

## MEMO

**TO: Commissioners**  
**FROM: Kathleen Walker, MA, Assistant Director**  
**DATE: August 22, 2011**  
**RE: 2012-17 Strategic Plan**

**BACKGROUND:**

In the last five years, First 5 El Dorado Commission has made significant progress toward implementing their vision to “promote nurturing, stable and loving family environments so that all children enter school physically and emotionally healthy, **ready** to learn.” Among the achievements:

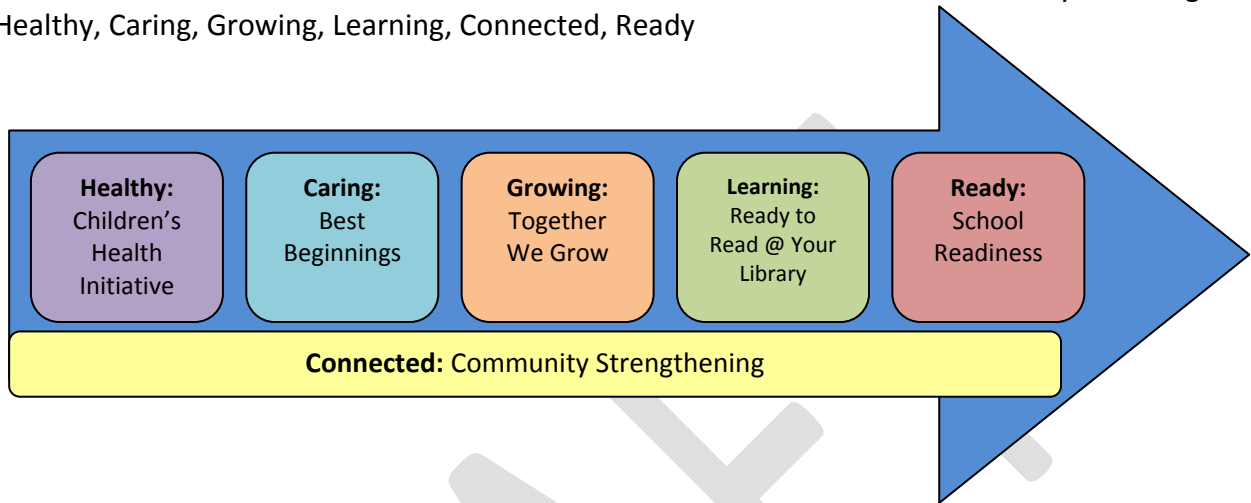
- Developed a plan to measure school readiness for all incoming kindergarteners in the county and to provide early intervention services as needed.
- Implemented six Commission Initiatives that reflect the research based elements necessary for a comprehensive early childhood system: Children’s Health Initiative, Best Beginnings, Together We Grow, Ready 2 Read @ Your Library, CARES and Community Strengthening.
- Established a continuum of services supporting a family prenatally through five years of age.
- Designed an evaluation plan to report progress on goals, objectives, indicators, and data collection tools for each Initiative.
- Promoted the Commission’s work through a Communication Plan: healthy, caring, growing, learning, ready and connected.
- Changed the early childhood culture demonstrated by contractors reporting parents behavior around early childhood services has changed:
  - Children are seeing the dentist by their first birthday.
  - Families are using the 800 number for health related questions.
  - The library has become a place where families with young children gather.
  - Families are requesting developmental screens and home visits.

In the 2012-17 strategic plan, the Commission will take the next step in achieving their mission to improve “the lives of children 0 through 5 and their families by promoting, enhancing, and developing **comprehensive early childhood systems** through collaborative partnerships, early care and education, health, and community services.” The goal of a comprehensive early childhood system, as described by the Harvard Family Research Project, “is to increase child outcomes through a combination of strategies promoting good health, quality early care and education programs, family literacy, and addressing parental concerns. “

By implementing research-based, best practices from the Harvard Family Research Project, First 5 El Dorado has developed a continuum of services to support families prenatally through five years of age, supporting a child's readiness for school.

**CONTINUUM OF SERVICES:**

Commission Initiatives form a continuum of services for families with children 0-5 years of age: Healthy, Caring, Growing, Learning, Connected, Ready



All Initiatives serve as “Gateways” to a network of services offered through Commission Initiative and Early Childhood System partners:

**The Children’s Health Initiative (CHI):** Connects families with children (0-5) to medical and dental services, including the El Dorado Children’s Dental Van. The CHI maintains partnerships with a broad network of health service providers (ACCEL) and connects approximately 1,000 children 0-5 each year to resources that allow them to establish medical and dental homes. The CHI refers all families served to R2R@YL and TWG, collaborates with BB nurses on the Western Slope to deliver home visits to Spanish speaking families with newborn children, and collaborates with CS Groups and ECE sites to provide outreach and health education and resources to families countywide.

**Best Beginnings (BB):** Provides newborn home visits for families delivering at Barton and Marshall Hospitals. Approximately 1,000 families with newborn children are offered a follow up home visit through BB each year. Approximately 500 families accept a visit, all families receive a Kit for New Parents and a F5ED Child Health Record with information about local resources to support them and their newborn child. BB visits are coordinated with Public Health Nursing and Early Head Start to ensure that there is no duplication of services. BB refers all families to R2R@YL and TWG, connects all families that receive a home visit to TWG, connects families to the CHI if they need assistance accessing health care for their child(ren), and collaborates with CS Groups for outreach and promotion of BB services.

**Together We Grow (TWG):** Offers periodic developmental screenings and everyday parenting support and education beginning at 2 months of age through Kindergarten entry.

Approximately 1,400 children 0-5 are screened each year utilizing a combination of 3 screenings tools: ASQ, ASQ-SE, and a health questionnaire. While not all children are screened utilizing all 3 tools, all screening tools completed are reviewed by an Early Childhood Specialist and parents receive screening results and suggested activities to support their child's healthy development. TWG offers services to children and families in the family's home and at ECE sites to support the healthy growth and development of the child, and also provides trainings on developmental screenings and a variety of topics related to child development for parents and service providers countywide. TWG collaborates with BB to offer developmental screenings to all families with newborn children beginning at 2 months of age, refers all families to R2R@YL, connects families to the CHI as needed, and collaborates with CS Groups to provide outreach and child development information and resources countywide.

**Ready to Read @ Your Library (R2R@YL):** A large portion of the 0-5 population in El Dorado County is connected to the EDC Library System through Storytimes provided at 7 locations throughout the County and ECE Site Outreach Visits from Early Childhood Literacy Specialists. Approximately 4,000 families with children 0-5 are reached through the R2R@YL services each year. R2R@YL provides community based outreach venues for the CHI, BB and TWG, connects families to the other CIs as needed, and collaborates with CS Groups to provide outreach and early literacy information and resources countywide.

**Community Strengthening (CS):** In an effort to ensure that families and service providers have up to date information about the services available in their community, Commission Initiative and Early Childhood System partners meet on a regular basis in each region of the County to communicate, coordinate, and collaborate. The three Regional Community Strengthening Groups: Divide Ready by 5, Western Slope Community Collaborative (Western Slope Ready by 5), and the Lake Tahoe Collaborative meet approximately 10-11 times each year (once a month). These meetings provide a valuable forum for the Commission to share reports and updates, and receive feedback from partners regarding the effectiveness of Commission Initiatives and the Early Childhood Service System in each region.

**School Readiness (SR):** Beginning Fall 2011, Kindergarten teachers countywide will assess the readiness of kindergarten children utilizing the Kindergarten Student Entry Profile (KSEP). Results will be compiled, analyzed, and shared with Early Childhood Service System partners to help determine areas for professional development.

**First 5 Initiatives are fully integrated with the Early Care and Education Community:**

*R2R@YL* – Early Childhood Literacy Specialist outreach visits and storytimes to approximately 53 ECE sites countywide.

*TWG (H5Q)* – Support and consultation to address child growth and development concerns identified through the TWG screening process. Professional development (CLASS) and educational scholarships through CARES Plus.

*CHI* – Outreach and health education to ensure families are accessing health services (well child exams and oral health checkups) on an annual basis, including coordination of access to the CDV for families with children on Medi-Cal.

CS – Collaboration, emails, posters, fliers, website links, CS agendas and meeting notes, and other resources to promote CI services for children and families at ECE sites

*EDCOE CD Health Advisory Board* – Commission Initiatives are represented at these Semi-Annual Meetings to ensure communication with EDCOE CD partners

*Semi-Annual Articulation Meetings* - Commission Initiatives are represented at these Semi-Annual Meetings to ensure communication with ECE and Elementary School partners countywide.

*EDAAYC* – Commission Initiatives are represented at EDAAYC meetings to ensure communication with ECE partners countywide.

### **EL DORADO COUNTY EARLY CHILDHOOD SYSTEM:**

All families with young children in El Dorado County have access to resources through medical providers, education providers, and community service providers. Education providers can include early care and education programs, and community service providers can include public and private agencies serving families with children.

All families with Children 0-5 have access to First 5 El Dorado Commission Initiative (CI) services. CI services are currently delivered to families with children 0-5 in group and individual settings. CI services are on the low end of the intervention scale, focused on prevention and early intervention, and support families with young children to:

- Access health & dental services for their children (CHI )
- Care for their newborn child (BB)
- Understand and support their child’s healthy growth and development (TWG)
- Learn early literacy and social skills (R2R@YL )
- Connect to local services available that provide information and support to families with children 0-5 and beyond. (Community Strengthening )
- Learn about School Readiness from early education and elementary school professionals to ensure their child is ready to learn when they enter school (School Readiness )

The strong connection between Commission Initiative services, and the message that their services operate on a continuum for children 0 through 5 years of age helps to ensure that families connect early and stay connected to any and all CI services that meet their needs until their child enters Kindergarten.

CI services are not designed to directly address high level needs of families with children 0-5 such as domestic violence, child abuse and neglect, acute or chronic physical and/or emotional health issues, or economic challenges such as unemployment, food insecurity, or housing insecurity. When there is a need, Commission Initiative services strive to connect families with children 0-5 to existing higher level support and intervention services available in the County: Child Protective Services, Public Health, Mental Health, Human Services, and other public and private agencies delivering intensive high level intervention services. The strength and

effectiveness of these connections, and the outcomes for families that are connected to higher intensity services are unclear.

CI services are available to all families with children 0-5, and can benefit families connected to higher level intervention services, but they are not designed to specifically address the higher level challenges facing families. In order to better understand how CI services can benefit families facing these higher level challenges, partnerships between CI services and the agencies delivering the higher level interventions should be strengthened.

#### **2012-17 STRATEGIC PLANNING:**

Commissioners approved a calendar to convene contractors and community partners to discuss their ability to maintain quality services within proposed budgets and develop program recommendations for services. In preparation for the planning meetings, staff worked to ensure a transparent, inclusive process. To achieve this, staff has:

- Met with our evaluator Kelly Marschall (Social Entrepreneurs Inc.) to plan for effective facilitation within the Commissions approved evaluation objectives and indicators.
- Surveyed the contractors, including community strengthening groups, to discuss evaluation objectives, current strategies, research based best practices, and collaborative partnerships.
- Initiated a revised Communication Plan through the Program Planning and Development Committee to ensure clear, consistent communication with community strengthening groups.
- Investigated potential leveraged funding opportunities with Save the Children and federal home visiting match funding through Maternal Child Infant Health.

Staff has encouraged partners to look for efficiencies, consider alternative strategies and look to partnerships in refreshing Initiatives.

#### **CONTRACTORS MEETINGS:**

Commission staff convened contractors on July 21, 2011 and August 21, 2011 to discuss evaluation objectives, strengths and opportunities, current strategies, key elements, and best practices (Attachment 1). From these discussions, Staff understood that Commission Initiatives used similar key elements in delivering services to families:

- Assess a child's development.
- Provide parent support as their child's first teacher.
- Develop relationships with families.
- Provide opportunities for parents and children to interact.
- Offer flexible service delivery.
- Improve access to community resources and information.
- Meet families where they are geographically and emotionally.

### **Outcomes from July 20, 2011 Planning Meeting**

Participants from the July planning meeting discussed the evaluation objectives and indicators for each Initiative and provided feedback on the strengths and opportunities. Staff then invited contractors to share the strategies they use in working with families within a “protective factors” framework. The five protective factors are used as a model for developing strategies that support families:

- Child’s Social Emotional Competence
- Parenting and Child Development
- Social Connections
- Parent Resilience
- Support at Critical Times

Based upon these strategies, staff identified six key elements among Commission Initiatives.

- Parent-Child Interactions provide opportunities to support the parent as their child’s first teacher.
- Place-based Visits offer flexible service delivery, meeting families where they are geographically and emotionally.
- Library often serves as a community resource center.
- All Initiative partners refer to existing community services.
- Contractors expressed a desire for coordinated training and technical assistance.

These key elements were used to identify research-based, best practices for developing a comprehensive early childhood system. Progress was reported at August Community Strengthening meetings.

### **Outcomes from August 17, 2011 Planning Meeting**

At the August planning meeting, contractors were asked to review the work of the previous meeting and provide feedback on El Dorado County’s Early Childhood System. Four key areas were identified and addressed: Professional Development, Libraries, Access to Services and System Development.

#### **Professional Development**

1. A need for coordinated training and technical assistance.
2. Evaluation and comprehensive needs assessments are needed.
3. Set boundaries for working with families.
4. Home visiting protocols and assessment tools should be standardized.
5. Contractors should be cross trained to assess family needs.
6. Early care and education providers should be part of a professional development network with contractors.

#### **Libraries**

7. The Library has become a community resource center.
8. The Library is a neutral place to deliver services to families.
9. Continue to use the libraries as a universal access point.

### **Access to Services**

10. Best Beginnings is a strong access point to assess and refer families.
11. The continuum of services offered through Commission Initiatives should be maintained.
12. Promote services in rural settings.

### **System Development**

13. A realistic early childhood system will allow for expansion and contraction by available funding.
14. Services to children and families should be prioritized.
15. Services should be relationship based.
16. Universal developmental screens should be maintained for all children.
17. The systems should have different levels of services to meet families where they are: one on one, group socialization, and a universal access.

Contractors were broken into eight small groups to discuss and respond to implementation questions. These questions were developed to better understand the target population and services (Attachment 2).

Using the key elements from the July 17, 2011 meeting and the outcomes from the August 17, 2011 meeting, Staff have identified five research based, best practices for contractors to review for strengths and weaknesses. These were selected based on the ability to serve medium to low risk families with services for each age group, 0-5 years and focused on parents as their child's first teacher (Attachment 3).

- Family Place library (<http://www.familyplacelibraries.org/>)
- Healthy Families America (<http://www.healthyfamiliesamerica.org/home/index.shtml>)
- Parents as Teachers (<http://www.parentsasteachers.org/>)
- Parent-Child Home Program (<http://www.parent-child.org/>)

Early Steps to School Success (Attachment 4) is a promising practice and is being considered as it meets the key elements and outcomes. The research will be discussed at the next planning meeting on Wednesday, September 21, 2011 from 11-2 PM.

### **PROGRAM OPTIONS:**

Through the process of working with Save the Children and our contractors, staff has identified key components needed to move the Commission Initiatives from a continuum of services to an early childhood system: research based service delivery strategies, curriculum, standardized assessments, professional development and the ability to serve families with universal and targeted access points. With these key elements, staff has draft two conceptual models for consideration: Program Scenario 1 is based upon a \$1.2 million annual budget and Program

Scenario 2 is based upon \$1.6 million annual budget, includes restoring AB 99 at \$2.3 million (Attachment 5).

**CONCLUSIONS:**

The Commission has approved five meetings with contractors to provide input on the 2012-17 Strategic Plan. The contractors have worked to accomplish what should have taken four meetings in three and will therefore accomplish the work of the October meeting at the September meeting. The last meeting in November was to discuss fiscal recommendations. Given the uncertainty of the impact of AB 99, fiscal discussions may be better addressed through Commission Committees. As a result, the last contractors planning meeting will be September 21, 2011.

Staff has revised the following planning calendar future meetings to develop recommendations for the 2012-17 Strategic Plan. Staff will develop a draft 2012-17 Strategic Plan for review by contractors, community members and Commissioners by December 2011. The draft plan will be considered at the January 9, 2012 Commission meeting.

<b>Date</b>	<b>Objective</b>
July 20, 2011	<b>Convene Contractors to review Initiative objectives, indicators, key elements and proposed budgets.</b>
July 25, 2011	<b>Commission Committees</b>
August 17, 2011	<b>Convene Contractors to prioritize strategies and consider alternatives.</b>
August 8, 2011	<b>Present at Lake Tahoe Collaborative</b>
August 22, 2011	<b>Present at Western Slope Ready by 5</b>
August TBD, 2011	<b>Present at Divide Ready by 5</b>
August 29, 2011	<b>Commission Committees</b>
September 12, 2011	<b>Commission Meeting</b>
September 21, 2011	<b>Convene Contractors discuss program recommendations.</b>
September 26, 2011	<b>Commission Committees</b>
October 10, 2011	<b>Commission Meeting</b>
October 31, 2011	<b>Commission Committees</b>
November 28, 2011	<b>Commission Committees</b>
December	Staff will draft 2012-17 Strategic Plan recommendations and present with <b>Contractors, Community Strengthening Groups</b> and <b>Commissioners.</b>
January 9, 2012	<b>Commission will consider 2012-17 Strategic Plan for approval.</b>

Initiative/ Evaluation Objective and Indicator		Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
Healthy	Children's Health Initiative	<ul style="list-style-type: none"> <li>• Less than 10 years ago there were no primary care providers in the county</li> <li>• Developed collaborative to address issues and leverage funding</li> <li>• Built community health clinic and Barton clinic</li> <li>• 83% were not insured and may not have medical home</li> <li>• Currently, 100% 0-5 covered due to resources</li> <li>• Moved from coverage to access to care</li> <li>• Team to connect families to dental homes</li> <li>• Look at health as an integrated system including mental health</li> <li>• Goal to connect families with resources and be less dependent on system of care</li> <li>• Focus on family support</li> <li>• 1 of 6 in the nation as a "community care coordination" as a best practice</li> <li>• Change in when children should visit dentist, van is seen as a dental home</li> <li>• Welcoming place to serve children on van</li> <li>• Developing messages for practioners</li> <li>• Calling CHI is known in community (800) number is focal point</li> <li>• Dental care message spread in community</li> <li>• From 5 calls a week to hiring a 1 FTE</li> <li>• Looking for family support services</li> <li>• Need to strengthen local clinic services "community health center" to support changes in health care reform</li> </ul>	<p><i>Parenting and Child Development:</i> Relationship based information sharing.</p> <p><i>Parent Resilience:</i> community capacity building, assessment of peer and community support; dental van giving them confidence; personal connection with home visits, follow ups.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust, already established relationships prior to critical event; conserve family's resources by taking services to them; getting access to resources when in need; family resource center, one stop location.</p>	<p>Develop relationships with families.</p> <p>Offer flexible service delivery.</p> <p>Meet families where they are geographically and emotionally.</p> <p>Improve access to community resources and information.</p>	<p>Partnering families with facilitators.</p> <p>Place-based Visiting.</p> <p>Place-based Visiting.</p> <p>Community Resource Center.</p>
	<p>Annual well child and dental visits</p> <p><b>Children 0-5 have annual well child exams</b> Objective: Increase the % of children ages 0-5 that have annual health exams</p> <p><b>Children 0-5 have annual dental exams</b> Objective: Increase the % of children ages 0-5 that have annual dental exams</p>				

Initiative/ Evaluation Objective and Indicator	Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
<p><b>Caring</b></p> <p>Best Beginnings</p> <p><b>Parents of newborn children are connected to services that support them and their newborn child</b></p> <p>Objective: Increase the % of parents with a newborn child that have access to community support services</p>	<ul style="list-style-type: none"> <li>• Requests for home visits through partners</li> <li>• Visit has become an expectation</li> <li>• Increased demand (Tahoe)</li> <li>• Call the nurses for resources (increased)</li> <li>• Repeats still want visit</li> <li>• Community acceptance</li> <li>• Acceptance rates (WS) because they find a value in the visit</li> <li>• MD's are accepting and promoting the program and the feedback</li> <li>• Awareness of post partum depression</li> <li>• Families with multiple issues require additional visits</li> <li>• Need more referrals for depression</li> <li>• Better breastfeeding success (nearly 100%)</li> </ul>	<p><i>Parenting and Child Development:</i> Relationship based information sharing.</p> <p><i>Social Connections:</i> opportunities and support for social networking and face to face groups at libraries and playgroups.</p> <p><i>Parent Resilience:</i> assessment of peer and community support; personal connection with home visits, follow ups.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust, already established relationships prior to critical event; conserve family's resources by taking services to them; getting access to resources when in need.</p>	<p>Develop relationships with families.</p> <p>Provide opportunities for parents and children to interact.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p> <p>Meet families where they are geographically and emotionally.</p>	<p>Partnering families with facilitators.</p> <p>Parent Child Interactions.</p> <p>Place-based Visiting.</p> <p>Community Resource Center.</p> <p>Place-based Visiting.</p>

Initiative/ Evaluation Objective and Indicator	Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
<p><b>rowing</b></p> <p>Together We Grow</p> <p><b>Parents of children 0-5 complete developmental screenings on an annual basis</b></p> <p>Objective: Increase the % of children ages 0-5 that have a developmental screening annually</p>	<ul style="list-style-type: none"> <li>• Started as screening tool, now a parenting enhancement tool</li> <li>• Increased awareness of social emotional need by parents</li> <li>• Increased knowledge of child development</li> <li>• Used to be a medical model, now a parent enhancement</li> <li>• Created a “demand” for developmental screens</li> <li>• Vehicle to get connected with community</li> <li>• Open door for communication with child care community</li> <li>• Developed a shared or common language</li> <li>• Home visit with child care providers are good</li> </ul>	<p><i>Child’s Social Emotional Competence:</i> ASQ SE moving from assessment to ongoing groups interactions; ASQSE with ECS follow up.</p> <p><i>Parenting and Child Development:</i> Relationship based information sharing; keep with ASQ/ ASQ SE with follow up info on milestones and community knowledge of child development; KSEP and ASQ/ ASQ SE.</p> <p><i>Social Connections:</i> opportunities and support for social networking and face to face groups at libraries and playgroups.</p> <p><i>Parent Resilience:</i> community capacity building, assessment of peer and community support; personal connection with home visits, follow ups.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust, already established relationships prior to critical event; conserve family’s resources by taking services to them; getting access to resources when in need.</p>	<p>Assess a child’s development.</p> <p>Provide parent support as their child’s first teacher.</p> <p>Develop relationships with families.</p> <p>Provide opportunities for parents and children to interact.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p> <p>Meet families where they are geographically and emotionally.</p>	<p>Conduct developmental screens.</p> <p>Parent Child Interactions.</p> <p>Partnering families with facilitators.</p> <p>Parent Child Interactions.</p> <p>Place-based Visiting.</p> <p>Community Resource Center.</p> <p>Place-based Visiting.</p>

Initiative/ Evaluation Objective and Indicator	Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
<p><b>Learning</b></p> <p>Ready to Read @ Your Library</p> <p><b>Parents read to their children on a regular basis</b></p> <p>Objective: Increase the % of parents that read to their children on a regular basis</p>	<ul style="list-style-type: none"> <li>• Story times by age groups and best practices</li> <li>• Family place with developmental playgroups</li> <li>• Working with community partners</li> <li>• Integrate developmental screens</li> <li>• Parent education with storytimes</li> <li>• Outreach to the community from the library</li> <li>• Increased workload for staff</li> <li>• Reached out to other libraries in the state</li> <li>• Presented to statewide organizations</li> <li>• Provided professional development</li> <li>• Library is a gathering place for families</li> <li>• 0-5 library card</li> <li>• Services are well known in the community</li> <li>• Strategies and collaborations will be published as a best practice</li> <li>• Use library as a neutral place to deliver services</li> <li>• Proves less expensive services and supports without stigma</li> </ul>	<p><i>Child's Social Emotional Competence:</i> Access to play at WIC, Booth, Library, Outreach</p> <p><i>Parenting and Child Development:</i> socialization groups in community at daycares, libraries, WIC and local events.</p> <p><i>Social Connections:</i> Group work for ongoing services, storytimes and playgroups; opportunities and support for social networking and face to face groups at libraries and playgroups; libraries and WIC; playgroups at trailer parks.</p> <p><i>Parent Resilience:</i> community capacity building.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust; family resource center, one stop location.</p>	<p>Provide opportunities for parents and children to interact.</p> <p>Provide parent support as their child's first teacher.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p> <p>Develop relationships with families.</p> <p>Meet families where they are geographically and emotionally.</p>	<p>Parent Child Interactions.</p> <p>Parent Child Interactions.</p> <p>Place-based Visiting.</p> <p>Community Resource Center.</p> <p>Partnering families with facilitators.</p> <p>Place-based Visiting.</p>

	<b>Initiative/ Evaluation Objective and Indicator</b>	<b>Strengths and Opportunities</b>	<b>Current Strategies</b> (within the 5 Protective Factors)	<b>Key Elements</b>	<b>Best Practices</b>
<b>Learning</b>	<p>High 5 for Quality</p> <p><b>Children are cared for in high quality environments</b></p> <p>Objective: Increase the % of licensed child care spaces that are high quality</p>	<ul style="list-style-type: none"> <li>• Increased connection with family child care home providers</li> <li>• Welcome home visits</li> <li>• Parents are choosing quality child care</li> <li>• Reduced provider isolation</li> <li>• Strong community connection</li> <li>• A lot of family child care home providers are displaced workers</li> <li>• Good resource for professional development</li> <li>• Requests for professional development hours</li> <li>• Provide emotional support</li> <li>• Still need incentives to maintain permits</li> <li>• Initiative has a name recognition</li> <li>• Increased quality, increased success</li> </ul>	<p><i>Child's Social Emotional Competence:</i> Access to play at WIC, Booth, Library, Outreach.</p> <p><i>Parenting and Child Development:</i> Relationship based information sharing; convey messages through local media, professionals and parent leaders.</p> <p><i>Social Connections:</i> Group work for ongoing services, storytimes and playgroups.</p> <p><i>Parent Resilience:</i> community capacity building, assessment of peer and community support; personal connection with home visits, follow ups.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust, already established relationships prior to critical event; conserve family's resources by taking services to them; getting access to resources when in need</p>	<p>Assess a child's development.</p> <p>Develop relationships with providers.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p> <p>Meet families where they are geographically and emotionally.</p>	<p>Conduct developmental screens.</p> <p>Partnering families with facilitators.</p> <p>Place-based Visiting.</p> <p>Community Resource Center.</p> <p>Place-based Visiting.</p>

Initiative/ Evaluation Objective and Indicator	Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
<p><b>Connected</b></p> <p>Community Strengthening Groups</p> <p><b>Parents of children 0-5 are aware of, utilize and are satisfied with First 5 funded services</b></p> <p>Objective: Increase the % of parents that are aware of, utilize and are satisfied with First 5 funded services</p>	<ul style="list-style-type: none"> <li>• Initiatives are visible in community, present</li> <li>• Local promotion of First 5 resources</li> <li>• Naturally occurring groups in community to meet individual needs of at risk families</li> <li>• Community members find meetings valuable</li> <li>• Vehicle for information in the community, knowledge and shared resources</li> <li>• Provides resources for families in the community</li> <li>• Create a demand for information</li> <li>• Exchange ideas</li> <li>• Critical information sharing, especially with budget cuts</li> </ul>	<p><i>Child's Social Emotional Competence:</i> socialization opportunities and free, easy access, non judgmental.</p> <p><i>Parenting and Child Development:</i> Relationship based information sharing; socialization groups in community at daycares, libraries, WIC and local events; convey messages through local media, professionals and parent leaders.</p> <p><i>Social Connections:</i> opportunities and support for social networking and face to face groups at libraries and playgroups.</p> <p><i>Parent Resilience:</i> community capacity building, assessment of peer and community support; dental van giving them confidence.</p> <p><i>Support at Critical Times:</i> conserve family's resources by taking services to them; getting access to resources when in need; family resource center, one stop location.</p>	<p>Develop relationships with families.</p> <p>Provide opportunities for parents and children to interact.</p> <p>Provide parent support as their child's first teacher.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p> <p>Meet families where they are geographically and emotionally.</p>	<p>Partnering families with support staff</p> <p>Parent Child Interactions</p> <p>Parent Child Interactions</p> <p>Place-based Visiting</p> <p>Community Resource Center</p> <p>Place-based Visiting</p>

Initiative/ Evaluation Objective and Indicator	Strengths and Opportunities	Current Strategies (within the 5 Protective Factors)	Key Elements	Best Practices
Satisfaction with First 5	<ul style="list-style-type: none"> <li>• Provides an option for requesting a home visit</li> <li>• Families are more accepting of a home visit, perception has improved</li> <li>• Flexibility to deliver services in any environment as an enhanced service</li> <li>• Increased father involvement</li> <li>• Need to develop home visits as a positive service delivery model (social marketing)</li> <li>• Need for home visits, bring services to families with flexibility</li> <li>• Meet families where they are, need to change name of home visit</li> <li>• Use playgroups as a vehicle to reach families</li> <li>• Capacity building</li> <li>• Visits address transportation issues</li> </ul>	<p><i>Child's Social Emotional Competence:</i> socialization opportunities and free, easy access, non judgmental.</p> <p><i>Parenting and Child Development:</i> convey messages through local media, professionals and parent leaders.</p> <p><i>Social Connections:</i> assessment of peer and community support; personal connection with home visits, follow ups.</p> <p><i>Support at Critical Times:</i> Personal connection to resources and trust, already established relationships prior to critical event; conserve family's resources by taking services to them; getting access to resources when in need; family resource center, one stop location.</p>	<p>Provide opportunities for parents and children to interact.</p> <p>Offer flexible service delivery.</p> <p>Improve access to community resources and information.</p>	<p>Parent Child Interactions</p> <p>Place-based Visiting</p> <p>Community Resource Center</p>

<p>Question 1. What are the characteristics of a family that typically accepts a place based visit?</p>	<ul style="list-style-type: none"> <li>• Open to receive services.</li> <li>• Eager to get help.</li> <li>• Rapport already established.</li> <li>• Clear understanding by parent of expectations of a place based visit. Why we are here.</li> <li>• Visit not “imposed”.</li> </ul>
<p>Question 2. How would you determine whether a family is offered a place based visit?</p>	<ul style="list-style-type: none"> <li>• Problem is identified.</li> <li>• Family expresses a need.</li> <li>• Newborn child.</li> <li>• Group sessions have failed to meet family’s needs.</li> <li>• Universal expectations.</li> <li>• problem identified via ASQ</li> </ul>
<p>Question 3. Describe the topics you might cover with families participating in place based visits.</p>	<ul style="list-style-type: none"> <li>• nutrition</li> <li>• play environment</li> <li>• parental skills</li> <li>• child’s behavior</li> <li>• language development</li> <li>• mental health assessment</li> <li>• health assessment and health insurance</li> <li>• family support and dynamic</li> <li>• knowledge of community information</li> <li>• basic family needs</li> <li>• what to expect in the future for the child and family</li> </ul>
<p>Question 4. Describe place based visits (frequency, duration, caseload)</p>	<ul style="list-style-type: none"> <li>• 30-90 minutes</li> <li>• respect their home</li> <li>• evaluation and follow up as needed</li> <li>• family assessment</li> <li>• 2 visits per month no more than 2 visits per month</li> <li>• no more the 12 visits (caseload)</li> <li>• flexibility based on needs</li> <li>• what is the outcome we want with family real and milestone</li> <li>• move family to next step</li> </ul>
<p>Question 5. Describe parent child interaction (frequency, duration, group size)</p>	<ul style="list-style-type: none"> <li>• 1 per week</li> <li>• 2 per month</li> <li>• 5 – 15 families</li> <li>• duration up to facilitator of activity</li> <li>• 1 hour</li> <li>• adult based as well as child based</li> <li>• parent child interactions</li> <li>• no more than 1 per week and no less than 2 per month</li> </ul>

<p>Question 6. Describe how the Library can expand and reach to families and young children.</p>	<ul style="list-style-type: none"> <li>• connect to other resource providers</li> <li>• presence at community events</li> <li>• focus on young children</li> <li>• story times in rural areas</li> <li>• play dates</li> <li>• establish parent network</li> <li>• become an official family resource center</li> <li>• know and reach out to the health, education and business communities</li> <li>• be training center for parents and providers</li> <li>• library services off site</li> <li>• demonstrating fun things with kids</li> <li>• mobile child development unit for children</li> </ul>
<p>Question 7. What types of training and technical assistance would a home visitor need?</p>	<ul style="list-style-type: none"> <li>• basic knowledge of child development</li> <li>• worker safety</li> <li>• assessment of family, family dynamic, health needs</li> <li>• boundaries</li> <li>• basic training in home visit curriculum and community resources</li> <li>• PC and software understanding</li> <li>• specifics to stress mental health, family size, family situation, determining milestones</li> <li>• specifics to know when to let family “fly on their own”</li> </ul>
<p>Question 8. Describe how you would integrate First 5 services with existing public of private services.</p>	<ul style="list-style-type: none"> <li>• family place workshops in rural areas</li> <li>• build on work by community strengthening groups</li> <li>• connect with other service providers</li> <li>• Spanish speakers in and at all levels of services</li> <li>• visit each service provider</li> <li>• work on CSD and local businesses</li> <li>• identify and build on existing opportunities</li> <li>• look for opportunities for positive interactions</li> </ul>

Appendix 4  
National Home Visiting Model Descriptions

**TABLE 2. DESCRIPTIONS OF KEY NATIONAL HOME VISITING PROGRAM MODELS**

Program Model	Program Goals	Onset, Duration, and Frequency of Home Visits	Population Served	Background of Home Visitors	Training Requirements for Home Visitors
<b>Early Head Start</b>  708 sites nationally	<ul style="list-style-type: none"> <li>Promote healthy prenatal outcomes for pregnant women</li> <li>Enhance the development of very young children</li> <li>Promote healthy family functioning</li> </ul>	For home-based Early Head Start model only:  Birth through age 3  Weekly home visits	Low-income pregnant women and families with infants and toddlers; 10% of children may be from families with higher incomes; 10% of program spaces reserved for children with disabilities	No specific requirements, although experience with infants and toddlers is preferred	Vary by program. Staff development plans and ongoing professional development required.
<b>Healthy Families America</b>  430 sites nationally	<ul style="list-style-type: none"> <li>Promote positive parenting</li> <li>Prevent child abuse and neglect.</li> </ul>	Birth through 5 <sup>th</sup> birthday  Weekly, fading to quarterly	Parents in the mainland U.S. and Canada, all income levels and ethnicities, who are identified at the time of birth as at-risk for abuse and neglect	Paraprofessionals and Bachelor degrees	One week of pre-service training; 1 day of continuing training quarterly; 80 hours of additional training in the first 6 months of service are recommended by Prevent Child Abuse America.
<b>The Home Instruction Program for Preschool Youngsters (HIPPY)</b>  167 sites nationally	<ul style="list-style-type: none"> <li>Empower parents as primary educators of their children</li> <li>Foster parent involvement in school and community life</li> <li>Maximize children's chances for successful early school experiences</li> </ul>	Academic year, or two years before, and through the end of kindergarten  Bi-weekly, i.e., at least 15 times, over 30 weeks during the school year	Families in the United States, Guam, and at least 6 other nations; all ethnicities; many low-income and with limited formal education.	Paraprofessionals, typically members of the community and former HIPPY parents. Most work part-time (20-25 hours/week)	Two-day pre-service training in the HIPPY program model, plus weekly ongoing training and staff development.

Program Model	Program goals	Onset and duration	Population served	Background of home visitors	Training requirements for home visitors
<p><b>The Nurse-Family Partnership</b></p> <p>166 sites (250 communities) nationally</p>	<ul style="list-style-type: none"> <li>Improve pregnancy outcomes</li> <li>Improve child health and development</li> <li>Improve families' economic self-sufficiency</li> </ul>	<p>Prenatal through 2<sup>nd</sup> birthday</p> <p>Weekly, fading to monthly</p>	<p>Low-income, first time mothers, all ethnicities</p>	<p>Public health nurses</p>	<p>Two weeks of training in the program model over the first year of service. Forty-six hours of continuing education in assessing parent-infant interaction, plus additional continuing education as needed.</p>
<p><b>The Parent-Child Home Program</b></p> <p>137 sites nationally</p>	<ul style="list-style-type: none"> <li>Develop children's language and literacy skills</li> <li>Empower parents to be their children's first and most important teachers</li> <li>Prepare children to enter school ready to learn</li> <li>Enhance parenting skills</li> <li>Prepare children for long-term academic success and parents to be their children's lifelong academic advocates</li> </ul>	<p>Typically 2<sup>nd</sup> through 4<sup>th</sup> birthdays, but as young as 16 months (two years total)</p> <p>Two visits/week</p>	<p>Families in the United States, Canada, Bermuda, and the Netherlands; low-income, low-education families; all ethnicities; families with English as a Second Language; teen parents; homeless families</p>	<p>Paid paraprofessionals from the community, many previously parents in the program.</p> <p>Small number of volunteers, who may be professional.</p>	<p>16 hours of training prior to becoming a home visitor. Weekly minimum two-hour ongoing training and supervision session.</p>
<p><b>Parents As Teachers</b></p> <p>3,000 sites nationally</p>	<ul style="list-style-type: none"> <li>Empower parents to give their child the best possible start in life</li> <li>Give children a solid foundation for school success</li> <li>Prevent and reduce child abuse</li> <li>Increase parents' feelings of competence and confidence;</li> <li>Develop home-school-community partnerships on behalf of children</li> </ul>	<p>Prenatal through 3<sup>rd</sup> birthday; may extend through 5<sup>th</sup> birthday</p> <p>Monthly, biweekly, or weekly, depending upon family needs and funding levels</p>	<p>Families in the United States and six other countries, all income levels and ethnicities.</p>	<p>Paraprofessionals, and AA, Bachelor, and advanced degrees</p>	<p>One week of pre-service training, 10-20 hours of in-service training, annual credentialing by the Parents As Teachers National Center</p>

**SOURCES:** National program offices and the websites for each home visiting model. Numbers of programs drawn from websites March 2005. Program descriptions accurate as of 2/02. Some programs operate in conjunction with one another (e.g., 45% of PAT programs are blended with programs such as Even Start, Early Head Start, Head Start, or Healthy Families America).

Gomby, D.S. (July, 2005). *Home visitation in 2005: Outcomes for children and parents*. Report commissioned by Wellspring Advisors. Washington, D.C.

## Early Steps to School Success is Demonstrating Results



**Save the Children®**

### Early Steps to School Success

Early Steps to School Success (ESSS) is an evidenced-based, cost-effective, and highly respected home visiting model for parents of children birth to five years of age living in rural America. ESSS is building strong foundations for parenting and school readiness that is a powerful catalyst in helping children achieve a lifetime of learning.

### Programmatic Goals

Early Steps to School Success provides early childhood education services to pregnant women and children birth to five years of age, education services to their parents, and ongoing staff training to the community early childhood educators. The program goals are:

- children will enter school with the skills necessary for school success,
- parents will have the knowledge and skills to support their children's education,
- home/school connections will be strong and
- early childhood knowledge and skills in communities will be significantly increased.

### Service Delivery

While program implementation is tailored to meet the particular needs of each community, all sites are equipped to provide the following services:

- Regularly scheduled parent/child support and education groups in schools and community settings are led by trained early childhood staff.
- Social/emotional development, language development and pre-literacy education activities for children and parents are provided through bi-weekly home visits by trained early childhood staff. The early childhood home visits help build a strong foundation of learning for children.
- The schools and community agencies initiate "transition to school" activities that connect parents and children to the preschool or kindergarten they will attend.
- Children and parents participate in the "Early Steps Book Exchange" literacy program and books are available for children from birth to five years of age.

### Results: Language Development at 3 Years of Age

Our data has been shared and the results celebrated by our funders throughout country as achieving important outcomes for children. At age 3, ESSS uses the standardized and widely used Peabody Picture Vocabulary Test (PPVT-IV) to measure a child's vocabulary acquisition. Research tells us that vocabulary is a strong predictor of school success or failure. The national mean for the PPVT is 100 and the aggregated average standard score for ESSS is 97.5. By way of comparison, a study of Early Head Start comparable children found an average standard score of 83.

The national mean for the PPVT is 100 and the aggregated average standard score for Early Steps is 97.5. By way of comparison, a study of Early Head Start comparable children found an average standard score of 83.

-Save the Children ESSS  
Annual Evaluation Report,  
2010

## Continuous Quality Improvement

Evaluation is a key component of the ESSS model and it is being evaluated in two ways. A comprehensive five-year study of nine ESSS sites is underway. Additionally, each site is evaluated at the local level to ensure continuous quality improvement of services, staff and curriculum.

Our evaluation includes the following assessments:

- ASQ (Ages and Stages Questionnaire)
- HOME
- PPVT (Peabody Picture Vocabulary Test)
- Risk and Resource Inventory
- Individual Child Goal Plans

Early Childhood Coordinators receive over 80 hours of training and technical assistance per year. Training includes, but is not limited to the following:

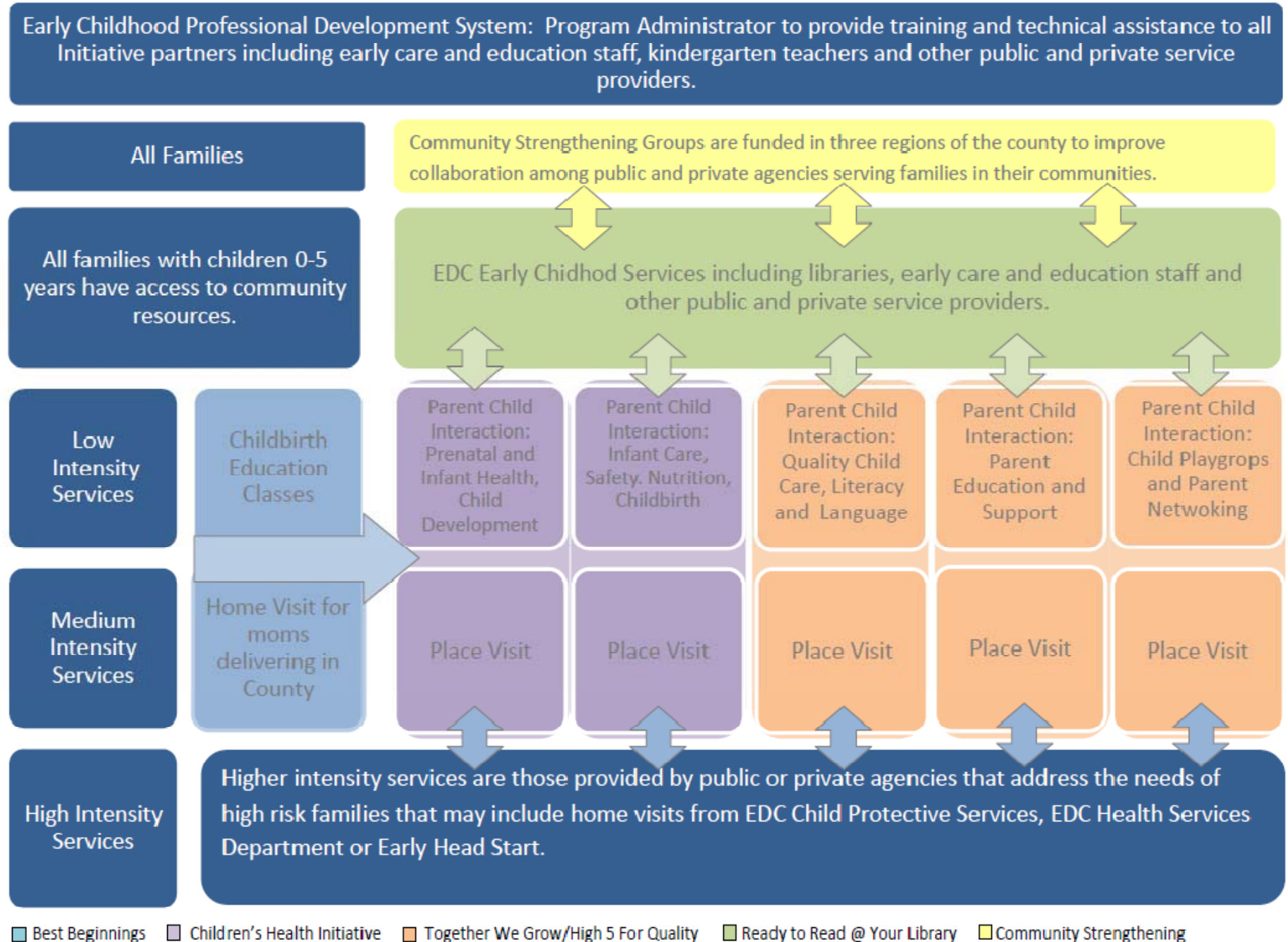
- Recruitment and enrollment strategies, infant/toddler development and assessment, health assessments/screening, healthy lifestyles, prevention, home visiting, engaging parents, language and pre-literacy development, community relationship building
- Regular onsite visits from expert early childhood specialist, for mentoring and coaching
- Monthly distance learning activities: webinars, phone trainings and conference calls with peers
- Training in the ESSS Curricula: Home Visiting Curriculum, Parent/Child Group Curriculum, Dual Language Curriculum, Transition to School Curriculum, Healthy Parenting Lifestyles
- Data collection and reporting
- Framework for observing, assessing and tracking children's health, social/emotional, cognitive, fine and gross motor development through a child portfolio system and ongoing regular assessments
- Working with pregnant women
- Working with teens

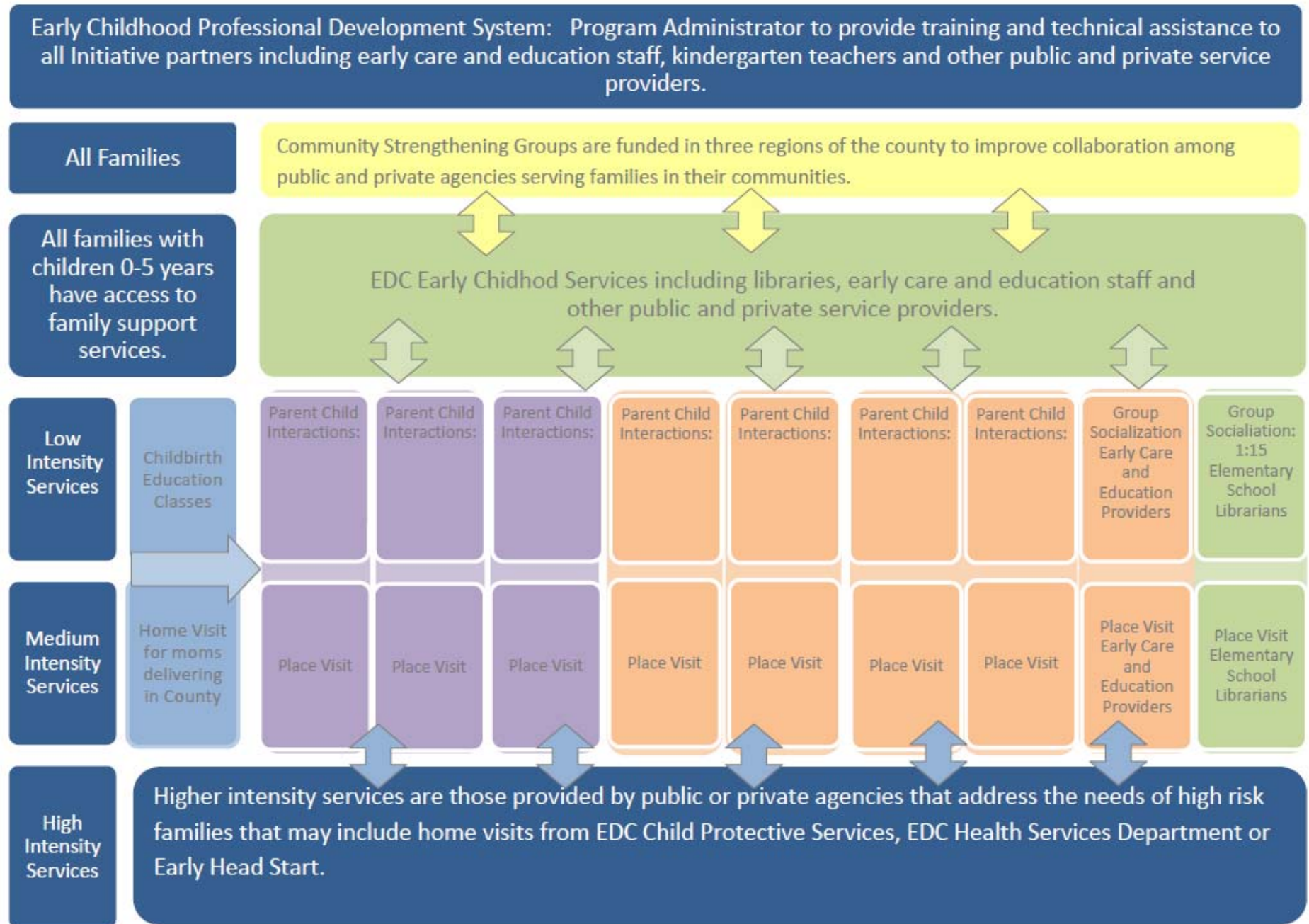
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■ Best Beginnings 
 ■ Children's Health Initiative 
 ■ Together We Grow/High 5 For Quality 
 ■ Ready to Read @ Your Library 
 ■ Community Strengthening