

Kent County Family & Children's Coordinating Council



ACTION PLAN 2004-2006



A working plan to provide leadership to enhance the well-being of children, youth, and families in Kent County so that they may achieve their greatest potential

March 2004

About the Council

The Kent County Family & Children's Coordinating Council was formed by the Kent County Board of Commissioners in 1991 to coordinate and improve services for children, youth, and families in Kent County. The Council is made up of the directors of the County and State departments that provide services to families in Kent County and representatives from education, business, private agencies, private funding organizations, consumers, and advocates. The Council's duties include:

Service Coordination

Develop, implement, and maintain a countywide plan for services to children, youth and families. Support comprehensive coordination and collaboration among service providers by acting as an information clearing house, promoting the development of appropriate services consistent with the plan, and promoting system restructuring to enhance effectiveness and reduce cost.

Systems Improvement

Develop recommendations to allocate and expand resources and implement policies to improve the quality of life of children, youth and families in Kent County. Increase cultural sensitivity and competence in the service delivery system and ensure that the system is consumer-driven with service plans built upon family strengths.

Accountability & Oversight

Oversee the administration, distribution and use of the Strong Families/Safe Children funds allocated for Kent County. Act in the capacity of the Multi-Purpose Collaborative Body (MPCB) for funding and activities when the action does not involve a County department or operation. Develop a plan for evaluation of the effectiveness and efficiency of the Council's activities.

In 2000, in an effort to become more action-oriented, the Council underwent a major restructuring of its organization. The Council streamlined its membership for greater efficiency, and established a new mission, bylaws, and committee structure. The new structure assigned primary responsibility for service coordination and systems improvement to the Council's four committees. The committees, each small in size and led by a strong chairperson, are able to focus their efforts and take action to address specific, identified needs. Now that the new committee structure has demonstrated some success, the Council is continuing its planning process to develop a formal plan of action. The action plan will serve as a guide for Council actions over the next three years, directing the work of its committees, community awareness, and advocacy efforts.

A Plan for Action

The purpose of this plan is to outline the priorities of the Kent County Family & Children's Coordinating Council over the next three years. This document is not intended to provide a comprehensive picture of the myriad of services, needs, and strategies of the entire community, but rather to focus the Council's actions on specific strategic priorities. This document is meant to be a living document, to be changed as the Council priorities evolve. The creation of the Council's plan of action is grounded in three key philosophies:

Focus

Many of Kent County's families are facing an array of issues that put them at risk for costly and destructive social and health problems. Family problems such as economic stress, abuse and neglect, substance abuse, mental illness, and even a lack of positive parenting skills are compounded by systematic issues such as unemployment, lack of transportation, concentrated poverty, and a shortage of support services. Likewise, the human services systems, such as early childhood care and education, child welfare, justice, mental health and substance abuse, senior services, and workforce development, are complex networks of public and private agencies providing multiple services and operating under a myriad of local, State, and Federal rules and funding criteria. The Council's plan of action is grounded in the recognition that in order to be effective in addressing this complex system, it needs to focus action on specific, strategic areas. This document is a statement of those strategic areas - key intervention points with the potential to leverage greater impact on families and on the system as a whole.

Collaboration

The Council is a forum for a diverse group of stakeholders - human services departments, private agencies, foundations and other funding organizations, business, concerned citizens, and others - to come together to coordinate and improve services to families and children. The Council is not a separate organization, and does not have dedicated staff or a budget. Instead, the Council is a forum for collaboration, and its effectiveness is dependent upon the strengths of its voluntary members, and their commitment to improving the lives of families and children. The Council and committee members provide the leadership to make things happen – not through any sort of authority, but through developing and selling a shared vision, and directing their individual strengths toward a common goal.

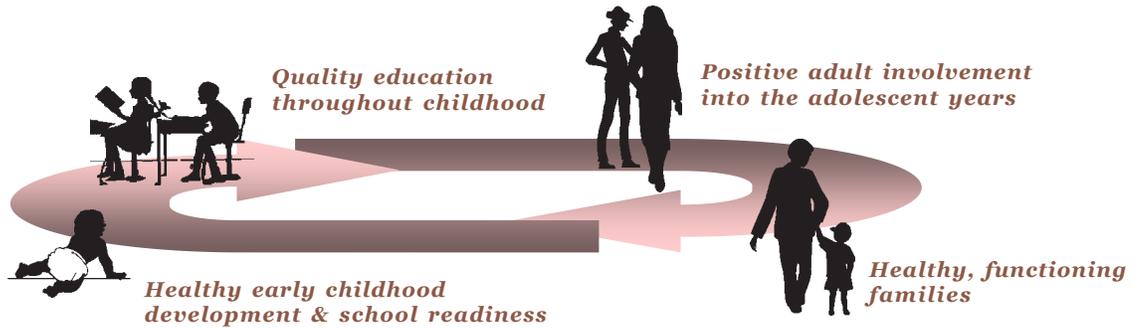
Leadership and Demonstrated Effectiveness

The mission of the Council is to provide leadership to enhance the well-being of children, youth, and families in Kent County, so that they may achieve their greatest potential. Because of its nature as a collaborative body, the Council does not seek to provide direct services or compete with existing programs. Instead, the Council works to identify meaningful ways that members can coordinate and improve services system-wide. The Council believes that the most effective leaders are those who take action, and Council members actively identify and implement systems improvement strategies within existing systems and organizations. Once the Council has demonstrated the effectiveness of service delivery models or strategies, it finds ways to integrate those models into existing systems or collaborative organizations.

This structure has already netted some initial successes. The Council's Early Childhood Committee brought together multiple early childhood service providers to apply for and win a federal Early Learning Opportunities Act grant, totalling \$1 million with local match. The grant is being used to implement the Connections for Children project, a community-wide initiative coordinated by the Heart of West Michigan United Way to develop a community plan for an early childhood system. The Family Food for Thought pilot project, conceived by the Council's Elementary School Years Committee and implemented with local contributions, successfully proved the effectiveness of a family-focused approach to food distribution and nutrition education. In response to the need for greater coordination among mentoring organizations, the Middle & High School Years Committee brought together mentoring organizations to develop a formal forum for coordination and seek out resources to support that forum. Likewise, using only the contributions of its members and a little seed money from the Council, the Ongoing Family Support committee developed and institutionalized a training program to help child welfare caseworkers identify substance abuse problems early and engage families in seeking treatment. Each of these efforts was successful due to the combined efforts of multiple voluntary partners, who refocused their efforts to improve existing systems, and contributed resources to accomplish a common goal. The next few pages outline the Council's priorities for the next few years, and the strategies and resources necessary for their successful implementation.

Areas of Focus

The Council's areas of focus are organized based on key stages in child development - early childhood, the elementary school years, and the adolescent and teenage years - and founded in the recognition that development takes place in the context of the family structure. The Council's areas of focus are based the specific developmental needs of each age group, as well as common needs that all children have: a stable and supportive family structure, quality educational opportunities from birth and beyond, and positive adult involvement in their lives.



While many of these areas cut across age lines and are addressed by multiple committees, each of the committees has identified a specific area to focus its action. Each committee works to identify needs and service coordination opportunities within its age group. The committees' service coordination efforts differ somewhat from one another in terms of scope, but all share the common emphasis on collaboration, services coordination, and improving systems' effectiveness in supporting families.



Early Childhood Committee (birth to age 5)

Focus: Healthy early childhood development & school readiness

Service Coordination Goal: Develop a coordinated, integrated system of early childhood services that are voluntary, accessible, culturally competent, and universal, with broad community and legislative support for these services for all families.



Elementary School Years (ages 5 to 10)

Focus: Quality education throughout childhood

Service Coordination Goal: Realign community health and human services to support student achievement, through the development of a collaborative, integrated, effective, and cost efficient education and human services delivery system.



Middle & High School Years (ages 10 to 18)

Focus: Positive adult involvement in the adolescent years

Service Coordination Goal: Increase opportunities for positive adult involvement in the lives of at-risk adolescents and teenagers through strengthening existing mentorship programs and expanding mentorship opportunities.



Ongoing Family Support (the family as a whole)

Focus: Healthy functioning families

Service Coordination Goal: Prevent and reduce child abuse and neglect, improve family functioning, and keep children safe in their own homes by enhancing current efforts to identify and treat family substance abuse issues early.

The Council's work is grounded in the community's long-tradition of promoting and supporting prevention-based services - those services aimed at supporting families and addressing risks *before* they escalate into serious problems. This tradition was strengthened in 2000, when the Kent County Board of Commissioners established the Kent County Prevention Initiative, an initiative allocating \$2 million annually to evaluate and expand services in three key areas: primary prevention family support, early intervention for families at risk of child abuse or neglect, and substance abuse services. The Council not only assists the County with the implementation of this initiative, but also works with County staff to ensure that the committees' actions and evaluation are in line with the initiative.



Early Childhood Committee

Focus: Healthy early childhood development & school readiness

Service Coordination Goal

Develop a coordinated, integrated system of services that are voluntary, accessible, culturally competent, and universal and foster broad community and legislative support for these services for all families. All families should be able to access quality services in four core areas: *Early Childhood Care & Education, Family Health Services, Family Support Services, and Parent Education & Skill Building.*

Why Act

The most active and important period of children's brain development occurs in the first five years of life. During this time, children acquire fine and gross motor skills, and learn how to think, how to interact socially, and how to handle their emotions. A supportive environment and positive interaction with parents, caregivers, and the world during these crucial years sets the stage for success in school and in life. Quality early childhood services for all children can help enhance child health and development, reduce family stress, improve parenting skills, prevent abuse and neglect, and prepare children for school. A growing body of research has shown that these types of services can have a profound effect on both the child and parents. In comparison to matched control groups, those children whose families have been involved in a quality early childhood program have demonstrated better health and reduced emergency room visits; less need for special education, increased attendance, better grades, and ultimately increased graduation rates; fewer incidences of child abuse and neglect; fewer incidences of delinquency and criminal behavior; and improved income and reduced use of public assistance.

Recognizing that investment in prevention services is an investment in the lives of Kent County families, the Kent County Board of Commissioners identified family support during the early childhood years as a priority area for service expansion. The Board noted that investing in the early years of a child's life will pay off in improved quality of life for Kent County residents and reduced child welfare, juvenile delinquency, and health care costs for years to come.

While Kent County is blessed with an abundance of early childhood services, and indeed is ahead of the curve in terms of moving toward a universal early childhood system, there is still much work to be done. There are significant gaps in terms of helping families access quality services, providing professional training opportunities for early childhood service providers, and raising awareness in the community about the importance of the early years and the value of quality early childhood services for *all* families. Perhaps the greatest challenges are the twin challenges of building capacity and building community support for early childhood services. There are approximately 45,000 children between birth and age five in Kent County, and over 9,000 children are born in the county every year. Yet the three largest early childhood family support and parent education providers can currently provide home visits to at most 4,400 families, and group or phone call support to another 1,330 (Kent County Prevention Initiative). Additionally, approximately 60 percent of children in this age group have all parents in the labor force. Yet while there are approximately 1,500 early childhood care and education sites in Kent County, only 23 of these sites are currently accredited. This means that there are only 1754 accredited slots for care and education, versus an estimated 14,875 children under age five in licenced early education and care settings (Connections for Children, Emerging Early Childhood System). There are also significant gaps in early care and education programs for infants, children with special needs, and for certain geographic areas. Judging the number of families that have access to medical services is a difficult task, but approximately seven percent of children under the age of 19 are uninsured. Of the 36 percent of children ages 1 through 2 have been tested for lead poisoning, 3.9 percent have elevated blood lead levels (Children's Defence Fund).

Strategies

- 1) Develop a community plan for early childhood services through the Connections for Children project
- 2) Develop an implementation strategy for the early childhood plan



ELEMENTARY SCHOOL YEARS

Focus: Quality education throughout childhood

Service Coordination Goal

Realign community health and human services to support student achievement, through the development of a collaborative, integrated, effective, and cost efficient education and human services delivery system.

Why Act

There is a strong correlation between a child's performance in school and future success in life. Children who do well in school are more likely to attend higher education, get better paying jobs, and provide greater stability for their own children when they themselves become parents. Likewise, children who experience success in schools are less likely to use drugs, tobacco, and alcohol, become involved in the juvenile or adult criminal justice systems, or rely on public assistance. These benefits pay off in terms of enhanced resources and reduced costs for the entire community - through ensuring a more competitive workforce, reducing public expenditures, and building the groundwork for a healthier and more productive community. Because the greatest indicator of a child's success in school is his parents' educational background, ensuring a positive education for the children of today helps ensure educational success for the children of tomorrow.

Children's ability to learn in school is influenced by many external factors, such as physical or mental health needs, family instability, parental unemployment, child abuse, teen pregnancy, and substance abuse. These factors can result in attendance and behavioral problems, and inhibit children's ability to concentrate on their school work. Because most children attend school, the K-12 education system is an almost universal touchpoint for early identification of health and family issues that require intervention, or families that simply need some additional support. By identifying barriers to learning early, schools and service agencies can help the child and his or her family access the treatment and support necessary to help the child arrive at school ready to learn.

The Grand Rapids Education Reform Initiative (ERI), in looking for ways to improve the Grand Rapids Public Schools, identified the concentration of poverty in the district and the accompanying social problems as significant issues affecting school attendance and performance. Based in part on a pilot project that provided onsite access to Family Independence Agency (FIA) services for students attending a GRPS elementary school, ERI recommended that the strategy be expanded to include integration of other health and human services with the K-12 education system. Services that could lend themselves to this type of realignment include community probation, health, and prevention (e.g., early childhood family support) programming, among others. ERI requested the help of Kent County to assist in facilitating the development of a joint strategic direction for aligning health and human services delivery with the school system. The County embraced the concept, and proposed that the Kent County Family and Children's Coordinating Council would be an effective body to facilitate discussion about service integration opportunities. While the strategy was initially identified to support the Grand Rapids Public Schools, the committee will look at ways to incorporate the concept to support all public, private, and parochial schools in the County.

Strategies

- 1) Use GIS technology to map current human services' client distribution to determine what current service patterns look like and how they relate to school districts.
 - Map current service client distribution using de-identified data from a pilot agency to determine method, metrics, tools, pitfalls, and estimated cost
 - Expand data-mapping to other agencies
- 2) Analyze service data and client distribution patterns
 - Determine implication of data about current service and growth patterns, how other data about client and population characteristics fits in, and how the data can be used to develop a plan to integrate human services with education.
 - Review both local and national models for human services/schools integration.
- 3) Explore opportunities for service integration, determine priorities, and identify the required resources (staff, facilities, technology, operating agreements, referral systems, etc.) and associated costs for implementing service integration strategies.
- 4) Develop a written report, recommendations, and implementation plan. Once the report is developed, the Council should reassess the committee's mission and membership in regards to implementation.



MIDDLE & HIGH SCHOOL YEARS

Focus: Positive adult involvement in the adolescent years

Service Coordination Goal

Increase opportunities for positive adult involvement in the lives of at-risk adolescents and teenagers through strengthening existing mentorship programs and expanding mentorship opportunities.

Why Act

Positive adult involvement throughout childhood is a key factor in a child's future success in life. For many children, parents fill this role, providing guidance, role models, and support throughout childhood. However, many other children lack this important time with parents. For example, an estimated 60 percent of children have all parents working outside the home. For others, parental issues like mental illness, substance use, or lack of knowledge about how to be a positive role model, mean that the children are often left without guidance. While the community connections such as churches, neighbors, police officers, teachers can help fill the gap for some children, the ever-increasing socioeconomic polarization of communities has resulted in the concentration of poverty - and high-needs children - into core areas, meaning that the need for adult involvement often exceeds the number of adults willing and able to take on that role. Group-based programs like afterschool, community, and faith-based activities can also provide opportunities for interaction with positive adult role models, however, children who are most likely to be engaged in risky behaviors are also the least likely to attend such programs. In surveying at-risk youth and community probation officers about why some youth don't take advantage of these positive opportunities, youth and probation officers alike responded that the number one reason was there was no one involved in their lives to make them go.

Formal mentorship programs that link adults with children in one-to-one, relationship-based models have demonstrated success in increasing positive behaviors and reducing the likelihood that children will engage in risky behaviors. One study found that youth involved in a mentoring program were 46 percent less likely to initiate drug use than a matched control group; the difference was even greater for minority youth, who were 70 percent less likely to initiate drug use. The study found that mentored youth were 27 percent less likely to initiate alcohol use and 31 percent less likely to hit someone. They skipped half as many school days as non-mentored youth, missed 37 percent fewer classes, and were 36 percent less likely to lie to a parent. Youth involved in the program also demonstrated modest improvements in grades, scholastic competence, and trust.

While there are several mentoring programs in the community, there are significant capacity issues. For example, one of the largest mentoring organizations in the community has a standing waiting list of about 500 youth, who often wait up to two years for a mentor. Due to program eligibility requirements, there are also gaps in availability for specific age groups. For example, there were no programs identified in the initial community scan which serve children over the age of 13 who are not involved in the juvenile delinquency or child welfare systems or a minority student of the Grand Rapids Public Schools. These capacity issues are due in part to the difficulty in recruiting mentors, but are most notably driven by a lack of long-term, consistent resources necessary to provide mentor recruitment, background checks, training, supervision, and support. In addition, in the recent Mini-Summit on Mentoring in Kent County, mentoring organizations identified the need for greater coordination to conserve resources and increase awareness of mentoring services.

Strategies

- 1) Support existing mentorship programs by working with existing programs serving all age groups to:
 - Identify/develop a body to coordinate regular opportunities for information sharing and coordination
 - Increase community awareness about the importance of mentorship
 - Develop opportunities for shared mentor recruitment and training
 - Support the retention of mentors through developing shared resources and activities for mentors and youth
- 2) Develop a system-wide strategy to identify gaps in mentorship programming and expand the availability of mentorship opportunities to all children who need additional adult involvement in their lives
 - Develop a method to quantify actual need/demand for mentors stratified by age group, geographic location, cultural groups, and other identified subdivisions (i.e., at-risk adolescents needing positive adult involvement in their lives)
 - Build awareness/community will to address the need for additional mentorship opportunities
 - Identify strategies and partners to increase availability and capacity of mentoring programs



ONGOING FAMILY SUPPORT

Focus: Healthy functioning families

Service Coordination Goal

Prevent and reduce child abuse and neglect, improve family functioning, and keep children safe in their own homes by enhancing current efforts to identify and treat family substance abuse issues early.

Why Act

The Kent Family Independence Agency reports that substance abuse is a primary factor in approximately 60% of cases of abuse/neglect that result in termination of parental rights. The long-term process of treating substance abuse, combined with the tightened timelines of the Binsfield legislation for addressing cases of chronic abuse or neglect, is a contributing factor for rising out-of-home placement rates in Kent County. Other local human services agencies and County departments report that substance abuse is a prevalent contributing and interrelated factor in a wide variety of problems, including health problems, child abuse and neglect, juvenile delinquency, mental illness, infant prematurely and mortality, violence, and criminal activity. Substance abuse, like child abuse/neglect, does not only affect the individual, but the entire family for generations to come.

Despite the interrelationship between substance abuse and a host of other social and health problems, a simple truth among busy social services professionals that the committee heard time and time again is that “we see what we are trained to see, and treat what we are trained to treat.” Often, when a family enters the system for other, more evident problems (such as suspected abuse/neglect), underlying substance abuse issues may remain unidentified. Likewise, for families receiving substance abuse treatment, related issues such as child abuse/neglect may remain hidden. Thus, the committee identified the need to raise awareness about substance abuse and promote cross training among the different sectors, much like the cross training that currently occurs on a limited basis between Community Mental Health and Substance Abuse Network of West Michigan affiliated substance abuse and mental health professionals. Beyond cross-training, the committee identified the need to remove barriers which prevent families from accessing substance abuse treatment services. The committee believes that it is the responsibility of the entire community to work together to keep children safe in their own homes, and to support families seeking to break the cycle of substance abuse and child abuse/neglect.

Strategies

- 1) Continue to identify and implement strategies to enhance efforts of Perspective 21! Early Impact and Child Protective Services Early Impact caseworkers in addressing substance abuse issues in their clients
 - Identify and address systems barriers as they are identified by direct service providers
 - Conduct reviews of Perspective 21! Early Impact cases to identify opportunities and methods for early intervention
 - Identify/develop Best Practices procedure for client screening/referrals
- 2) Sustain and expand cross-training efforts for substance abuse, mental health, and child abuse/neglect professionals
 - Sustain/expand substance abuse training series for Early Impact and other caseworkers interested in receiving training
 - Provide Cross-Training for Substance Abuse, Mental Health, Child Abuse/Neglect, and other Family Support professionals
 - Expand cross-training opportunities for substance abuse, mental health, corrections, and child abuse/neglect professionals in treating families with multiple issues and working together towards keeping children safe in their own homes
- 3) Raise awareness about the connection between substance abuse and child abuse and neglect and promote cross-sector partnerships to enhance current efforts to identify and treat substance abuse issues early
 - Create a “case statement” to educate the broader community about the connection between substance abuse and child abuse/neglect
 - Educate university social worker programs about the connection, and advocate that they include coursework on substance abuse identification and treatment as a mandatory requirement for graduation
 - Create guidelines/standards for substance abuse assessment for direct service providers

Focus Area	Coordination Measures	Short-Term Outcomes
<p>Healthy early childhood development & school readiness</p> <p>Service Coordination Goal: Develop a coordinated, integrated system of early childhood services that are voluntary, accessible, culturally competent, and universal, with broad community and legislative support for these services for all families.</p>	<p>If our service coordination efforts are working, the direct results will be...</p> <p>Number of providers using plan for strategic planning and program development</p> <p>Development of implementation plans for each core service area</p> <p>Identification of a centralized website with links to all early childhood providers</p> <p>Identification of a centralized point to monitor program capacity and progress on community indicators</p> <p>Increased number of accredited early care and education centers</p> <p>Increased number of children/families accessing core early childhood services</p>	<p>Which will have the following impact on families receiving services...</p> <p>Increase in of children developmentally on track</p> <p>Increased use of first trimester prenatal care</p> <p>Increased immunizations</p> <p>Increased percentage of children receiving comprehensive child health screenings</p> <p>Increased screening and services for attachment, trauma, and substance abuse</p> <p>Decreased stress levels</p> <p>Improved problem-solving skills</p> <p>Increased level of parent/child attachment</p> <p>Increased level of family self-sufficiency</p> <p>Increased knowledge of child development</p> <p>Improved parenting skills</p>
<p>Quality education throughout childhood</p> <p>Service Coordination Goal: Realign community health and human services to support student achievement, through the development of a collaborative, integrated, effective, and cost efficient education and human services delivery system.</p>	<p>Identification of data sources for GIS mapping</p> <p>Increased number of school-linked health and human services programs</p> <p>Increased student and family access to health and human services programs</p>	<p>Increased identification of mental health/substance abuse issues</p> <p>Increased identification of child abuse/neglect</p> <p>Increased school attendance</p> <p>Improved interaction with others</p> <p>Improved problem solving</p> <p>Improved grades</p> <p>Increased number/percentage of children reading, writing, and demonstrating math and science skills at or above grade level</p> <p>Increased number of parents participating in school functions</p>
<p>Positive adult involvement in the adolescent years</p> <p>Service Coordination Goal: Increase opportunities for positive adult involvement in the lives of at-risk adolescents and teenagers through strengthening existing mentorship programs and expanding mentorship opportunities.</p>	<p>Increased number of mentor organizations participating in collaborative</p> <p>Increased number of mentors/organizations attending shared training opportunities</p> <p>Positive evaluation of shared training opportunities by participants</p> <p>Increased number of mentors</p> <p>Increased numbers of children accessing mentorship programs</p> <p>Greater efficiency for mentor recruitment, training, and support activities</p>	<p>Improved self-image</p> <p>Improved interaction with others</p> <p>Improved attitude toward learning</p> <p>Reduction in drug and alcohol use</p> <p>Increased school attendance</p> <p>Improved problem solving</p> <p>Improved parental relationship</p> <p>Improved grades</p> <p>Increased number/percentage of children reading, writing, and demonstrating math and science skills at or above grade level</p>
<p>Healthy functioning families</p> <p>Service Coordination Goal: Prevent and reduce child abuse and neglect, improve family functioning, and keep children safe in their own homes by enhancing current efforts to identify and treat family substance abuse issues early.</p>	<p>Increased number/percent of caseworkers trained in substance abuse identification and engagement strategies</p> <p>Increased percent of participants reporting that training enhanced ability as therapist</p> <p>Increased percent of clients where substance abuse is identified as one of primary treatment goals</p> <p>Increased percent of clients who access treatment services</p> <p>Increased number of caseworkers using Best Practices model for every case</p>	<p>Increased identification of mental health/substance abuse issues</p> <p>Increased identification of child abuse/neglect</p> <p>Improved caregiver competencies</p> <p>Decreased family stress levels</p> <p>Improved problem-solving skills</p> <p>Decreased risk factors for child abuse/neglect</p> <p>Increased knowledge of child development</p>

COORDINATION & OUTCOME MEASURES

Community Indicators And lead to the following impact on the community as a whole...	Return on Investment Resulting in the following long-term benefits and cost reductions for the community...	Data Sources Examples of measurement tools and data sources**
Increased number/rate of children developmentally on track Increased children's literacy skills Increased identification of developmental delays* Adequate prenatal care Reduction in infant mortality and child mortality Reduced lead poison rate Increased immunization rate Reduced ER Visits Decreased rate of confirmed abuse/neglect* Reduced rate of out-of-home placements Increased mental health/substance abuse treatment penetration rate	Increased short and long-term academic achievement Decreased rate of confirmed victims of child abuse or neglect* Decreased rate of out-of-home placement Reduction in crime and juvenile delinquency Reduction in accidents and preventable hospitalizations	Validated developmental assessment tools (e.g., MLPP, Gates-McGinty, Denver, Ages & Stages Questionnaire) Service provider program records Kent Regional 4C reference information on child care licensure/accreditation and 4C Childcare Select Michigan Department of Community Health
Improved MEAP scores Improved graduation rate Reduced drop-out rate Decreased student and family mobility Decreased student suspensions Increased mental health/substance abuse penetration rate Decreased rate of confirmed victims of abuse/neglect* Improved relationships between parents and schools	Reduced use of emergency room Reduction in teen pregnancy rate Reduced need for special education* Increased high school graduation rate	Family Independence Agency Crime reports Medical clinic records Parent reporting tools (e.g., surveys, interviews, etc.) Clinical observation
Improved MEAP scores Improved graduation rate Reduced drop-out rate Decreased student suspensions Reduction in rate of drug, alcohol, and tobacco use Decreased teenage pregnancy rate Reduction in sexually transmitted diseases Reduction in suicide rate	Increased post secondary education and training Reduction in drug, tobacco, and alcohol use Increased income Reduced use of public assistance	Parent stress index Kids Count School data Goal Achievement Measure (GAM) Parenting skills inventory
Decreased rate of confirmed victims of abuse/neglect* Reduced rate of out-of-home placement Reduced rate of substance abuse Increased mental health/substance abuse penetration rate	<div style="border: 1px solid black; padding: 10px;"> <p><i>*Some indicators may be influenced by increased awareness and early identification, and care should be taken in interpreting the results. For example, increased screening of children for developmental delays could result in an initial increase in the number of children receiving special education, which can help mitigate the effects of those delays on the child. Likewise, increased awareness of child abuse and neglect may initially cause the rate of confirmed cases to rise, however, early identification helps protect the child and get the family into treatment. In the long term, research has shown that quality prevention programs reduce both.</i></p> <p><i>**This list is meant to provide examples of possible data sources, and is not comprehensive. Developing data sources and collection resources continues to be a community priority.</i></p> </div>	

Looking to the Future

This document outlines the priorities and broad action plans for each of the Council's Committees. Coordinating the efforts of multiple agencies and systems around common goals takes time, commitment, and dedicated resources. The Council has identified the following capacity and resource needs to effectively implement these strategies:

Continued Partnerships

The success of the Council's efforts is dependent upon the voluntary commitment of the individual agencies and departments to coordinate and improve their services. The Council and its committees will need to continue to build the vision of the value of service coordination, and continue to engage community agencies, governmental bodies, funding organizations, businesses, and concerned individuals. Recognizing that social and economic issues, and the human services system itself, are so complex, the Council can not attempt to address every problem, or be the sole center for service coordination. The Council and its committees must continue to build partnerships with other existing issue-specific collaborative organizations, such as Healthy Kent 2010, the Housing Continuum of Care, Expanded Learning Opportunities, Early On, the Emergency Needs Task Force, and others, to avoid duplication and coordinate efforts.

Planning & Evaluation Resources

Because the human services system is so complex, many of the Council's service coordination goals involve a significant planning component. The Council will need to develop resources necessary for effective, data-driven planning, including GIS mapping, primary and secondary data collection, quantitative analysis, and facilitation. A significant challenge continues to be the need for a mechanism for consistently gathering and analyzing both service-specific and community-wide data for needs and capacity assessment, program management, and evaluation of programs and services.

Advocacy

While the Council places significant emphasis on the power of collaboration at the local level, the complex mix of Federal, State, and Local funding streams, rules, and regulations can sometimes place barriers in the way of coordination and improving services to families. The Council recognizes the need to educate public officials and the community as a whole about local priorities, and to cultivate partnerships to remove barriers to coordination and leverage resources to increase capacity for priority services. The Council will need to develop priorities, criteria, and tools for education and advocacy.

Service coordination is an ongoing process that is never truly complete. This plan is meant to be a fluid document, to be modified as community and Council priorities evolve. In addition to the committees' continued work on the strategies identified in this plan, the Council as a whole will need to develop the capacity necessary to more effectively plan, coordinate, and evaluate services.

Our Vision

The Council's plan of action supports the Our Children, Our Future Standards for Children. The Standards were developed from an initiative of the Child and Family Resource Council, and were endorsed by the Kent County Family & Children's Coordinating Council in January 1995. The Standards outline the Council's vision of Kent County as a place where children, youth, and families can achieve their greatest potential.

Our Children, Our Future Standards for Children

We believe that all of our children in Kent County should...

At Birth:

STANDARD 1: Be wanted and cared for by a mature and nurturing adult(s) who is responsible and accountable for the child's well being.

STANDARD 2: Have received appropriate, comprehensive prenatal care, including community resources that are affordable, accessible, responsive, and sensitive to diverse cultural needs.

After Birth and Throughout Childhood and Youth:

STANDARD 4: Have love, nurturing, and encouragement from at least one caring, stable, and responsible adult.

STANDARD 4: Have food that is nutritionally sound and offered three times daily.

STANDARD 5: Have clothing and shoes that are clean, warm, and in good condition.

STANDARD 6: Have a home that is clean, safe, and affordable.

STANDARD 7: Receive quality support services in health, human services, and education that are affordable, accessible, and culturally appropriate and sensitive.

STANDARD 8: Have a safe, secure environment with adequate, quality supervision at home, and in school, day care, neighborhoods, parks and public places throughout the community.

STANDARD 9: Have equal opportunities for quality early childhood education that is affordable and accessible.

STANDARD 10: Have equal opportunities for significant and meaningful educational, employment, and enrichment experiences regardless of race or economic status.

STANDARD 11: Have frequent opportunities to learn life skills that reinforce the development of self-esteem, self-respect, and self-reliance.

STANDARD 12: Have opportunities to better understand and appreciate our pluralistic world through multicultural curriculums and personal experiences, and from adults who demonstrate their understanding of and sensitivity to diverse cultures.

STANDARD 13: Have parent(s) or guardian(s) who work in setting where families are a priority and where family policies support the well-being of employees' children.

STANDARD 14: Have opportunities to be supported emotionally, physically, and mentally by a community of faith.

STANDARD 15: Be exposed to a positive and hopeful future through radio, television, music, and other media that portray responsible, nonviolent, caring, productive and constructive behaviors and attitudes among peers and role models.

Council Members

Susan Broman, Steelcase Foundation

Alternate: Christine Nelson

Judge Nanaruth Carpenter, 17th Circuit Court Family Division

Alternate: Jim Koetsier

Paul Cartwright, Consumer Advocate

Candace Cowling, Child and Family Resource Council

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Lynne Ferrell, Frey Foundation

William A. Forsyth, Kent County Prosecutor

Alternate: Laura Clifton

Debra Holmes-Garrison, Heart of West Michigan United Way

Alternate: Barbara Terry

Paul Ippel, Community Mental Health and Substance Abuse Network of West Michigan

Alternate: Jackie Klinesteker

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Alternate: Dona Abbott, Bethany Christian Services

Patti Nussbaum, Life Guidance Services

Alternate: Sharon Longbridge, DA Blodgett Children's Services

Carol Paine-McGovern, Consumer Advocate

Cathy Raevsky, Kent County Health Department

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Diana Sieger, Grand Rapids Community Foundation

Alternate: Wendy Jackson

Mike Weiler, Kent Intermediate School District

Alternate: Erin McGovern

Lindsay Wilkinson, Consumer Advocate

Mary Alice Williams, Arbor Circle

Alternate: Jack Greenfield

Andrew Zylstra, Family Independence Agency

Alternate: Savator Selden-Johnson

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Savator Selden-Johnson, VICE-CHAIR

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Early Childhood Committee

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Candace Cowling, Child and Family Resource Council

Lynne Ferrell, Frey Foundation

Mary Hockwalt, Michigan Family Resources

Joanne Kelty, Grand Rapids Public Schools

Erin McGovern, Kent Intermediate School District

Mike Stearns, Northview Public Schools

Barbara Terry, Heart of West Michigan United Way

Susan Toman, Kent Family Independence Agency

Deb VanderMolen, Kent Regional 4C

Sandy Walls, Kent County Health Department

Mary Lynn Wesorick, Metropolitan Hospital

Mary Alice Williams, Arbor Circle

Andrew Zylstra, Kent Family Independence Agency

Elementary School Years Committee

Wendy Jackson, Grand Rapids Community Foundation, CHAIR

Membership to be appointed

Middle & High School Years Committee

James Madole, St. John's Home, CHAIR

Janelle Burden, Arbor Circle

Judge Carpenter, Circuit Court Family Division

Teri Clark, Wedgwood Christian Services

Laura Clifton, Kent County Prosecutor's Office

Rhondo Cooper, Invictus Youth Program

Erica Curry, Grand Rapids Public Schools

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Jan Lunquist, Planned Parenthood Centers of West Michigan

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