changes to your current service model that you would implement if you had the resources to do so?

34. How is your service funded?

- [ ] Client fees
- [ ] Private insurance, Medi-Cal or other third-party payors
- [ ] Private donations
- [ ] State, local or federal grant
- [ ] Foundation or community grant

Other (please specify):

35. Is there any additional information about your service for children and families with mild to moderate concerns that would be helpful for us to know?

Thank you so much for taking the time to share with us these details about your program or service. If you have any questions or concerns, please contact us at First5-survey@cardeaservices.org, or call Samantha Feld at 510-835-3700 ext 331.

First 5 Alameda/Contra Costa Provider Survey

Summary of findings

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CARDEA

Survey Objectives

1. Describe specific programs serving families and children with mild-to-moderate behavioral and developmental needs in Alameda and Contra Counties
2. Identify whether and how children are matched to appropriate services
3. Determine the extent to which programs are evaluating the impact of services
4. Identify challenges faced by providers and gaps in services

CARDEA

Methods

- Electronic survey disseminated via email to 210 known service providers in AC and CC counties
  - 129 providers in Alameda County
  - 81 providers in Contra Costa County
- Providers identified through First5 contacts:
  - AC: grantee list, resource directory
  - CC: stakeholder list, parent resource guide
  - Cardea updated missing email addresses; conducted web-based search for additional providers
- Sent initial email message (12/9/15) and a follow up 1 week later; updated "bounced" email addresses when possible

CARDEA

Screening criteria

1. Self-identified as providing services to children 0-5 with mild-to-moderate concerns, defined as:

   Difficulties or delays where there is some level of concern about any of the following: child's development, behavior, mental health, or family functioning, but the child does NOT qualify for and is NOT receiving services for the mild-to-moderate area of concern, such as through the Regional Center or the school district.

2. Geographic scope (Alameda and Contra Costa counties only)

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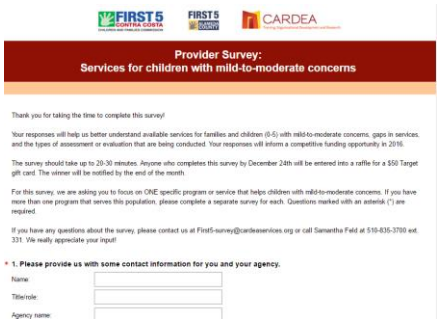

Provider Survey:
Services for children with mild-to-moderate concerns

Thank you for taking the time to complete this survey!

Your responses will help us better understand available services for families and children (0-5) with mild-to-moderate concerns, gaps in services, and the types of assessment or evaluation that are being conducted. Your responses will inform a competitive funding opportunity in 2016.

The survey should take up to 20-30 minutes. Anyone who completes this survey by December 24th will be entered into a raffle for a $50 Target gift card. The winner will be notified by the end of the month.

For this survey, we are asking you to focus on ONE specific program or service that helps children with mild-to-moderate concerns. If you have more than one program that serves this population, please complete a separate survey for each. Questions marked with an asterisk (*) are required.

If you have any questions about the survey, please contact us at First5-survey@cardeaservices.org or call Samantha Feld at 510-835-3700 ext. 331. We really appreciate your input!

* **1. Please provide us with some contact information for you and your agency.**

Name:

Title/role:

Agency name:

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106 total responses collected over 2 weeks

- 9 "disqualified": not serving families in CC or AC or not serving target mild-to-moderate populations
- 76 surveys included in analysis
  - 64 completed survey in-full
  - 12 surveys with some missing data
- 21 **only** provided name/contact info (excluded)

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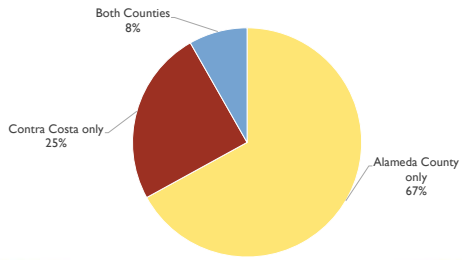
DESCRIPTION OF SERVICES

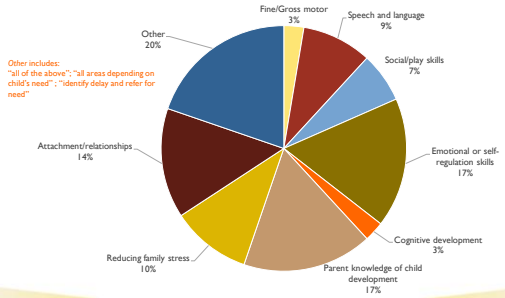
In which county do you serve families and children with M-M concerns?



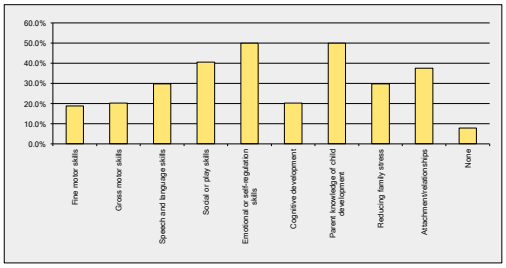
76 respondents representing 59 agencies

4Cs of Alameda County	Baby Builders	Contra Costa Regional Medical Center	Intertribal Friendship House	Portia Bell Hume Center	Stepping Stones Growth Center
A Better Way, Inc.	Brighter Beginnings	East Bay Agency for Children	Jewish Family and Community Services East Bay	Positive Therapy Solutions for Speech-Language Pathology	Suma Kids
AC Healthy Homes Dept	C.O.P.E Family Support Center	East Bay Community Recovery Project	Language Essentials, Inc.	Public Health Nursing	The DOVES Project/ Center for Child Protection
AFS-Alameda HeadStart	CALICO	East Bay Regional Park District	Life Steps Foundation Children & Family Services	Pumpkin Patch Consulting	The Unity Council Head Start Cesar Chavez
Al Co Early Childhood	CAPE, Inc.	Family Support Services of the Bay Area	LifeLong Medical Care	School of Imagination	Through the Looking Glass
Alameda County Library-Fremont Main Branch	Castro Valley Pediatrics	Family Violence Law Center	Lincoln Child Center KSSP	Seneca - Building Blocks	UCSF Benioff Children's Hospital Oakland
Alameda County Public Health Dept -MPCAH	CEID	FRN	Liu, Ruobing (provider)	SHELTER, Inc.	USCF Benioff Children's Hospital, EIS
Alta Bates Summit Medical Center	Chabot Early Childhood Lab School	Glorytime Daycare	Lotus Bloom Family Resource Center	SSUC EHS	We Care Services for Children
Ann Martin Center	City of Fremont	Greater Richmond Interfaith Program	Native American Health Center	STAND!	Stepping Stones Growth Center
Asian Health Services	Contra Costa Child Care Council	Infant Follow-up Clinic, ABSMC	Pediatric Medical Associates of East Bay	Start Right Now, Inc dba Speak Right Now	

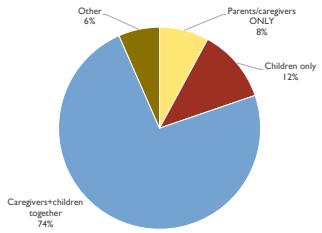
Broad range of areas targeted through services



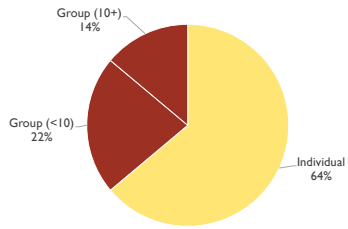
Please specify any SECONDARY area(s) targeted through your service:



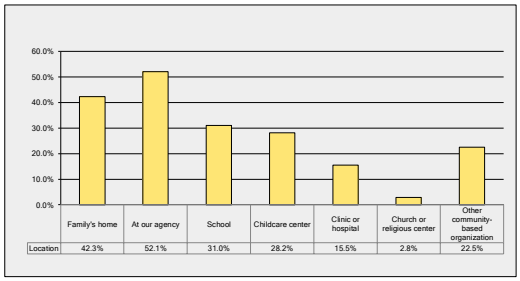
¾ programs report serving parents and children together



Most services are provided in a one-on-one format

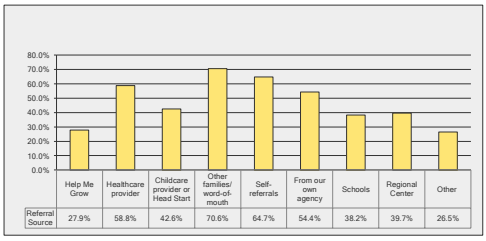


Where is your service provided?



	Family's home	At our agency	School	Childcare center	Clinic or hospital	Church or religious center	Other community-based organization
Location	42.3%	52.1%	31.0%	28.2%	15.5%	2.8%	22.5%

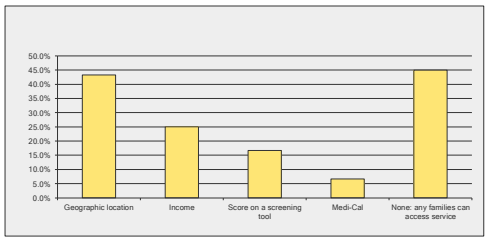
How are families referred to your service?



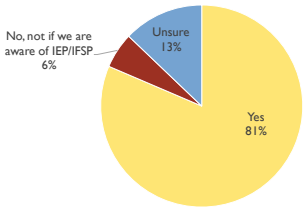
	Help Me Grow	Healthcare provider	Childcare provider or Head Start	Other families/ word-of-mouth	Self-referrals	From our own agency	Schools	Regional Center	Other
Referral Source	27.9%	58.8%	42.6%	70.6%	64.7%	54.4%	38.2%	39.7%	26.5%

"Other" includes:
CPS, law enforcement, Alameda County Family Justice Center, Berkeley Parents Network, Care Parent Network, Child Care Solutions, Special Start and High-Risk Infant Follow-up program, First 5 Center staff

Nearly half of all services have no restrictions on eligibility



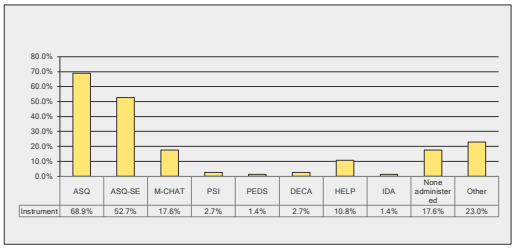
Are children with IEPs or IFSPs eligible to receive the service?



Broad range of curricula and program plans used

- 34% of respondents do not utilize a specific curricula or program plan
- 17% report developing their own curriculum or program plan based on clients' needs
- Most commonly cited curricula or program plans included:
  - Creative Curriculum (6)
  - Play Therapy (3)
  - Partners for Healthy Baby (3)
  - Fussy Baby (2)
  - Triple P (2)
  - Parent Café (2)

Which screening or assessment tools are administered through your service?



Instrument	ASQ	ASQ-SE	M-CHAT	PSI	PEDS	DECA	HELP	IDA	None administered	Other
	68.9%	52.7%	17.6%	2.7%	1.4%	2.7%	10.8%	1.4%	17.6%	23.0%

"Other" includes: PHQ-9 (3); Sensory Profile (3); DRDP (3); PLS-5 (2); Rosetti Infant-Toddler Language Scale (2); SKI-HI, CBCL, CLASS, Ready to Kinder, Denver Developmental Profile, CBCL, TVPS, VMI, Cornerstone Model, POSI

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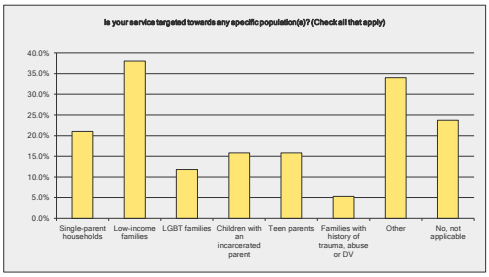
Nearly 40% of services are targeted at low income families



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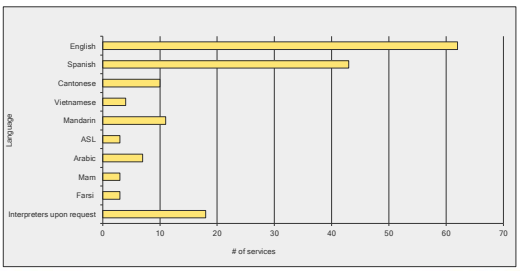
Please specify in which language(s) your services are delivered?



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Staff training opportunities

- Most commonly reported staff training opportunities included:
  - CEUs
  - Onsite in-services
  - Trainings in the community or conferences
  - Staff supervision

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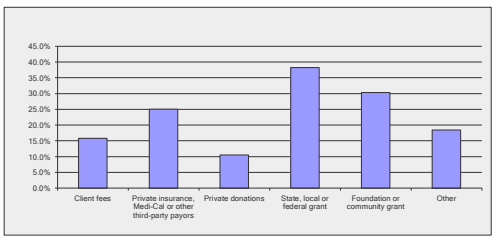
How is your service funded?



"Other" includes: First 5 (4), Regional Center (2), Head Start (2), School district, hospital budget, County Kinship services, Victim of Crime program, Safe Passages, TCM/CHDP

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MATCHING SERVICES

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What are the approaches described to match children to the appropriate service?

- No matching articulated:
  - 37% of respondents left question blank regarding how families/children are matched to appropriate services
- Services intended to meet varying needs of children, but no specific matching occurs:
  - *"All our welcome to the playgroup and we work with kids at the level that they are at and are very intentional with what their needs in order to help them be successful in the classroom and at home." – Lotus Bloom Family Resource Center*
- Curriculum adjusted based on needs of child:
  - *"Different hand-outs and therapeutic activities and sheets are created for those children who are exhibiting particular needs." – Baby Builders*
- Services provided on individual basis by a specialist and are tailored accordingly:
  - *"Children and families identified as at-risk are provided individualized services by appropriate specialist (ie OT, PT, Speech, Infant Mental Health)." – Alta Bates NICU Graduate Post Discharge Intervention Program*
  - *"Home visits are individually tailored by families need. Once enrolled in the program the family works with their home visitor on planning and reaching personal and family goals." – Brighter Beginnings, Hello Baby*
- Small groups sizes to accommodate needs:
  - *"We individualize the programs (3:1 ratio and small class size 9 children)."– School of Imagination*
- Involving family in planning of goals, check in on progress to tailor program:
  - *"Frequent communication with families or pertinent school staff. Parenting sessions to work on strategies to implement at home." – Ann Martin Center, Therapeutic play group*

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INTENDED SERVICE OUTCOMES AND MEASURES OF SUCCESS

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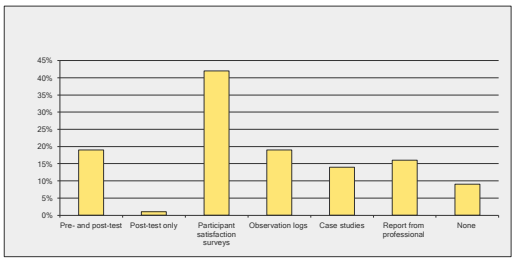
Participants satisfaction surveys are the mostly commonly used tool to evaluate services



CARDEA

Services targeting speech and language skills

Agencies (service)	Expected changes	Measure of success
Start Right Now (individual & group therapy) School of imagination (infant development program) Language Essentials, Inc. Unity Council (OUSD Special Needs Services) FRN (Help Me Grow) Alta Bates (Infant Follow-Up Clinic) Positive Therapy Solutions for Speech-Language Pathology	**Parents/families:** - Better connected to the community **Children:** - Improved communication - Better able to play with others - Improved learning, social, behavior skills	- Monitoring of goals - DRDP used three times a year (Unity Council) - Parent feedback - Parent/caregiver observations

CARDEA

Services targeting social or play skills

Agencies (service)	Expected changes	Measures of success
Alameda County Library-Fremont (Community Playgroup) Stepping Stones Growth Center (First Steps) Lotus Bloom Family Resource Center (Multi-Cultural Playgroup) CCUS EHS (Early Head Start) Contra Costa Child Care Council (Inclusion Project)	**Parents/families**: - More engaged in child's learning, knowledge of development - Increased knowledge of community resources and ability to navigate education systems **Children:** - Improved self-regulation, socialization, communication, language/speech, behavior, motor skills	- Families keep coming back - Parent surveys - ASQ to monitor progress (Lotus Bloom) - Observation logs - Teaching staff use the DRDP tool (CCUS) - Children meeting recommendations

CARDEA

Services targeting emotional or self-regulation skills

Agencies (service)	Expected changes	Measure of success
Ann Martin Center (Cornerstone therapeutic play group) East Bay Community Recovery Project (EPSDT) AFS – Alameda Head Start COPE Family Support Center (Triple P) Chabot Early Childhood Lab School (Help Me Grow) Family Support Services of the Bay (Growing Up Strong) CAPE, Inc. Portia Bell Hume Center (AC Children and Youth Services) A Better Way, Inc. (Parent Cafes, Head Start consults) Brighter Beginnings (EPSDT Medi-Cal) Seneca – Building Blocks (Therapeutic Preschool)	**Parents/families:** - Decreased stress - Increased understanding of child's needs and ability to advocate **Children:** - Improved ability to regulate behaviors and socialize with peers - Improved self-reflection, self-regulation, self-awareness, self-management, resiliency, problem-solving - School readiness - Improved communication with parents about needs	- Parent questionnaire - Verbal satisfaction, feedback from caregivers - Child's progress on assessment tool - Parent participation in sessions - Returning participants

CARDEA

Services targeting gross/fine motor skills

Agencies (service)	Expected changes	Measure of success
Suma Kids Alta Bates (NICU Grad Post Discharge Intervention Program)	- "Family and child's life running "smoother" - Children reach appropriate developmental milestone or are referred out for more intensive services	- Child's 6 month goals met - Process indicators: # of children provided services, # referrals

CARDEA

Services targeting cognitive development

Agencies (service)	Expected changes	Measure of success
AC Healthy Homes Department (Nurse case management for lead poisoned children) SHELTER, Inc. (Mt. View)	**Children:** - Reduced blood lead levels (AC Healthy Homes) - Connected to appropriate services, early intervention, improvement in areas of delay (SHELTER)	- Decreased blood levels and increased parental knowledge (AC Healthy Homes) - Families connected to services (SHELTER)

CARDEA

Services targeting parent knowledge of child development

Agencies (service)	Expected changes	Measure of success
STAND! (Bay Point First 5) City of Fremont (Infant Toddler Program) Intertribal Friendship House (Parent Advocate) Native American Health Center (Strong Families Tribal Home Visiting Project) Glorytime Daycare (Extra care program) 4Cs of Alameda County (Parenting series, child enrichment) Pumpkin Patch Consulting CEID (Home visit program, sign class, parent support group) East Bay Agency for Children (Little Steps to College) Pediatric Medical Associates of the East Bay Lifelong Medical Care, Asian Health Services	**Parents/families:** - Increased knowledge of development - Gain tools to support child - Develop support network - Reduced stress - Ability to advocate for children's needs - Improved resilience, stress management **Children:** - Learn new skills - Access services needed - Improved parent/child interactions (communication, bonding) - Prepared for school	Parents/families report improved relationships Client surveys Increased knowledge, understanding # referrals, parental acceptance of services

CARDEA

Services targeted at reducing family stress

Agencies (service)	Expected changes	Measure of success
Lotus Bloom (developmental play group) UCSF Benioff Children's Hospital, EIS (Fussy Baby) UCSF Benioff Children's Hospital (Child Life Dept) Unity Council Head Start Cesar Chavez (family advocate program) CALICO (crisis intervention) Lincoln Child Center KSSP (kinship support, therapy referral, IEP assistance) FRM (family support, family navigation)	**Parents/families:** - Reduced family stress, parent distress - Acceptance of child's needs, individuality - Understanding how to navigate system to access services - Increased parenting knowledge - Knowledge of parent rights, educational rights for children **Children:** - Progress in development, communication	- Parent report on self-efficacy, satisfaction, stress, access to resources and supports - Parent feedback on services - ASQ to monitor child's progress (Lotus Bloom) - DRDP, Learning Genie, Child Plus assessments (Unity Council)

CARDEA

Services targeting attachment and relationship issues

Agencies (service)	Expected changes	Measure of success
Through the Looking Glass (Early Head Start; Chatterbox play group) Jewish Family and Community Services (Baby play group; parenting and youth group) SHELTER (Mt. View House interim family shelter program) The DOVES Project (Center for Child Protection) Family Violence Law Center (Child-parent psychotherapy program) Brighter Beginnings (Hello Baby) Alameda County Public Health Department Alameda County Early Childhood (EC consultation, treatment program)	**Parent/caregiver:** - Increased knowledge of attachment style, parenting, child development - Increased self-sufficiency, empathy, insight, confidence - Greater sense of having a support system - Increased access to resources to meet child's needs **Child:** - Increased sense of safety & security - Improvement in development, social and communication skills - Decrease in problem behaviors	- Parent satisfaction surveys - Parents report informally on changes witnessed in children - Self assessment and school readiness goals (Through the Looking Glass) - CBCL, reported reduction of symptoms (DOVES Project)

CARDEA

Services with no single primary target ID'd

Agencies (service)	Expected changes	Measure of success
Baby Builders (Developmental Play Groups) COPE Family Support Center (Triple P) UCSF Benioff (Oral Health Program) Contra Costa Regional Medical Center (Clinic for Autism and ADHD Diagnoses) Through the Looking Glass (Services to Families with Disability Issues) Contra Costa Childcare Council (Inclusion Project) Brighter Beginnings (First 5 Center, ASQ screenings and developmental play groups) We Care Services for Children (devel. play groups, We Grow Inclusion class) East Bay Regional Park District Life Steps Foundation Children & Family Services Public Health Nursing Castro Valley Pediatrics, Asian Health Services	**Parents/families:** - Increased knowledge of child development and understanding of child's needs - Gain skills to support child's development - Increased confidence - Gain access to resources to meet children's needs; link families to services - Improved parent/child relationship **Children:** - Increased comfort, readiness to learn - Improved child development progress, communication - Mental and physical health	- Monitor screening scores (Baby Builders, CCCC Inclusion Project) - Parenting scale, Eyberg, DASS21, Parent Problem Checklist, Relationship Quality Index (COPE) - Process indicators: # children served, # referrals made - Achievement of individual goals - Parent surveys

Agencies reporting use of pre- and post-test to evaluate services

- School of Imagination
- Lincoln Child Center KSSP
- COPE Family Support Center
- Baby Builders
- Start Right Now
- Language Essentials
- Suma Kids
- Life Steps Foundation
- Positive Therapy Solutions for S&L Pathology
- Ann Martin Center
- Seneca Building Blocks
- Chabot Early Childhood School Lab
- Unity Council Head Start
- We Care Services for Children UCSF Benioff Children's Hospital (Fussy Baby)
- Alta Bates (NICU Graduate Post Discharge Intervention Program)

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CHALLENGES, GAPS & OPPORTUNITIES FOR EXPANSION

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What are the major challenges that your agency faces in delivering services for children with mild to moderate concerns?

- Adequate funding for programs and staffing
- Sufficient staffing with appropriate training
- Retention of families
  - Families' schedules incongruent with availability of services
  - Stigma
- Effective marketing of services to reach those who need services
- Meeting the needs of Spanish-speaking populations
- Resources for families, including transportation, childcare, incentives, and support with navigating services

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Are there any communities, groups or populations that you feel you are unable to reach?

Most frequently cited responses:

- Families without English or Spanish language capabilities (Farsi, Arabic, Cantonese, Mam, API)
- Children who do not attend pre-school
- Families with substance abuse and trauma issues
- Families with low SES
- Families who have challenges accessing transportation

CARDEA

Is there a service that you wish you could offer, or changes to your current service model that you would implement if you had the resources to do so?

- Staffing
  - Occupational therapists
  - Speech therapists
  - Mental health providers
- Provide services in more languages
- Increase in frequency of services: more sessions, more groups
- Limit restrictions for eligibility on basis of age, income

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What we still want to know…

- Key service providers in AC, CC: who is missing?
- Screening tools: which instruments are preferred and why?
- How are children/families matched? Or rather, why are children *not* being matched?
  - 81% of respondents said children with IEPs or IFSPs are eligible to receive services. How do services for these children differ from those without IEPs/IFSPs or with less concern?
- What are the limitations to evaluation of services?
- To what extent are services effective? Are services adequately addressing needs?
- Additional gaps and challenges? (for families and service providers)

CARDEA

Appendix C.

Focus Group Question Guide
2/8/16

Thank you for being here today. We are here today to talk to you about your experiences as a parent to a child under 5. The objectives for us today are:

- *Identify the concerns, questions, difficulties experienced by parents with children under the age of 5.*
- *Hear about services or resources that have been helpful for parents with concerns about child's behavior or development.*
- *Identify the format, structure, logistical aspects of a service that would make it easiest for parents like you to participate*

1) Lets start by sharing something about your child (we want to focus on your child under age 5 that you have concerns about their behavior or development). Can everyone share the age of their child, and one word that describes your child the best?

2) All parents have questions or concerns about their child's development. What are some of the questions or concerns you have had about your child's behavior or development in the last few months? Probe: What are some of your worries about your child's development?

3) What are some of the programs or services in the community that have been the most helpful to you as a parent and for your child? Please also share why you liked these services.
   PROBE: What did you like about these programs or activities? Why?
   PROBE: What was most helpful?
   PROBE: Why do you think this program/activities were helpful?
   PROBE: What changes did you see in your child's development/behavior? What kinds of things did you learn, or were able to do differently as a parent that helped your child?
   PROBE: who do you trust when it comes to information or services that would support your child's development or behavior.

4) What have been some of the challenges you have encountered in being able to access information, resources, or activities to meet your child's needs?
   PROBE: When looking for support for your child what has been missing?

5) Imagine for a moment there is a service or activity available that you think might help your child's development or behavior. What are the kinds of things would support your participation in such a service or activity?
   PROBE: What setting or particular location would make it easy and why?
   PROBE: What kinds of activities would you like to see? Why?
   PROBE: What types of things would you like to learn or experience regarding parenting or your child's development? Why?
   PROBE: How much time (hours per week and for how long) would you be willing to commit to attending a service?
   PROBE: Who would you want running an activity or program? (ie another parent, therapist, nurse or doctor, teacher, etc.?) and why?

PROBE: What else would make it easier for you to attend? (i.e., childcare, location, transportation, other friends attending, no cost, etc.)
PROBE: Anything else you want to share that would hinder your attending?

6) What else would you like First 5 to know, do, or provide that you think would address your child's behavior/developmental needs?
PROBE: What kinds of things would help you as a parent in supporting your child?