Collaboration through the lens of a County Initiative: Cuyahoga County – Invest in Children

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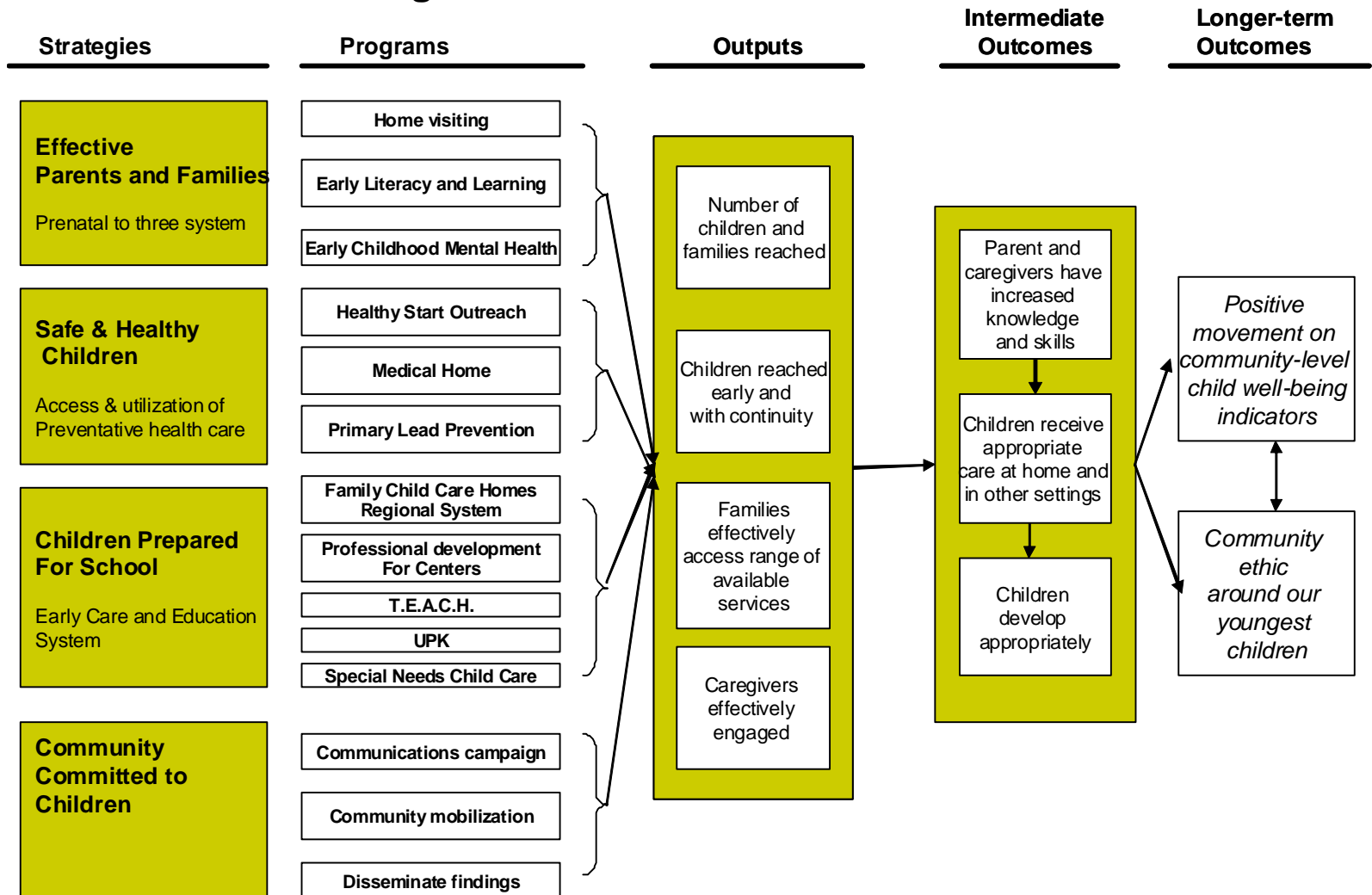Case Western Reserve University

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ACF - Collaboration in Early Care & Education
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Main themes

- Changing nature of collaboration on early childhood services in Cuyahoga County
- Collaboration's role in -
  - Framing child indicators for use in mobilizing and monitoring
  - Developing programmatic refinements
- Providing leadership in developing State's approach

Program strategies to support key outcomes

Invest in Children Logic Model

Strategies	Programs	Outputs	Intermediate Outcomes	Longer-term Outcomes

Effective Parents and Families

Prenatal to three system

- Home visiting
- Early Literacy and Learning
- Early Childhood Mental Health

Safe & Healthy Children

Access & utilization of Preventative health care

- Healthy Start Outreach
- Medical Home
- Primary Lead Prevention

Children Prepared For School

Early Care and Education System

- Family Child Care Homes Regional System
- Professional development For Centers
- T.E.A.C.H.
- UPK
- Special Needs Child Care

Community Committed to Children

- Communications campaign
- Community mobilization
- Disseminate findings

Outputs:
- Number of children and families reached
- Children reached early and with continuity
- Families effectively access range of available services
- Caregivers effectively engaged

Intermediate Outcomes:
- Parent and caregivers have increased knowledge and skills
- Children receive appropriate care at home and in other settings
- Children develop appropriately

Longer-term Outcomes:
- *Positive movement on community-level child well-being indicators*
- *Community ethic around our youngest children*

Focuses of evaluation in IIC

Phase I: 1999 – 2003	Phase II: 2004 – 2005	Phase III: 2006 – 2009
■Building data systems	■Continuing to track scope and reach	■Continue to track scope and reach
■Establishing baseline	■Informing program development (child care capacity /quality studies; child abuse and neglect)	■Increased focus on child outcomes
■Evaluating programs as taken to scale		■Evaluation of new pilot programs (UPK, medical home, early childhood mental health)
■Tracking child well being indicators	■Evaluation of new pilot programs (primary lead prevention and early learning)	
		■Preparation for longitudinal study
	■Continue to track child well being	

Systems for promoting school readiness

- Nine domains*:
  - ◦ Home visiting/family support/parent counseling
  - ◦ Foster care/child protective services
  - ◦ Registered child care
  - ◦ Head Start
  - ◦ State and local Pre-K
  - ◦ Medicaid, SCHIP, EPSDT
  - ◦ Immunizations and lead screenings
  - ◦ IDEA (Individuals with Disabilities Education Improvement Act)
  - ◦ Kindergarten instruments to assess school readiness

Tracking well-being

- With the launch of the County's Invest in Children in 1999, a study of the effort commenced, including tracking indicators of child well-being
  - ✓ Tracking trends in population and birth characteristics
  - ✓ Tracking mobilizing indicators such as family self-sufficiency and child poverty, child care vouchers, birth outcomes, child maltreatment, child health insurance, enrollment in regulated child care
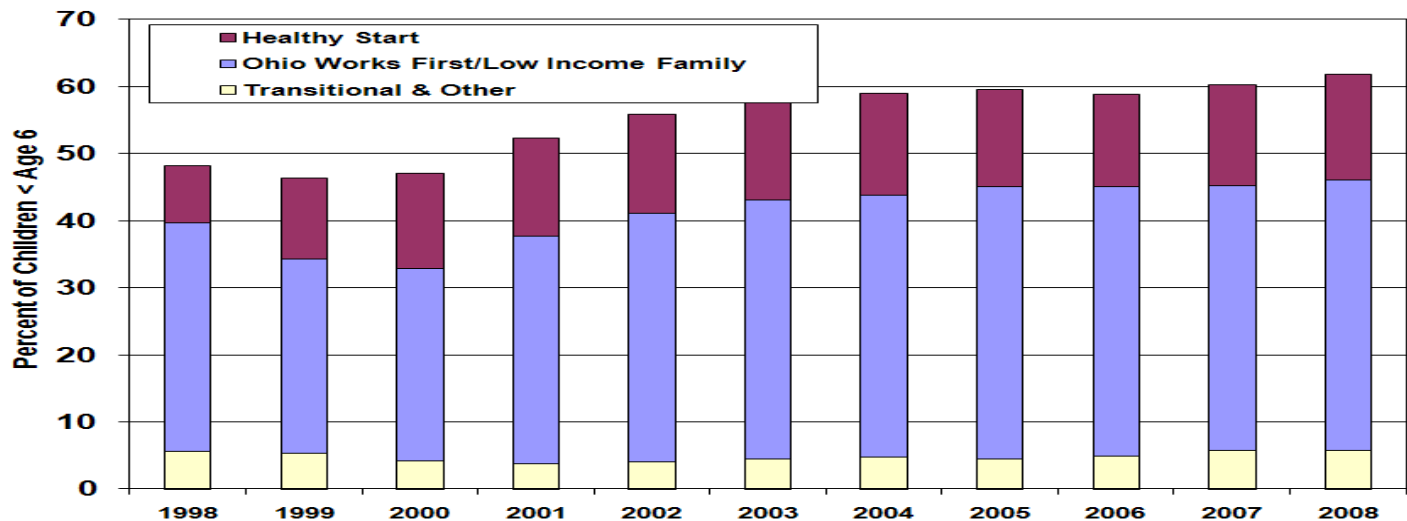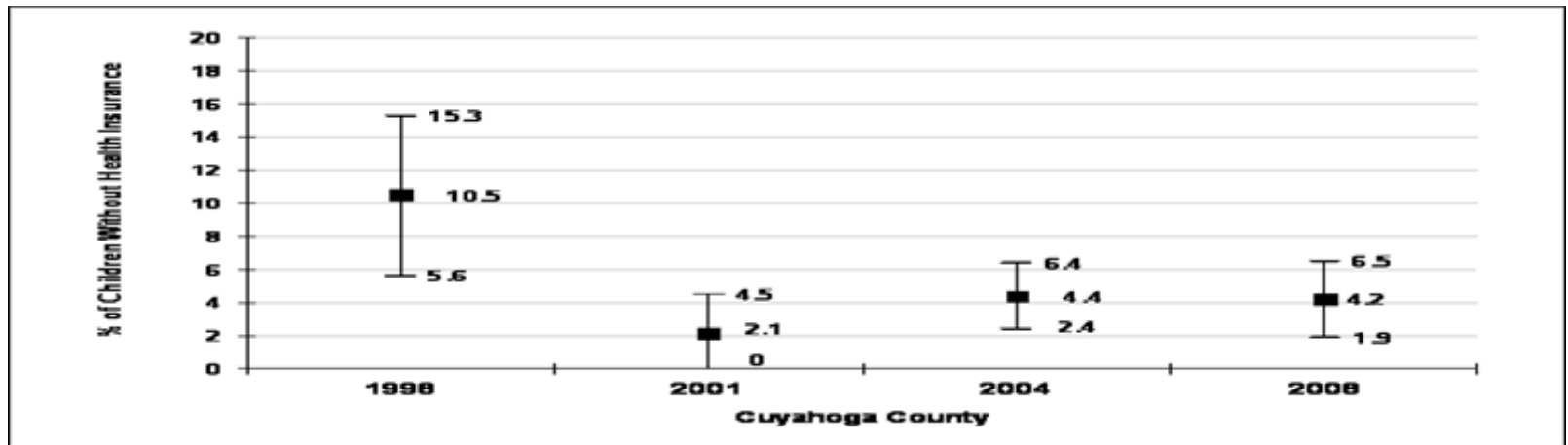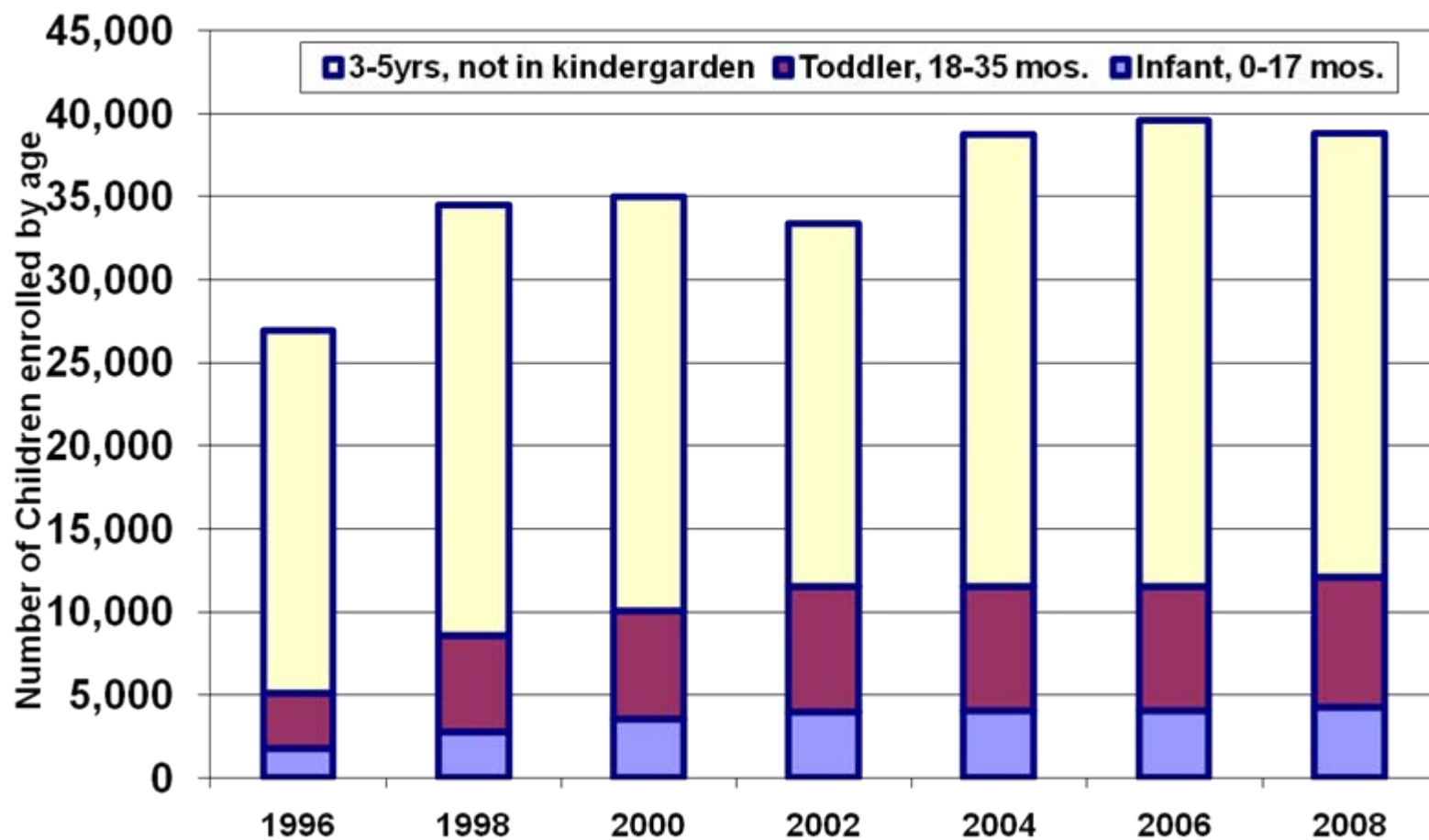
High poverty but less cash aid
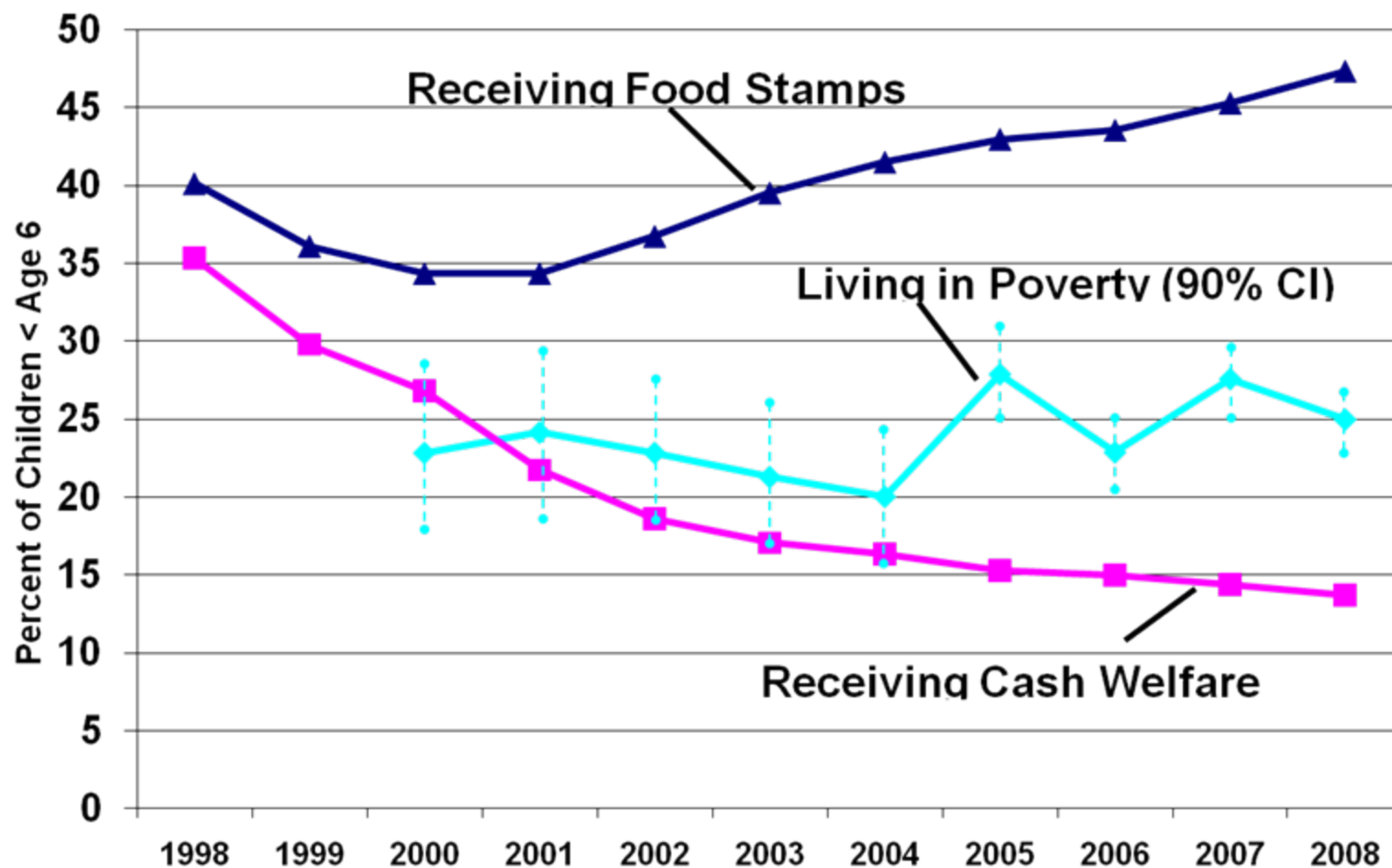
Better prenatal care but birth outcomes tough to influence
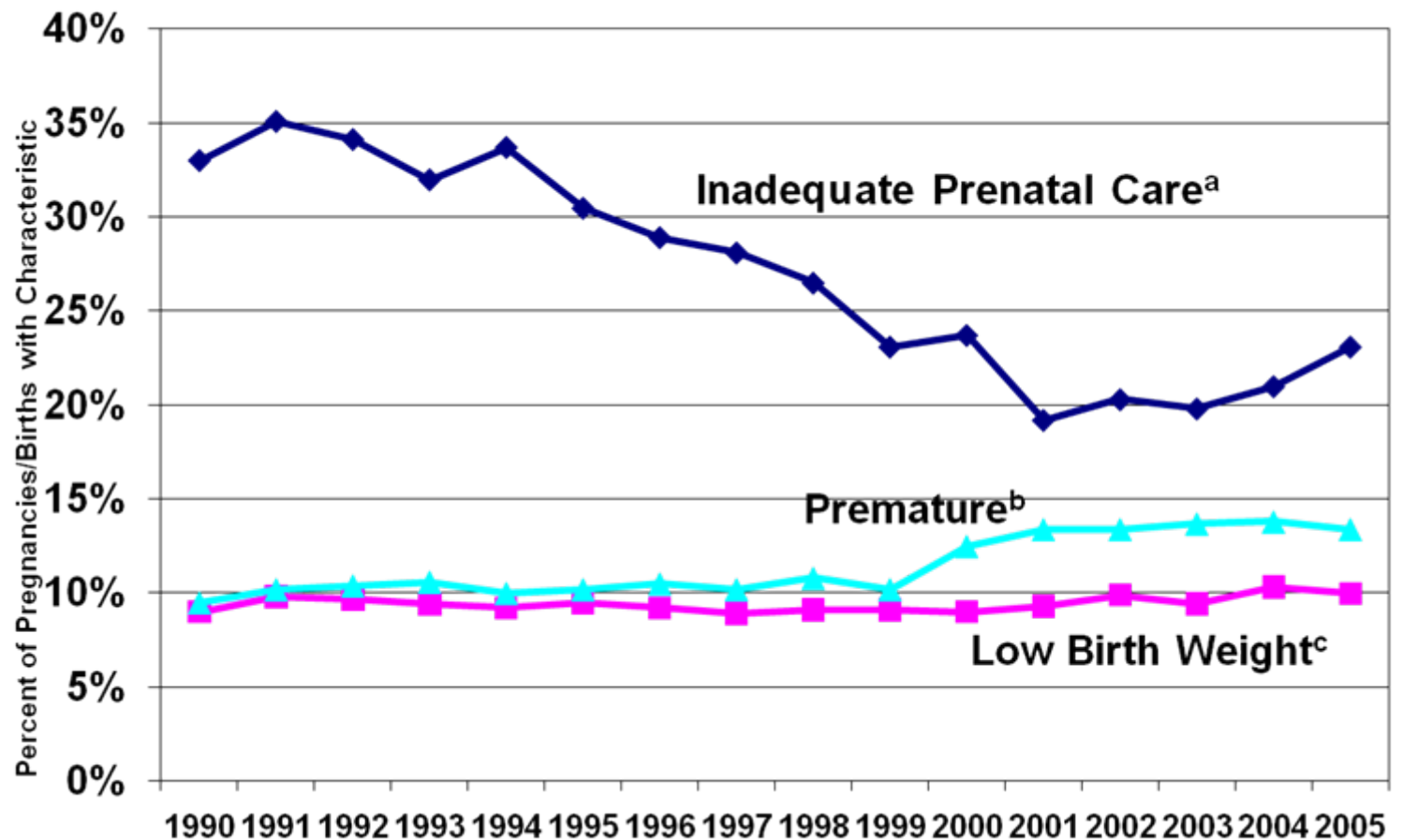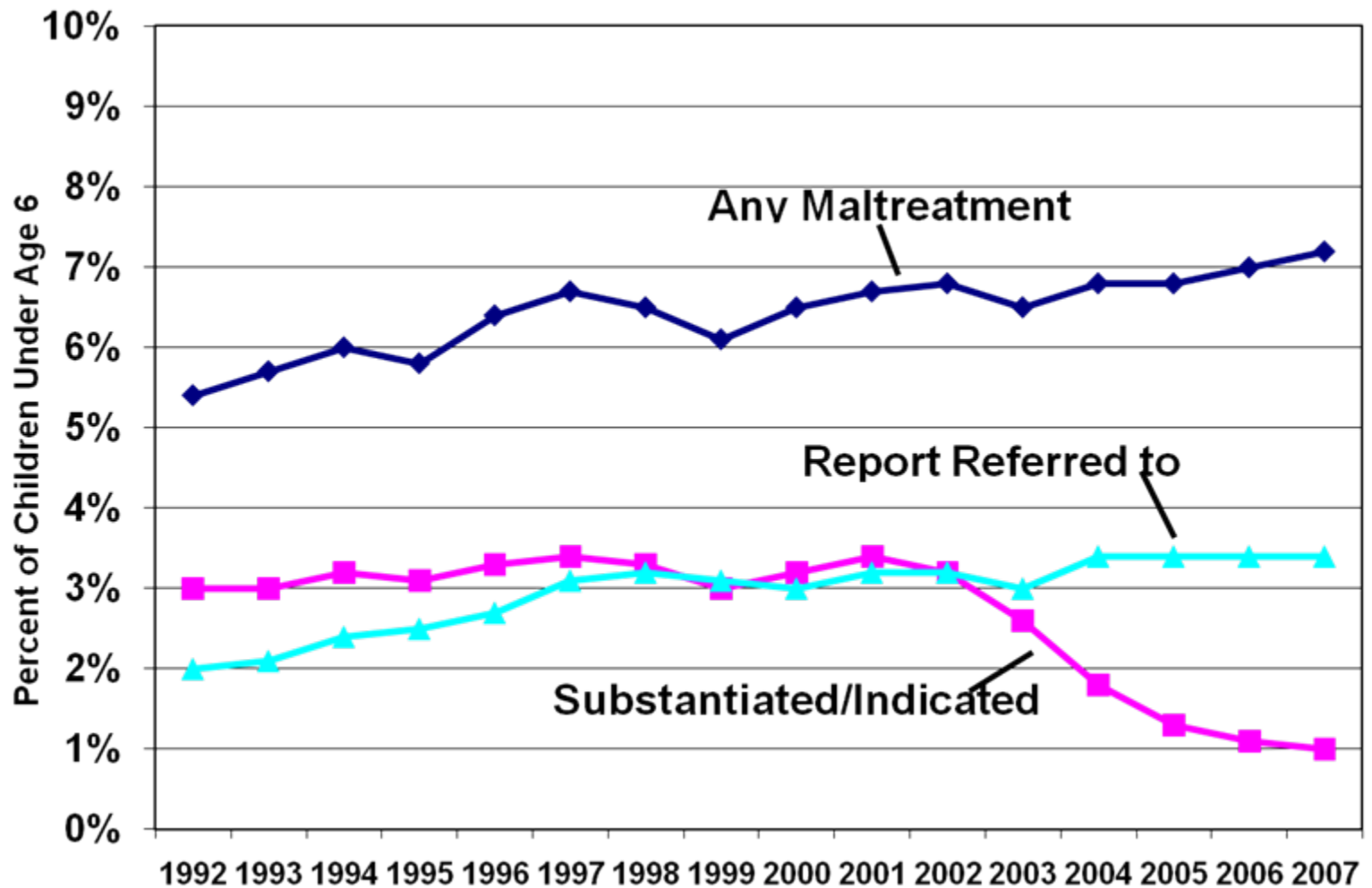
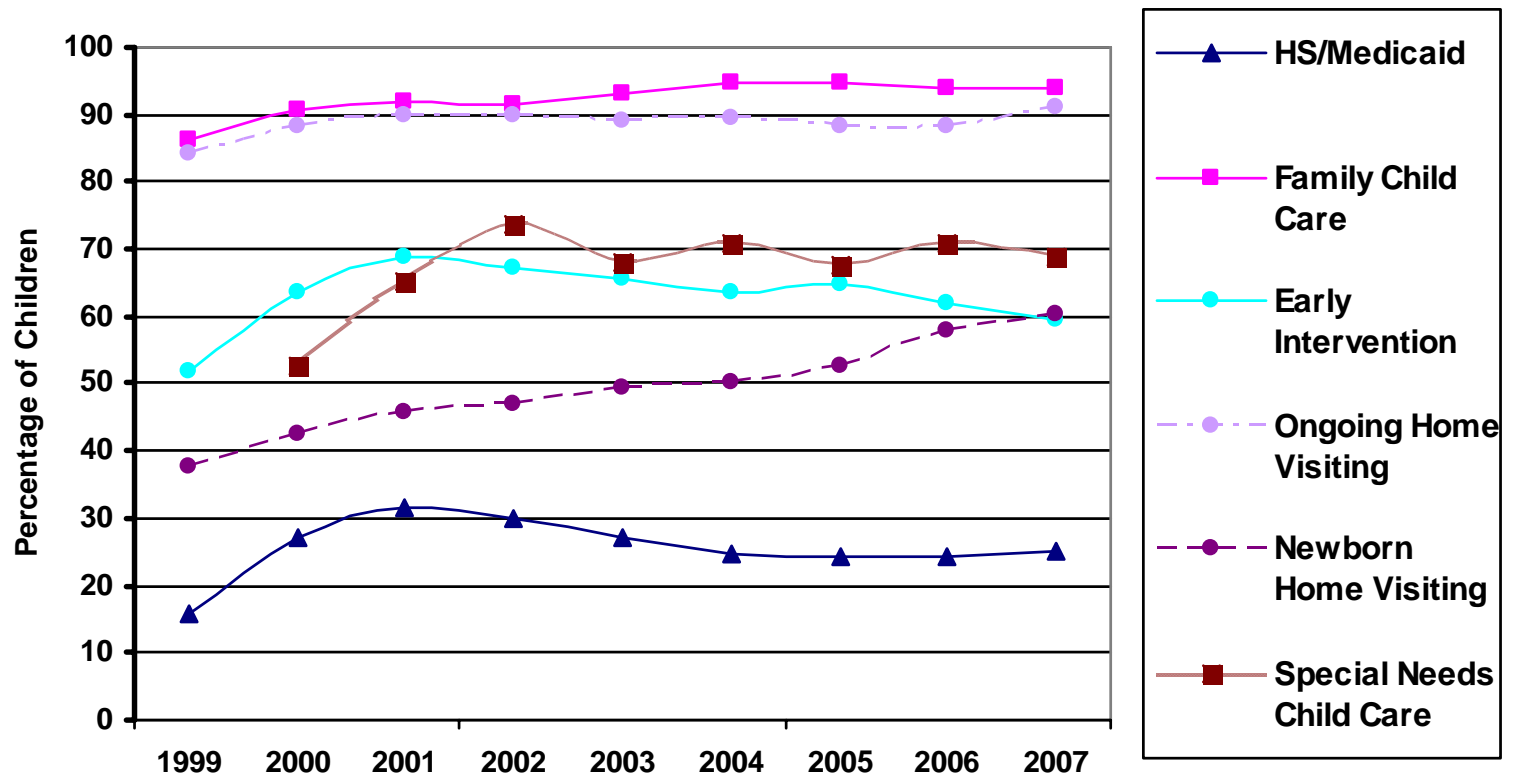# More children have health insurance

More children enrolled in early care and education

Less child maltreatment but risk remains the same

Invest in Children: How do you measure a "system" ?

Children Served by Invest in Children Programs, 2007
(Including Healthy Start/Medicaid, Newborn Home Visiting, Family Child Care, Ongoing Home Visiting, Early Intervention, and Special Needs Child Care)
(n=65,230[1] unduplicated children under age 6)

- Children Served by IIC, 2007
- Suburban Municipalities/Cleveland Wards
- Cuyahoga County Districts

Data from IIC Child Registry, maintained by the
Center on Urban Poverty and Community Development,
Mandel School of Applied Social Sciences,
Case Western Reserve University
[1]Only 61,888 children had geocodable addresses
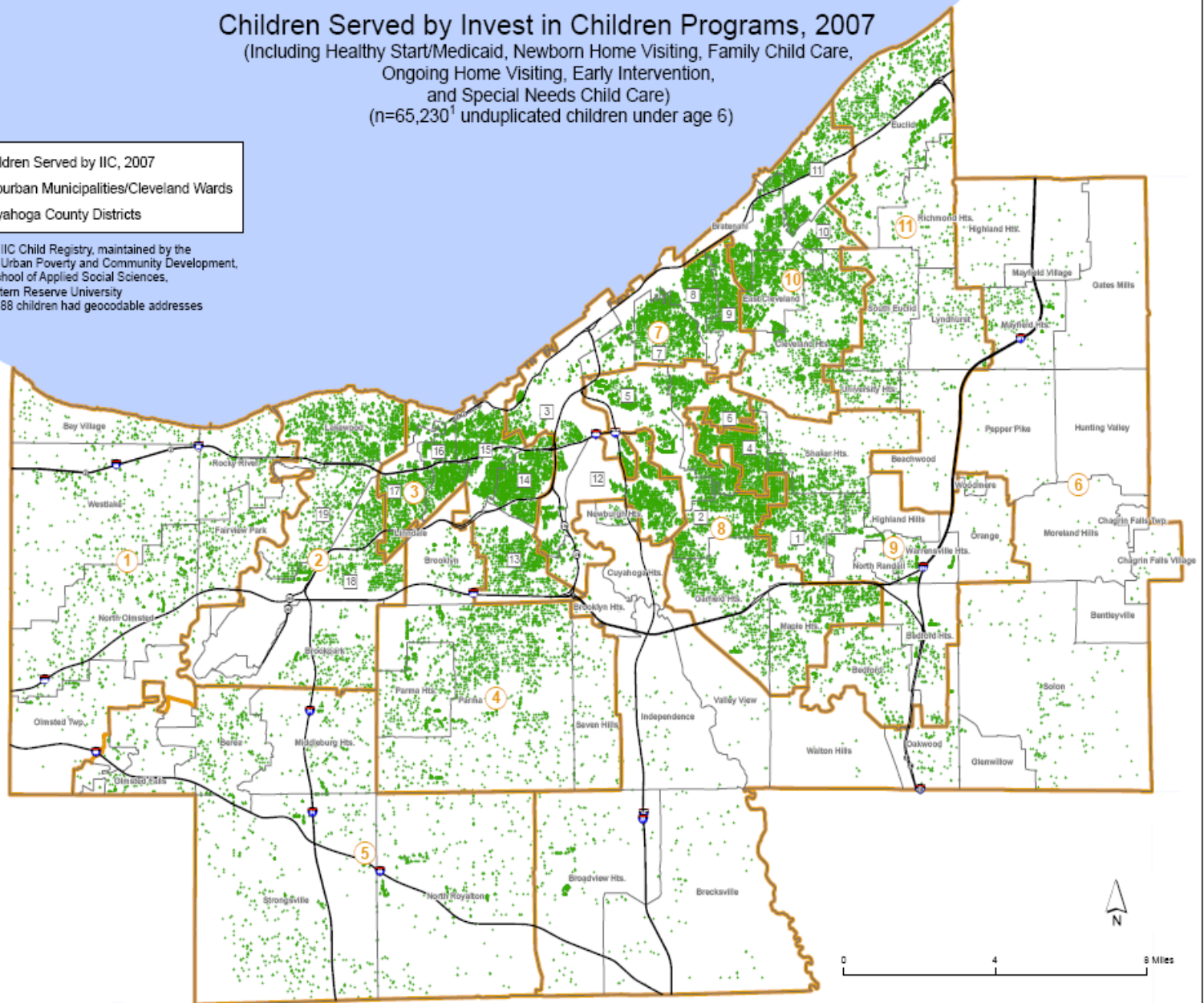
Improvements on a well-being indicator but...

Outreach efforts were very successful at enrolling eligible children in Healthy Start (SCHIP)

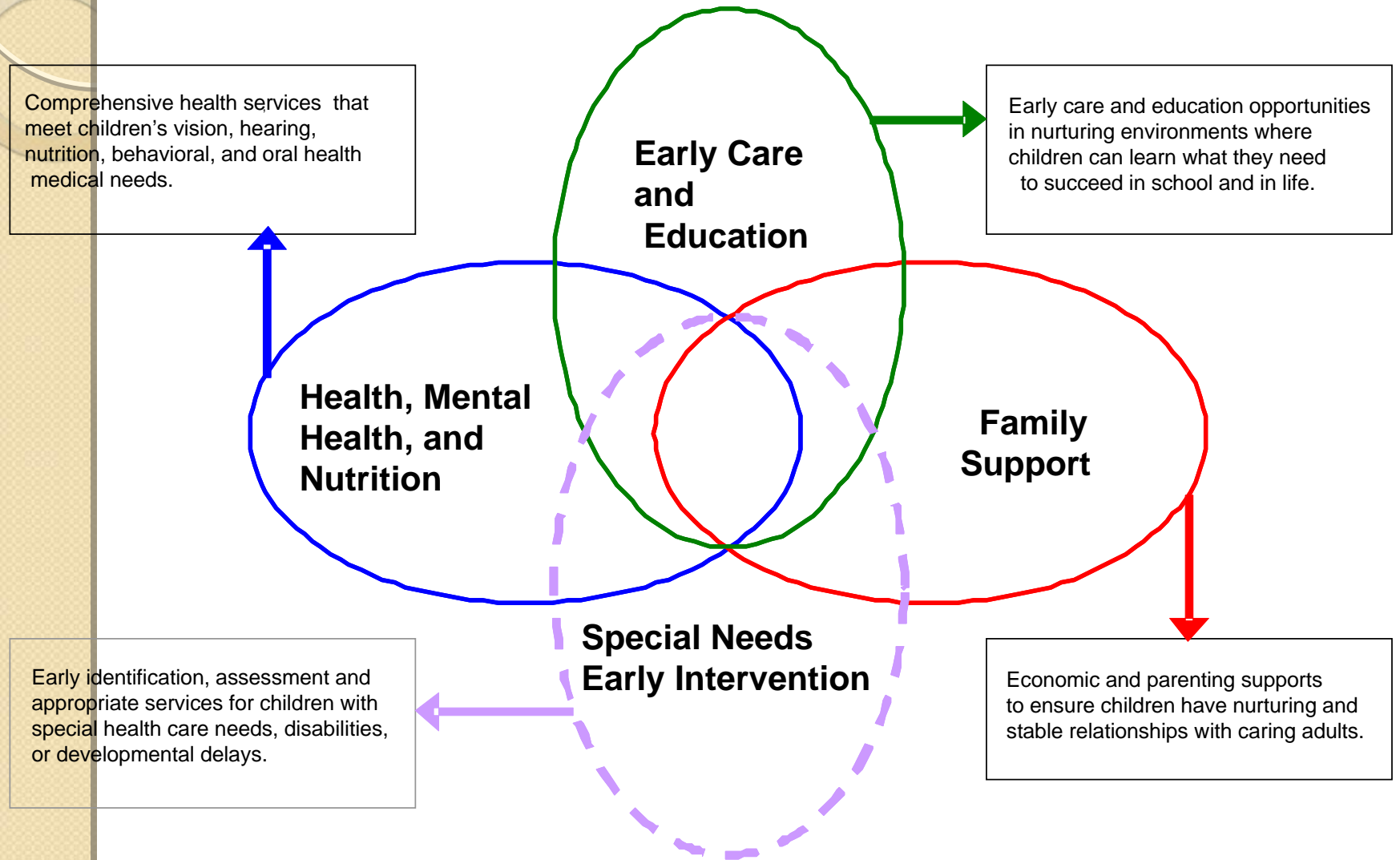The number of children 0-6 without health insurance declined from 10.5% in 1999 to 3.98% in 2008.

Should we celebrate a victory? No.. Data showed poor utilization rates for well child visits.

•*Medical Home Pilot Program (in process)* 86% of the participating families completed all recommended infant well child visits compared with 42% for all children covered by Medicaid.

State-level developments

- Governor's Early Childhood Cabinet

- Center for Early Childhood Development within state department of education

  - Address all aspects of children's physical, social, emotional, cognitive and language development.

  - Focus on comprehensive (physical and behavioral health and developmental) preventative supports and services for children and their families beginning with the prenatal period.

Early Childhood Development System

Comprehensive health services that meet children's vision, hearing, nutrition, behavioral, and oral health medical needs.

Early care and education opportunities in nurturing environments where children can learn what they need to succeed in school and in life.

Early Care and Education

Health, Mental Health, and Nutrition

Family Support

Special Needs Early Intervention

Early identification, assessment and appropriate services for children with special health care needs, disabilities, or developmental delays.

Economic and parenting supports to ensure children have nurturing and stable relationships with caring adults.
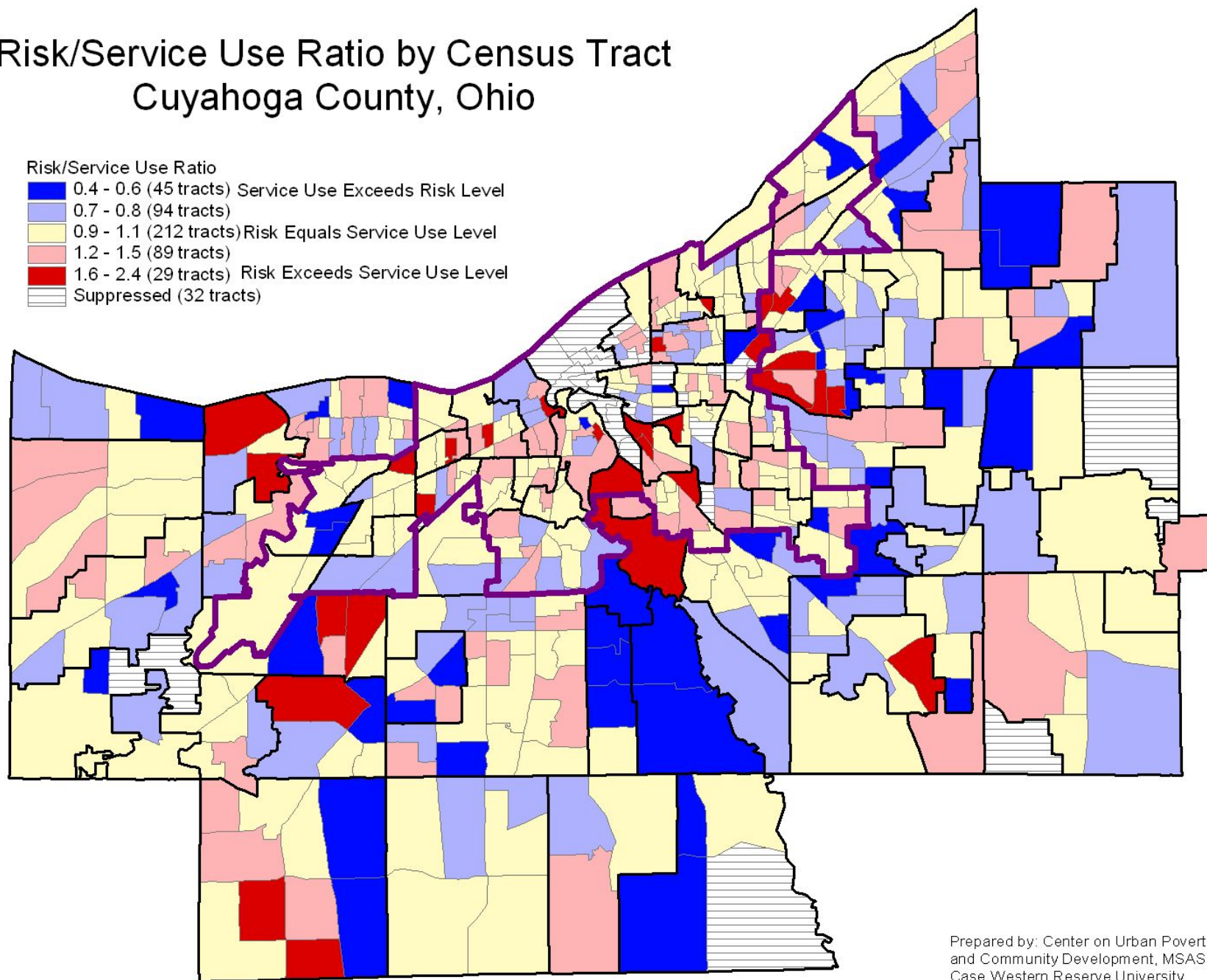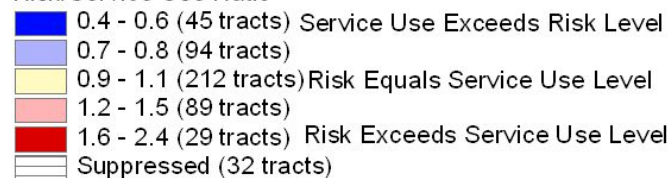
Systems scan observations

- Efforts underway to better integrate and coordinate the many parts of the system

- Wealth of data to inform systems-level decision making but systematic access still needed to key data - Head Start students records, lead screenings, kindergarten readiness assessment records

- Structural and institutional factors challenge a seamless system from birth to kindergarten

- Other efforts/initiatives need to be better integrated into the county's service system -Voices for Ohio's Children, Children's Defense Fund – Ohio, Ohio Groundwork Campaign, Build Ohio, Ohio Child Care Resource and Referral Association

Risk/Service Use Ratio by Census Tract
Cuyahoga County, Ohio

Risk/Service Use Ratio
- 0.4 - 0.6 (45 tracts) Service Use Exceeds Risk Level
- 0.7 - 0.8 (94 tracts)
- 0.9 - 1.1 (212 tracts) Risk Equals Service Use Level
- 1.2 - 1.5 (89 tracts)
- 1.6 - 2.4 (29 tracts) Risk Exceeds Service Use Level
- Suppressed (32 tracts)

Prepared by: Center on Urban Poverty
and Community Development, MSASS,
Case Western Reserve University

Conclusion/Next Steps

- Maintenance of collaborative over time
  - Shifting funding environment
  - Shifting focal outcomes within collaboration
- Formulation of a seamless system faces challenges
  - Programmatic targeting leads to transition issues
  - Funding stream constraints
  - Lack of willingness to engage in a system view
  - Effectively incorporating K-3 in system
- More data needed
  - Data on quality of service/settings and relative value
  - Data on critical milestones and outcomes (e.g., kindergarten readiness)