

Community Dialogue – Fort Wayne – August 26, 2004		
Question 1: What is working well in your community for families with young children?		
1 – 3 PM Session – Group 1	1 – 3 PM Session – Group 2	4 – 6 PM Session
<ul style="list-style-type: none"> <li>-Erin’s House (program for grieving children)</li> <li>-Child Advocacy Center</li> <li>-Good constellation of Health Fairs</li> <li>-Park Center Home-based services</li> <li>-Turnstone Center</li> <li>-Strong social services network</li> <li>-Wide variety of services for city of this size (Fort Wayne)</li> <li>-Literacy initiatives for children and adults</li> <li>-Links to faith-based initiatives</li> <li>-Early Childhood Alliance/WIB working to improve limited English child care providers</li> <li>-Camp Watcher Wanna Do</li> <li>-Multitude of diverse faith congregations</li> <li>-Spanish speaking child specialist</li> <li>-Foreign adoption, stateside adoption, foster care</li> <li>-Rich communities of immigrants who generate <u>both</u> needs and solutions</li> <li>-Churches</li> <li>-Private preschools</li> <li>-ECSE classes in all 3 school systems</li> <li>-Coordinated interviewing of child survivors of sexual abuse (prosecutor, police, medical, CPS)</li> <li>-SCAN (Stop Child Abuse and Neglect)</li> <li>-New Head Start toddler-5 all day program</li> <li>-A system to identify what quality child care <u>should</u> look like</li> <li>-Information for good access to Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>-Boy and Girl Scout programs</li> <li>-Early Head Start programs</li> <li>-Early literacy programs (Families First; Read to Me)</li> <li>-Home-based services</li> <li>-Case management</li> <li>-Healthy Families</li> <li>-Zoo</li> <li>-Shots for Tots</li> <li>-Foster grandparent program</li> <li>-First Steps</li> <li>-Day treatment programs</li> <li>-System of care</li> <li>-Parents as Teachers (PAT)</li> <li>-Neighborhoods</li> <li>-Parenting groups</li> <li>-4-H</li> <li>-Church programming</li> <li>-Hoosier Healthwise</li> <li>-Full day Kindergarten</li> <li>-Big Brothers/Big Sisters</li> <li>-Erin’s House</li> <li>-Mom and Babies program</li> <li>-Step Ahead</li> <li>-Parks and Recreation</li> <li>-YMCA and YWCA programs</li> <li>-MOPS</li> <li>-Homeless Assistance Program (HAP)</li> <li>-Community Centers</li> <li>-First Light (Marion)</li> <li>-First Call for Help</li> <li>-Catholic Charities</li> </ul>	<ul style="list-style-type: none"> <li>-Safe Kids Coalition</li> <li>-Head Start</li> <li>-CANI (Community Action of Northeast Indiana)</li> <li>-First Steps</li> <li>-Healthy Families</li> <li>-ACPL (Allen County Public Library)</li> <li>-Success by Six</li> <li>-Planned Parenthood</li> <li>-Parents as Teachers</li> <li>-Large number of accredited child cares</li> <li>-CHIRP</li> <li>-Literacy programs</li> <li>-Private and public foundation support</li> <li>-Parks and Recreation</li> <li>-Neighborhood Health Clinics</li> <li>-Covering Kids program (outreach/ advocacy program supporting HHW)</li> <li>-Super Shot - vaccines for Children</li> <li>-Hospital Foundation Support</li> <li>-Awareness Campaigns re: early childhood</li> <li>-Step Ahead</li> <li>-Collaborations</li> <li>-Paths to Quality (CC Quality Indicator System)</li> <li>-Healthier Mom’s and Babies</li> <li>-Public pre-school programs</li> <li>-Home visiting programs</li> </ul>

<p>application/good service for children</p> <ul style="list-style-type: none"> <li>-Great parks, zoo, museums,</li> <li>-Programs that teach appropriate parenting</li> <li>-Huge, brave library expansion</li> <li>-People “know” concept of primary medical home</li> <li>-Literacy programs</li> <li>-Foundations</li> <li>-Early childhood exposure to sports programs</li> <li>-Programs to alleviate parental stressors (divorce, substance abuse, mental health)</li> <li>-Free immunization clinics</li> <li>-First Steps</li> <li>-Lead prevention programs</li> <li>-GAL (Guardian ad litem) group – strong</li> </ul>	<ul style="list-style-type: none"> <li>-Foster Care programs</li> <li>-Respite care</li> <li>-Matthew 25</li> <li>-Project GRIN (dental health)</li> <li>-Hoosier Healthwise</li> </ul>	
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<p>Question 2: What are some barriers related to raising young children?            *Participants were allowed three votes for the responses they felt were most significant. These are listed on top with the total number of “votes” in parentheses. The remaining comments are listed below. Note that participants were allowed to use their votes any way they wished (more than one vote for a single answer, all for separate answers, etc.).</p>		
1 – 3 PM Session – Group 1	1 – 3 PM Session – Group 2	4 – 6 PM Session
<ul style="list-style-type: none"> <li>-Financial illiteracy (kids need a course in daily living skills) (2)</li> <li>-Transportation (2)</li> <li>-Child care vouchers lacking (1)</li> <li>-Availability of existing resources (waiting list/lag time from need to service) (1)</li> <li>-Minimal respite care available (1)</li> <li>-Welfare caseload too large (1)</li> <li>-Child welfare system lacks community input and quality assurance (1)</li> <li>-Stigmas associated with parent asking for assistance in parenting (1)</li> <li>-More flexible child care voucher guidelines – parental income (1)</li>   <li>-Local medical providers who do not accept Medicaid</li> <li>-Funding restrictions based on politics</li> <li>-Lack of research on childhood mental disorders (birth to 6)</li> <li>-Lack of bi-lingual providers</li> <li>-Failure of Special Ed to serve preschool children with severe emotional disturbance</li> <li>-Payment barriers very large for limited English speaking child care providers</li> <li>-Delayed diagnoses in mental health</li> <li>-Conflict with state Article 7 treatment of mental health concerns</li> <li>-Legal parents both have to sign for mental</li> </ul>	<ul style="list-style-type: none"> <li>-Economy/financial supports (5)</li> <li>-Kids are not always a priority (3)</li> <li>-Lack of adequate child care (2)</li> <li>-Access to health care for uninsured children and parents who care for them (2)</li> <li>-Weekend help (1)</li> <li>-Housing (1)</li> <li>-Dysfunctional families (1)</li> <li>-Unsafe living environments (1)</li> <li>-Nothing for ‘non-traditional’ hours (1)</li> <li>-Lack of knowledge of services (1)</li> <li>-Lack of knowledge of developmental milestones (1)</li>   <li>-Lack of family support</li> <li>-Proper parenting skills</li> <li>-Absent parents</li> <li>-Access to specialized health care for rare diseases</li> <li>-Family support system</li> <li>-Programs closing due to lack of funding</li> <li>-Self esteem issues</li> <li>-Teen parents</li> <li>-Transportation</li> <li>-Too many boxes; not enough programs/services</li> <li>-Working families</li> <li>-Lack of programs for middle income families</li> </ul>	<ul style="list-style-type: none"> <li>-System needs to support whole family (4)</li> <li>-Parenting Skills/Education (4)</li> <li>-Assistance for Working Poor (4)</li> <li>-Mental Health (3)</li> <li>-Adequate/Affordable Housing/Utilities (3)</li> <li>-Locating/paying bilingual employees and interpreters (2)</li> <li>-Support for dads (2)</li> <li>-Family Planning (1)</li> <li>-Knowledge of available services (1)</li> <li>-Not all children have health insurance</li>   <li>-Employer support (so parents can parent)</li> <li>-Transportation</li> <li>-“state” has lack of consistent regulations in settings where some children spend a lot of time (child care)</li> <li>-Living wage</li> <li>-Poor nutrition</li> <li>-Support systems “outside of the system”</li> <li>-Generational cycle barriers</li> <li>-Substance Abuse</li> <li>-Adequate prenatal care</li> <li>-Violence and its impact on children</li> <li>-Lack of services for newly arrived refugees (health, education, employment)</li> <li>-Diversity Awareness/Acceptance</li> </ul>

<p>health services (problem in divorced families)</p> <ul style="list-style-type: none"> <li>-No Child Left Behind – great idea, forgot the funding</li> <li>-Parent work schedules conflict with services</li> <li>-Limited counseling for children</li> <li>-Lack of Therapeutic Child Care</li> <li>-Lack of mental health services in First Steps and schools</li> <li>-Few fathers engaged</li> <li>-Health and obesity</li> <li>-Public money</li> <li>-Corporate Political Academic Elitism</li> <li>-Collaboration among agencies is often segmented (health vs. education vs. social services)</li> <li>-Language</li> <li>-Limited free clinics</li> <li>-No emphasis or stress on being a good parent and rewards associated</li> <li>-Transportation systems that accommodate parents</li> <li>-Quality prenatal care for moms and supportive care</li> <li>-Substance abuse</li> <li>-Sexual abuse</li> <li>-Culturally sensitive mental health intervention</li> <li>-Shelters don't provide for family unity</li> <li>-Involvement of line workers in policy and contract decisions</li> </ul>	<ul style="list-style-type: none"> <li>-Doctor cooperation and follow through</li> <li>-Poor dietary habits</li> <li>-Poor family structure</li> <li>-Lack of positive role models</li> <li>-Working families</li> </ul>	
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<p>Question 3: What does your community need to do to ensure that children are safe, healthy and ready to learn?            *Participants were allowed three votes for the responses they felt were most significant. These are listed on top with the total number of “votes” in parentheses. The remaining comments are listed below. Note that participants were allowed to use their votes any way they wished (more than one vote for a single answer, all for separate answers, etc.).</p>		
1 – 3 PM Session – Group 1	1 – 3 PM Session – Group 2	4 – 6 PM Session
<ul style="list-style-type: none"> <li>-Access to Healthy Families for all families (6)</li> <li>-Affordable mental health services for all in need (4)</li> <li>-Continuity of services (3)</li> <li>-Collaboration in service planning (2)</li> <li>-Mental Health screening by all physicians for parental depression/mental illness (2)</li> <li>-Recognition of service providers and programs (1)</li> <li>-Teaching community to advocate for families and children (1)</li> <li>-Every child and family has access to a system of quality child care and early education that meets their needs (1)</li> <li>-Universal use of EPDST</li> <li>-Use CPT (Child Protection Team) model - Roundtable in each county (1)</li> <li>-Programs to promote health relationships/ marriages (1)</li> <li>-Funding for full day Kindergarten and general education preschool in public school (1)</li>   <li>-Dialogue (ongoing) between city and country government, schools, law enforcement, judicial system, and agencies attempting to meet safety, health, and learning needs for kids</li> </ul>	<ul style="list-style-type: none"> <li>-More home-based services (5)</li> <li>-Increased \$\$ (3)</li> <li>-Trained child care workers (3)</li> <li>-VOTE! (2)</li> <li>-Legislators and state representatives are informed and held <u>accountable</u> (2)</li> <li>-Regulations that make sense (2)</li> <li>-Consistency with CPS guidelines statewide (1)</li> <li>-Help parents recognize the everyday learning opportunities in daily routines/life; more parent education opportunities (1)</li> <li>-Legislators need to be “tested” and “evaluated” to see if they are doing their jobs; like they want to do to kids (1)</li> <li>-Respecting individual learning styles (1)</li> <li>-Accountability on parents’ involvement (1)</li>   <li>-More programming for all kids; no labels</li> <li>-Our community needs to be part of a <u>national system</u> of comprehensive health care (instead of current hit and miss non systems)</li> <li>-Parent choice in child care options</li> <li>-More mentor programs for child/parent</li> <li>-Stable economy</li> <li>-Church your groups reach out more</li> </ul>	<ul style="list-style-type: none"> <li>-Parent (holistic) educational programs (5)</li> <li>-Communication between teachers/schools &amp; child care &amp; parents (4)</li> <li>-Resources for caregivers (4)</li> <li>-Pre-K English emersion/opportunity for exposure to English language (4)</li> <li>-Child Bill of Rights (2)</li> <li>-Families are always asked if they have health insurance for their child – if not they get HHW (1)</li> <li>-Case Conferences include parents (1)</li>   <li>-Remove Gatekeeping</li> <li>-Safe House in every community</li> </ul>

<ul style="list-style-type: none"> <li>-Committed community partners in the private sector</li> <li>-Resolve home day care issues</li> <li>-Seamless transition from any early childhood setting to Kindergarten – clear school expectations available to all families</li> <li>-Seamless communication with CPS and courts</li> <li>-Early Childhood Education move in school system</li> <li>-Housing accountability</li> <li>-Case conferencing – family-centered, proactive, family involved</li> <li>-Increase in educational institutions for childhood mental health</li> <li>-School case management</li> <li>-Adequate funding for coordinated case management so client only has ONE person to deal with</li> <li>-More sophisticated hearing testing</li> <li>-Parent education that supports 1:1 interaction with parent and child on attachment, development, social emotional</li> <li>-Flex-time at work for parents</li> <li>-Carry-out dinner and laundry service at child care centers</li> <li>-Medicaid Waiver program for children and parents with developmental delays</li> <li>-Adequate wages and supports for case managers (to reduce turnover)</li> <li>-Decrease smoking (Allen county has the highest % of smoking pregnant teenagers)</li> <li>-Planning parenthood</li> </ul>	<ul style="list-style-type: none"> <li>-Doctors referring children/families in need</li> <li>-Networking</li> <li>-More parenting programs</li> <li>-Follow through/enforcement (shots)</li> <li>-Judges/judiciary supportive of children</li> <li>-Abolish standardized testing</li> <li>-Follow-up with CPS involvement from county to county</li> <li>-More free clinic opportunities</li> <li>-Encourage physical activities to keep kids moving and not stuck in front of TV</li> </ul>	
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Question 4: What does your community need to do to ensure that children have access to comprehensive services? *Participants were allowed three votes for the responses they felt were most significant. These are listed on top with the total number of “votes” in parentheses. The remaining comments are listed below. Note that participants were allowed to use their votes any way they wished (more than one vote for a single answer, all for separate answers, etc.).		
1 – 3 PM Session – Group 1	1 – 3 PM Session – Group 2	4 – 6 PM Session
<ul style="list-style-type: none"> <li>-One Stop Shopping (system point of entry) (9)</li> <li>-Comprehensive evaluation center (5)</li> <li>-More \$\$ (5)</li> <li>-One form to apply for services (4)</li>   <li>-Linkage with higher education to prepare quality work force</li> <li>-Minimize TV (get families to turn it off)</li> <li>-Remove territorialism</li> <li>-More front line staff who speak the various languages of the community</li> <li>-Multiple, accessible points of entry</li> <li>-Child friendly environments</li> <li>-Dust off state’s plan for coordinated intake (computerized system that millions of \$\$ have already been spent to produce)</li> </ul>	<ul style="list-style-type: none"> <li>-Available to all families (5)</li> <li>-More \$\$ (3)</li> <li>-Lose labeling (program criteria) (2)</li> <li>-Case management (2)</li> <li>-Demand and expect it (2)</li> <li>-Quantify quality (1)</li> <li>-Transportation (1)</li> <li>-One application for all programs (1)</li> <li>-Determine eligibility based on behaviors vs. labels for DD/MH (1)</li> <li>-Networking (1)</li> <li>-Access to more information on quality and what services are available (1)</li>   <li>-Continue to improve public transportation options</li> <li>-Community resource fairs</li> <li>-\$ for local planning initiative such as Success by Six</li> </ul>	<ul style="list-style-type: none"> <li>-Universal “Care Card” for ALL bio/psycho social services (9)</li> <li>-Agencies have non-traditional hours to meet families’ needs (8)</li> <li>-Employ the people we serve (self-sufficiency for families) (7)</li> <li>-Employment that supports parents to attend conferences/training for helping their children (4)</li> </ul>

Question 5: What does your community need to do to ensure that services are coordinated, cost effective and community based? *Participants were allowed three votes for the responses they felt were most significant. These are listed on top with the total number of “votes” in parentheses. The remaining comments are listed below. Note that participants were allowed to use their votes any way they wished (more than one vote for a single answer, all for separate answers, etc.).		
1 – 3 PM Session – Group 1	1 – 3 PM Session – Group 2	4 – 6 PM Session
<ul style="list-style-type: none"> <li>-Universities here get involved in a hospital/university clinic for children (like Riley Child Development Center) (4)</li> <li>-Universal (non-income related) preschool access to all (3)</li> <li>-Training centers for social service providers (3)</li> <li>-Funder collaboration (2)</li> <li>-Get enrolling agents into homes (2)</li> <li>-Follow the mission, Not the funding (1)</li> <li>-MSW program in Fort Wayne (1)</li> <li>-Worthy work, Worthy wage (1)</li>   <li>-Community surveys which reach all populations</li> <li>-Turn YWCA building into a consortium of services for young children</li> <li>-Outcome research used to make decisions</li> <li>-Clearinghouse for resources for parents to get info they need</li> <li>-Financial resources for families to access services and supports</li> <li>-Consistent and flexible eligibility guidelines for services and supports</li> <li>-Success by Six (Allen County) needs to get moving!</li> <li>-Implement the plans! Don't wait!</li> <li>-Publicize that is working; get the word out via TV PSAs</li> </ul>	<ul style="list-style-type: none"> <li>-Providers knowledgeable of community programs (6)</li> <li>-Do things <u>with</u> families instead of <u>to</u> families (3)</li> <li>-Appropriate infrastructure at community levels (not just at state level) (3)</li> <li>-More diverse representation on committees (3)</li> <li>-Every family needs access to a “service coordinator” or case manager (2)</li> <li>-Customer service evaluations (1)</li> <li>-Turf issues (1)</li> <li>-Better coordinate funding streams (1)</li> <li>-Isolate specific issues and work on them (1)</li>   <li>-Keep FSSA out of it</li> <li>-Get rid of the “good ole boy and girl” systems</li> <li>-System point of entry for all community programs</li> <li>-Isn't this what Step Ahead Councils are supposed to be doing?</li> </ul>	<ul style="list-style-type: none"> <li>-System point of entry (one-stop shopping/family life center) (5)</li> <li>-Streamline services and intake info to make it understandable to families (4)</li> <li>-Effective transportation, flexibility with Medicaid rules, transportaion for family (3)</li> <li>-Family Round Tables (2)</li> <li>-Worthy work/Worthy wage (2)</li> <li>-Remove ideology and politics from problem solving (2)</li> <li>-Support for parents with mental illness (1)</li> <li>-Build trust by addressing needs in a timely manner (1)</li>   <li>-Comprehensive diversity training plan</li> <li>-Volunteers</li> </ul>