CENTER ON URBAN POVERTY AND SOCIAL CHANGE

Cuyahoga County Early Childhood Initiative Evaluation: Phase II Final Report

Executive Summary

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The Authors

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Introduction

Since mid-1999, a bold initiative has been underway in Cuyahoga County, Ohio, to improve the well-being of the youngest members of the greater Cleveland community. A community-wide initiative targeting children from birth through age five and their families was launched in July 1999, and in the following 5 years demonstrated substantial success in developing a universal and comprehensive approach for supporting families with young children. The Cuyahoga County Early Childhood Initiative (ECI), renamed Invest in Children in late 2004, provides a powerful case example of how one urban community recognized the needs of its young children and their families and sought to address them in an ongoing, comprehensive, and multifaceted way. This executive summary highlights the core elements of the Initiative and describes the experiences of the collaborators in meeting the needs of young children and their families and improving the outcomes for children.

The main findings of the report include:

- A community-wide network of services for young children and their families has been established, and the apparatus of county government has been altered to directly support and coordinate early childhood services.
- More children under age six in Cuyahoga County are receiving needed services at earlier ages than ever before.
- Children and their parents are beginning to show benefits from the services provided through the Initiative.
- Efforts to deepen and extend the services, tailor them to individual needs, and assure continuing quality should continue.
- The public and private partners who established this Initiative have maintained their commitment for half a decade and recently recommitted to it, with a new strategic plan that outlines a continued focus on program improvement based on evaluation.

The evaluation identified areas of ongoing challenge and recommendations to address these include:

- Develop supplemental approaches to home-based strategies, involving individualized services tailored to caregiver characteristics, to engage (1) more at-risk families, and (2) family child care providers
- Develop a system to identify and intervene with families with a young child who lacks a consistent source of medical care (i.e., a medical home)
- Promote quality improvement strategies for family child care and home visiting that include attracting qualified and motivated individuals to deliver services
- Continue supports and services for children with special needs
- Continue efforts to expand newborn home visiting beyond first time and teen parents
- Advocate for high quality preschool programs and universal pre-kindergarten programs

Background on the Initiative

Origin and Development:

The Early Childhood Initiative emerged from a broadening interest in community-wide prevention strategies for young children. Research generated over the past 40 years has consistently shown the importance of children's early years in shaping their later accomplishments, the value of intervening early to prevent problems before they arise, and the benefits of such preventive programs to children, families, and society at large. As economists from the Federal Reserve have said, investment in high quality early childhood programs leads to "extraordinary public returns" with an estimated rate of return of approximately 12 percent.[1]

Compelled by the research evidence and guided by the recognition that no single agency alone could accomplish the ambitious task of preparing children for success in school and life, Cuyahoga County government and civic leaders began to plan a community-wide initiative. Gaps in existing services in the County were identified and strategies developed to address the identified needs. The Initiative was conceived as a preventive enterprise, launched at-scale, and aimed at assuring that all children under 6 years of age, not just those deemed to be "at-risk," would have access to the services and community supports that would prepare them to achieve their maximum potential in life.

The Cuyahoga Board of County Commissioners provided key leadership in creating a public-private partnership to guide the Initiative. In June 1999, they announced that more than 50 community service agencies, hospitals, private funders and departments of County, State and Federal government were partnering to launch a 3-year, projected $40-million Early Childhood Initiative. By July 1, 1999, the Initiative was officially in operation and all program components were in full effect beginning with infants born in 2000. From the beginning, the Partnership wanted to understand the extent to which services were being implemented as planned, were reaching children and families in need, and were having the desired impact on children, families and the community at large. The evaluation was seen as a vehicle for three key purposes: (1) to provide feedback to program administrators for program improvement, (2) to provide accountability to government officials, other funders, and the public, (3) to inform decision-making about maintaining, expanding, or shifting program services. With that in mind, the Center on Urban Poverty and Social Change, Case Western Reserve University was requested to lead an evaluation of the Initiative, an effort that also involved researchers from the Chapin Hall Center for Children at The University of Chicago and the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill.

Targeting children from birth through age five and their parents, guardians and caregivers, the Initiative centered on achieving three specific goals: (1) promote effective parenting, (2) ensure children access to health care, and (3) guarantee the availability of quality child care. Though the Initiative's goals were simply stated, they were of unprecedented ambition. In a population center of 1.3 million, the ECI Partnership initially set out to reduce the incidence of child abuse and neglect, reduce the number of child deaths, increase family self-sufficiency, increase the proportion of children with health insurance and access to health care, and increase the proportion of children enrolled in preschool, Head Start, or certified child care. In addition, stakeholders anticipated that the Initiative would drive systemic change, ultimately leading to more supportive public policy toward children and families, a more seamless and

[1] Rolnick, A., & Grunewald, R. (2003). Early childhood development: Economic development with a high public return. *Fedgazette*. Minneapolis, MN: Federal Reserve Bank of Minneapolis.

responsive service delivery system, and a community more accepting of social responsibility for the well-being of young children. At the core of the Partnership's vision were at least four underlying operating principles: (1) interventions that begin earlier in a child's life are more likely to produce positive impacts, (2) prevention is more effective and less costly than intervention, (3) programs need to operate at scale in order to maximize impact, and (4) program models should be research-based, drawing on evidence and best practices from other places.

Brief Description of Programs:

From its inception, the framers of the Initiative recognized that it could achieve its goals only through the implementation of a wide range of coordinated strategies, supports, and activities, and through the engagement of a spectrum of public and private stakeholders. The Partnership examined a number of national models with the goal of learning from strategies that had proven successful in other places. The Partners were particularly influenced by research that the most successful early childhood interventions were those with comprehensive focus. Drawing on the results from these investigations, the Initiative encompasses six interrelated efforts—some of which were new to Cuyahoga County, some of which represented expansions or modifications of existing programs. These programmatic components are:

(a) Welcome Home—a one-time home visit by a Registered Nurse for all first-time and teen parents and their newborns;
(b) Early Start—ongoing home visits for families with children up to age three who were identified as being environmentally at-risk;
(c) Expansion and quality improvement of certified family child care;
(d) Training and support for child care providers to serve children with special needs;
(e) Expansion of government-subsidized health insurance coverage for children of low-income families through enrollment in Healthy Start/Medicaid; and
(f) Efforts to increase public awareness of the importance of a child's early years.

Upon the creation of a comprehensive, integrated, community-based system of services, the Partnership reasoned that all children -- and at-risk children in particular -- would benefit.

Effective Parenting

A central goal of the initiative is to support effective parenting, and the primary service strategy selected to address that goal has been home visiting interventions and supportive services. Newborn home visiting (Welcome Home) is a universal program providing a home visit to all first time and teen parents. Ongoing home visiting (Early Start) provides more extended home visiting for families with children birth to three that meet specific criteria that could put children at environmental risk for developmental delay. Early Intervention provides supports and services for children with special needs. All these services operate through the Help Me Grow Collaborative of Cuyahoga County which contracts with birthing hospitals and other community-based agencies to deliver the services. Help Me Grow is a state-wide program encompassing the core services of home visiting and early intervention.

Newborn Home Visiting: This strategy emerged from a national movement linked to research on brain development and outcome studies that support the importance and cost effectiveness of intervening as early as possible in a child's life. The newborn home visit,

conducted by a Registered Nurse, occurs shortly after the family leaves the hospital and includes services such as reviewing the baby's and mother's health status, providing parenting and resource information, and linking the family to appropriate community resources. The initial goal was to reach all first-time and teen parents in the County, nearly 7,800 births per year (42% of all births in the County annually).

Ongoing Home Visiting: This complementary strategy offers ongoing in-home parent education and support, developmental screenings, and aid in locating resources for at-risk families with a child under three years of age. The program's services and clientele have evolved over the years. Ongoing home visiting began as a voluntary program in 1996 for families whose children were at-risk for later problems in life, and the Cuyahoga County Early Intervention Collaborative (CCEIC)[2] contracted with community-based providers to deliver the ongoing home visiting services. The program became one of the support programs for Ohio Works First (OWF - Ohio's income support program), and, beginning in 1998, all OWF families with children 0-3 years of age were offered ongoing home visiting. During 2000, plans were developed to expand visits to families before the baby's birth. The piloting of a prenatal curriculum for this purpose began in 2001, and the new model began implementation in 2003.

Early Intervention Services: Early Intervention (EI) includes services for infants and toddlers that are designed to identify and help a child at biological risk for developmental delay as early as possible. Federal law identifies a wide range of services for Early Intervention including, but not limited to, hearing and vision services; family training and counseling; nutrition services; occupational, physical, and speech therapy; and, social work services and service coordination. The Ohio Department of Health in implementing the federal Individuals with Disabilities Education Act of 1997 required that families with children under the age of three who are eligible for Early Intervention Services be entitled to developmental evaluation, service coordination, and an Individualized Family Service Plan (IFSP).

Healthy Children

A second goal of the Initiative involved an emphasis on the health of young children, specifically focusing on ensuring public health insurance coverage for all eligible low-income families with children under age six.

Healthy Start/Medicaid: Concurrent with the State of Ohio's expansion of public health insurance through the State Children's Health Insurance Program (SCHIP), the Initiative sought to maximize the enrollment of eligible families in Cuyahoga County. This was done through enhanced outreach strategies (e.g., application hotline, using community agencies to enroll families, paid advertising) and streamlined application and re-determination procedures. In addition to ensuring health insurance, the Initiative sought to promote the utilization of a medical home (i.e., a consistent primary health care provider), age-appropriate immunizations, and adequate and appropriate medical care for all Cuyahoga County families with young children.

Quality Child Care

There are two components of the Initiative designed to support the goal of ensuring the availability of quality child care in Cuyahoga County. The Family Child Care Homes component sought to expand child care options for low-income families by increasing the availability of

[2] The CCEIC was renamed Help Me Grow of Cuyahoga County in 2001.

home-based child care and providing training and technical assistance to providers to increase the quality of care in those homes. Special Needs Child Care focused on meeting the needs of children with specific physical, emotional, or behavioral problems that require special support in a child care setting. Starting Point, the County's Child Care Resource and Referral Agency, served as the lead organization for the child care components and was tasked with developing a regional child care system to meet the goals.

Family Child Care Homes: The passage of welfare reform in Ohio in 1997 resulted in increased demand for child care slots, as more single parents entered the labor force. In addition, the federal welfare reform legislation, passed in 1996, had changed the structure of federal child care assistance by combining funding for the existing subsidy programs into the Child Care and Development Fund (CCDF). States were now required to contribute funding to draw down a proportion of their federal allotment, and this led to state-level expenditures for child care increasing by 55% between 1996 and 1998. In Cuyahoga County, earlier needs assessments had demonstrated that many parents prefer child care located within their own neighborhood. Initiative planners decided that the most direct way to expand the supply of care that would meet parental preferences for neighborhood care was to focus on family child care. The Initiative therefore set as one of its goals to certify 1,025 new family child care homes in the County and thereby create more than 6,000 new child care spaces for children. Four regional agencies provided the training and technical assistance necessary for family care providers to become certified and improve child care quality. A quality enhancement program, Care For Kids, was developed to promote quality improvement through in-home technical assistance and consultation to family care providers, as well as through training sessions and workshops.

Special Needs Child Care: As demands for child care for all children increased with the passage of the welfare reform, early studies indicated that many women on welfare had children with special needs. Without adequate child care, those women could not leave the welfare rolls for work and their children could not thrive. During the planning year for the Initiative, a needs assessment survey established that 4,000 requests for special needs child care were received by the County's Child Care Resource and Referral Agency from July 1998 to February 1999. The Initiative fostered coordination between CCEIC and Starting Point to address this need. A goal was set to serve approximately 500 children annually from 1999 to 2002 and increasing to 600 annually in 2003 and 2004, including children with behavioral issues, medical conditions, and other diagnoses.

Key Features of the Initiative:

The Initiative is a community-wide undertaking, distinguished by a number of key characteristics that set the Initiative apart from other early child-focused efforts that emerged during the same period around the country. These characteristics include:

Scope of the public/private partnership – Many efforts have merged public and private funds but this Initiative exhibited a unique funding partnership that included numerous private sector funders and agencies, and County government. Similarly, the operational structure of the Initiative represents an integrated service delivery approach, involving public and private sector elements.

Simultaneous use of universal and targeted services across program domains – Most other efforts focusing on newborns and their parents implemented either home visiting efforts or center-based services. Few other efforts have drawn together home visitation,

child care, and health care all within a single package in the way this Initiative has. This multi-sector approach, drawing on models of prevention and intervention, successfully wove together a diverse set of threads into a conceptually strong Initiative.

Commitment to evaluation – Most other community-wide efforts have used administrative data to track changes or conduct experimental pilot studies. Few have invested in meaningful, ongoing evaluation studies, including primary as well as administrative data, to assess implementation and outcomes for the purpose of making program improvements at the scale this effort has.

Continuous adaptability to changes in state and federal policy directives – During difficult economic and political times, the Initiative has demonstrated considerable flexibility in adapting its components. These adaptations have included altering child care reimbursement rates, expanding training programs, establishing quality assurance standards, dealing with management information systems challenges, and developing a prenatal expansion of the home visiting component. Throughout the 5 years, the leadership has faced and responded to the challenges inherent in implementing a complex initiative.

Governance structure – Though the developers of the Initiative sought to base the operational structure of the effort within County government, they also established input and active oversight from private sector funders. This was done through the formation of the Partnership Committee which was co-chaired by one of the County Commissioners and one representative of the private funders.

Accomplishments

This report is the product of over four years of research on the operations of the Early Childhood Initiative and the families that have been touched by its efforts. The evaluation involved tailored studies that examined each of the various strategies of the Initiative. The multiple studies in the evaluation were designed to answer a number of important questions relevant to each program or dimension. Greater detail on the findings of each study is provided in the full report. Some of the overall highlights of the report include:

Building System Capacity: Reaching More Children Earlier in Their Lives:

A core operating principle that provided a foundation for the Initiative was the idea that collectively its strategies should work quickly to reach a large number of children and families county-wide rather than limit the focus either in scale or geographic scope. This was not a cautious pilot project, but a bold approach that required the rapid building of an infrastructure to serve families with young children. In this, the Initiative succeeded, in that all initial service goals were met or exceeded. In its first 4.5 years, the programs of the Initiative reached over 116,000 Cuyahoga County children prenatal to six years of age. The number of children served annually grew from 45,000 to over 65,000 in the first 5 years. In fact, approximately 76% of children born between July 1999 and December 2003 received one or more Initiative services. But the Initiative was not restricted to newborns. Fully 40% of those children born July 1993 to June 1999, a few years before the Initiative began, received one or more of its services.

The programs of the Initiative have reached all communities within the County. Overall, 61% of the children reached were residents of the City of Cleveland, and 39% were residents of

the County outside the City boundaries. Programs of the Initiative targeted to the most at-risk families (e.g., ongoing home visiting, Healthy Start/Medicaid, subsidized family child care) reflect this in that more than two-thirds of the families they have served resided within the City of Cleveland. The more universal program strategies serve larger numbers of families outside the City (40-60%), reflecting greater geographic dispersion in the families they engage.

Beyond just creating a service delivery network, the developers also sought to enhance service access in a variety of ways. One way to improve the potential impact of early childhood efforts is to ensure that children are reached with needed services as early in their lives as possible - shifting to an emphasis on prevention. On this score the Initiative has also made considerable advancement: infants are being served earlier in life than ever before. For the most recent birth cohorts, 70% had contact with at least one Initiative service before reaching 3 months of age, up from 58% when the Initiative began. In addition, families are able to access multiple services within the network. Program planners had long sought to make sure that the Initiative would ensure a "no wrong door" policy towards families seeking services. That is, once a family received services from a single provider, the family would also be linked with services from other providers. Service data suggest that these linkages are occurring. Approximately 20% of all children under six and 28% of infants under one year who have been touched by the Initiative received multiple services, and the extent of cross-program usage within Initiative has increased sharply over the first 5 years.

Tracking Trends on a Range of Outcomes and Indicators:

The effects of the Initiative on children and families were measured at two levels: (1) at the individual level, for the children and adults involved in specific Initiative services such as home visiting or Medicaid; and (2) at the community-wide level. If services were benefiting enough individual children and families, and if the Initiative were reaching a significant number of children and families in the county, then county-wide markers of progress ought to show improvement over time.

Benefits for Families and Children Receiving Initiative Services. Many client groups showed key improvements and benefits from the services they received. For example, parents in ongoing home visiting who received 15 or more visits demonstrated significant improvement in level of depression, perception of stress, and sense of competence and comfort in caring for the child. In addition, infants born on Medicaid in Cuyahoga County were significantly more likely to receive a well-baby visit in the first month of life and more likely to have had more than six visits in their first year of life, compared to infants in a group of six other urban counties in Ohio. Lastly, over 80% of children with special needs whose caregivers received TA remained in their child care placement for 6 months or more.

County-Wide Indicators of Change. At the county level, a range of indicators have been tracked over time. Obviously, these indicators are the product of all the efforts taking place within the County as well as the larger economic trends affecting the region. They do not isolate the effects of the Initiative but rather reflect the environment in which the Initiative has operated. Some indicators show more clearly positive trends while others show more mixed results. Collectively, the indicators provide mixed evidence about the environment for young children in the County and how it has changed since the beginning of the Initiative.

Areas of positive trends:

- A substantial improvement occurred in health insurance coverage for young children between 1998 and 2004, with the estimated percentage of uninsured children under age six falling markedly from 10.5% to 4.4%.
- Enrollment of children under age three in regulated child care increased by about 30% since the inception of the Initiative. In 2004, 60% of 3- and 4-year-olds were enrolled in preschool (including Head Start), which compares favorably with both state and the national preschool enrollment rates (47% and 52%, respectively).
- Since the start of the Initiative, children with special needs are being identified and assessed at earlier ages through Early Intervention services, thereby increasing the likelihood that other needed services will be received. In 1997, 271 children were identified in their first year of life; this number more than tripled in 2002, when 902 children were identified.

Areas of mixed trends:

- Following national trends, the percentage of children under six in Cuyahoga County who were on cash welfare fell from almost 40% in 1992 to 8.8% in 2003. Over the same period, poverty rates for young children in Cuyahoga County fell slightly but have risen to 23% since the recession began in 2001. Thus, though many families have left cash welfare following welfare reform, often those families remain in poverty.
- The percentage of pregnant women with adequate prenatal care has risen to approximately 80%, but the rate of low birth weight births rose significantly from 9.1% in 1998 to 9.9% in 2002, (compared to 7.6% nationally in 1998 and 2000). This has been influenced in part by a national trend of increasing rates of preterm and low-birth-weight births since the 1980's resulting in increases in multiple births (which tend to be smaller than singletons) and improvements in medical technology (producing the ability to save the lives of many preterm babies that would have previously not survived).
- The proportion of children under age six with a substantiated/indicated abuse or neglect report showed a significant drop to 2.5% in 2003. Despite this, when the entire period of the Initiative since July 1999 is examined, statistical modeling suggests that children had a greater chance of being identified as maltreated. However, the analysis also showed that children born since the start of the Initiative had a lower chance of a second incident of abuse or neglect within one year of a first occurrence, suggesting a positive effect on secondary prevention. This may suggest that abused and neglected children are being identified earlier and are linked to services that lessen the chance of a second incident.

Collectively, these program-level and county-level indicators provide a basis for assessing the initial effects of the Initiative along with the context for families with young children in the County. The results thus far reflect only a portion of the first 5 years of the Initiative; due to the normal lag in data availability, many of the outcomes reported extend only through 2002 or 2003. From a birth cohort perspective, children born just after the start of the Initiative have only been tracked through 2003 (or their third birthday). Thus, the full effects of the Initiative cannot yet be assessed. Overall, the findings reflect the complexity of evaluating a community initiative and highlight areas of both positive change and continuing challenge.

Effectively Using Evaluation to Monitor and Improve Services:

From the outset, the Initiative's partners committed to the use of evaluation and monitoring to track progress. Embedded within this undertaking was a commitment to construct a learning partnership, an arrangement that would meet demands for public accountability but also inform practice and lead to continuous improvement in services. This approach involved features such as: (1) creation of program logic models to specify both the intentions of the program elements and to provide a framework for the evaluation of program effects; (2) provision for an ongoing external evaluation by university-based social science researchers actively involved in the partnership; and (3) formation of an Operations Management Committee including County officials, funders, program administrators, and researchers who engage in program refinement decision-making based on evaluation data and other input.

The knowledge gained from ongoing evaluation was seen as both informing the implementation of the Initiative, allowing for mid-course adjustments, and also as a way of documenting what the program developers set out to do and what was accomplished. This detailed record of programmatic and policy challenges confronted and surmounted would be invaluable to state and national policy makers and government officials who might later want to consider the Cuyahoga County example as a replicable model of successful early childhood intervention.

Solidifying a Network of Services and Supports:

As further evidence of the Initiative's progress in becoming a learning partnership, the partners launched an in-depth self examination process after the conclusion of the third year of work. A strategic planning process commenced in the fall of 2003 and resulted in the acceptance of a formal plan by the Board of County Commissioners in the fall of 2004.[3] Facilitated by a trio of external consultants, the process brought together the original partners with a range of allied professionals and organizations to discuss the future of the Initiative. The strategic plan resulted in a set of key decisions and a new vision statement: *All children in Cuyahoga County will reach their full potential, nurtured by families sensitive to their needs, and supported by a community committed to their success*. In addition, the mission of the Initiative was modified to: *The Early Childhood Initiative is a community-wide, public-private partnership that mobilizes resources and energy to: (1) assure the well-being of all young children in Cuyahoga County, (2) provide supportive services to parents and other persons who care for these children, and (3) build awareness, momentum, and advocacy in the community around children and family issues.*

The plan laid out an expansion in the existing network of services to create an early childhood system for children prenatal through age five. This envisioned system is framed by four interrelated goal areas supported by ten component strategies. A first goal area involves promoting *effective parents and families* within the County. To deliver on this goal, the plan calls for expanded home visiting services, enhanced service coordination and case management, and expanded mental health screening and services. A second goal area seeks to ensure *safe and healthy children* within the County. The strategies aligned with this goal include health

[3] Gomby, D. S., Klein, L., & Mitchell, M. M. (2004). Building an early childhood system for Cuyahoga County: The Cuyahoga County Early Childhood Initiative strategic plan: 2005 – 2009. Cleveland, OH: Invest in Children.

insurance enrollment, the promotion of a medical homes, and primary prevention of lead exposure. A third goal area is designed to result in *children prepared for school*. To accomplish this goal the plan calls for creating a high quality early care and education system for children birth through age five, with child care and preschool service expansions and quality improvement. A fourth and final goal area proposes that Cuyahoga County should strive to become *a community committed to children*. The plan will achieve this through community mobilization and advocacy efforts, positioning the Initiative as a Center of Excellence for early childhood programming, and fielding a comprehensive communications campaign. The plan provides a conceptual blueprint for continuing to build the service network envisioned by the original framers of the Initiative. The plan also provided a structural vision for the operation of the Initiative. This led to the creation of the County's Office of Early Childhood in fall 2004, as the administrative and fiscal agent for Invest in Children, along with the specification of appropriate staffing to manage the affairs of the Office.

Continuing Challenges

The ongoing evaluation of the Initiative included both a program-level and system-level examination. Over the first 5 years of the Initiative, three cross-cutting themes emerged that speak to the overall results and to the context in which they should be interpreted. These themes included: (1) promoting caregiver engagement, (2) enhancing service quality across domains, (3) being responsive to an ever-changing policy environment. The themes involve both positive aspects of developing and implementing the Initiative, as well as challenges that have emerged.

Promoting Caregiver Engagement:

A consistent theme across the strategies of the Initiative and throughout the field of early childhood is the challenge of recruiting, retaining, and engaging caregivers in the services offered. This has been an issue in providing ongoing home visiting to families, delivering technical assistance to family child care providers, and ensuring that parents access medical services for their children in a consistent manner (i.e., a medical home).

In Cuyahoga County, the newborn home visiting program has been tremendously successful in engaging targeted families (>85%) in a single home visit. In contrast, the ongoing home visiting program which is available to families up until the child reaches age three has shown lower engagement rates. On average, over a 12-month period families who were referred received 13 visits, approximately half the number of intended home visits (comparable to service levels achieved in similar home visiting programs across the county). Underlying this average are three distinct subgroups each comprising roughly one-third of the service population -- families who never receive a single visit, families who receive a modest number of visits (up to 15), and families who receive higher numbers of visits (15 or more). In addition, a key to understanding differential rates of engagement may lie in the considerable diversity of the families in Cuyahoga County in regard to such features as family structure, culture and tradition, and ethnicity. Program staff have begun to discuss how to individualize services so as to better engage more families.

The issue of engagement also has been a factor in the area of family child care where from the start of the Initiative, care providers have been invited to engage in quality enhancement activities. Inherent in the strategy was the idea that family child care providers would be more willing to participate in quality enhancement activities if they were conveniently provided to

them in their home. This resulted in a voluntary quality enhancement program (called Care for Kids) that offered in-home technical assistance and consultation based on a standardized curriculum. The targeted number of annual technical assistance visits for certified providers was initially set at 15 and subsequently adjusted to 11 (2000-2002) and then 8 (2002-2004). In the most recent period, the eight visits were to include three quality enhancement visits, three food program visits, and two visits in which the care quality was assessed.

The average number of technical assistance visits accepted by providers certified under the Initiative, however, never exceeded 65% of the intended number and has more frequently been less than half (excluding visits related to certification and the food program). The average number of completed quality visits per provider increased from 2.1 to 5.2 over the first 3 years of the Initiative and then dropped to 3.1 by the 5th year. Beginning in the 4th year of the Initiative, the goal was to deliver a minimum of three quality enhancement visits to providers; 44% of providers certified under the Initiative met this goal in the 4th year , and 39% did so in the 5th year. Two points are relevant to this level of engagement. First, the low rates of accepted visits among home-based care providers are comparable to the acceptance rate in the general area of home visiting and may reflect the general difficulty of engaging participants in that setting. Second, in addition to the voluntary quality enhancement visits home-based providers were also required to accept other in-home visits (i.e., County certification-related visits, US Department of Agriculture food program visits); the collective frequency and timing of these visits may have impacted the providers willingness to accept quality visits.

A third area in which caregiver engagement has been a challenge is in ensuring young children receive well-baby physician visits on the recommended schedule. Though the rates of enrollment in private insurance and Medicaid rose between 1997 and 2001, not all families used their coverage effectively. In 2001, only 30% of Medicaid children received all recommended well-child visits during the first year of life, and 5% received no visits at all. Though strictly comparable data are not available, based on the Health Plan Employer Data and Information Set (HEDIS) for 2002, the proportion of all children receiving the recommended number of visits was approximately 68% for Ohio and 60% for the 32 states represented in the system.[4] State-wide data on Medicaid children in North Carolina showed that approximately 46% of children received the recommended number of visits.[5] That is, in all locales simply providing health insurance coverage is not sufficient to ensure that children receive the preventive care they need.

Preventive care is clearly important. A study using Medicaid data from three states confirms that children who receive the recommended number of well-child visits during the first 2 years of life are more likely to avoid hospitalizations in the first 3 years of life.[6] Other research has shown that children who receive the recommended number of well-child visits are more likely to receive immunizations on schedule and to have vision, hearing, or developmental delays identified early, so that intervention can begin promptly.[7] Children who have a "medical home," a single, consistent source for medical care, are more likely to receive their preventive health

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[4] McInerny, T. K., Cull, W. L., & Yudkowsky, B. K. (2005). Physician reimbursement levels and adherence to American Academy of Pediatrics well-visit and immunization recommendations. Pediatrics, 115(4), 833-838.
[5] Freed, G. L., Clark, S.J., Pathman, D. E., & Schectman, R. (1999). Influences of the receipt of well-child visits in the first two years of life. Pediatrics, 103(4), 864-869.
[6] Hakim, R. B., & Bye, B. V. (2001). Effectiveness of compliance with pediatric preventive care guidelines among Medicaid beneficiaries. Pediatrics, 108(1), 90-97.
[7] Regalado, M., & Halfon, N. (2001). Primary care services promoting optimal child development from birth to age 3 years. *Archives of Pediatric and Adolescent Medicine, 155*, 1311-1322.

care on time. The American Academy of Pediatrics' policy statement on medical homes states that care should be "…accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective."[8] Efforts to ensure that all children have a medical home are therefore critical, and go well beyond the provision of insurance coverage. The strategic planning process in 2004 targeted medical homes as an area of emphasis and produced an initial set of approaches to further this goal.

Enhancing Service Quality Across Domains:

Since early on in the implementation of the Initiative, program planners have recognized the importance of service quality and specific strategies to enhance quality. In the three core service domains (home visiting, child care, health care), the discussion and pursuit of quality has faced different challenges and ultimately resulted in different tactics being used to pursue it. In ongoing home visiting, a primary challenge was in maintaining fidelity to a basic program model given the number (n=31) and diversity of the implementing agencies and the varied characteristics of their staff. The evaluation of the quality of these services examined the approaches used by home visitors as well as their delivery style and relationship with the families, and the results indicated a wide diversity in how the services were being delivered. Beginning in 2002, Help Me Grow commenced a quality assurance initiative that required all contracted home visiting agencies to document the fidelity of services delivered. This process led to a reduction in the number of agencies delivering the services, the adoption of ongoing systematic quality assurance procedures by all agencies, and some evidence that activities have begun to improve quality (e.g., decreased variation in how services were delivered, decreasing time between referral and first visits).

In the family child care component, the primary goal of the intervention was to improve the quality of care in homes, initially targeting homes that were newly certified under the Initiative and later expanding to all certified homes. The provision of voluntary in-home technical assistance along with off-site trainings was the primary vehicle for promoting quality care among family child care providers. Improving the quality of care in family child care homes ultimately proved difficult. The evaluation found that over a 12-month period, the overall quality of care remained poor in a sample of newly certified family child care homes. The lack of observable change in quality resulted in: (1) an examination of the content of the technical assistance, the training and background of the TA providers, and ultimately the selection of a new TA curriculum; (2) consideration of the policies that influence providers' willingness to participate in quality enhancement activities, and (3) advocacy efforts that led to modifications in State rules regarding family child care providers (e.g., requiring an additional 6 hours of training per year, and requiring new providers to have a high school diploma or a GED).

In the area of child health, the discussion of quality focused on the mechanisms by which the Initiative could promote not only early and continuous health insurance coverage for children but also the appropriate and timely use of health care providers and services. Since the Initiative's role was limited to the enrollment of families in Healthy Start/Medicaid (through Employment and Family Services) and the promotion of proper health care to families involved in other services of the initiative, it made sense to engage directly with the managed care organizations (MCOs) that provide the actual clinical care to families covered by Medicaid. The

[8] American Academy of Pediatrics. (2002). Policy Statement: The Medical Home. *Pediatrics*, *110*(1), 184-186.

partnering with MCOs on shared outcome goals progressed and was identified as a key area of emphasis in the new strategic plan under the medical home strategy.

Being Responsive to an Ever-Changing Policy Environment:

As a community-wide undertaking, the Initiative was launched and implemented within a broader social and political context. These external forces have simultaneously influenced the scope, scale, and ongoing implementation of the programs and affected the children and families of Cuyahoga County. These major factors included the implementation of welfare reform, the State budgetary situation and the economy, State policies relating to some program strategies (e.g., certification, program eligibility and coverage, reimbursement rates), and general labor market characteristics.

A significant influencing factor for the Initiative was welfare reform in Ohio, implemented in October 1997. Known as Ohio Works First (OWF), it required that parents receiving welfare assistance participate in work, and it limited receipt of cash assistance to 36 months. The number of children under six on OWF fell dramatically from approximately 32,000 in 1997 to under 10,000 in 2003. Welfare reform had many ramifications for families and for early childhood programs, notable among them the large increase in demand for child care. To meet this need, the County more than doubled the number of child care vouchers that it provided to the families on welfare and the working poor. Early on, many families were referred to Early Start as part of their OWF self-sufficiency plan, but as welfare caseloads fell rapidly, OWF became much less of a referral source for Initiative programs. Another important policy aspect of welfare reform was that falling caseloads freed up TANF funds to be used for other non-assistance purposes. Over time, the Initiative benefited from these flexible dollars in many of its programs, specifically the quality child care efforts. However, the availability and flexibility of TANF funds is unclear (as the full re-authorization of the TANF has been delayed), and these funds may be difficult to rely on in the future.

In regard to the State economic context, the Initiative has relied on several key funding streams to support its programs. During the initial phase of implementation, the northeast Ohio region and the nation experienced the greatest, sustained economic growth period in recent times. In Cuyahoga County, most people who left welfare were able to get jobs and earned more than they had received on welfare. The poverty rate for families with children under five headed by females fell by 10 percentage points. Nevertheless, the typical single female-headed family only earned enough to live at or near the poverty line (approximately $14,000 for a family of three). In late 2001, the nation and the region entered a recessionary period and since then gains have eroded. The State of Ohio's fiscal crisis led to increased funding pressures for Initiative programs beginning in 2002, though no reductions in service were required. In addition, the State's decision to withhold a large amount of TANF funding that had been designated for Cuyahoga County led to further difficulties in guaranteeing County-level funds for the Initiative.

As with all programs, the Initiative has been impacted by policies and requirements that originate from outside its structure. Over the course of the first 5 years, eligibility rules (e.g., Medicaid expansion; frequency of eligibility redetermination), and service coverage/reimbursement rates (e.g., State-level changes in child care per diem) have changed, affecting the agencies implementing Initiative's programs and the client families themselves. In 2003, the State lowered the eligibility level for child care vouchers from 185% to 150% of the poverty line, making it more difficult for many working families to retain their subsidized child

care. From June 2003 to December 2004, the number of children under six using child care vouchers in Cuyahoga County dropped from nearly 16,750 to 12,200, a reduction of 27%. Given that these families continue to need child care after losing their voucher, such policy shifts impact the system of care in the County, both in regard to the families needing child care and the providers who serve them. Over time, this situation could lead to a shrinking of the child care supply, as child care programs leave the market because they cannot keep their spaces filled.

The ability of the Initiative to combine federal and state funding streams with local funds has allowed for an important flexibility in the allocation resources. The Board of County Commissioners has provided financial leadership and support to the Initiative since its inception. The Board's ability to support the Initiative is contingent on the availability of funds from existing health and human service property levies and general fund revenues. In April 2003, the voters of Cuyahoga County approved a replacement health and human services levy which generated an additional $56 million in funds annually for a variety of County-sponsored core social welfare efforts. The Early Childhood Initiative figured prominently in the public campaign for the passage of the levy, and following its passage received a commitment of $5 million annually from the Board of County Commissioners.

Currently, the Initiative awaits the results of the State budgeting process for the next biennium (2005-2007) to better understand how that process will impact the programs of the Initiative over the next 2 years. Many of the changes under discussion could lead to reductions in eligibility for services for families, reductions in services, and/or changes in administrative rules and policies, the full impacts of which may be unforeseeable. Despite this, the partners of the Initiative are veteran observers and participants in the State budget process and have proven effective in representing the needs of children and families in Cuyahoga County.

Future Directions

Several issue areas emerge from a broad view of the Initiative after its first five years of implementation and provide a sense of where efforts should be placed going forward. Many of these proposed activities have already been incorporated into the strategic plan for the Initiative's next five years.

Develop Specialized Strategies to Engage Caregivers:

The issue of caregiver engagement is one which requires the Initiative to build upon the successes of the strategies employed over the first five years in the home visiting, child health, and child care areas. Given the challenges of engaging families in home visiting services, it is crucial for the partners to continue to develop strategies for outreach and retention. Possible approaches include employing different outreach and retention approaches tailored to population subgroups; altering the content or suggested frequency of visits to better meet family needs; or offering families a different program strategy (e.g., group-based services or a "home visit" in another setting such as a child care program or community agency). In addition, the development of an outreach team trained specifically to respond to those cases where enrollment is proving problematic may have merit.

In the area of family child care, it is clear that home-based technical assistance and group training each have strengths and weaknesses associated with them. Though intervening in the home allows a technical assistant to work with a provider in the actual caregiving environment,

the environment may be too distracting for substantive first-time learning to take place. Training opportunities that take place outside the home care setting should be considered as an avenue for consideration. Training in alternative settings could also allow for the use of group training, a strategy that can be effective if the size of the group is relatively small (i.e., <16 participants) to allow for discussion, the group facilitator is knowledgeable about adult learning styles as well as the subject matter, and the group sessions occur on a regular basis to allow for group cohesion to develop.[9] In such a scenario, group trainings outside the home are followed up with home-based review of the new material. This is supported by evidence that family child care providers are interested in alternative models, such as training in small groups, through home study courses and resource centers, and provider networks.[10] Any strategy that takes the training outside of the home setting will need to accommodate the schedules of family child care providers, either through weekend/evening offerings or through daytime opportunities where substitute care is arranged for the children in the provider care.

To increase the proportion of children receiving the schedule of well-child visits and immunizations recommended by the American Academy of Pediatrics, it is sensible to first promote the concept of a medical home. Access to a single and consistent care source, however, does not ensure that parents will adhere to the desired care schedule. The strategy should involve all the key players - the family, the health care provider (physicians and MCOs), the insurer (Medicaid), and the entities that ensure quality of care (County and State officials). In regard to the pursuit of a medical home for families, the key question relates to whether there are procedures and or incentives that could encourage parents to access appropriate care for their children in a timely way. Promotion of positive parental decision-making on child health by all allied partners is most likely to consistently reinforce this message to parents. For families in which a child misses a recommended visit, an immunization, or a lead screen, there should be a systematic method of identifying and intervening in these cases. Such a response system would ideally be multi-level, with families being approached by their pediatrician's office first and their health plan if needed. Given resource limitations at these levels, other strategies that are perhaps more centralized may need to be considered.

<u>Build Quality Improvement Strategies Appropriate to Program/Policy Context:</u>

Achieving the ambitious aims of ensuring the health and well-being of young children necessitates a focus on high quality early childhood programming. From early on, the Initiative has experienced the tension between delivering on the goal of "going to scale" while simultaneously ensuring quality. Both goals require substantial time and resources and an integrated approach across multiple organizational partners. Now, with the Initiative's core strategies fully in place and operating at scale, the pursuit of quality can be most effectively mounted, even while new strategies and expansions are being brought on line according to the strategic plan.

In a recent volume of <u>The Future of Children</u> focused on school readiness, Rouse, Brooks-Gunn, & McLanahan (2005) recommend increasing access to high-quality early education for all 3- and 4-year-olds. The hallmarks they identify for such programs include: low

[9] Weitzman, E., & Greenberg, J. (2002). Learning language and loving it: A guide to promoting children's social, language, and literacy development in early childhood settings. Toronto: Hanen Centre Publication.
[10] Hamm, K., & Jones-DeWeever, A. (2004). Family child care: Recent trends and new directions. Washington, DC: Institute for Women's Policy Research. Retrieved January 31, 2005 at http://www.iwpr.org/pdf/G716.pdf

staff-child ratio; well-trained caregivers with ability to work with children with special needs and identify health problems; inclusion of a parent-training and parent support; and integration with the kindergarten programs into which the children will eventually transition (p. 12).[11] Though these conclusions are targeted to preschool programming, they can be translated into the home visiting and family child care arenas and relate to the overall findings from the evaluation of the services of the Initiative.

The pursuit of quality should be grounded in the program, policy, and civic environment in which the effort is implemented, so that an attainable standard for services is established. For example, in the area of family child care, care quality was found to be poor or inadequate in 84% of the homes in a research sample using a standardized rating tool. In comparison, other studies of family child care have found more than 90% of sites having quality in the poor and inadequate range. These data suggest that overall most home-based care providers fare poorly in regard to attaining acceptable quality levels on such a scale. Though care quality was poor, the study did find that quality was correlated with factors that could be influenced by changes in policy, such as delivering a greater number of technical assistance visits, seeking providers who are motivated to provide care as a career, and reducing the number of children cared for by a provider at one time. Moving forward, the Initiative could explore a wider range of quality enhancement approaches, improving qualifications for technical assistance providers, and parent education, all in an effort to better enhance and retain quality. The negative relationship between care quality and the number of children in care is particularly challenging for at least two reasons: (1) under State regulations family child care providers are certified to care for as many as six children - a policy that relates more to minimum safety standards than the quality of care; and (2) recognizing that family child care providers are essentially small business owners, they have the incentive (and need) to have more children in care in order to meet their expenses. These challenges suggest that a broader discussion of the multiple goals of the family child care strategy may need to be engaged.

Though the determinants of program quality vary across the strategies of the Initiative, they all share at least two features: (1) the importance of well-trained and committed staff to deliver programs, and (2) the appropriateness of a given program model and its curriculum to the diverse circumstances of the populations they serve. In regard to the management of the Initiative, procedures should establish and reinforce mechanisms by which these features are ensured. In an ongoing way, the Initiative should be able to assess its success in these two areas and take action to improve its performance. Efforts underway to establish a routine performance indicator and monitoring system should provide a solid framework to reinforce quality assurance efforts across the strategies of the Initiative.

Extend Efforts to Build High Quality Care System as Sound Public Investment:

In recent years, the case for public investment in early childhood has become even more compelling, with direct support coming from the fields of economics and public finance (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Calman & Tarr-Whelan, 2005; Heckman & Masterov, 2004; Lynch, 2004; Rolnick & Grunewald, 2003). For example, Aos, Lieb, Mayfield, Miller, and Pennucci (2004) studied the costs and benefits of a range of early intervention programs for youth, including home visiting and early education. They found that some home visiting

[11] Rouse, C., Brooks-Gunn, J., & McLanahan, S. (2005). Introducing the issue. School Readiness: Closing Racial and Ethnic Gaps. *The Future of Children, 15*(1), 1-13.

programs that target high-risk and/or low-income families are particularly effective, returning $6,000 to $17,000 per child served. They also found that early childhood education for low-income 3- and 4-year-olds (i.e., preschool) produced a return of nearly $10,000 per child served.[12] These findings are specifically relevant to mission of the core services of the Initiative.

Others have championed the wisdom of investment in a broad array of programs targeting early childhood development. Nobel Laureate James Heckman & colleague Dimitriy Masterov concluded that "(e)nriched pre-kindergarten programs available to disadvantaged children on a voluntary basis, coupled with home visitation programs, have a strong track record of promoting achievement for disadvantaged children, improving their labor market outcomes and reducing involvement with crime" (p.1).[13] Researchers at the Federal Reserve Bank of Minneapolis reported that "…the return on investment in early childhood development is extraordinary, resulting in better working schools, more educated workers, and less crime" (Rolick & Grunewald, 2003, p. 11). Lynch (2004) reported that investments in high quality early childhood development programs generate a $3 return for every $1 invested; he further projected that extending such programs to all 3- and 4-year olds in the US would have substantial benefits to society after an investment period of approximately 17 years[14].

Grunewald & Rolnick (2004) also suggested that large-scale early childhood development programs could best succeed if they possess three distinctive features: (1) a focus on at-risk children that encourages direct parental involvement, (2) a long-term commitment to early childhood development, and (3) mechanisms to reward successful outcomes thereby encouraging high quality and innovative practices (p.3).[15] Calman & Tarr-Whelan (2005) in a review of the available evidence, conclude that the data are clear about the return on investment and that new emphasis should be placed on educating policy makers and the public that early childhood education is "…important to the development of children and, equally, to the development of the economy" (p.43).[16] Broadly, these findings reinforce the Initiative's strategic plan in its goals of promoting high quality early care services and ultimately universal preschool programming. Continuing to weave the existing core services of the Initiative into the broader system for serving young children will likely improve efficiency and quality. Over time, further linking existing services to a developing set of universal preschool programs will deliver a greater continuity of care for young children.

Conclusion

[12] Aos, S., Lieb, R., Mayfield, J., Miller, M., & Pennucci, A. (2004). Benefits and costs of prevention and early intervention programs for youth. Olympia, WA: Washington State Institute for Public Policy.
[13] Heckman, J., & Masterov, D. (2004). The productivity argument for investing in young children. Working Paper 5, Invest in Kids Working Group. Washington, DC: Committee for Economic Development.
[14] Lynch, R.G. (2004) *Exceptional returns: Economic, fiscal, and social benefits of investment in early childhood development*. Washington, DC: Economic Policy Institute.
[15] Grunewald, R., & Rolnick, A. (2004). A proposal for achieving high returns on early childhood development. Minneapolis, MN: Federal Reserve Bank of Minneapolis.
[16] Calman, L. J., & Tarr-Whelan, L. (2005). Early childhood education for all: A wise investment. Recommendations arising from "The economic impacts of child care and early education: Financing solutions for the future" a conference sponsored by Legal Momentum's Family Initiative and the MIT Workplace Center.

This summary has sought to provide a meaningful overview of the evaluation results for the first five years of what is now known as Invest in Children. The core findings are that the system for serving young children and their families is now built: agencies are delivering services to thousands of families each year, the County government apparatus has now institutionalized a focus on early childhood, the partnership of public/private funders has been renewed and re-energized following a strategic planning effort. As expected, the evaluation points out that more is needed: more and different types of services, and more emphasis on quality and making sure that the right services reach families at the right time. The strategic plan, now in its first year of implementation, identified just these priorities and promises to provide the means to improve the services of the Initiative and broaden its impact, a hypothesis that the evaluation will continue to test in the coming years.

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The Report and Executive Summary are available in .PDF format at http://povertycenter.case.edu/ or by contacting:

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