

Imptoving

School

readiness

Outcomes

Lessons from Six Communities



ABOUT THE AUTHOR

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The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. It was established in 1948 by Jim Casey, one of the founders of United Parcel Service, and his siblings, who named the Foundation in honor of their mother. The primary mission of the Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs. For more information, visit the Foundation's website at www.aecf.org.

EXECUTIVE SUMMARY

by Ann Segal, with Charles Bruner / December 2003

IN 1989, the nation's governors led by Governor Bill Clinton and President George Bush worked together to establish seven national educational goals. The first goal was that, "by the year 2000, all children will start school ready to learn." While there has been no federal legislation creating new resources specifically to achieve this goal, federal funding for child care services, for children's health care, and for Head Start have expanded significantly. This has provided states more tools for developing early learning systems to ensure school readiness, although the expansion of funding for child care was primarily to enable more parents to go to work under welfare reform rather than to enrich learning environments for children.

This report describes six local government efforts to develop early learning systems to achieve the goal of school readiness—efforts that use federal and state resources but are locally owned.

Some states have made major commitments to early learning and school readiness, with North Carolina's Smart Start Initiative, Georgia's universal preschool legislation, and California's Proposition 10 (now First 5) Initiative being among the most publicly recognized. Even with these commitments and expanded federal support, no state has sufficient resources to create fully comprehensive early learning systems for their youngest residents.

Innovative local governmental efforts to develop comprehensive school readiness strategies have emerged in a number of states. After all, it is at the local level that state and federal funding sources and regulations and guidelines focused upon young children and their families must be integrated and acted upon. Parents are unlikely to find their child care arrangements at a state-run center at the state capitol or a medical home for their young child in a federal medical institution. The worlds of young children revolve around their home and neighborhood, so services and supports need to be available at a local and immediate level. To get what their children need, parents must draw upon local resources—public and private, professional and

voluntary. The promising models described here have developed because of the unique situations, commitment, and relationships at the local level.

This report describes six local government efforts to develop early learning systems to achieve the goal of school readiness—efforts that use federal and state resources but are locally owned. These efforts were identified and selected based upon discussions with a number of early childhood experts in the field. They represent some of the most sophisticated and comprehensive efforts in the nation to focus attention on achieving school readiness and to create early learning systems that encompass health, early intervention, child care, enriched preschool, and parenting support strategies. Site visits were conducted in May, June, and July of 2003, interviewing key stakeholders and visiting exemplary programs. Circumstances may have changed in these models since the site visits were conducted.

The six efforts—in Miami-Dade County in Florida, Richland County in South Carolina, Orange County and Santa Clara County in California, Lancaster County in Pennsylvania, and the Hampton Roads region in Virginia—are summarized below, with more detailed case studies in the complete report. Following these summaries are six themes that emerged from the case studies.

MIAMI-DADE COUNTY, FLORIDA

Florida state law has a special provision that enables any of the state's 67 counties to create a special taxing district for children's services—authorizing the levy of property taxes to establish a trust fund to support children's services. Miami-Dade County is Florida's largest and most diverse county, with 2.3 million residents, 58 percent Hispanic, 21 percent African American, and 21 percent non-Hispanic white. Each year, 31,000 babies are born. Fifty-five percent of preschool children (0–5) live in poor or low-income families (below 185 percent of poverty), and only 40 percent of fourth-graders read at grade level in the public schools.

In September 2002, Miami-Dade voters passed, by a 2–1 margin, the establishment and funding of a special taxing district, with half of the \$60 million in new funding dedicated to early intervention and prevention efforts for children prenatal to age five and their families. A 33-member Board governs the Children's Trust to administer the funding from the special taxing district, the largest children's taxing district in the state.

The campaign to establish the Trust and the resulting efforts to build an early childhood system represented a public and private partnership, with strong leadership from David Lawrence, retired publisher of the

Work on school readiness in Miami-Dade County involves a coalition of organizations representing many different aspects of school readiness, pulled together by the Children's Trust.

Miami Herald. Lawrence now chairs the Children's Trust and heads the Early Childhood Initiative Foundation, which raises private funding for early childhood initiatives and supported the initial strategic media campaign to create the Trust.

Work on school readiness in Miami-Dade County involves a coalition of organizations representing many different aspects of school readiness, pulled together by the Children's Trust. United Way contributes funds and houses several collaboratives and coalitions. The Miami-Dade School Readiness Coalition oversees \$121 million in subsidized child care funds. The Family Learning Partnership supports literacy specialists that work with parents as well as young children. The Alliance for Human Services coordinates Dade County's investments in human services. The Boards from these entities are interlocking and include significant private-sector representation.

As a result of the Trust, Miami-Dade school readiness program efforts have expanded dramatically. Particularly noteworthy approaches are:

☆ universal provision of information to new mothers;

- ☆ training and enhanced support to upgrade the quality of both child care and Head Start (including development of a star rating system);
- ☆ a family literacy emphasis that recognizes the diversity of the population and its languages; and
- ☆ greater outreach to identify and address special needs through early intervention.

Perhaps most important for long-term system building, the combined public and private leadership and its emphasis upon public awareness and education have created a strong grassroots constituency for investing in early childhood and school readiness.

RICHLAND COUNTY, SOUTH CAROLINA

In 1999, South Carolina established its First Steps to School Readiness program, providing funding and some technical support to counties to create local First Step Partnership Boards. These Partnership Boards were given five goals directed to achieve school readiness:

The Richland County Partnership Board illustrates how local planning boards can enable people to come together to fashion new, but practical, solutions at a very hands-on, ground level.

- ☆ provide parents with support as their young child's first teacher;
- ☆ increase comprehensive services to prevent or provide early intervention for special health and developmental needs;
- ☆ promote high-quality preschool programs;
- ☆ ensure all young children receive health, nutrition, and protection services; and
- ☆ mobilize communities to support this comprehensive agenda.

Richland County, which includes the city of Columbia, is a moderate-sized county that is quite diverse, with 24,500 children under age six, 53 percent African American, 39 percent white, and the rest a variety of other races. Forty-six percent of Richland County children under age six are eligible for Medicaid. The Richland County Partnership Board is both diverse and collaborative, with over 30 members representing early childhood providers, local school district and state agency officials, advocates, and the faith and business communities.

Following a strategic planning process, the Board identified and launched a number of strategies, including child care provider licensing, a childhood asthma program ("Breathe Easy"), Medicaid and SCHIP outreach and enrollment efforts, and the expansion of a library and Success by Six program to encourage parents to read to their children.

The Partnership has proved to be a source for innovative action, such as the "Breathe Easy" program, which responded to the high rate of emergency room admissions of children with asthma and the need to help parents develop responses to address environmental issues, primarily second-hand smoke, that contribute to asthma episodes. The Partnership was the catalyst for collaboration to tackle this issue with a program that is being carefully evaluated for its impact and could be a model for other counties and states in dealing with asthma. The Richland County Partnership Board illustrates how local planning boards can enable people to come together to fashion new, but practical, solutions at a very hands-on, ground level.

ORANGE COUNTY, CALIFORNIA

In 1997, through a ballot initiative called Proposition 10, California raised its tobacco tax by 50 cents per pack and dedicated those funds to early childhood. The resulting state Children and Families Act of 1998 established a state structure and county governance structures of five to nine members, now called First 5 Commissions, in each of California's counties. The First 5 Commissions must develop school readiness plans, and they administer 80 percent of the funding raised by Proposition 10. The First 5 Commissions must work to supplement and not supplant other funds, develop measurable results for their programs, and ensure that programs are "integrated into a consumer-oriented and easily accessible system."

Orange County is just south of Los Angeles and has a population of 2.4 million people (similar in size to Miami-Dade and larger in population than 17 states). Because California is so large, much of the planning and delivery of services historically happens at the county level, so taking on responsibility for Proposition 10 planning and fund administration was not new to Orange County. Still, the size and scope of the Act and the flexibility afforded to counties enabled them to establish unique approaches to the work.

Orange County established its First 5 Commission as separate from the County Board of Supervisors, but includes one supervisor among the Commission's nine members. The Commission has adopted a strategic plan built upon three "platforms" that use existing services—the birthing hospitals, family resource centers, and the schools.

The work with birthing hospitals has involved multiple strategies, including universal parent education information to all new parents, screening and follow-up early intervention services for both newborns and parents, and ongoing infant case management for vulnerable families and children. The work with family resource centers has been to increase the effectiveness of the existing 18 centers through technical assistance and support to build professionalism and capacity, including partnerships with the Boys and Girls Club and other organizations. The work with schools has been to support school readiness coordinators within every school district to address transition issues to school and to support parents. Each of these platforms is connected to the others to ensure coordination and a more seamless system of services for young children and their families.

SANTA CLARA COUNTY, CALIFORNIA

Like Orange County, Santa Clara County's First 5 Commission includes a member of the Board of Supervisors, with other members representing different parts of the county. Santa Clara County is located south of San Francisco and includes the city of San Jose, with an overall population of 1.5 million. The First 5 Commission, with extensive community involvement, has established five goal areas for its work: (1) family support, (2) quality early learning opportunities, (3) health, (4) neighborhood and regional needs, and (5) systemic change.

To maximize civic engagement, the Commission has developed two regional partnerships and the East Initiative, with support provided to each one for strategic planning and citizen engagement. The Commission also has established partnerships with the city of San Jose, the county, and the Packard Foundation to ensure universal health coverage for all children prenatal to age five, including dental care. Multiple initiatives have been supported to engage families, support early childhood professional development, and provide for transitions to school. As of the summer of 2003, 56,000 children have been enrolled in health insurance since the initiative began.

Innovations have been developed to ensure community involvement and enable community groups to

seek and secure funding they might not otherwise receive under traditional grant-making processes. This includes the use of an "intention to negotiate" rather than a normal RFP process, with applicants given technical assistance as they develop a proposal and with proposals reviewed by community panelists. A rapid-response system provides ongoing follow-up and supports midcourse corrections once programs are financed.

The First 5 Commission in Santa Clara County has sought to integrate existing services through the use of care coordinators and to maintain a focus on outcomes, with systems in place to track how well different aspects of its work are contributing to those desired results.

LANCASTER COUNTY, PENNSYLVANIA

Lancaster County has a population of almost one-half million, with the city of Lancaster the largest city in the county. In the city, 59.1 percent of the children who attend school come from low-income families. One in five women do not receive prenatal care, and 11,300 children are uninsured. In 2000, 1.7 students of ten were ready for school and a very small percentage of children eligible to attend pre-school under state or federal guidelines actually attend.

In 1999, leaders in Lancaster County developed extensive data on the conditions of children in the county, which led to a call for more integrated services—a major focus of Success by 6.

The United Way of Lancaster County has established a School Readiness Initiative, Success by 6, with a Governing Board. The Board includes both public- and private-sector leaders and stakeholders. In 1999, leaders in Lancaster County developed extensive data on the conditions of children in the county, such as those listed earlier, which led to a call for more integrated services—a major focus of Success by 6.

As a result, three parenting programs now collaborate. The Nurse Family Parent Program, Parents as Teachers, and Healthy Beginnings have worked to identify their appropriate niches in meeting the needs of families with young children by establishing screening and referral systems to get families the help they need.

Success by 6 has done similar work in coordinating programs and services to get children health coverage,

including working with two health foundations created through hospital conversions. Success by 6 also is working to reduce the existing 31 percent turnover rate for child care providers within the child care community and to increase child care quality, including developing training programs.

The existence of strong business and private-sector leadership, along with public-sector leadership and vision, has made it possible to engage in advocacy and public mobilization, as well as service design and implementation. Success by 6 has an advocacy team that both aids in this community mobilization and seeks to secure grants and funding support for identified early childhood needs.

HAMPTON ROADS, VIRGINIA

Like many New England states, Virginia's local governmental structure is largely through cities and towns. The Hampton Roads area of Virginia is composed of 17 separate municipalities, each with its own health and human service agencies. Its overall population is 1.6 million, 62 percent white and 32 percent African American, with the remainder Hispanic, Asian, and others. The area lags behind the rest of the state in women receiving prenatal care in the first trimester and in the healthy

The Partnership established Square One to focus on early childhood issues under one of its six primary economic development goals, improving the region's emerging workforce.

birth index. While school readiness improved from 26 percent of local children identified as "needing more instruction" in 2000 to only 20 percent in 2003, the proportion of children not ready for school is still very high.

The Hampton Roads Partnership was established in 1996 as an economic development coalition. The Partnership includes elected officials of the municipalities as well as leaders in business, education, the military, and the community. The Partnership established Square One to focus on early childhood issues under one of its six primary economic development goals, improving the region's emerging workforce.

James Eason, the former mayor of Hampton and now president and CEO of the Hampton Roads Partnership, has placed special emphasis upon workforce development and Square One's role in that development. Square One has become a locus for planning and mobilizing communities around a variety of early childhood issues. In fact, Square One set out a four-phase approach to this mobilization and action:

- ☆ listen to the system—to discover the emergent future;
- ☆ develop a strategic theme—to give direction to the campaign;
- ☆ sweep people in—to mobilize energies; and
- ☆ build the infrastructure—to make change possible.

The listening phase identified two key concerns around school readiness—the need to plan for the challenges the region would face in meeting the 2004 state standards of learning (SOL) performance tests and the need to improve birth outcomes. Sweeping people in involved a public awareness campaign making use of Dr. Seuss and *Green Eggs and Ham*. These listening, theme development, and public awareness activities both raised school readiness issues to heightened community attention and established Square One as a credible focal point for action.

Subsequently, Square One has maintained its presence by reporting regularly on the status of children 0–5, based upon a set of benchmarks. It also has secured

funding for early childhood initiatives and programs and served as a convening and coordinating body across existing early childhood services and collaborative programs. Its attachment to the Partnership has assisted in maintaining its visibility as an essential element in the long-term future of the region. Square One is currently at its own crossroads, as its initial funding has run out and it must seek a financial base to sustain its infrastructure.

COMMON THEMES

These six local government efforts to build early learning systems to achieve school readiness are not unique, but they are among the most advanced, sophisticated, and successful efforts in the country. Three (Miami-Dade, Orange, and Santa Clara counties) started with substantial new sources of funding to expand school readiness strategies in their communities. Three (Richland and Lancaster counties and the Hampton Roads region) are convening and planning entities, seeking to identify sources for new investment in promising programs but primarily serving as coordinating entities for existing funded services.

As a cautionary note, even those with substantial new funding have not had sufficient resources to truly build an early learning “system” that can reach

and serve the needs of young children in their communities to assure “school readiness.” They can and have used their funding to boost activity and to test and demonstrate success on specific aspects of a school readiness agenda, but they recognize that there are not sufficient resources available to scale up these activities to create a true system for every child. Therefore, all six local government efforts have recognized that system building requires additional funding as well as redirected and better coordinated resources.

The introduction to the individual case studies in the full report provides a number of cross-site lessons from these efforts. This summary focuses upon six key themes that appear common to these efforts and instrumental to the successes they have been able to achieve.

First, these efforts all have demonstrated an *entrepreneurial* mind set, identifying and taking advantage of opportunities as they have developed, and engaging in strategic planning but also taking actions to enhance or develop programs where opportunities present themselves. They have served as places for people to get together to fashion solutions, sometimes for such specific issues as improved responses to childhood asthma. This has made it possible for people with passion and energy to act on their issues and to share and broaden the leadership base.

Second, they all are *comprehensive* in their thinking and approach. They recognize that achieving school readiness requires not only health and nutrition, early care and education, and early intervention services specifically for young children, but also supports and services, often in these same areas, for parents and caregivers. While they may take strategic and entrepreneurial actions, they maintain an overall holistic and ecological approach that places young children in the context of their families, neighborhoods, and communities.

Third, these efforts all have been *integrative* in nature and sought, in service design and delivery, to connect different programs and people serving the same young children and their families, whether from health, early care and education, early intervention, or family support. They have recognized that effective integration is not trying to place individual programmatic efforts within a single organizational hierarchy, but rather in taking advantage of common interests and opportunities. These include sharing common training activities and outreach efforts, outstationing personnel, and using each other's facilities as places to provide services—in effect moving to where the children and families already are rather than requiring the young children to travel long distances to service providers.

Fourth, they have focused considerable attention to both short-term and long-term *base building*, engaging in public education and advocacy campaigns to heighten public awareness of early learning and the need to leverage additional investments to achieve school readiness. The business community has been key in this base building in many sites, both because of its capacity to secure resources and set community agendas and because of its bottom-line investment orientation to marketing the development of an early learning system. This business orientation has often helped the provider and advocacy communities move toward a more results-based framework in their own work and recognize their place in a larger system that must demonstrate results in order to receive additional funding support. Alternatively, the business community has gained a new appreciation for the importance of early learning and the scope and range of investments that need to occur to achieve school readiness on a community-wide level.

Fifth, they have produced some of their most impressive breakthroughs as a result of being *consumer focused*. Some of the best programmatic solutions have been established through drawing upon voluntary and informal support systems within neighborhoods and communities, and not simply relying upon professional services. When families with young children are involved in planning, the

solutions often draw heavily upon informal supports and reciprocity and are much less likely to be dependent on providers, with multiple benefits to consumers and the community.

Finally, they have sought to become *locally embedded*, sometimes even at a neighborhood level. Particularly for young children and their families, the early learning environment is usually quite intimate and bounded, with the child's life experiences often concentrated in a few blocks immediately around home. Early learning experiences and supports need to be provided within this environment, which requires localized strategies that must build upon (or create) safe and warm places where young children and their families congregate. These local government

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efforts all have sought to better devolve design and delivery to the level that best meets young children's and family's needs.

CLOSING OBSERVATIONS

Each of these six local government efforts to build early learning systems to achieve school readiness is a work in progress. None of them are sufficiently resourced at this time to achieve their full goals, nor is it likely that this will be possible without additional state and federal support. All are building a base, however, for this to occur, through increasing public awareness, identifying needs, and showing how those needs can be successfully met.

Each of the six local government efforts also has innovations worth sharing with others in the field, successful ways to respond to specific needs and opportunities that exist in all communities. Some of these are described in the individual case studies, but many of the ideas and strategies developed in these laboratories deserve to be shared in more detail. This applies not only to the six local government efforts documented here, but also to the many other local collaborative efforts around the country that focus upon early learning and school readiness.

In addition, such local efforts can be powerful advocates for the broader state and federal responses necessary to build early learning systems throughout the country, if they act collectively. As works in progress, they will need to be sustained not only for their programmatic efforts, but also for their base-building and mobilization activities within their own communities and on a state and national level as well.

Ann Segal wishes to acknowledge the generous time and input provided by the many extraordinary people working so hard to provide support for children and families in these sites.

Charles Bruner is director of the Child and Family Policy Center, a nonprofit organization whose mission is to link research and policy on issues vital to children and families. A former Iowa legislator, Bruner holds a Ph.D. in political science and has written widely on children and family issues.

Commissioned by the Annie E. Casey Foundation, 2003.

LESSONS FROM SIX COMMUNITIES

FOCUSED ON IMPROVING SCHOOL READINESS OUTCOMES

by Ann Segal / August 2003 (*from site visits conducted from May 2003 through July 2003*) / Miami-Dade County, Florida; Richland County, South Carolina; Orange County, California; Santa Clara County, California; Lancaster County, Pennsylvania; and Hampton Roads, Virginia

INTRODUCTION

The site visits described in the following report had two objectives: to observe the role of government in model community-wide school readiness initiatives and to identify best practices in establishing initiatives directed toward improving outcomes for young children and their families. The sites were selected based on the recommendation of numerous experts and organizations dealing with issues affecting young children, families, and their communities. I am sorry that I was unable to visit all of the many sites nominated, but those that I did visit had many specific lessons to share, some of which are captured in the separate site descriptions below. All of the sites are doing admirable work with wonderful and committed staff. I greatly appreciate how much time and wisdom they have shared with me. Following are a few cross-site lessons I elicited after considering all the visits.

CROSS-SITE LESSONS

☆ There are not enough resources even in model sites to address all the needs of multiple-problem families in order to ensure the success of their children in school. This was true before the budget crises at the federal, state, and local levels, but the

lack of resources is greater now. Even where there is new funding for children's issues, some of what has been built uses the infrastructure of existing systems, which are greatly threatened by funding reductions.

- ☆ Government is a necessary partner for achieving sustained, improved outcomes for children. The bulk of the resources are in government's hands.
- ☆ It is important to understand the way government works in the state and local area to effectively include government in a collaborative. For example, in Virginia each city, town, or county is a separate entity with separate authority and agencies. In Pennsylvania, many services (and funding streams) are retained at the state level and are coordinated with localities through regional offices (although the regional offices cannot commit to decisions without a state authorization). In California, the division of responsibilities varies by program so that Medicaid, for example, remains under state control, while TANF is under local control. As a local issue, the mayors in the cities in Virginia actually have less power than do the city managers although the fact that the mayors are elected and the city managers are appointed makes it likely that the mayors will be able to win on a split decision.

- ☆ In every site, there is the articulated goal of serving every child, but the bulk of the resources are triaged to serve families and children most at risk. All communities are faced with spreading the funding around to serve more children or targeting funding to assure outcomes improve for the children most in need of assistance.
- ☆ Every site sees school readiness as a comprehensive effort that is needed to assure that children are developing at their optimal level physically, socially, emotionally, and cognitively from birth through formal school entry. They also understand that achieving these goals requires educating and supporting families and assuring access to quality services and supports in communities.
- ☆ New money brings partners to the table since no one sees themselves as giving up anything. Instead,

Every site sees school readiness as a comprehensive effort that is needed to assure that children are developing at their optimal level physically, socially, emotionally, and cognitively from birth through formal school entry.

the focus is on using the funding to enhance efforts. But new funding does not assure collaboration. This takes leadership, a shared vision, and a commitment to keep going even when obstacles appear.

- ☆ New money is not necessary to improve the provision of services to families and children. The strong leadership in Lancaster County, Pennsylvania, has created impressive change based on assuring that services are not duplicative and that families are served through a continuum of care if that is needed to improve outcomes. This model may be the most successful over time since it is not dependent on large amounts of new funding.
- ☆ Leadership is important at every stage of an effort to create a public/private collaborative. The leader can be an elected official, a businessperson, or a group of well-respected partners. Leadership has to be sustained long enough to assure that a collaborative continues.
- ☆ There are good efforts in every community visited and certainly lessons to be learned. Some of the most interesting are: the health/child care quality and asthma initiatives in Richland County, South Carolina; the media and literacy efforts in Miami; the focus on creating a seamless system of care in

Lancaster County; the true engagement of the communities in Santa Clara County; the creation of a tiered, three-part strategy in Orange County; and the regional planning and implementation effort driven by outcomes in Hampton Roads.

- ☆ All of the sites are experiencing and trying to address the same problems, such as: the lack of mental health services for children or their parents; the lack of quality child care for children of all ages and the need to focus much more attention on reaching and improving the care provided in family day care homes; the difficulty in establishing and maintaining medical homes for children even after they are enrolled in Medicaid or SCHIP; the difficulty in finding dental care for young children; the need to help parents increase their incomes and improve their housing conditions; the need for non-English speaking parents to become proficient in English both to help their children and to access better jobs; the need to reach isolated and sometime illiterate parents to help them help their children; and the need to make community residents feel that they can make a change in the lives of their young children.
- ☆ There are also many extremely good, committed people in programs and in the initiatives who could be helpful to those in *Making Connections* sites. They all have lessons about successes and

barriers to success (some of which could not be overcome).

- ☆ All of the sites stressed the need for strong, strategic planning with a great amount of ongoing community involvement. Further, they all are committed to tracking outcomes so they can know if they are achieving their objectives and so that they can create what Santa Clara County calls “a rapid response” change of course if it is needed. They understand the need to keep a focus on changing the outcomes for the children and families they serve.

MIAMI-DADE COUNTY

In 1986, the Florida Legislature passed a law allowing any of the state’s 67 counties to create a special taxing district for children’s services. This legislation followed a local bill that had been passed by the legislature in 1946 that first allowed only Pinellas County this authority. The 1986 law requires that the local board of county commissioners create the special taxing district, which must include the entire county, and that there must be a district board to govern the operation of a trust fund which is created if the voters in the county approve a referendum granting the board taxing authority. If such a referendum is passed, the board is allowed to levy

property taxes up to 50 cents per \$1,000 of assessed valuation. Currently, eight counties in Florida, including Miami-Dade, have passed a referendum for a tax levy.

Miami-Dade County is the largest county in Florida, with 2.3 million people. In September 2002, the Miami-Dade voters passed an independent special taxing district for children's services—and did so, 2-1, with agreement in every one of the county's 39 identifiable neighborhoods. This followed a carefully orchestrated campaign to educate the public about the needs of children and the status of children locally. The campaign focused on using funds for prevention and early intervention services so that they would have the greatest impact on children's outcomes. As a result, half of the funds of the just-created Children's Trust are dedicated to early intervention and prevention efforts on behalf of children prenatal to age 5 and their families; one-fourth to support programs for children ages 6–12; and the final quarter focuses on issues involving teenagers. The total spent annually will be in the neighborhood of \$60 million. The levy must be renewed by the voters in 2008, resulting in a need to document well the results of the investments. There is also an emphasis on maximizing any available state and federal dollars to leverage foundation or private investments; coordinating and integrating

services at the neighborhood level; improving information collection and data management; and raising the quality of children's services to the level of nationally accepted standards.

The Trust's 33-member, public-private member Board began with a comprehensive survey of the needs of the community via examination of reports and indicators and a funding inventory; a major parent survey in English, Spanish, and Creole; and a "key informant and opinion leader" set of interviews. But all of this was preceded these past several years by significant strategic planning focused on children between birth to age 5; 21 community forums in three languages; and a Mayor's Children's Summit attended by 4,500 residents.

The Children's Trust mission statement is this:

To improve the lives of all children and families in Miami-Dade County by making strategic investments in their futures.

The vision statement is that:

The Children's Trust will become the recognized leader in planning, advocating and funding quality services to improve the lives of children and their families.

And the guiding principles and values adopted are:

Miami-Dade County is a tremendously diverse community with population that is 58 percent Hispanic, 21 percent African American or black, and 21 percent non-Hispanic white.

1. We respect and strengthen the family, and we seek for all children the opportunity to achieve their fullest potential.
2. With the fullest integrity, we invest wisely in partnerships, advocacy, and systems of care to create change and earn the community's trust.
3. We promote high-quality, research-based practice that is culturally competent and sensitive.
4. We will target early intervention and prevention services to our most vulnerable children, families, and neighborhoods, while advocating for, and supporting, the increased availability of needed services for all children and their families.
5. We will be responsive to the community and focus on supporting parents with the best possible, high-quality choices for their children and families.

The successful effort to pass the Children's Trust really began four years ago with the launch of a nationally significant early childhood initiative, with the focus and task forces in four priority areas: (1) early development and education; (2) child

health and well-being; (3) parent and family skills and information; and (4) prevention and intervention of abuse, neglect, and violence. A briefing book was created summarizing the best knowledge about effective strategies in each area and around school readiness, and a great deal of work is under way to create partnerships and implement strategies.

Miami-Dade County is a tremendously diverse community with population that is 58 percent Hispanic, 21 percent African American or black, and 21 percent non-Hispanic white. About 31,000 children are born in this community each year, and about 30 percent of those children will start formal school way behind and may never catch up. Miami-Dade is a community of great contrasts with great pockets of wealth and enormous pockets of poverty. Fifty-five percent of the children 5 or younger live in either the full federal definition of poverty or "near poverty" (185 percent of the federal poverty level). Florida's Department of Education statistics reveal that only 40 percent of the fourth-graders in the county read at grade level; 40 percent of students who enter high school did not finish (and Miami-Dade has the fourth largest school system in the

country); and 50,000 children between birth and five have no health insurance.

However, it was noted in the *Miami Herald* in February 2003 that:

- ☆ The combined efforts of the Miami-Dade School Readiness Coalition, United Way Success by 6, Child Development Services, the Early Childhood Initiative Foundation, and others had nearly doubled the number of nationally accredited child care centers to 112. (The number now is 127.)
- ☆ Under the leadership of the Mayor of Miami-Dade Alex Penelas, brought to the cause by David Lawrence, Jr., president of the Early Childhood Initiative Foundation, Florida passed a constitutional amendment that requires that by 2005 all children in the state will have access to a high-quality pre-kindergarten program. Florida, thus, will become the second state in the country to make available high-quality pre-K for all 4-year-olds.

In September 2002, the Miami-Dade voters passed an independent special taxing district for children's services—and did so, 2-1.

- ☆ There is promise that significant progress toward making health insurance more available for children and families.
- ☆ Head Start, which serves more than 6,000 children in the county, has greatly improved its facilities.
- ☆ Now every child entering public kindergarten is screened for social and emotional as well as cognitive “readiness.”
- ☆ The Early Childhood Initiative Foundation has built a partnership with the community's 13 birthing hospitals and five birthing centers as well as with the 38 neighborhood clinics and 39 libraries. Through this partnership all new parents receive an 11-times-a-year skill-building newsletter, information about how to connect to health insurance, a high-quality baby book and a message about the importance of reading to a child, a temporary library card that can be turned in for a permanent one, and a round-trip bus pass to the nearest library. Everything is for free, and everything is available in English, Spanish, and Creole.
- ☆ There is now a website for parents who are searching for more information (www.teachmorelove.com) plus a 24-hour phone line in three languages with a media campaign to accompany it.

☆ The Kellogg Foundation is partnering with the coalition in four Miami-Dade neighborhoods that include 1,600 3-year-olds who will be helped over a five-year period. Families of these children will receive needed social and educational support to help their children.

Successful steps are obviously under way and have moved quickly, with tremendous energy from a wide range of people in the community and with the leadership of David Lawrence, who retired as publisher of the *Miami Herald* in 1999 and is a clear champion for children.

While the Children's Trust, which David Lawrence chairs, is certainly a central part of the effort to improve the school readiness of children in Miami-Dade County, it is only one of the actual players in a much larger, closely connected coalition focused on this outcome. The other large coalitions that have combined their resources and efforts include:

☆ **United Way.** United Way is both a contributor of funds and also houses all the collaboratives that form the overall school readiness initiative in Miami-Dade.

☆ **The Miami-Dade School Readiness Coalition.** This is \$121 million of public funding for subsidized child care. Child care is one of the few public services actually operated at a local level.

The current president and CEO has just become the local administrator for the Florida Department of Children and Families. David Lawrence is a former chair of the local School Readiness Coalition and is still fully active in this group. More than a third of the 25 members of the board are from business and the private sector; the other two-thirds come from such areas as child care central agencies, the school system, and the health department. The coalition has been a major state and national leader in pilot projects for emotional, social, and cognitive assessments for children in child care. Five percent of the centers spread around the community were upgraded to allow them to serve special needs children in an inclusive environment, and six special inclusion consultants help in these centers and in others.

☆ **Early Childhood Initiative Foundation.** This is the private 501©(3) that David Lawrence runs with a small board. It was the source of the funding for the Teach More/Love More campaign and the source of the vision and energy that has led to the Children's Trust and much of the other progress in the community-wide effort for school readiness. The Foundation paid for strategic planning that led to the Family Learning Partnership, now also housed at United Way. The Foundation is the grantee for the Kellogg SPARK project,

Miami-Dade has been able to improve the quality of both child care and Head Start centers, while remaining inclusive for families speaking all languages and children with special needs.

which Florida International University will evaluate, following the 1,600 children from age 3 to age 7.

☆ **The Family Learning Partnership.** This organization aims to build awareness and energy behind “family literacy” efforts. Among its work: Funding 13 literacy specialists who work in 75 child care centers and a small program for parents returning from incarceration. The Partnership’s beginnings can be traced to a year-long strategic planning process on literacy intervention with full mapping of resources and best practices. Everything available at the organization is in English, Spanish, and Creole. This, too, will soon be a separate non-profit organization.

☆ **The Alliance for Human Services.** The County Council ceded its role related to human services to the Alliance (about \$10 million) through a Memorandum of Agreement. The Board includes members from many sectors including the government agencies (many represented by Tallahassee staff who cannot cede the state position to this group based on orders from the state). There is a wonderful set of GIS maps of resources

that allows targeting of services, and outcomes are gathered. The entire area is divided into 5 neighborhoods.

Finally, it should be noted that David Lawrence also chairs the Florida Partnership for School Readiness Board, with 50 local School Readiness Coalitions, representing all 67 counties.

Overall, all these parts create a real coalition in that the most important people in Miami-Dade are members of the various entities’ boards and attend the meetings in large numbers (even a sitting judge who cleared her calendar and the superintendent of schools, for example). They express opinions and are taken seriously. It is clear, however, that David Lawrence is the center of all activity and brings these people to the table. It is unclear what would happen if he disappeared. The entities are separate, but they are all housed in the United Way building and work closely together. The funding does not mix, but the staff provide assistance as needed across the various foci. For example, the literacy expert does work in the child care facilities but the funding is not transferred for this.

There are three principal funding exposures: (1) the Trust sunsets in 2007 and needs to show visible results to the community; (2) David Lawrence's own foundation gets its funding from two Miami families who believe in him so his presence is key; and (3) the state maintains a stranglehold on some key programs, not even assuring equity in funding so that Miami-Dade does not get its share of funds for low-income children and the state can veto decisions by the Alliance for Human Services; and the state has its budget problems, like most in the country.

LESSONS FROM MIAMI-DADE COUNTY

This site demonstrates the value of a trusted business-civic leader to serve as a force to champion a vision for children and engage important partners. It also demonstrates the power of a strategic media campaign. The focus was, and continues to be, on a vision of improving the lives of all children in the county, by improving the quality of services and improving parent education. Materials for new mothers are universal, since all new mothers experience some anxiety and a lack of knowledge. David Lawrence's strategic plan, backed by the funding of several foundations, led to the passage of the tax levy by a large margin.

The community is moving quickly to a star rating system for child care centers since they are aware that parents have a hard time understanding accreditation systems, despite the fact that they represent the gold star of quality. Miami-Dade has been able to improve the quality of both child care and Head Start centers, while remaining inclusive for families speaking all languages and children with special needs. Here there is a focus on identification and intervention for children with various needs with assessments at age three.

The coalition has a strong focus on literacy, both for children and parents, including incarcerated parents. This decision is driven both by the research in the area of school readiness and by the demographics of the population in the county. The efforts in this area include every avenue that can be identified, and many of the efforts are creative and have been adapted for the populations that need help.

The entire effort has a very small, talented staff, each with a clear agenda, yet always working collaboratively and supported by many partners. Outcomes are always the focus, and the collaboration with an evaluation partner, Florida International University, assures that outcomes will be measured.

RICHLAND COUNTY, SOUTH CAROLINA

South Carolina launched its First Steps to School Readiness program in 1999, modeling it after North Carolina's Smart Start program. Like in North Carolina, the legislation established a Board of Trustees and an office to oversee the implementation of the program. As in North Carolina, as well, the funding was allocated to the counties, who had to set up Partnership Boards through open meeting elections. Each Partnership Board had to adopt bylaws and apply for their first grants, which were directed for the conduct of needs and resource assessments and the creation of a strategic plan to improve the outcomes for children in the county. Technical assistance was available for this process. The Level Two grants provided funding for program implementation as well as some administrative funds for staff, including an Executive Director, in the county to oversee the programs and work with the Boards. Some counties began providing services by mid-2000 and some began as late as the first quarter of 2002.

The First Steps legislation was passed as a special program of a Democratic governor, who served only one term. It was underfunded from the beginning, but was popular enough, having become "owned" by the counties, that it has survived (at least at this time) extensive budget cuts by a state totally

controlled by Republicans. The legislation for First Steps includes five goals: (1) provide parents with access to the support they might seek and want to strengthen their families and to promote the optimal development of their preschool children; (2) increase comprehensive services so children have reduced risk for major physical, developmental, and learning problems; (3) promote high-quality preschool programs that provide a healthy environment that will promote normal growth and development; (4) provide services so all children receive the protection, nutrition, and health care needed to thrive in the early years of life so they arrive at school ready to learn; and (5) mobilize communities to focus efforts on providing enhanced services to support families and their young children so as to enable every child to reach school healthy and ready to learn. While these goals were phrased as universal, there is also a sense in the legislation that the priority is to reach the most at-risk children in the state since they are the ones arriving at school unready to succeed.

There is a set of "guiding principles" that comes from a paper written by one of the drafters of the legislation, Barron Holmes. These include the focus on the whole child's development and the child's environment, the need for community mobilization and collaboration, the need for strategies to be based on research-supported best practices, the need for

fiscal responsibility, and the need for accountability or results.

Richland County, which includes Columbia, has 24,500 children under age six, nearly 20 percent of whom live in poverty and 10 percent of whom live in deep poverty. The population of children is 39 percent white only, 53 percent black, and the rest “other.” Twenty-four percent of mothers have inadequate prenatal care; 41 percent of births are to non-married mothers; 14 percent of new mothers do not have a high school diploma; 11 percent of newborns are low birth weight; and 46 percent of the children under age six are eligible for Medicaid.

Richland County formed a County Partnership Board which includes representatives from a wide array of sectors: early childhood and family education, local school district and state agency officials, advocates, and leaders in the faith and business communities among others. Parents have been vocal on the Board. The Board is a true collaborative that is diverse in terms of gender, race, and ethnicity. There is an average of 33 members on the Board, but it is currently changing. It successfully completed the community assessment and planning steps required by the legislation, including the requirement that resources enhance rather than supplant existing resources so collaborations are strongly encouraged. The Board identified and

launched a number of strategies beginning in 2001 that included such efforts as: getting child care providers licensed (First Steps provided health and safety classes), and working with the Health Department and the public hospitals on an asthma program and on getting children enrolled in Medicaid and SCHIP. Richland County Office of First Steps has also collaborated with Success by Six and the public libraries to expand a program to encourage parents to read to their children. First Steps has helped the child care committee in the county by doing the Infant/Toddler Environment Rating Scale (ITERS) assessments.

Based on both community input and the community assessment of resources, the Richland County Board decided to make its priority children birth to three in four low-income neighborhoods and particularly on health issues. This is quite a different focus from any other county in the state. The focus in this area

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is on (1) improving child care for the youngest children in a three-step, three-year process, with the first year focused on improving health and safety of the care and (2) the issue of asthma treatment and management. It also includes the “Step Into Reading” activity, which encourages parents to read to their children. The asthma program and the Step Into Reading program already existed in the county; First Steps expanded them, focusing on several neighborhoods in which the need is the greatest.

Among the most interesting model efforts in Richland County is Project Breathe Easy, which uses trained supervisors who have a child with asthma to oversee other parents of children with asthma that are employed to serve as coaches and monitor parents who are not handling their children’s asthma well. The greatest factor that increases asthma levels in South Carolina is the level of smoking. A parent monitor that shared a story from the night before made the program clear: she had felt forced to go to the house of a small girl, whose mother would not call an ambulance although the girl’s chest was compressed and her breathing was labored. The mother would not even accompany the girl to the

hospital so the parent monitor went with an aunt. After the girl was stabilized, the parent monitor returned to the house with her to find the eleven, smoking adults trying to clear the house out by burning incense, which would leave the child at great risk. The parent monitor refused to bring the girl into the house until it was completely aired out and everyone had agreed to stop smoking. She sat in her car with the girl for three hours. She stressed that she will have to monitor this family closely. Project Breathe Easy is a model that other counties in the state want to incorporate in their First Step plans. The success of the asthma program is being tracked by indicators that include the number of children showing up in emergency rooms in distress.

A second model effort is focused on improving the child care for the youngest children in the county. Again, focusing on the neighborhoods of greatest need, there was a decision to create a three-step, three-year program. It started in a set of centers and some family day care homes with a goal of first improving the health and safety conditions for the children. First there were such steps as replacing unsafe cribs and highchairs, covering electric sockets,

and removing unsafe objects and materials. Up to \$20,000 a center was spent during that first year for one-time improvement costs. As things improved in these centers and homes, the nurses are able to focus on education and training around child development. In addition, a nutritionist works with the providers to improve the focus on healthy foods, expanding food choices, and safe preparation of food.

The effort is now in the second phase and is led by four area directors, spreading the reach of the program beyond the initial target neighborhoods. In this second phase, the funding for providers is greatly reduced and the focus is on technical assistance and mixing health, safety, and nutrition education with building relationships or a social/emotional component. A visit to some programs with one area director and the First Steps Health Coordinator demonstrated that the First Steps program is welcome and now deeply embedded in the community. The directors at centers proudly pointed to changes that had been made. The third phase of the plan around improving child care is to build on what has been accomplished to provide technical assistance around cognitive development. The centers and homes with which the First Steps program have worked are assessed regularly and have shown great progress, especially in the health and safety area. Some are working toward accreditation.

LESSONS FROM RICHLAND COUNTY

First Steps is a program established by a Democratic governor no longer in office. The current governor is a Republican with a Republican legislature that never embraced the initiative. The state, like most others, also has budget problems, and it is clear First Steps is in jeopardy. However, the fact that the program is now “owned” by the counties, with large boards and community input makes it a difficult program to eliminate. However, First Steps has had a short history and no outcomes could have been achieved yet. If the program had been in place longer (as has Smart Start in North Carolina, which has even demonstrated positive outcomes for children), it would have been safer from the coming budget cuts, which will be 37 percent of the county’s First Steps funding. This will lead them to reach out to many fewer child care providers and reduce staff.

Despite the decision about funding for First Steps, it will face the difficulty that all the state initiatives like it face—the infrastructure on which it is built will be weaker, making it harder to achieve desired results for children and families.

The major lesson the staff would share is that relationships within the communities and the trust this creates is crucial to success. The best workers spend many hours beyond those they are paid for doing volunteer activities. They know their communities

well and are known by all the key players (as they stated, “The key player may be Mrs. Jones, who has cared for many of the children over the years”). They believe the community must want the activity or program or it will not succeed. The success of this staff is reflected in the observable warmth they receive in the communities.

The barriers to improving conditions for children against which the First Steps staff are working are not unusual: the turnover of child care staff; some staff that “should never have worked with children”; and the non-compliance of parents and other adults who continue to smoke around children with asthma. Again, the best way to overcome barriers was articulated as “relationships, relationships, relationships.” This is such a close staff with such commitment that they have all agreed to take the month of July off without pay to try to avoid laying off any staff.

CALIFORNIA: ORANGE COUNTY AND SANTA CLARA COUNTY

In the two California communities included, the populations are becoming more diverse, with growing Spanish-speaking, Mexican, and some South American populations. Other significant immigrant populations include Asian people including Vietnamese and Cambodians. There are a number of school districts

in each county, and a number of schools in the urban areas serve children who are nearly all eligible for the free and reduced school lunch program.

Poverty is best understood at night when there may be six or eight vehicles parked around a four-room house. A house may be home to a number of families; a mother and a baby may only be renting the pull-out couch. Housing is so expensive that this is the only option for poor families. There is a sharp decline in middle-income families who also cannot afford the housing costs. This has created county populations of the rich and the poor.

Schools are so overcrowded in the inner-city neighborhoods that they run year-round in some places and most of the city schools have portable classrooms. The Head Start programs often run in three shifts, to include a “twilight” program. Some of the innovative efforts have clustered portable classrooms serving early childhood programs, including child care and Head Start, next door to parent education and support classrooms with patios in the center where parents and children can gather informally. These open spaces with benches give mothers with no space at home a safe place to have time alone with a new baby or to get support from someone who becomes a friend. With transportation being another real problem, these programs are often attached to the neighborhood school or in an

apartment complex. One unexpected benefit from “twilight” programs was the appearance of fathers at some events.

While maintaining a focus on collaborations around school readiness generally, a primary reason for visiting California was to see how the Proposition 10 funding, now called First 5, was being used to enhance school readiness and how municipal leaders were involved in the process, both directly and as partners. After much consultation, the visits were to Orange County and Santa Clara County. In both counties, efforts had been under way before the large, new First 5 funding and its requirements, but this funding clearly drove more collaborative, planned efforts with true community involvement. The requirement that the funds could not supplant existing funding led to filling gaps and a focus on systemic reform. In some cases, strategies have focused on enhancing existing programs and infrastructure, which could cause problems if the partners in First 5 collaborations suffer budget cuts due to the state’s budget crisis.

Proposition 10 led to an added 50 cents tax on tobacco products to improve outcomes for children birth through age five. The resulting state’s Children and Families Act of 1998 mandated that a California Children and Families Trust Fund be created to be overseen by the California Children and Families

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Commission composed of seven voting members and two ex officio members. The members had to represent the range of expertise required to understand the overall development of children. The two ex officio members are the Secretary of the California Health and Human Services Agency and the Secretary of Education or their designees. The governor appoints three members including one county health officer or county health executive and there are four members appointed by leaders in the legislature. The Commission also has an Executive Director and staff. Eighty percent of the overall funding (a total of approximately \$700 million each year) is allocated to the counties. Funding is allocated to the 58 counties based on the number of live births in the county compared to the statewide number of live births. Twenty percent of the funding is retained to support the State Commission’s work (only one percent is allowed for administrative services).

Orange County was the first to qualify for its share of the Proposition 10 matching funds for school readiness programs and received \$2.8 million to fund a range of services particularly aimed at low-income children.

According to the State Commission's Annual Report, each county's Board of Supervisors is required to appoint a commission of at least five and not more than nine members. The members are to include a member of the Board of Supervisors and two members from among the county health officer and those who manage county functions. The remaining members can be representatives from county functions or organizations that work in the early childhood development area (could include child care resource and referral agencies, community-based organizations, school districts, medical providers or others). With substantial public input, the county commissions must develop and submit a strategic plan consistent with the purposes of the law that describes how measurable outcomes of a program to be provided will be delivered and "integrated into a consumer-oriented and easily accessible system." The plan must be reviewed annually and be revised as needed.

Based on Governor Gray Davis's 2001 School Readiness Initiative, the State Commission allocated an additional \$200 million in matching funds over four years targeted on "high priority schools"—those

in the lowest three deciles of the state's Academic Performance Index. For county plans to receive this additional funding, they must provide a match and submit a plan that encompasses early care and educational services with kindergarten transitional programs; parenting/family support services; health and social services; schools' capacity to prepare children and families for school success; and program infrastructure (administration, evaluation, and other support services determined by the local community).

ORANGE COUNTY

Orange County was the first to qualify for its share of the Proposition 10 matching funds for school readiness programs and received \$2.8 million to fund a range of services particularly aimed at low-income children. The Commission has focused on using funds to leverage additional funding sources and new partnerships. It received an additional \$3 million from the state funding for its school readiness plan and altogether has cooperated to spend during its 2001–2002 fiscal year more than

\$13.6 million for 67 new programs and 27 ongoing programs.

The Commission, unlike that in San Diego, for example, is completely separate from the operations and politics of the Board of Supervisors (while appointed by them within the categories of the law) and functions as a real collaborative that works together on behalf of the best interests of children. This was stressed both by two of the commissioners and by the Executive Director and the staff. They have supported a vision that “Orange County children will grow up in a safe, supportive, and nurturing environment, where:

- ☆ Their physical, social, emotional and intellectual health is a primary focus of attention at home and in the community
- ☆ Their families are supported in ways that promote good parenting
- ☆ Their families and other caregivers are supported in promoting each individual child’s well being and readiness to learn”

The mission statement is:

To promote healthy child development and school readiness by comprehensively addressing the physical, social, emotional, and intellectual health needs of children from the prenatal period through age five

by promoting, funding, supporting, and monitoring a high quality, integrated, family supported and culturally compatible service delivery system.

These services “will augment, not supplant existing programs.” Further, the Commission established “operating principles” that include: (1) focus on policy level issues and decisions; (2) be fair and open in decision-making; (3) be accountable to the public for achieving planned outcomes; (4) promote and fund high-quality services; (5) rely on research-based and proven models; (6) develop programs that are culturally competent a linguistically appropriate; (7) promote integration of services through local and convenient access points; (8) focus on sustainability; (9) leverage funds to maximize community resources and program support; and (10) make funding decisions based on clear proposal evaluation and rating criteria; the relationship to Proposition 10 purpose, goals, and outcomes; compelling community needs; and the ability to document meaningful outcomes.

The Commission itself includes:

- ☆ A member of a local school district board (Chair)
- ☆ The President and Chief Executive Officer of the Children’s Hospital of Orange County (Vice Chair)

- ☆ A pediatrician who is also the Vice President for Medical Affairs for the Children’s Hospital of Orange County (Past Chair)
- ☆ A music therapy expert from a university
- ☆ A board member of a local foundation and a partner in a law firm
- ☆ The Director of the County Social Services Agency
- ☆ The Director of the County Health Care Agency
- ☆ A member of the Board of Supervisors
- ☆ A retired school nurse who is a community health program manager

There is also a Technical Advisory Committee.

The Commissioners are responsible for decisions related to policies, strategies, and the funding of programs, but they also obtain a lot of input from the public as well as support and input from a very active, expert staff. There is a serious ongoing effort to reach out to funding partners, to gain expertise from researchers and practitioners, and to listen to and respond to public concerns and opinions. The overall directions of the Commission emerge out of the communities’ input according to both the Commissioners and the Executive Director.

The Commissioners held extensive meetings and focus groups in different languages, funded a community indicator project so that they could benchmark themselves to other comparable communities, and looked at existing services and gaps. The Executive Director has strong support from the Commissioners and works with them to bring them information that will inform their decisions. When the Board of Commissioners, the Executive Director and his strong staff, and the strategies are assessed together, this is a truly well-operating, positive collaboration with a goal to listen to and be responsive to the voices of the community, which is very diverse and where a family is poor if it is making less than \$35,000 a year. The poor families are largely Latino, with a growing percentage of Vietnamese, and some white families. About one-half of the women having babies in the county are Latina, with about half of the childbearing age Latina women being uninsured. Many Latino families go to Mexico for ongoing health care.

The Orange County Commission has adopted a clear strategic plan built on three “platforms” that use existing services—the birthing hospitals, the schools, and family resource centers.

The sorting out of the roles to be played by the medical/university system and the hospitals created new partnerships. A decision was made to create as

the first platform the birthing hospitals. Certain strategies are targeted to all children in the county. For example, there is a Mommy and Me program, in which parents of all income levels can learn about child development with the child present. There is also a Bridges for Newborns program, which includes three follow-up phone calls for families to assess if there is a need for help, including intervention for depression. In addition, there is an Early Development Assessment Clinic to which children are referred by pediatricians, hospitals, and other health providers if a special need is identified. A team assessment is done both of the child and of the family, and appropriate services are connected to them. These clinics are found in all areas of the county. Programs for this purpose existed before Proposition 10, but have been expanded and enhanced by Commission funding.

New strategies are now being created to address the disparities in the county. As a major part of the targeted portion of the first platform, designed to support the more at-risk population, the Commission partnered with the M.O.M.S. (Maternal Outreach Management System) program to extend its ability to provide infant case management (and prenatal case management, if possible) for about 5,000 families. The program is based on an in-depth survey of mothers' parenting knowledge and beliefs.

A maternal child health worker, who is a paraprofessional (one half of these staff have a bachelor's degree and there is ongoing training for all), is teamed with a nurse, a dietician, and an infant development specialist to develop a care plan for each child. This program assesses parenting practices such as teaching parents to read to their children and have them sleep on their backs and attaches families to medical homes. M.O.M.S. does provide support groups for issues like domestic violence as they are identified. It creates promotoras who sell this program to harder to reach families (often the less educated, newer immigrants). All families in M.O.M.S. give back to the community by spending 10 hours a week doing such activities as babysitting or putting together packages for new parents. This is to encourage civic engagement. M.O.M.S. estimates that it refers out to other services initially one-third of the families at higher risk due to identified medical problems, child abuse, domestic violence,

The Orange County Commission has adopted a clear strategic plan built on three “platforms” which use existing services—the birthing hospitals, the schools, and family resource centers.

The Commission funded a “school readiness coordinator” position in every school district with a kindergarten population.

or mental health problems. The M.O.M.S. families graduate at the first birthday of the child and are linked to family resource centers if needed. There is also a “Boot Camp for Dads” program that works with new fathers who may sit with their babies on their laps to help them communicate with and take care of their children.

The second platform, the 18 family resource centers, was already in the communities, funded by the Safe and Stable Families Act. The programs structured under each center are based on what the community has identified as their needs. The Commission became a partner with the centers to build professionalism and capacity and to help some centers remain viable as their funding was reduced. The California Foundation Consortium is also focused on forming a statewide system of centers and creating sustainable funding strategies. The family resource centers are seen as places from which, as needed, to launch home visitation services, connect health services, provide linkages for parents to child care, and offer training and support for family child care providers, and link to dental services as part of the dental initiative. The pediatric health collaborative, working as an advisory group for the Commission,

has plans to also push on autism, attention deficit disorder, obesity, and other areas requiring intervention. This is already incorporated in the first platform, but could easily be incorporated in the second and third platforms as well.

The Boys and Girls Clubs also have become partners in this second platform, providing child care for children 0–5, linkages to services, coordination with the schools, literacy parties for parents, computer laboratories and lending libraries, and parent engagement, including civic engagement. They receive Commission funding as well as funding from other sources including foundations.

The third platform is the schools. There was agreement that a partnership with the schools was crucial, not just to assure that they are ready for the children, but also because they can help the linkage with other service providers for the children and families. The Commission funded a “school readiness coordinator” position in every school district with a kindergarten population. The coordinator also works to do needs assessments with kindergarten through third grade teachers and conducts ongoing local needs assessments. This is to spearhead a culture change in the schools. When looking at the

urban areas of Orange County, Santa Ana School District is one in which there are 61,000 students, 91 percent of whom speak Spanish as their first language as they enter. The schools are working on getting the children into preschool as well as strengthening the transition from preschool or no school into school for both parents and children. The schools are so crowded that they are on full-year sessions, and the preschools have three sessions, including a “twilight” session. Children’s parents may take courses while their children are in school. The surprising positive outcome of the twilight session is that fathers have appeared and take part in some classes and the preschool programs. In Anaheim, there is a strong superintendent who has established seven preschool classes, with two in family resource centers. There are also adult English classes and computer classes. All the children in the district qualify for free and reduced school lunch. Here, too, there are twilight programs due to overcrowding, and the same phenomenon of father participation as a result. Children here can start kindergarten earlier, adding on additional instruction. Nearly one-half of all the children coming to school here need dental care.

Other new programs funded during 2001–2002 include new partnership projects with

- ☆ A pediatric health services program with the Children’s Hospital of Orange County and the University of California, Irvine Medical Center
- ☆ A comprehensive program to keep children safe from injuries through a collaborative administered by the Orange County Chapter of the American Academy of Pediatrics
- ☆ Cooperative programs with HomeAid Orange County to reach homeless children and families in the County
- ☆ A pediatric dental initiative with local dentists and dental experts as well as community outreach workers

Orange County is one of the first counties in California to compete successfully for some of the 20 percent of funds that were held by the State Commission and are now targeted toward school readiness and early literacy programs. This requires matching funds, which were easily provided through existing investments, and the funding will go to targeted schools for four years to expand services.

LESSONS FROM ORANGE COUNTY

The funding from Proposition 10 or First 5 has created the ability to attempt systemic strategies to address school readiness. In Orange County, new partnerships, which included using a variety of funding streams, came together to create systemic change around “platforms.” Community partners had a large role to play in determining which programs and strategies received attention. For example, the involvement of the community has led to the creation of the way that the portable classrooms housing the preschool and adult education programs are set up, with a courtyard and benches to allow gathering places and open space outside of the overcrowded houses. Mothers with children in buggies can be seen just sitting on the benches during the day. The buy-in from the community has led to communities feeling these are their programs. A nice example is the lack of vandalism that has occurred in the gardens planted by the children at the preschool in an area that had been a gang hang-out “park.”

The focus on outcomes has already led to moving funding from one program to another. There is a serious attempt to maximize the ability to support families, while serving all families in some way as intended by the legislation.

The strong leadership of the Commission, which puts aside its differences on other issues to focus and come to consensus in this area, coupled with a talented and charismatic Executive Director (who attracts equally talented staff) has led to a well-thought out plan with the buy-in of all the most important sectors in the community.

SANTA CLARA COUNTY

In Santa Clara County, the nine Commission members include a member of the Board of Supervisors, the Executive Director of the Santa Clara Valley Health and Hospital System, the Director of the Social Services Agency, one member nominated by the Santa Clara County Local Child Care Planning Council, and five members appointed by the Board of Supervisors as specified by the bylaws.

The Executive Director listed five goals established by the Commission:

- ☆ Family support
- ☆ Quality early learning opportunities
- ☆ Health
- ☆ Neighborhood and Regional Needs
- ☆ Systemic change

Santa Clara County's First 5 plan emphasizes the need to create a comprehensive system of care, which reflects the needs and desires of the people it will serve.

As required, all initiatives are to be based on measurable outcomes. The Strategic Plan for First 5 was developed with extensive community input. The Commission is extremely serious about starting with a community-driven strategy and then filling in gaps identified by community assessments.

Santa Clara County's First 5 plan emphasizes the need to create a comprehensive system of care, which reflects the needs and desires of the people it will serve. This emphasis is seen in the constant and innovative ways in which initiatives are selected for First 5 funding, by the constant commitment to ensuring that initiatives are truly driven by community input, and by the partnerships that are created or joined to form a comprehensive strategy that serves children prenatal through age five and their families, with care managers and First 5 staff often there to assure that the system works for as many children and families as possible.

Santa Clara County has focused on true civic engagement. As the Executive Director states, First 5 does their work "with the community, not to the community." This has involved many ongoing focus

groups with community people and providers and led to the development of all the First 5 initiatives including two called the Regional Partnerships and the East Initiative. In the Regional Partnerships, the six regions or neighborhoods create boards that must be at least 51 percent community individuals, representing the populations in that area, as well as providers, the faith community, the school, and others. They each develop a governance structure and vote on a chair and cochair (one has to be a community resident and one a provider). They are staffed by the First 5 organization, which works to identify and make heard "silent voices" in the community as well. The Regional Partnerships are given \$670,000 each year for three years to create and implement a plan through asset mapping, focus groups, surveys, and other information. They must also have an evaluation plan. The largest group has about 38 members. Stipends and child care are provided to community residents to attend meetings. Partnerships have launched one to three strategies and have developed sustainability plans. Funding can never be used (by law) to supplant current funding. Among the strategies selected by the

communities and under way are providing computer training in migrant camps, using mobile vans to provide services, training child care providers and funding equipment for home providers, providing child care when parents are taking classes, providing transportation tokens, and creating resource and referral services. The six regions reach approximately 9,000 children and their families.

The East Initiative is similar but focuses on the neighborhoods surrounding three elementary schools in East San Jose with an investment of up to \$1 million a year for four years. The focus is comprehensive including early care and education with kindergarten transition programs; parenting/family support services; health and social services; and community initiatives. This initiative serves approximately 1,200 children and their families.

Another way to ensure community involvement is the strategy used by the Commission for funding individual programs when the community identifies a needed service or support. Rather than using the

Santa Clara County is well known for its attempt to ensure that all children prenatal through age five are covered by health insurance.

normal RFP process, they have an “Intention to Negotiate” (ITN) process. Applicants must identify outcomes, create a collaborative, and use research-based practices that parallel the request identified in the ITN. They are given technical assistance as the proposal is developed. All proposals are reviewed by five community panelists, including some with expertise in the area of the ITN and all the community members must live outside the community in which the program will be funded (this avoids any conflict of interest). All panelists are trained by the First 5 staff and must sign oaths of confidentiality and a lack of a conflict of interest statement. Proposals are ranked, and any proposal receiving a score of 75 or more is invited back for an oral presentation. Finalists are selected by the five panel reviewers and recommended to the full Commission for funding.

Finally, the input from those served is continuous. First 5 has created a rapid-response system that uses interviews with those served to assess whether needs are truly being met. If there is a problem identified, the strategy used will be changed, again based on family input. All of this effort is to ensure that First 5 is achieving its goal of serving the people on which it is focused. Assistance is managed and coordinated by the First 5 staff who spend a great deal of time in the field, providing technical assistance

to providers and assuring that community members are engaged.

Santa Clara County has many interesting initiatives that support the positive development of young children and increase school readiness. Some of these are the direct result of First 5 funding, some are partnerships with other providers, some are funded in collaboration with the state First 5 School Readiness Initiative, and some have no First 5 funding. However, there is a focus on collaborative, systemic change so that families and their children can access the services and supports they need for the healthy development of the children.

For example, First 5 used the ITN system to increase community interaction in an innovative way by funding an Arts Enrichment Initiative to hold community arts festivals that focus on the communities' cultures and early childhood development as well to encourage the teaching of arts in preschools and schools.

Santa Clara County is well known for its attempt to ensure that all children prenatal through age five are covered by health insurance. First 5 has become a partner with the city of San Jose, Santa Clara County, and the David and Lucile Packard Foundation to attempt to accomplish this goal. There is a mail-in, easily understandable form that was developed for

this purpose. Over 56,000 more children have been enrolled in health insurance since this initiative began. First 5 ensured that infant stimulation and early child development are part of the Early Screening, Assessment, and Diagnosis Initiative for children birth through five with suspected developmental variations or delays. Services are provided as needed with the help of care managers.

As part of a commitment in Santa Clara County to create a comprehensive plan to improve health care, the recognition that children were appearing in preschool and in school with no dental care and in some cases rotted teeth, a decision was made to allot some of the School Readiness Initiative funding to provide "Toothmobiles" to serve children in the targeted school districts.

To follow up with the most needy families related to both health care and family support issues, First 5 funded a Prenatal and Toddler Home-Based Visitation Program that strives to identify the families early (to provide appropriate prenatal services if possible; to support pregnant and parent teens; to reduce the use of alcohol, drugs, and tobacco; to educate parents and caregivers about developmental milestones; to assist parents with neurological problems in children; and to coordinate service providers working with the families). The program serves children through age two and their families.

First 5 funding provides education stipends that are given directly to early childhood educators to reduce turnover and improve the quality of care.

To address the need to improve the quality of child care services in the county, the Commission funded WestEd to create the Institute for Early Childhood Professional Development. The Institute works with local child development agencies, community colleges, and universities to provide courses and, through other efforts, works to promote collaboration with Head Start and preschool. First 5 funding provides education stipends that are given directly to early childhood educators to reduce turnover and improve the quality of care. The Institute has been trying to do outreach to license-exempt child care providers to provide them with resources and link them to centers to provide hubs for learning, but this effort has not been in place long. There are two associations working with them that represent immigrants. The Institute also advocates for increased salaries and benefits for providers. In addition, through the School Readiness Initiative, First 5's efforts have created additional classrooms for Head Start classes in high-need areas. The classrooms are generally located on or near school property. Family literacy classes are often provided in the same area. Santa Clara County's Child Care Local Planning Council intersects and supports First 5's efforts.

As it is everywhere, access to mental health services is a challenge both for children and for their parents. There is a School Readiness funded initiative that is proactive and prevention oriented, attempting to leverage other resources. In the targeted school districts, care managers, who are paraprofessionals, either go into the community to attempt to engage isolated parents or contact parents in other ways. Often these families are identified and referred by the schools or physicians or by other providers. The care managers try to balance the needs the families identify and the needs the care managers identify. They work to develop trust with the families. They tell the families what is available and help them fill out applications. They also try to remove barriers and refer families as needed to services like ESL classes. Two common needs identified by families and care managers are quality child care and dental care. Mental health workers or public health nurses may be connected to the families as appropriate. There is a desire to develop family resource centers to incorporate ongoing care and health care in the community. Principals in the schools try to help with space and getting word to the community. There is also some partnership with primary mental

health care providers to deal with depression in mothers.

The need to help parents understand what the schools will ask of their children and how they can help ensure better outcomes for them during the school years in the districts funded by the School Readiness Initiative has led to the adoption of a program developed in San Diego 15 years ago called the Parent Institute for Quality Education. SRI is completing an evaluation of the program in Texas; findings are due in January. The Santa Clara County program is funded by Title 1, private donations, and foundation funding as well First 5 funding. Teachers facilitate a nine-week program with six lessons around child development, a principal's dialogue session, and kindergarten teachers explaining report cards and other requirements. The program is timed to help parents when their children are still in their preschool years and during transition to school. A principal of one school indicated that the parents establish what they want to learn during the program, and 51 percent of the leadership for decision-making has to be parent input.

Again, using care management for assurance of coordination, First 5 began a program to work with more than 2,000 families in the Family Court System after a judge approached the Commission with a proposal to try to reduce or eliminate the

need to directly refer families to Dependency Court. The program also follows the principle of civic engagement of the people to be served; it is based on the needs and vision they articulated. There is also a program that serves substance abusing mothers and their children away from their home environment. There is child care on site. This latter program, however, is not fully funded by First 5.

LESSONS FROM SANTA CLARA COUNTY

Santa Clara County works diligently to assure civic engagement in devising and in implementing its initiatives. Not only have the First 5 staff used focus groups, open meetings, and membership of community residents on boards and committees, they have sought to ensure, for example, that there is a majority resident vote in their Regional Partnerships, that there is continuous feedback and change (the rapid-response strategy), and that residents have a strong voice in what providers actually receive funding (the ITN process).

Santa Clara County has worked hard to provide health care insurance for all children, and has achieved great success in this area with a partnership that includes First 5 and others. It has used this system to increase screenings of children, but its experience reinforces the fact that increased insurance

does not necessarily lead to increased care, especially ongoing care. It has had a difficult time finding true medical homes for children, seen the nationwide lack of mental health services that are available to serve children through five years old and their parents, and only been able to address minimally the dental needs of the children. However, there are innovative programs that have been launched in these areas of great concern that could be considered by other communities—the early intervention programs for children and families, the linkages to primary mental health for depressed mothers, and the Toothmobiles.

First 5 has instituted the use of care managers to coordinate what have often been silos of care so that they become systems of care. Throughout discussions with providers and managers, care managers were often mentioned as crucial to their work. Care managers must, however, be supported by more highly trained staff in partner agencies or by First 5 staff since their level of training does not make them appropriate to deal with particularly difficult issues.

There are some interesting ways to try to address the diversity of the population in the county. One principal noted that she recruits teachers from Spain since there is a lack of trained Spanish-speaking teachers in the district. She feels this effort has

strengthened her ability to help her families although she notes that the teachers' visas expire after three years, and she then loses them. The Arts Initiative is also an interesting way to celebrate the diversity of the community and provide enrichment.

Santa Clara County again demonstrates that there is a need for a strong strategic planning with clear outcomes in order to be able to assure that programs are actually accomplishing goals. This may be even more of a need when programs selected for funding may not be as tested as those experts alone may select. On the other hand, since there is little research on programs to serve diverse populations, using outcomes may help identify the most promising new approaches.

Finally, strong collaborations with school and other government entities are essential here as they are everywhere not only for leveraging funding and expertise, but also for creating better ongoing, comprehensive supports for families. There will still always certainly be a need for a strong staff to ensure that technical assistance and access to current research findings are readily available to oversee the operation of so many programs folded into a comprehensive system and to build trust both among collaboration partners and with the community.

LANCASTER COUNTY, PENNSYLVANIA

Lancaster County has a population of about 471,000. In the county, about 11.8 percent of the children live below the poverty line, but in the city 59.1 percent of the children who attend school come from low-income families. One in five women do not have early prenatal care, and 11,300 children are uninsured (which includes children whose parents are employed). The county's teen pregnancy rate is 0.5 for those under age 15 per 1,000; the teen pregnancy rate for those 15–17 per 1,000 is 24.1. The county high school dropout rate is higher than the state average; even in the Economic Development Company of Lancaster's 2000 report, which compared Lancaster to 20 counties with similar demographics, Lancaster had nearly twice the average of the other counties. In the School District of Lancaster (the city schools), in 2000, 1.7 students out of 10 were ready for school. While school is not mandatory for children until age 8 in Pennsylvania, only city children attend full-day kindergarten. Only a small number of those eligible to attend preschool—if it is offered by Title 1, Head Start, or a child care program—are able to attend. These are some of the problems Lancaster's leaders decided to address.

Lancaster County's School Readiness Initiative, Success by 6, has come together under the United Way of Lancaster County, which has on its Board all of the key stakeholders in the community including

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those representing the public sector (schools, state agencies), the business community, the health providers, and religious leaders. Success by 6 in Lancaster is not like many United Way Success by 6 initiatives in the country. It is not a collection of programs, but instead reflects a careful strategic planning process and a truly united effort to address the issues affecting all of the children in the county, especially those that are poor, both in urban and rural areas. The large Board of United Way Lancaster established a vision:

Lancaster County will become a model community for healthy, successful children and strong families.

Our community will show measurable improvements in the lives of children.

All children will feel valued and loved by their families and the community.

...so that no Lancaster County child is left behind.

There are many forces that emerged to create the effort now under way in Lancaster. Under Governor Schweiker, a task force to look at early care and education issues was created because of the advocacy efforts of business leaders around the state. At the local level, a business leader, Carol Hess (also working mother of the year) was a passionate spokesperson for the issue of early brain development and had caught the attention of many business leaders with the brain scan pictures. Her strong endorsement for action carries community credibility. Hess has also been the Chair of the Board and Campaign Chair of the United Way of Lancaster County and remains on its Board.

There is strong support for early childhood education in the Governor's Office at this time, with leadership from his Chief State School Officer Vicki Phillips, who was a superintendent in Lancaster County after leaving the school system in Philadelphia. In Lancaster, she had created the full-day kindergarten program within the city and had advocated for preschool education because she believes that is the way to improve school outcomes.

The United Way Board decided to have the United Way concentrate its leadership on one area under the banner of Success by 6. In 1999, a leadership group of Vicki Phillips, Carol Hess, local foundation leaders, health care leaders, and bankers went

through an education process to help establish the knowledge base on the conditions of children in Lancaster County. Another United Way committee (Community Needs Committee) produced a report evaluating the state of child care. This educational process and the report led to the understanding that there was a need for a range of integrated services. United Way's Board decided the role of the United Way would not be to provide direct services, but instead to guide planning and convene as needed, to help bring in new resources, and to use existing providers in communities. In the design phase, the focus was to assess effectiveness in addressing issues, bring agencies to the table, and agree on a system of measurement of outcomes. These are not program performance-based measures, but measures to allow the Board to understand its progress or lack of progress on issues.

Lancaster County is small enough and has opportunities on which to build to make it a place that can make real progress. The school districts are not generally experiencing crisis situations; the CAP agency continues to serve as the primary agent for the immigrant population; one nonprofit hospital handles nearly all births making it perfect for identifying newborns and their parents and it already has a culturally sensitive parenting program; a grant from the PEN Foundation helped develop family

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centers for all the schools in the urban area, creating a Safe and Healthy Schools effort; the city already uses the free and reduced school lunch form to identify children potentially eligible for health care coverage; the best child care agency and the best hospital in the county are in the greatest need area; and the United Way has extremely successful campaigns, the last one raised over \$9 million and over 5,000 volunteers worked on the campaign.

Despite this, there is real poverty in the area and many issues to address including issues around Spanish-speaking residents. The Success by 6 Leadership Group created teams to approach the various issues identified: parenting, children's health, early childhood care, early learning, funding, and advocacy. The tasks were to create systems of care, reduce duplication, improve the quality of services, and increase resources while improving child outcomes.

In the area of parenting, families are identified at the birthing center at the large nonprofit hospital (earlier, if possible, especially for teens). Three programs exist and now collaborate constantly. The first is the NFPP (Nurse Family Parent Program) Prenatal to Two Program that serves 125 families with five

nurses using the David Olds' model. They serve the neediest families (some mothers are 14 years old) until the child is two. Only 10 percent of approached mothers turn down the program and 5 percent return after hearing about it and ask if they can still enroll. Even some 14-year-olds have to be turned away now for lack of space. If a child turns two and still needs support or if the child cannot be served by the Prenatal to Two Program or if the family is not at a high level of need, the family is connected to the Parents As Teachers (PAT) Program or the Healthy Beginnings Plus Program (described later), which serve more income levels. The Parents As Teachers Program is a more intense version of the Missouri program. It serves families from the birth of a child until the child is three (so less needy families even if they are low income may be connected here rather than to the Prenatal to Two Program) with two visits a month plus social groups twice a month. PAT does the Denver screenings and connects participants to needed services. PAT participants can also be served by the Parent/Child/Home Program (PCHP), now only for two-year-olds, but moving into serving three-year-olds, especially to get children and families to become familiar with and start to use English. There is also a Healthy Beginnings Plus

Program, which is a state funded program that serves 780 mothers—any pregnant woman with medical assistance—for eight weeks with social workers or nurses at a clinic or at home. There is a very low turndown level for this program. Healthy Beginnings Plus also refers to the PAT program. At-risk mothers are offered some program, with participation in any on a voluntary basis. Finally, there is the Long Distance Dads Program, which does provide a limited program of twice-a-year meetings and some one-on-one case management both for non-custodial fathers and fathers-to-be. Fifty percent of these fathers are referred from prison. There is work under way to try to combine some of the PAT and father program activities to be held in schools.

All of the parenting programs have worked together since Success by 6 began to look at which services they provide, to whom, when, and how so they can better coordinate and serve the clients about whom

All of the parenting programs have worked together since Success by 6 began to look at which services they provide, to whom, when, and how so they can better coordinate and serve the clients about whom they all care.

they all care. The need is great, and there is no reason for competition to occur. All the programs have adjusted their working hours better to meet the needs of working families, all have created trusting relationships with each other and complete real hand-offs of families in a way that makes the family trust the change.

When addressing children's health, a Health Summit was held to look at issues of duplication and to try to "connect the dots." It is estimated that 11,000 children are uninsured. One solution appears to be to create presumptive eligibility for children for programs. Trusted emissaries are needed to encourage enrollment in health insurance since many in this area feel government programs are not good. There is no public health agency. In Pennsylvania, the state runs the health agency and it has regional offices. There has been some help from this office to help simplify forms. The focus to create the outreach that can be trusted is to reach out to pediatricians and other trusted members of the community to help. While there are some child mental health projects in the schools, the movement to a behavioral health managed care plan has made things harder. There is no money for substance abuse treatment or prevention at the local or state level due to the current state budget crisis. However, there is a lot of support at the state level for domestic violence issues.

There are two health foundations in Lancaster created by the conversion of nonprofit hospitals to for-profit ownership. The heads of both foundations are on the committee and working to entice additional Heinz funds into Lancaster. One issue they noted that is a policy issue for the Casey Foundation to consider is why babies and children lose their health insurance when their mother is in prison.

After looking at the 31 percent turnover rate among child care center providers in Lancaster, several efforts have been undertaken:

- ☆ A training program for child care workers was created with a goal to graduate 70 students a year. Training is also included for owners and managers. The students in the high school vocational education program will build a model center to be used for the training. It will allow observation of students being trained for certification. All four high school vocational/technology campuses would like to create the same public/private partnership.
- ☆ Two-day training was created with an “I Can’t Funeral” as the kickoff to quickly address negative responses likely from center directors who have no additional funding. Also created were mentor centers to work with other centers over the summer and into the fall. State grants paid for substitutes.

- ☆ There is a new public relations campaign to reach out to employers.

- ☆ While the family provider piece has not yet been addressed, the plan is to create a provider network, starting with evening meetings with food and incentives like some funding or vouchers for equipment, toys, or books. A family care setting serving over three children including the caregiver’s own children must be regulated, but only about one-fourth are visited each year.

- ☆ There is already an e-mailed newsletter that goes to 100 centers, businesses, and other interested parties.

To create interest in early learning in a state that has mandated school attendance only by age 8, it was necessary to bring parent groups and isolated parents together so that they could understand what their children could experience by participating earlier in formal education settings and why it could help them succeed in school and beyond. This was started with gatherings with food and babysitting to allow parents to talk. There are high-quality Head Start programs serving 800 children with wraparound child care, and the Early Learning Team started meetings between child care, Head Start, and the part-day pre-K programs that serve around 350

In the city, cross training began slowly between the early childhood programs, and it took off rapidly after success was noted by the fact that all gained from the experience.

three- and four-year-olds. One child care center for pregnant and parenting teens is located in a District of Lancaster high school. In the city, cross training began slowly between the early childhood programs, and it took off rapidly after success was noted by the fact that all gained from the experience. The group is now looking at ways to improve transitions into formal schooling.

Advocacy is a crosscutting United Way team that is ready to support a vision that provides as full a range of services as possible to children and families in a way that is laid out on a grid to demonstrate the ties and the lack of duplication, that measures progress, and that responds to community input. The advocacy team is seeking grants to improve child care, looking to increase Carol Hess' vision of job wellness centers and model child care centers. The Heinz Foundation has provided a three-year grant for infrastructure to develop the plan, implement it, and measure and improve it. There is also a process evaluation. The Foundation has indicated that it is open to future funding as well. There is a Kellogg grant focused on children's health.

LESSONS FROM LANCASTER COUNTY

Lancaster County does not have a large influx of money, but it has strong commitment and leadership. At the United Way Board meeting, the room was packed and people were engaged. The excitement is clear, and there is a clear understanding of the goals and the vision. The government entities are clearly involved as are all the other major stakeholders. Sometimes the lack of large amounts of new money makes for more realistic, sustainable plans. Lancaster is working out pieces that will come together under the guidance of the United Way staff.

Vicki Phillips, who was a superintendent when this effort began, believes that the first step for improving educational outcomes was to have something "big" to point at that showed real change in what was happening. She was strong with her message to her teachers and to her administrators that all children can learn and that all teachers can teach. Anyone with a negative response had difficulty with her, but she had few battles with the unions. She also pushed for full-day kindergarten both because she does believe it can change outcomes, but also

because parents wanted it and most have enrolled their children. When the parents saw full-day kindergarten happen, they believed things were changing. The superintendent that replaced her remains true to her plans; she brought him with her from Philadelphia. This issue of having to have a visible change early to start the change process going is one that has emerged in many studies of urban change.

Having a very committed set of leaders is a key to success. Having an extremely committed businessperson, who can bring businesspeople to tears when she speaks, is a tremendous bonus. This community is also small enough that all the “heavy hitters” know each other no matter which party they have joined. There is a trust already there that the United Way can foster as neutral territory for the betterment of children.

HAMPTON ROADS, VIRGINIA: SQUARE ONE

Virginia allows cities, towns, or counties to be the separate entities that receive state and federal funding and provide services. Cities and towns are not part of counties. This unique factor, called the Dillon rule, results in the Hampton Roads area, the Tidewater area, of Virginia being composed of

17 separate municipalities, all with their own health and human services agencies, mayors, and city managers. The municipalities, both cities and counties, include: Chesapeake, Franklin, Gloucester, Hampton, Isle of Wright, James City County, Lee, Newport News, Poquoson, Portsmouth, Smithfield, Southampton, Suffolk, Surry, Virginia Beach, Williamsburg, and York County. The overall population of Hampton Roads is 1.6 million, according to the 2000 Census; this is a small rise in population from the time of the 1990 Census. The overall population is 61.8 percent white, 31.6 percent African American, 3.1 percent Hispanic, 2.7 percent Asian, and a small number of other racial populations.

The recognition that the global economy forces a focus on geographic regions, with business centers that have common media markets and a shared workforce, led to the creation in 1996 of an economic-development coalition called the Hampton Roads Partnership. This coalition includes the chief elected officials of the municipalities as well as city/county managers and leaders in business, education, college presidents, the military, and the community. The Partnership had received \$2 million a year for five years from the state to strengthen its planning and implementation of strategies to improve the competitiveness of its region. The focus is on economic indicators and its planning process included a great

deal of input from the community, business, and service providers. The coalition finished its plan in 1999 with improving transportation identified as its greatest concern. However, it funded an entity called Square One to focus on early childhood issues under one of its overall six goals—the need to improve the region’s emerging workforce.

While there is agreement among the elected officials about the need to focus on early childhood, the business community has not yet shown real interest. One of the strong leaders for this effort is James Eason, now the president and CEO of the Hampton Roads Partnership. Mr. Eason was the mayor of Hampton before becoming the second president of the Partnership. In his earlier position, he had focused in the mid-to-late ’80s on the demographics of his city and the need for skilled workers in the next century. He noted that the need for the number of “professionals” would remain about the same, but that there would be a greater need for a “skilled labor force,” with at least a high school degree. He stated it as “Hampton will be what our workforce allows us to be.” He noted that without skills, there is nowhere now for a young person to go for employment that will pay a living wage. The military is closed to them and manufacturing jobs now require skills, which leads to “serious ramifications” of a widening gap between the “haves and the have

nots” resulting in crime and poverty. He stresses that this is one of the largest problems facing America. As mayor, Mr. Eason challenged the city administration to create a coalition for youth, and asked 5,000 people what they believed was needed. The resulting plan had three objectives: a healthy start, healthy families, and healthy neighborhoods. Government was restructured to create neighborhood departments with some service integration since “one shoe doesn’t fit all.” Neighborhood plans were devised. The major strategy for the city was the creation of a Healthy Families Department, which worked with the Health Department to create a hybrid program that combines the use of social workers and nurses to be home visitors with two home visits a month (more, if needed) from birth until the child begins school if the parent wants to continue. This is a universal program. In addition, the business community sponsors classes for parents with restaurants taking turns providing meals; child care was also provided. The attendance has grown, and the classes remain popular.

The current mayor of Hampton, Mayor Locke, also noted a collaboration between the Health Department, the Attorney’s Office, Social Services, and the Transitions program (focusing on domestic violence) to help children exposed to violence (Violence Inoculation Project). She reported that

the number of domestic violence cases coming in had declined, but had been offset by the number of mental health and substance abuse problems. She also believes that the domestic violence cases have not really declined, but that women are afraid to report incidents, so the outcomes are not clear. However, Hampton, with its version of Healthy Start, remains the leader in its focus on early childhood and early intervention.

Mr. Eason's continuing commitment to early childhood is shared by a number of the members of the coalition, especially the elected officials. Norfolk Mayor Paul Fraim had also strongly supported including funding in the city's budget for literacy efforts, and he is working with the "Greater Norfolk Corporation," a 300-member business group, which will soon kick-off an initiative to get business involved in the development of children birth through the end of high school. The city has raised cigarette taxes and used other mechanisms to give teachers a 6 percent pay raise this year when most teachers in most areas of the state were getting 3 percent or less. In addition, the mayor's wife cochairs the Norfolk Literacy Project.

Square One was established through a grant to an existing coalition of an 80-member employer-based health coalition led by Dr. Barbara Wallace, who also became the director of Square One when Keith

Sykes left in October 2002. The health care coalition had already identified the need for health care for young children as a priority, but Square One operates independently from the health care coalition. Square One began with regional workshops to listen to providers, existing local coalitions, and the community to define its priorities and outcomes, to identify best practices, and to devise a public awareness campaign. It was clear that Square One would operate as a flexible network, focused around specific actions with a staff that would "not run programs in Hampton Roads, but be an advocate, collect the right data and encourage collaboration between and among service providers." (Mr. Eason in a paper by Keith Sykes and Jessica J. Geiben Lynn, 2001.) Keith Sykes was the first director of Square One, and he set out in a campaign mode that included:

As mayor, Mr. Eason challenged the city administration to create a coalition for youth, and asked 5,000 people what they believed was needed. The resulting plan had three objectives: a healthy start, healthy families, and healthy neighborhoods.

With Square One to assist, all 17 municipalities are working on early childhood issues although the leadership and strategies in the municipalities vary.

- ☆ “Listen In” to the System—To discover the emergent future.
- ☆ Develop a Strategic Theme—To give direction to the campaign.
- ☆ Sweep People In—To mobilize energies.
- ☆ Build the Infrastructure—To make change possible.

According to his 2001 paper, he proposed that these four elements would create “an opportunity you can’t refuse.”

When the listening component was complete, it was clear that there were two primary concerns built from both the input from the larger Hampton Roads Partnership work and from sessions with early childhood providers in the region—the need to understand and plan for the challenges that the region would face in meeting the 2004 state standards of learning (SOL) performance tests, leading to the outcome of school readiness and the need to increase healthy births. The definition of the “best practices” to achieve the school readiness goal were parent education and support, early/family

literacy, children’s health, quality preschool and child care, and family-friendly business practices.

The effort to “sweep people in” was a public awareness campaign funded by the Bank of America and United Way. The campaign promoted reading to young children through billboards, posters, and bus cards using Dr. Suess’s *Green Eggs and Ham*. This campaign was supported with the designation of the year 2001 as the “Year of the Young Child in Hampton Roads” and was merged with the plan of the mayor of Chesapeake to focus on the role of fathers. Square One was the glue that put together a media effort that included father involvement with reading to young children and prenatal care. The Chesapeake Fathers’ Day activity also supported the regional effort.

Square One plays a leading role at times and a supporting one as appropriate. It organized a regional Early Childhood Advisory Council with representatives from provider organizations, business, and parents. Square One showcases best practices throughout the region; serves as a clearinghouse of information which includes a website (www.SqOne.org);

raises funds by applying for grants; holds an annual School Readiness Conference to report on outcomes that it measures and to provide expert speakers; and fills gaps in specific technical assistance and training. With Square One to assist, all 17 municipalities are working on early childhood issues although the leadership and strategies in the municipalities vary. Programs supported by the localities include Healthy Families, Parents As Teachers, Resource Mothers, and outreach to enroll children in FAMIS (Family Access to Medical Insurance Security) program.

As stated in their brochure, Square One is “a regional initiative to help all children in Hampton Roads enter school healthy and ready to succeed. Square One:

- ☆ Reports the status of children age 0–5 in Hampton Roads
- ☆ Identifies/promotes programs and practices that increase healthy births and school readiness
- ☆ Works with government, business, agencies and communities to develop and implement healthy births and school readiness strategies
- ☆ Provides regional-level training and networking opportunities for local leaders and staff who provide early childhood services”

Specific training that is done in cooperation with the Virginia Institute for Social Services Training Center (VISSTA). Square One and VISSTA have developed ten courses. With the award of an Early Learning Opportunities Act grant (from the Child Care Bureau at the U.S. Department of Health and Human Services) from September 30, 2002 through February 23, 2004, there are five additional courses currently being developed and five of the original series undergoing revisions. The courses have been renamed as Prevention and Early Intervention (PEI) courses. They are open to Healthy Family workers, home visitors, and others serving young children. This training was formerly known as the Healthy Families training. Between the Square One trainer and the VISSTA trainers, the total participants in classes (some duplicates) were 1,038 by June 2003. Square One also became a T.E.A.C.H. (Teacher Education And Compensation Helps) pilot site, recruiting and providing 26 scholarships for child care workers for early childhood education courses in local community colleges.

Square One also raised \$100,000 from local foundations and one national foundation to offer small planning grants for school readiness initiatives. Nine municipalities applied for the “Ready to Read” grants and nine were funded at about \$12,000 each. After receiving ELOA funds in 2002, two

municipalities were selected for the larger grants (around \$100,000 each) to undertake Ready to Read Initiatives. In Norfolk, there is a “backpack” program in Head Start and Title I classrooms, with new backpacks filled with books and other materials that can be used by parents with their children. In addition, the most at-risk children have teachers visit the homes to help parents work with the children. Literacy skills have also become part of the visiting nurses’ objectives. In all of the work, the focus is on four-year-olds, although the plan is to reach all young children over the next five years. In Portsmouth, the initiative is run out of the Community Relations and Leisure Services Department with “Family Reading Nights” at the libraries and at child care centers. Food is provided. The programs begin with parents and children having separate activities; the second part of the night, the parents and children are together. There is also an effort under way to foster communication between the child care providers and preschool providers and the kindergarten teachers. Many

Square One is committed to outcome evaluation so that the localities as a whole can see progress or a lack of progress on a set of agreed-upon goals.

volunteers are coming forth to be trained to sponsor and run the Family Reading Nights. Portsmouth has four of the states seven most at-risk elementary schools.

Housed with the overall employer-based health care coalition, Square One also supports the efforts of the Consortium for Infant and Child Health (CINCH), which coordinated the Hampton Roads plan for children’s health. It is led by the Center for Pediatric Research, a joint program of Children Hospital of the King’s Daughters and the Eastern Virginia Medical School. This coalition includes more than 250 public- and private-sector members. It focuses on many health issues, and Square One helps with the effort to increase public awareness of children’s health issues and increase the enrollment of children in Virginia’s low-cost medical insurance plan (FAMIS).

A program that is showcased by Square One (and Square One would like to fund) is “Al’s Pals,” a program developed by Susan Geller at Wingspan in Richmond, Virginia (www.wingspanworks.com). This program is designed to help children reduce aggression, solve problems differently, accept differences in their peers, keep themselves safe and healthy, and care about others. Researchers from Virginia Commonwealth University and the College of William and Mary have been evaluating the

program and conclude there is strong evidence that the programs are effective in increasing social and personal skills in children. The program includes a set of training materials—including puppets, books, and music tapes—and a mandatory training program.

Square One is committed to outcome evaluation so that the localities as a whole can see progress or a lack of progress on a set of agreed-upon goals. The benchmarks for “healthy children” are:

- ☆ Increase early prenatal care
- ☆ Reduce percentage of low birth weight babies
- ☆ Increase healthy births (using the Annie E. Casey Foundation index)
- ☆ Reduce infant mortality

The benchmarks for “children ready for school” are:

- ☆ Increase percentage of children immunized at age two
- ☆ Increase percentage of children ready to read and ready to learn (using the PALS score—Phonological Awareness Literacy Screening—given in kindergarten entry)

Dr. Joseph Galano at the College of William and Mary is the evaluator. The findings he will be releasing in September show that Hampton Roads has

improved or stayed about even on all the health benchmarks. Compared to the Greater Richmond area, probably the regional area most like Hampton Roads in the state, the area’s benchmarks have really improved, especially in the area of prenatal care in the first trimester and in the healthy birth index. On both, it still lags slightly behind Virginia as a whole. The most exciting finding that will be announced by Dr. Galano, however, is the rise in school readiness as measured by Virginia’s kindergarten test, its PALS scores. Between 1997 and 2000, one in four children (26 percent) were identified as needing additional instruction. For the most recent two-year period, one in five (20.6 percent) children were identified as needing additional instruction. While Square One attempts to keep all information at the regional level so as not to create competition between localities, Dr. Galano also has data that show that Hampton, which has made the longest and greatest investment in early childhood issues, has a much greater reduction in infant mortality and substantiated child abuse and neglect reports than does Hampton Roads as a whole. He does not have the data for PALS or the other benchmarks broken out for comparison, but his data clearly support the need for an ongoing, more intense focus on early childhood to make a real difference in outcomes.

The Hampton Roads Partnership has at this time lost its state funding even as it is beginning a new planning process. Mr. Eason hopes that this process will create a vision and an alignment among the localities and their goals. The partnership members will first gather information through an electronic survey, with 10–12 questions as an “idea generator.” He believes they can reach about 100,000 people through their partners. The regional structure can only be increased if the population in the area begins to think of themselves as citizens of Hampton Roads, with a shared definition of a quality of life they want to achieve. This planning effort will focus on increasing civic engagement and identifying strategic initiatives. While Mr. Eason clearly supports Square One, its director sees the funding that had come from the state disappear and realizes that they are existing on the Early Learning Opportunities grant. Her own salary is only half covered by Square One; the other half is covered by the health coalition. And she cannot even guarantee her staff that they will be funded past the end of the ELOA grant. She is now trying to work with the United Way to bring some of their funding to the effort, looking for new grant opportunities, both public and private, but the continuation of Square One is questionable at this time. Its loss would be a significant one for the continuation of positive gains for young children in Hampton Roads.

LESSONS FROM HAMPTON ROADS

It is clear that an intermediary organization that works to identify and pull together efforts can create a stronger effort across localities. Sharing information and best practices as well as networking has improved the thrust of the efforts within a number of the localities. Square One has provided leadership when needed and support when needed; its flexible role has enabled it to be a trusted partner with all the localities and across the spectrum of providers.

Infrastructure funding is essential if an intermediary organization is to thrive. Foundations and the government are both generally unwilling to provide such funding, preferring to direct it to programs or research. Square One cannot survive in any strong way without ongoing infrastructure funding. It is, in any case, in danger of losing its small, overworked, strong staff.

Champions are also essential. In this case, the champions are some mayors and the president and CEO of the Hampton Roads Partnership. Government is the leader. The mayors do understand well that early childhood development is an economic issue for their region. Business has to understand better that investing in early childhood development for all the children in Hampton Roads is in their best economic interest.

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An outside evaluation—or a tracking of indicators—is essential to show both strengths and weaknesses. It will be interesting to see if the significant change in PALS scores is enough to keep the localities moving forward on early childhood issues. If so, they will be following the early Dr. Seuss campaign; this is nicely phrased at the end of Keith Sykes and Jessica J. Geiben Lynn's 2001 report for CFAR. Hampton Roads must embrace the idea that:

SAM COMES TO
KINDERGARTEN PREPARED

(with further apologies to Dr. Seuss)

I love to read books here and there.

I'll read and read them anywhere.

I'll help my friend who's in a jam.

Just look at me, world,

SAM-I-AM!

And Sam must be all children in Hampton Roads.



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