BOARD OF COMMISSIONERS

MILLAGE SUBCOMMITTEE

REPORT AND RECOMMENDATION TO THE BOARD OF COMMISSIONERS FOR AN EARLY CHILDHOOD MILLAGE

June 11, 2018

Millage Subcommittee Members:

Commissioner Stan Stek, Chair
Commissioner Emily Brieve
Commissioner Harold Mast
Commissioner Phil Skaggs

Early Childhood Millage Proposal
Executive Summary

Proposal

To place a countywide 0.50 millage request on the November 2018 ballot for Early Childhood programs and services for a duration of seven (7) years (2019-2026). If approved, this millage request is approximately $10 - $12 million per year for a total of as much as $80 million over the life of the millage. Median home value in Kent County is approximately $181,000 with a median taxable value of $100,000; the median cost to Kent County taxpayers would be approximately $100 per year.

Background

According to First Steps, who is the current proponent of this dedicated millage proposal, the majority of funding generated by the millage would be used to provide families in Kent County with programs and services to improve their young children's health, social and emotional development, and school readiness. A portion of the funding (about 4.5%) would support the infrastructure necessary to ensure the effectiveness, accountability, and coordination of the early childhood system. This includes evaluation, data alignment, quality improvement, and capacity building.

All programs and services identified for funding through this proposed millage have already been prioritized in the Kent County Community Plan for Early Childhood, which was developed by First Steps and local partners—including parents—in 2011. A 2017 analysis of gaps in services and funding completed by First Steps found a funding gap in prevention and early intervention services, which means more than half of children eligible for services addressing early childhood development offered by federal, state, school districts, the County and others are not currently receiving these services. In each of these service areas, additional funding from the millage is proposed to make progress in closing the gaps for the approximately 22,000 Kent County children that would be most directly served by this millage.

Compliance with Technical Requirements and Kent County Values

Based on information provided by County staff, the Subcommittee finds that the proposal is compliant with the technical and procedural requirements necessary for consideration by the Board of Commissioners. The Subcommittee further finds that the programs and initiatives sought to be funded by this dedicated millage are aligned with and would reasonably be expected to advance the health, education, and welfare of the community and improve the lives of the children and families receiving services, all of which are adopted values and goals of the County. Importantly, the Subcommittee also finds that the additional investment of taxpayer funds in the programs and initiatives sought to be funded through the proposed millage are very likely to result in significant short and long-term savings in the current cost of public services in areas such as health care, education, workforce participation, criminal justice, and law enforcement. National and local studies demonstrate that every dollar spent on

early childhood services, such as those proposed to be funded by the proposed millage, saves taxpayers between $3 and $13 annually on the cost of current services in the areas of public education, healthcare, law enforcement, and criminal justice.

Management of Millage Revenue

The Subcommittee recommends that, if approved by Kent County voters this November, the County must identify and implement a sophisticated and competent independent oversight and management process to ensure that taxpayer funds are properly applied, and that measures of effectiveness and projected savings are objectively verified. This should be accomplished through regular reporting on the effectiveness of the funded programs using specific metrics and rely on third party evaluations.

The Subcommittee believes that the revenues generated by the proposed millage should be administered and monitored by using the same model currently used for the Senior Millage. Additionally, the Subcommittee recommends that the administrator of millage revenue be required to braid funds, when possible, with other private and public revenue sources, under the direct discretion of the County, as is done with the Senior Millage. This method is consistent with the community's deep cultural value in the use of public-private partnerships as a means of addressing community needs.

Some have argued that the programs and initiatives proposed to be funded through the Early Childhood Millage are better provided through the Kent Intermediate School District (KISD) instead of by the County. However, the Subcommittee finds that the evidence suggests the long-term benefits of the proposed early childhood programming will not only decrease costs of public education but will also decrease costs related to maintaining our law enforcement and the criminal justice systems. The costs of these systems are borne in large part by local taxpayers. As such, the Subcommittee believes that it is reasonable to conclude that that over time, the proposed initiatives and programs would ease the taxpayer's burden both directly and indirectly and therefore implementation and oversight of dedicated millage revenue should take place at the County level.

Others have questioned that given the early childhood education gap evident throughout the State of Michigan and beyond, whether the implementation and oversight of these programs should be the exclusive responsibility of the state and federal governments. The Subcommittee certainly finds that the state and federal governments should continue to address these issues and explore more innovative and cost-effective programming to better prepare our youth to be healthy and productive contributing members of our communities. However, since it is expected that early childhood programming would also result in local taxpayer savings, and since it is increasingly so that innovation in the provision of public services can and does take place at the local levels, the Subcommittee finds that pursuing these proposals should not be the sole purview of the state or federal governments and that it would be appropriate and prudent for the County to exercise leadership in these efforts.

Proposal Modification

The proposed Early Childhood Millage asks for a 0.50 mil assessment over seven (7) years (2019-2026), which would result in approximately $80 million in revenue over the life of the millage. However, significant shifts in state and federal funding of public systems such as those proposed in this dedicated millage request are still in play and depending on developments at these levels of government, there could be eventual impacts on the depth of need for dedicated County revenue. Similarly, local priorities may shift over that period as the County anticipates changing needs in areas such as the Opioid crisis, behavioral health demands, environmental challenges, and transit, to just name a few. Finally, the Subcommittee believes that the community is entitled to have a more current and well-documented record of performance in Kent County against the promises of improved programming and reduced costs of public services before allocating the level of dollars requested in the initial proposal. For those reasons, the Subcommittee concludes that any proposal to the voters for a dedicated millage for early childhood services should be limited to a 0.25 mil level and be limited to six (6) years in duration (2018-2024). This will allow for an opportunity to assess whether there are changes in the level of funding from other levels of government and will provide a track record of experience to better measure the long-term effectiveness of these programs in the community and the extent to which these programs continue to produce savings to taxpayers.

Conclusion

The Millage Subcommittee recommends to the Board of Commissioners that a dedicated millage in the amount of 0.25 mils and for a duration of six (6) years appear on the general election ballot this November with the stipulation that the funds be administered with the same model as currently used for the Senior Millage and with independent oversight and measuring of performance regularly reported to the County. Additionally, the Subcommittee recommends to the Board of Commissioners that the County continue to provide the $730,000 for the Prevention Initiative General Funds for early childhood services, while recognizing that a future Board of Commissioners may not support this due to the principle of not making future commitments for future boards.

To: Kent County Millage Subcommittee
From: First Steps Kent
Date: 6/7/18

Subject: Response to subcommittee recommendation for a .25 mil reduction from .5 mils

We want to thank all four members of the Millage Subcommittee for your hard work, thoughtful deliberation, and careful consideration of the Early Childhood Millage Proposal and subsequent information. We appreciate your commitment to understanding the needs and opportunities for early childhood development in our community and the role the county plays ensuring all young children and their parents get the services they need and deserve. We appreciate your support for the Early Childhood Millage Proposal and for moving it forward to the standing committees and full Kent County Board of Commissioners.

The need for .5 mils over seven years was informed by research and deliberated on by a variety of community partners and leaders. It was determined this amount would annually generate enough funds to reach young children in all corners of our community and adequately fund high-impact services. We understand that a new millage request of any amount requires a lot of education and outreach to win the support of voters. We also recognize that a proposal of .5 mils, even if it were supported by the Millage Subcommittee, may not receive the support of a majority of Commissioners to put it on the ballot. It is with that understanding that we want to express our concerns and ask that we discuss a compromise.

Cutting the proposal in half to .25 mils will have a direct impact on our community's ability to fund the services and programs that research shows will have the greatest impact to improve outcomes for children and families. We share the subcommittee's commitment to innovate and find new ways of leveraging resources, delivering services, and forging new partnerships in early childhood. In order to do this there are numerous fixed costs associated with the proposal that cannot be reduced proportionately with the reduction in money collected. The administrative costs as well as those associated with data collection and evaluation will not change much with the reduction in mils. There are also significant costs associated with implementing and sustaining the navigation services and universal developmental screenings. Those services are critical in meeting the needs of children in the urban, rural, and suburban communities of Kent County and providing the infrastructure necessary to identify and engage families that would benefit from high-impact services such as home visiting and community-based (in neighborhood centers, churches, etc.) support.

A proposal of .25 mils will leave an estimated $1.5 to $2 million a year for those high-impact services, which research has demonstrated carry the largest short- and long-term returns in reducing referrals to Child Protective Services, reducing incarceration rates and reliance on public assistance, and improving educational outcomes and ultimately workforce readiness. Amending the proposal to collect between .35 and .39 mils would annually generate approximately $7 to 7.8 million. That would result in $3.5 to $4 million per year for those high-

impact services, which would go a long way toward addressing the needs of children and families and attaining meaningful gains for our community. It would also provide needed flexibility that as community needs change in the future there is opportunity to appropriately allocate resources.

We are comfortable with the recommended reduction in the duration of the millage from seven years to six but want to make clear the ramifications in terms of collecting data to measure outcomes and results. To stay on an even year election cycle, we will begin collecting funds immediately, while establishing the administration and infrastructure and beginning the scaling up of services. That will leave us with five years of data from service delivery as opposed to seven.

Our broad support for the Early Childhood Proposal is based on recognition that if we are going to solve longstanding problems, we need to do things differently. A proposal in the range of .35 to .39 mils will allow us to leverage public and private funds to do just that.

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OFFICE OF THE COUNTY ADMINISTRATOR
MEMORANDUM

TO: Millage Subcommittee

FROM: Wayman Britt, Administrator/Controller

SUBJECT: Millage Information

DATE: March 14, 2018

I. History/Background

Funding for many operations of Kent County is dependent upon property tax revenues. Property tax revenues are generated through the levy of a millage rate. For Kent County, five millages are currently levied: 1) General Operating; 2) Corrections/Detention; 3) Senior Services; 4) Veteran's Services and 5) Zoo/Museum.

As it is an even-numbered year, this will be the year to expect requests for consideration of new millages. The First Steps organization has recently inquired about the potential of a countywide early childhood millage. This request was also contemplated in 2016, and there appears to be a growing effort from community advocates to support placing it on the ballot in 2018. In March 2018, Board Chair Jim Saalfeld established a Millage Subcommittee with the following mission:

> *To conduct research on millage questions brought to the County of Kent and submit a report of findings to the appropriate Standing Committee for formal recommendation to the Board of Commissioners.*

The Subcommittee consists of Commissioners Stan Stek (Chair), Harold Mast, Emily Brieve and Phil Skaggs. County Administrator/Controller Wayman Britt, Corporate Counsel Linda Howell, Bureau of Equalization Director Matt Woolford and Management Analyst, Sandra Ghoston-Jones will assist the Subcommittee in its deliberations.

II. Millages/Millage Information

The County levies four millages, identified as follows:

General Operating[1]:	4.2803	NA

[1] Maximum levy for the County operating millage is 4.3014 (0.0211 mills currently not levied)

Senior Services	0.4978	Expires December 2021
Veterans Services	0.0497	Expires December 2021
Zoo/Museum	0.4381	Expires December 2025
Corrections/Detention	0.7859	Expires December 2029
Total County Millage	**6.0518**	

In addition, there are a number of multi-jurisdictional millages levied within Kent County that overlap governmental boundaries, some of which are countywide, some of which are not. These millages include:

KISD (Countywide)	4.7694	NA .9 Enhancement (Expires 12/31/2026) Total – 5.6694
GRCC (Countywide)	1.7788	NA
Kent District Library[2]	1.2774	Expires December 2023
ITP (The Rapid)[3]	1.4700	Expires May 2029 (Was renewed in November 2017 election)

All millage levies are subject to the "Headlee Amendment," passed by Michigan voters in November 1978, and Proposal A, passed by Michigan voters in 1994.

Based upon the latest County millage levies in 2017, Kent County's total millage rate was the 13th lowest allocated millage rate, and the 15th lowest overall millage rate in Michigan.

What a Mill Generates

Property tax revenues are derived from applying a millage rate to the State Taxable Value (STV) of a property. The State of Michigan's Constitution requires that property assessments be 50% of the market value of the property (the state equalized value or SEV). With the passage of Proposal A in 1994, the Constitution was amended, permitting the State Legislature to authorize taxes on a non-uniform basis. As a result, a new measure of property value was created: the State Taxable Value or STV, which limits the amount a property can be taxed at to the inflation rate or 5%, whichever is less. In effect, a property can have a different SEV and STV.

Kent County's total 2017 STV is $21.838 billion. The following chart denotes the revenue that one mill will generate, in one-tenth increments[4]:

0.10 mill	$ 2,183,835
0.20 mill	$ 4,367,669
0.30 mill	$ 6,551,504
0.40 mill	$ 8,735,339
0.50 mill	$10,919,173

[2] Includes all of Kent County with the exception of the City of Grand Rapids, Solon Township, Sparta Township, the Village of Sparta, and the City of Cedar Springs

[3] Includes the Cities of Grand Rapids, Wyoming, Kentwood, Walker, Grandville, and East Grand Rapids

[4] Revenues listed are gross property tax revenues and do not take into account any revenues "captured" by various tax capture districts (e.g., DDAs, TIFAs, Smartzones, Renaissance Zones, etc.).

0.60 mill	$13,106,008
0.70 mill	$15,286,843
0.80 mill	$17,470,677
0.90 mill	$19,654,512
1.00 mill	$21,838,347

What a Mill Means to the Taxpayer

A millage rate is levied on the taxable value of a property (the taxable value of a property is, by mandate of the Michigan Constitution, one half of the fair market value of a property). A mill can be defined as $1 in tax for each $1,000 in taxable value. The following are illustrative examples of what one mill means to a taxpayer.

Market Value	Taxable Value	Tax
$100,000	$ 50,000	$ 50.00
$150,000	$ 75,000	$ 75.00
$200,000	$100,000	$100.00
$250,000	$150,000	$150.00

Potential Millages

Any number of potential millages are discussed from time to time. The list of potential millage requests or funding requests that emerged during the course of the past several years have included the following:

Dispatch (millage or surcharge -- surcharge was approved November 8, 2016)
Public Museum and Zoo
Parks
Early Childhood
Purchase of Development Rights
Countywide Transportation

III. 2018 Elections

Countywide elections for 2018 are as follows:

Election Date	Type
August 7	Primary Election
November 6	General Election

Deadlines for placing questions for voter consideration on the ballot are May 10, 2018, and August 16, 2018 at 4:00 PM, respectively.

Kent County Board of Commissioners
Jim Saalfeld, Chair
County Administration Building
300 Monroe Avenue NW
Grand Rapids, Michigan 49506

Re: Request to place a millage increase on the ballot

Dear Chairman Saalfeld:

We request your consideration of a proposed millage to fund services and programs to improve the health, social and emotional development, and school readiness of Kent County's youngest children. Kent County is viewed as a state and national leader in its efforts to create a coordinated early childhood system. Research shows the benefits of quality early childhood services extend to the entire community with stronger families, lower special education costs, higher graduation rates, lower crime and reduced incarceration, and a better trained workforce.

Our community recognizes the importance of investing in early childhood, as evidenced by the Kent County Board of Commissioners' commitment to the Prevention Initiative that dates back 15 years. An evaluation of Prevention Initiative programs found the savings outweigh the cost, as children who participate are less likely to become part of the child welfare system or visit hospital emergency departments and score higher on third grade standardized tests than children who have not received those interventions. However, a significant funding gap limits the availability of services and, consequently, the positive benefits to the community.

First Steps and our partners have identified comprehensive, evidence-based services and supports that prepare young children for school and life success. A recent analysis of these programs found only a fraction of Kent County children—far fewer than half of eligible children in most instances—can be served at current funding levels. Money generated by an early childhood millage would be used only after other public and private funding sources have been exhausted. Dependable, local funding will also allow us to leverage more funding from outside our community through matching grants and eligibility for new programs.

We know more than ever before about the brain development of young children. The experiences and relationships children have in their earliest years provide the foundation for the skills they need to be successful later in life. Scientists know that a strong foundation increases the likelihood of positive outcomes, while a weak foundation does the opposite.

There are nearly 45,000 young children in Kent County who have not yet entered Kindergarten. Dedicated funding for early childhood would ensure far more of them—particularly children who are economically or otherwise disadvantaged—would have access to prevention and early intervention services. The benefits are significant, not only for children and their families, but also for the broader community.

Pursuant to Part 4 of the Kent County Millage Request Policy, we provide the following information:

4.a. Proposed Millage: The proposed millage increase is .5 mill.

4.b. Proposed Election Date: The proposed election date is November 6, 2018.

4.c. Proposed Ballot Language: For the purpose of providing community-based early childhood development and health services for expectant parents and children up to age five, shall the limitation on the total amount of taxes which may be levied against all taxable property in Kent County be increased by 0.50 mill ($0.50 on each $1,000 of taxable value) for the period 2019 through 2025? The amount raised by the levy in the first year is estimated at $10,000,000.

4.d. Proposed Duration: The proposed duration of the millage is seven years.

4.e. Anticipated Funds Generated: We estimate that the millage would generate approximately $10 million annually.

Anticipated revenues are intended to be used to:

- Support community-based partners that serve children from birth to age five, with an emphasis on infants and toddlers, by:
    - Supporting families to improve their children's health and social and emotional development as well as the bonds between parents and children.
    - Offering developmental screenings to all young children and help for those with delays, disabilities, or emotional problems.
    - Helping pregnant women and parents of young children navigate health care and other community services.
    - Providing quality early learning experiences to improve children's social, emotional, and intellectual skills as well as the knowledge and skills of parents and other adult caregivers.

- Coordinate, enhance, and extend the reach of existing early childhood services (i.e. data alignment, evaluation, quality improvement).

4.f. Proposed Fiduciary: First Steps is the proposed fiduciary of revenue generated by the millage. First Steps was developed through the Kent County Family and Children's Coordinating Council (KCFCCC) to be an independent and neutral entity that:

- Ensures early childhood programs and services in Kent County are aligned to the Community Plan for Early Childhood ("Community Plan"),
- Coordinates programs and services to maximize outcomes and efficiency,
- Increases the capacity of programs and services to meet the needs of vulnerable families and children, and
- Monitors the collective impact of early childhood programs and services and ensures accountability by reporting that information to the community.

(Please see the attached "First Steps Organizational Chart and History".)

First Steps would distribute funds to public and private entities that provide programs and services to young children and their families. All organizations that receive funds would have to demonstrate their programming is aligned to the community plan and is evidence-based or a promising practice. They would have to report results to First Steps and agree to share data.

First Steps has consulted early childhood leaders in communities around the country with a dedicated early childhood millage and has compiled an attached report that examines how they distribute funds. Additionally, the Area Agency on Aging of Western Michigan (AAAWM), which has administered funds from the Senior Millage since 1999, has mentored First Steps through the development of the millage proposal and has agreed to continue to do so in our fiduciary role. Public partners the Kent Intermediate School District (Kent ISD) and KCFCCC also would advise First Steps. Both the Kent ISD and KCFCCC have representatives on the Board of

Directors of First Steps, also known as the First Steps Commission. (Please see the attached "Dedicated Funding Research".)

First Steps would convene an Advisory Council of stakeholders which would include, among others, representatives of the KCFCCC, Kent ISD, Kent County Board of Commissioners, and parents. First Steps would provide, at minimum, annual updates to the full Kent County Board of Commissioners. To ensure accountability and transparency, spending and outcomes would be posted on a public website.

Public- and private-sector service providers would apply for funding and renewals through an RFP process. We currently are determining what that would entail and are using the process enacted by AAAWM as a model. The steps are likely to include:

1. Informational meetings for organizations interested in applying for funds.
2. Applicants submit a Letter of Intent (LOI) that is reviewed by First Steps staff to ensure all requirements are met.
3. LOIs are shared with the Advisory Council who discusses and makes final decisions of which agencies meet all requirements and will be invited to submit a full proposal.
4. Applicants submit full proposals.
5. Advisory Council reviews all proposals and meets (likely for a series of days) to discuss proposals.
6. Each Advisory Council member submits individual funding recommendations for each proposal.
7. First Steps staff compile recommendations.
8. The Advisory Council reviews recommendations and votes on final allocations.

4.g. Description of Purpose: The significant majority of funding generated by the millage would provide families in Kent County with programs and services to improve their young children's health, social and emotional development, and school readiness. A portion of the funding would support the infrastructure necessary to ensure the effectiveness, accountability, and coordination of the early childhood system. This includes evaluation, data alignment, quality improvement, and capacity building.

All programs and services identified for funding were prioritized in the Kent County Community Plan for Early Childhood, which was developed by First Steps and local partners—including parents—in 2011. A 2017 analysis of gaps in services and funding completed by First Steps found a significant funding gap in prevention and early intervention services, which means more than half of eligible children are not participating. In each of these service areas, additional funding from the millage would enable meaningful progress in closing the gap.

The millage would build on the investment in early childhood made by the Kent County Board of Commissioners, Kent County Health Department, state and federal governments, and other public and private entities by greatly increasing the number of children and families that can participate in early childhood programming. Funding from the millage would complement the county's investment in the Prevention Initiative and would increase the capacity of services that are part of that initiative and other existing community programs that follow evidence-based models or promising practices, while also allowing for innovation as new needs arise.

Services would be available to expectant parents and families with children who have not yet entered kindergarten, with a priority on those with children younger than age three. Both the First Steps gap analysis and a recent report commissioned by the W.K. Kellogg Foundation

analyzing the local availability of early care and education found the scarcity of services is most significant for infants and toddlers.

Some programs and services, such as developmental screenings, would be universally available to all families with young children. Screenings can identify delays, disabilities, or conditions such as autism, allowing families to seek treatment and remediation early, which often leads to better outcomes in school and beyond. Millage funding would support early intervention services for children with an identified need as well as prevention programs targeted to families that are economically or otherwise disadvantaged.

In all service areas, millage dollars would be used as the funding of last resort. All other funding sources would be utilized first, including federal, state, Medicaid, and private funding. The millage would not replace current Medicaid resources for early childhood and may, in fact, position the community to attract additional Medicaid matching funds.

4.h. Future Funding: The millage is only one source of dedicated funding that First Steps and its partners are pursuing. A growing coalition of business, education, and community leaders is advocating state government to increase its investment in early childhood services and programs. Current efforts are building on previous successes, most notably the 2013 expansion of preschool to economically disadvantaged four-year-olds.

First Steps and service providers also are pursuing “Pay for Success” social impact bonds, which tie funding to the achievement of measurable outcomes. Government and/or other entities agree to provide funding if, and when, the services delivered achieve a pre-agreed-upon result that leads to public-sector savings. Private funders provide the initial investment to pay for the services and are reimbursed when the outcomes are achieved. Currently a home visiting program focused on reducing infant mortality and improving maternal child health is receiving Pay for Success bonds. Additional opportunities are being pursued.

First Steps and its collaborators will continue fundraising efforts to attract public- and private-sector grants as well as individual donations. In addition to positioning Kent County to secure more Medicaid funding for early childhood, the millage would also increase the community’s ability to attract additional public and private funding sources. Although philanthropy is expected to continue to support early childhood services and programs in Kent County, that is not thought to be a source of long-term sustainability.

4.i. Supporting Information:
Attached please find:
Letters of support from interested stakeholders

- First Steps Commission
- Kent Intermediate School District
- Area Agency on Aging of Western Michigan
- Community supporters

First Steps Organizational Chart and History
Dedicated Funding Research
Community Plan for Early Childhood
Kent County Ready By 5 Summit and Planning Committee
Re:Focus, Analyzing Gap in Early Childhood Services and Funding in Kent County
A System for All Children: An Early Childhood Education Needs Assessment in Grand Rapids

Millage Subcommittee
Meeting Notes
March 20, 2018

MEMBERS PRESENT: Commissioners Stan Stek (Chair), Emily Brieve, Phil Skaggs and Harold Mast.

ALSO PRESENT: Administrator/Controller Wayman Britt, Corporate Counsel Linda Howell, Assistant County Administrator Mary Swanson, Equalization Director Matt Woolford, Management Analyst Sandra Ghoston-Jones, August Treu, Mark Tower; MLive

Chair Stek called the meeting to order at 9:30 a.m.

PUBLIC COMMENT: None.

Wayman Britt reviewed the charge of the subcommittee:

- Talk to both LHR/FPR and maybe Executive Committees as done with prior requests
- Requesting group come in and do presentation
- Look/evaluate info being presented
- Policy adopted for requests
- Committee dictates needed info/people

Chair Stek recommended options:

- Not proceed
- Proceed
- Conditions/stipulations

Chair Stek reviewed technical requirements of millage fiscal policy, need consensus on recommendations.

Chair Stek asked if any other requests were pending. Wayman Britt responded that there were none known and that it may be potentially too late for others.

Wayman Britt reviewed the proposal and mentioned the two books (reports that have been received to support the request), he also discussed the staff summary of the request which was provided to the committee members. Copies of the books will be provided to committee members.

Chair Stek stated committee members need to do reading on policy and proposal.

Wayman Britt suggested the committee compile 10 questions they want asked, including questions from others in the community, they may submit questions to Firs Steps Kent (FSK) in advance of presentation.

Discussion ensued about FSK's role in early childhood interventions/work and their creation by the KCFCCC.

Chair Stek asked whether the committee wants to set standards for review and approval/disapproval and whether they would apply individual measures or community standards (in keeping with the zoo/museum millage process where there were no endorsements by individual committee members).

The Committee was reminded that oftentimes, the presumption is that committee members strongly support if their recommendation is "yes," to move the request forward or lack thereof if the recommendation is "no". A suggestion was made that the committee could state in the recommendation, "this is an appropriate use of public funds," to avoid the appearance of an endorsement.

Mr. Mast stated that Commissioners cannot advocate for millages in their role as Commissioners but can do so as private citizens.

Chair Stek inquired about what Headlee impact there might be if any. Asking further, what are public needs? Dedicated millages stack and the BOC does not play a role of evaluating one against another as if in the General Fund.

Mr. Skaggs asked that current programs that address early childhood needs and their funding sources be included in the staff analysis of the request.

Chair Stek laid out issues and questions for follow-up and discussion at the next meeting, including:

1. Technical policy compliance
2. Other similar initiatives state-wide
3. Other programs addressing early childhood needs and the funding
4. What standards to apply to the discussion

Chair Stek requested that staff perform technical analysis on the proposal, including research and analysis of similar childhood millages or public funding initiatives in other communities, benchmarking their success, level(s) of funding and long-term results.

Mr. Mast asked for additional information from FSK, why they are asking for ½ mill, what are other sources of funding for these services/programs and in terms of likelihood of passage—how will they work to get out the vote?

Additionally, Mr. Mast asked the committee whether they have the right to change the amount of the request. The response from Chair Stek was, yes, the committee can change the amount of the request.

Mr. Mast does not think they can get a ½ mill request passed, feels that there is more assurance of passage with .3 vs. risk of ½ mill.

Mr. Skaggs—Need to know:

1. Future composition of the FSK governing board (BOC members on board)?
2. Metrics of success?
    a. Outcomes in other places?

Matt Woolford reminded the committee that the ballot language will also address DDA (TIFA) captures.

Mr. Skaggs asked about the numbers in the memo from Wayman Britt showing $10.9 million to be collected. Matt Wolford and Wayman Britt stated that there will be deductions for DDA tax captures, etc. Wayman Britt stated that some tax capture districts have voluntarily waived off capture of special millages.

Chair Stek noted that there are lots of comparisons in the request to the senior millage.

Wayman Britt stated that there are no other MI communities with an early childhood millage.

Chair Stek said the committee needs 3 more meetings, 1 on staff reports, 1 with presentation from FSK and 1 meeting to deliberate.

There was discussion about whether there should be a BOC work session or Special Order of Business to discuss the request.

The next meeting of the Millage Subcommittee will take place on April 24, 2017 immediately following the Legislative & Human Resources Committee meeting. Other meetings are May 8, 2018 after the Legislative & Human Resources Committee meeting, where First Steps Kent will be invited to present and May 24, 2018 after the Board of Commissioners meeting.

There being no further business, Chair Stek adjourned the meeting at 10:47 a.m.

Respectfully submitted,

Wayman Britt
County Administrator/Controller

Follow-up from 3-18-2018 Early Childhood Millage Subcommittee Meeting

1. Other Statewide or National initiatives?

   There are no other similar initiatives to fund services for early childhood related programming and services in the State of Michigan. There are, however, other initiatives in other states. Some examples are:

   - **Ventura County, CA pop. 823,318 www.first5ventura.org**
     - Funding was established in 1998. Current organizational budget is 12.3M.

       First 5 Ventura County is largely funded through Proposition 10, the California Children and Families Act, a tobacco tax dedicated to developing locally managed resources and systems that improved health and education for children 0-5, passed by the voters of California in 1998. In addition to Prop 10 tobacco tax revenue, First 5 Ventura County is funded through leveraged state and federal dollars, grants and charitable donations.

   - **San Miguel County, CO pop. 7,359 www.brightfuturesforchildren.org**
     - The county passed an early childhood ballot measure in November 2017. Current organizational budget is $612K.

       A property mill levy of .75% which will generate approximately $612,000 annually to provide funding to improve early childhood care and education in San Miguel county. The cost to taxpayers is approximately $27.00 per year on a $500,000 residential valuation.

   - **Palm Beach County, FL pop. 1,320,134 www.cscpbc.org**
     - Funding was established in 1986. Current organizational budget is $94.1M.

       The Children's Services Council (CSC) is a countywide special-purpose government, in essence a taxing district, created by ordinance—and approved by local voters—to fund programs and services that improved the lives of children and their families. In eight counties, voters have approved "independent" taxing authority for their CSC to ensure a dedicated funding source is available for children's programs and services.

2. Why does FSK believe this proposal is necessary?

   They have performed a recent gap analysis which found that thousands of Kent County's 44,500 children under age 5 are not receiving vital early childhood and healthcare services, forty-sox percent—20,500 are economically disadvantaged. According to FSK, studies show investing in quality early childhood programs save money and return better outcomes for health, education and employment long-term.

3. How will organizations be held accountable?

   All millage dollars will be reported and go through an independent financial audit every year to ensure taxpayer funds are spent wisely and programs will be evaluated to measure effectiveness to ensure transparency and accountability.

4. What will FSK's role be if the early childhood millage passes?

   They will model their administration (if they are chosen to be the administrator) after that of AAAWM, in an oversight and administrative role. An independent allocation council will be established to distribute funding to community-based organizations that provide early childhood services that are proven to work and address community need.

5. Why is FSK asking for ½ mil?

   They have researched the level of funding that will be most effective and have the most immediate impact and conclude that the approximate $70M over 7 years is appropriate.

6. What outcome(s) or success measure(s) is FSK working to impact?

   Their priorities are:

   1. Children are born healthy,
      Indicator: Decrease in the rate of low and very low birth weight live births

   2. Children are healthy, thriving, and developmentally on track prenatally to 3rd grade,
      Indicator: Decrease in the rate of substantiated child abuse and neglect cases for children ages 0-5
      Indicator: Increase in the percentage of children on track with the (Ages and Stages Questionnaire)

   3. Children are developmentally ready to succeed in school at the time of school entry, and
      Indicator: Increase in the percentage of children meeting Kindergarten Entry Observation (KEO) (State of Michigan implementing in fall 2018).

   4. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade.

      Indicator: Decrease in the number of retained third grade students

   Note: These are the early childhood outcomes established by Michigan's Office of Great Start. Kent County's indicators will be informed locally to show progress in these areas.

Millage Subcommittee
Meeting Notes
April 24, 2018

MEMBERS PRESENT: Commissioners Stan Stek (Chair), Emily Brieve, Phil Skaggs and Harold Mast.

ALSO PRESENT: Administrator/Controller Wayman Britt, Corporate Counsel Linda Howell, Assistant County Administrator Mary Swanson, Management Analyst Sandra Ghoston-Jones, August Treu

Chair Stek called the meeting to order at 9:45 a.m.

PUBLIC COMMENT: None.

Sandra Ghoston-Jones provided an overview of materials provided by First Steps including information about Early Childhood initiatives in Ventura County, CA (www.First5Ventura.org), San Miguel County, CO (www.brightfuturesforchildren.org) and Palm Beach County, FL (www.cscpbc.org).

After discussion, Chair Stek requested additional information about Ventura and Palm Beach County's programs, in terms of who the fiduciaries are of the funding, demonstrated effectiveness and the role of private foundations.

Wayman Britt also requested information about a new levy for early childhood programming and services in King County, WA and an early childhood program in Portland, OR (SUN) that is embedded in the regional school district.

Mr. Skaggs also asked about the fiduciary in other places as well as details on effectiveness, and how funds are allocated for use by service providers.

Mr. Mast asked why this age isn't getting services and about why the focus is shifting more to the 0-5 age group. He also inquired about who is the responsible party/organization/government agency that should be handling this now and why aren't they getting it done?

Chair Stek asked about the mechanism for funding and whether it would mirror the Senior Millage model.

Chair Stek, Mr. Mast and Mr. Skaggs inquired as to whether the request was duplicative and whether the there is a clear sense of who is doing what already in the community.

Chair Stek asked about what criteria will be used to make the decision to put the request on the ballot.

Mr. Skaggs offered his thoughts about whether it was the subcommittee/BOC vs. the voters on determining the value of the proposal.

Sandra Ghoston-Jones will provide the additional requested information for the next subcommittee meeting on May 8, 2018.

The next meeting of the Millage Subcommittee will take place on May 8, 2018 immediately following the Legislative & Human Resources Committee meeting, where First Steps Kent will be invited to present and May 24, 2018 after the Board of Commissioners meeting.

There being no further business, Chair Stek adjourned the meeting at 10:57 a.m.

Respectfully submitted,

Wayman Britt
County Administrator/Controller

Millage Subcommittee
Meeting Notes
May 8, 2018

MEMBERS PRESENT: Commissioners Stan Stek (Chair), Emily Brieve, Phil Skaggs and Harold Mast.

ALSO PRESENT: Administrator/Controller Wayman Britt, Corporate Counsel Linda Howell, Assistant County Administrator Mary Swanson, Equalization Director Matt Woolford, Management Analyst Sandra Ghoston-Jones, August Treu, First Steps Kent President/CEO Annemarie Valdez, Early Learning Neighborhood Collaborative President/CEO Dr. Nkechy Ezeh, First Steps Kent Board Co-Chair, Kate Pew-Wolters, First Steps Kent Board Co-Chair Lew Chamberlain III, Carol Verbeek, First Steps Kent Commissioner, KConnect Executive Director Pam Parriott, Kent County Undersheriff Michelle Young, Byrum and Fisk Team Leader, Steve Faber, First Steps Kent Consultant Amy Turner-Thole, Family Futures Executive Director Candace Cowling, Arbor Circle President/CEO Jack Greenfield, First Steps Kent Commissioner Juan Olivarez, Management Analyst Elliott Nelson, Commissioner Mandy Bolter

Chair Stek called the meeting to order at 9:45 a.m.

PUBLIC COMMENT: None.

In the interest of time, approval of notes of the March 20, 2018 meeting was tabled until the May 22, 2018 meeting.

Chair Stek welcomed the representatives from First Steps Kent (FSK) who made a presentation to support their request for an Early Childhood Millage to be placed on the November ballot.

Annemarie Valdez began the presentation with a video detailing the history of and current needs for Early Childhood programs and services. The video was followed by a PowerPoint presentation by Amy Turner-Thole and Steve Faber. Mr. Faber indicated that FSK has been working on the proposed request for a number of years and has researched other like programs which prove that if you spend money now, you get better, cheaper outcomes. Ms. Turner-Thole spoke to the issue of ensuring that all areas of the County have access to quality early childhood programming, especially rural areas. She also stated that the current parent education programs serve less than ½ of those in need of support.

Ms. Valdez asked that the number of supporters in the room be noted in the minutes.

Ms. Brieve asked FSK representatives, if Healthy Michigan covers healthcare needs already, is this a healthcare or parenting issue?

FSK: Services funded through this request will cover navigation issues. Will inform parents who to contact for help and is intended to support not supplant parents. Navigation of services not actually provided actual care, according to Healthnet of West Michigan, families are not accessing needed services, including wellness checks. In the case of behavioral health services, early identification of service needs leads to better outcomes.

Mr. Mast asked about the gap analysis and its focus on 3-4-year olds.

FSK: The gap is in services for children aged 0-kindergarten, the focus will be on home visits/screening for 0-3-year olds and preschool for children aged 3-4. Also, as part of the gap analysis, they reflected on the gap with 3-year olds related to preschool, however as this is a state goal, the millage would not be focused on that.

Mr. Skaggs complimented FSK for the thoroughness of their proposal and their recent Ready by 5 conference. He then asked about possible duplication of home visiting services and whether there was competition for clients.

FSK: While there are several entities in the County providing home visiting services, they are addressing disparate needs and have different areas of focus, the formula for selecting providers is based on needs, may have 2 services for one family if different needs, not duplicating services. The home provider network meets every other month to talk and exchange issues, much of which is focused on the lack of funding and the inability to meet the needs.

Chair Stek questioned gaps identified at more than $10M, if gap is greater than $10M, how did they decide on requesting $10M and how will $10M answer the gap?

FSK: They will work with national and statewide organizations to ID other sources for particular services (i.e. 4-year old preschool is funded by the State)

Chair Stek, the concept has a high degree of flexibility to the allocation community. Will the proposal language have limits on where to apply?

FSK: The language will be broad without a specific breakdown of how the funding will be used, they anticipate that Kent County will work with an RFP process to allocate.

Mr. Mast spoke of his involvement in the initial senior millage. No discussion on the need or gaps was acknowledged. He asked whether FSK would consider a smaller amount as the senior millage did?

FSK: We conducted focus groups and conducted polls of likely voters that say voters will support ½ mill. Poll numbers indicate a likely passage rate of 60%, with bipartisan support in urban and rural areas.

Mr. Mast asked if they would be willing to take something less than $10M or .5 mill and indicated he would like to see the poll information as he thinks it would be important for them to receive something rather than nothing and referenced the veterans services millage of .05 mil.

FSK: The zoo/museum and Kent ISD millage proposals of .44 and .5 mill figure respectively, passed easily and with the right education, this millage too has a greater than not chance of passage as well.

Mr. Mast stated that the millage subcommittee is charged with vetting their proposal and needs confidence that it is needed and that it will pass. An example is the Kelloggsville Public Schools millage that was tough to get through, and it was to improve the facilities and infrastructure of a district in a low to moderate income area of Mr. Mast's district.

Mr. Skaggs asked FSK to describe their campaign plan.

FSK: There is not a campaign right now as the focus is to get the request on the ballot. They will convene a ballot committee that will run the campaign with a major push closer to election day. They have a full plan and fundraising plan. Historically, costs (education and ballot) runs in the area of $250,000-$500,000 and they are confident they can raise that amount.

Chair Stek stated that the millage subcommittee is the gatekeeper and is looking at the capacity to get this done. Key policy makers are at the State/Federal level, why not push at State/Federal level for funding to close gaps with existing programs?

FSK: Funding has been cut for existing programs and historically, these programs are not only State and/or Federally funded. Kent County Prevention initiative is an example of local efforts investing in early childhood programming. Also, a lot of private funding/private foundations contribute, but this assistance is not sustainable long term. Nothing gets simpler by going to the State. In the recent past, we have gone to the State, a good example is our success with getting the State to fund 4-year old preschool, now we're working on funding for 3-year-old preschool. Pushing and advocating at the State level will not stop with this funding.

Chair Stek asked, if going local, just because they can sell local as opposed to the State House which would be a harder sell?

FSK: That is why we selected the programs for funding that we selected.

Ms. Brieve asked what funding what cut at the State/Federal level? Where exactly is the need? By school district? Is it County-wide or mainly the City of Grand Rapids?

FSK: There are great programs throughout the County, but not enough. We do monitor State and Federal budget cuts and will provide information on budget cuts before your next meeting.

Mr. Mast inquired how much does FSK work with KCHD and other entities in the community to reach addicted parents?
FSK: The Home Provider Network includes KCHD representation. We coordinate with KCHD and the State on Healthy birth outcomes.

Mr. Skaggs asked whether the millage will replace foundations and/or private funding? What is the perception of the philanthropic community?

FSK: Private funding will be paired with millage funding. There is potential for us to leverage the dollars to bring in national level donations.

Chair Stek discussed the $70 million collected over 7 years and questioned what specific metrics/promises are being made.
FSK: On page 1 of the handout is information on the measurements and how data will be collected.

Chair Stek stated the subcommittee (and voters) looking for specific numbers not just metrics/percentages.

FSK: Pointed the subcommittee to the large chart. They believe they can get to 20,000 kids.

Chair Stek replied that the millage will not close the entire gap but serve 20,000 kids.

Mr. Skaggs asked will the BOC get hard numbers after spending the money.

FSK: Yes, the planned indicators will generate the desired specific numbers. As with the senior millage, agencies must be aligned with established goals.

Mr. Mast asked about whether there was funding available from KISD.

FSK: You cannot reach this age range of kids with KISD funding, however KISD does support this proposal which will help decrease grade repetition, increase 3rd grade reading readiness and reduce the number of children being referred for developmental kindergarten.

Mr. Skaggs inquired about the vision for the allocation committee.

FSK: The allocation committee for the senior millage has 9 members, 3 County Commissioners, 1 County staff person and representatives from the community. FSK envisions a bidder's conference for interested agencies and a clear separation of allocation and fiduciary responsibilities.

Mr. Skaggs offered his thoughts about the Ready by 5 conference and the information shared at a breakout session about brain development of children.

FSK: Approximately 80-90% of brain development happens by age 3, constant stress equates to a lack of brain development, so right conditions are very important. Early childhood programming provides the best return on investment.

Mr. Skaggs stated that the local has ability to do this where the State/Feds have not/cannot.

Chair Stek requested that FSK supply requested information to Sandra Ghoston-Jones for dissemination to the subcommittee.

FSK: Getting requests for information from other Commissioners, how should those requests be handled?

Chair Stek advised that they communicate with them with the information and at the level they deem appropriate.

The next meeting of the Millage Subcommittee will take place on May 22, 2018 immediately following the Legislative & Human Resources Committee meeting and May 24, 2018 after the Board of Commissioners meeting.

There being no further business, Chair Stek adjourned the meeting at 11:00 a.m.

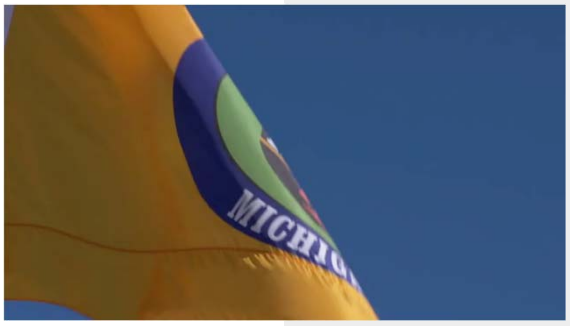
Respectfully submitted,

Wayman Britt
County Administrator/Controller

Start Ahead, Stay Ahead

Early Childhood Millage Proposal
Kent County Millage Subcommittee
May 8, 2018

first steps
growing every child's potential



Kent County Commitment to Early Childhood

- 2000 – Kent County Prevention Initiative
- 2003 – Kent County Family & Children's Coordinating Council formed Early Childhood Committee
- Early Childhood Committee developed the governance structure that became First Steps Kent

First Steps Commission

- Doug DeVos, Chair Emeritus
- Kate Pew Wolters, Co-Chair
- Lew Chamberlin, Co-Chair
- Bob Herr, Secretary-Treasurer
- Ron Caniff
- Alex Contreras
- Kristina Donaldson
- Lynne Ferrell
- Maureen Hale
- Steve Heacock
- Sue Jandernoa
- Dr. Melinda Johnson
- Karen O'Donovan
- Dr. Juan Olivarez
- Julie Ridenour
- Milt Rohwer
- Joan Secchia
- Michelle Van Dyke
- Carl Ver Beek
- Sean Welsh
- Amanda Winn

About First Steps Kent

First Steps is an independent nonprofit that leads the community's efforts to strengthen and coordinate early childhood services in Kent County

first steps
growing every child's potential

Kent County is Leading the Way

- Local leadership in statewide early childhood initiatives
- One of 10 communities in national early childhood learning network
- One of 6 "early childhood prototype communities" in nationwide Pritzker Children's Initiative

first steps
growing every child's potential

Early Childhood is a Community Priority

- Community Plan developed in 2012 lays out *what needs to be in place in Kent County for every child to enter Kindergarten healthy and ready to succeed*
- Partnership of parents, public and private sector service providers, health care providers, educators, county government, business leaders, faith leaders, and philanthropic leaders

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The Time is Now

- 2016-2018:
  - Educating Kent County community about importance of early childhood
  - Listening to community members across Kent County
  - Completed Gap Analysis to understand current levels of service and funding and remaining needs

Meeting the Need

- Thousands of Kent County's 44,500 kids under age 5 are not receiving vital, evidence-based early childhood services
- Studies show investing in quality early childhood programs save money and returns better outcomes for health, education, and employment
- Federal, state, and private funds are not sufficient to fill the gap; our community lacks local, dedicated funds to support early childhood development and health

Proposed Ballot Proposal

Tuesday, Nov. 6, 2018

0.5 Mills

7 years (2019-2025)

~$10 million per year

Proposal Basics:

For the owner of a home with an average value of $150,000 about $37.50 per year, or $3.13 per month

Benefits for Children and Families

- Navigation of health and child development services
- Developmental screenings for all young children
- In-home and community-based support and education for families
- Community-based early learning experiences
- Increased accountability and effectiveness – evaluation, data collection, and quality improvement

Proposed Allocation of Funds

- $4-6 million – In-home and community-based support to improve social and emotional development and health
- $1-2 million – Navigation of services
- $1-2 million – Developmental screenings
- $1-2 million – Community-based early learning
- $500,000-1 million – Ensure accountability and effectiveness
- $500,000 – Administration of millage funds

Proposed Structure

- Modeled after the successful Senior Millage
- Allocation committee will distribute funds to community-based organizations that are proven to work
- All millage dollars will be reported and will go through an independent financial audit every year to ensure taxpayer funds are spent wisely
- Evaluation of measurable impact and public reporting

Why Is This Important?

- Research shows children who start ahead stay ahead
- The majority of child's brain develops by his or her third birthday
- Early learning experiences build a strong social, emotional, and intellectual foundation
- A speech or hearing impairment, a learning disability, autism, or disease can happen to anyone; early identification and support need to be available to everyone

We Can Move the Needle

- Children are born healthy, developmentally on track, and ready to succeed in school and life
- Early childhood services in Kent County are working – this will greatly increase the number of children and families who benefit from them
- This will help us further align services, eliminate duplication, and establish consistent data collection and reporting across Kent County

Q&A

Questions?

first steps
growing every child's potential

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Suite 160
Grand Rapids, MI 49504
t 616 632.1003
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www.firststepskent.org

May 17, 2018

Kent County Millage Subcommittee
Commissioner Stan Stek, Chair
County Administration Building
300 Monroe Avenue NW
Grand Rapids, Michigan 49506

Re: Material to address questions of the Millage Subcommittee

Dear Commissioners Stek, Brieve, Mast, and Skaggs:

Thank you for the opportunity to present the early childhood millage proposal and answer your questions at the Millage Subcommittee meeting on May 8th. We want to provide some additional information based on the questions you asked. You will find the following enclosed:

- Memo on First Steps voter research
- Distribution of economically disadvantaged students in Kent Intermediate School District (data sheet and map)
- Distribution of children with at least one identified concern on a development screen
- InBrief: The Science of Early Childhood Brain Development

We look forward to talking with you again on May 22nd.

Sincerely,

Annemarie Valdez
President/CEO First Steps

To: Kent County Millage Subcommittee
From: First Steps Kent
Date: 5/16/18

Subject: Early Childhood Millage Research

On May 8, 2018, the Kent County millage subcommittee requested additional information about research commissioned by First Steps Kent in preparation for submitting an Early Childhood proposal. Below is a summary of research conducted by EPIC-MRA and Byrum & Fisk Communications commissioned by First Steps Kent.

Focus Groups

In December 2017, three focus groups were completed with 36 likely voters from rural and suburban communities across Kent County. Participants were prescreened so focus groups only included individuals who were either likely to vote "no" on a millage request or were "undecided." Participants represented a diversity of age, gender, parental status, socio-economic background and political affiliation. Participants provided feedback on ballot language for an early childhood millage proposal. Results from the focus groups informed a phone poll conducted by EPIC-MRA in January 2018.

Polling

EPIC-MRA's phone poll consisted of 400 likely voters: 36% of respondents identified themselves as Democrats, 12% as Independent and 41% as Republican. Participants were given the identical ballot language (duration, amount, purpose, etc.) that was presented in the millage subcommittee proposal and asked how they would vote were this to appear on the November 6, 2018 ballot.

Key Findings:

- An initial vote showed 71% total support for the proposal
- After hearing a balance of arguments for and against the proposal a final vote showed 69% total support for the proposal
- Support for the proposal was across party lines and key demographics

The findings from our research shows Kent County voters are likely to support an Early Childhood millage if presented on the November 2018 ballot. If you have any additional questions regarding research, contact Steve Faber of Byrum & Fisk Communications at 726-7704 or sfaber@byrumfisk.com.

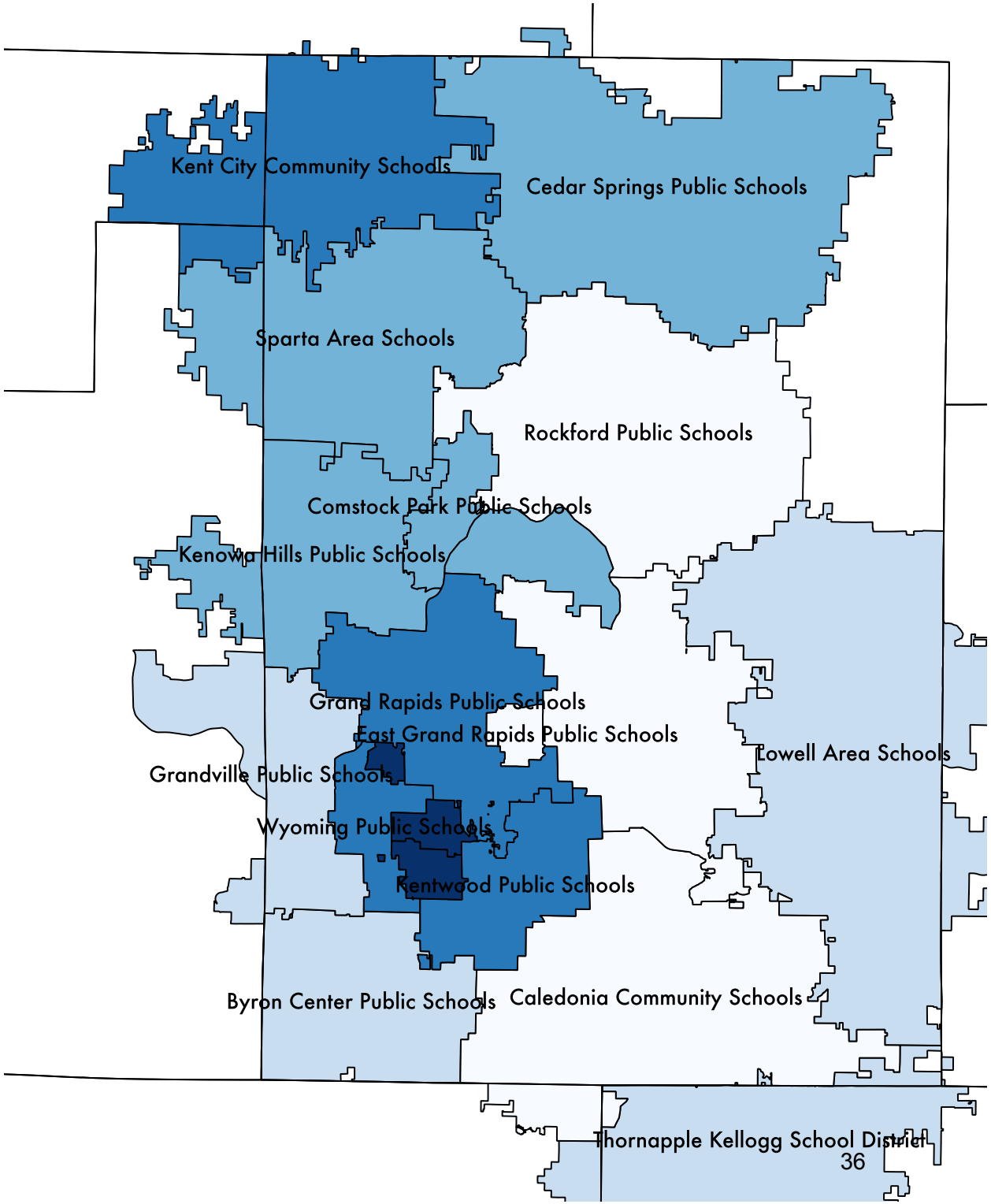
The share of students enrolled in the Free & Reduced Lunch program is often used to establish the level of economic disadvantage among students in any school district. The maximum income eligibility is 130% of the Federal Poverty Level (FPL) for Free Lunch and 185% of FPL for Reduced Lunch. Throughout the Kent Intermediate School District, 43% of all students are eligible for Free & Reduced Lunch. Of that group, 88% qualify for Free Lunch.

While eligibility for Free & Reduced Lunch is only for students enrolled in the K-12 school system, it very closely mirrors the level of economic need among children age 5 and younger in communities throughout Kent County.

The following data is provided by the Kent Intermediate School District for the 2017-2018 school year.

District Name	**Percent Free & Reduced Lunch**
Byron Center Charter School	40.5%
Byron Center Public Schools	25.0%
Caledonia Community Schools	19.3%
Cedar Springs Public Schools	43.3%
Chandler Woods Charter Academy	23.4%
Comstock Park Public Schools	54.1%
Covenant House Academy Grand Rapids	94.8%
Creative Technologies Academy	40.3%
Cross Creek Charter Academy	32.4%
East Grand Rapids Public Schools	6.7%
Excel Charter Academy	50.5%
Forest Hills Public Schools	11.0%
Godfrey-Lee Public Schools	94.2%
Godwin Heights Public Schools	86.9%
Grand Rapids Child Discovery Center	45.8%
Grand Rapids Public Schools	77.6%
Grand River Preparatory High School	51.6%
Grandville Public Schools	32.8%
Hope Academy of West Michigan	99.2%
Kelloggsville Public Schools	83.6%
Kenowa Hills Public Schools	50.9%
Kent City Community Schools	62.4%
Kentwood Public Schools	69.3%
Knapp Charter Academy	66.5%
Lighthouse Academy	96.9%
Lowell Area Schools	30.7%
Michigan Virtual Charter Academy	75.9%
New Branches Charter Academy	75.7%
NexTech High School	48.0%
Northview Public Schools	43.5%
Ridge Park Charter Academy	81.9%

River City Scholars Charter Academy	93.7%
Rockford Public Schools	14.5%
Sparta Area Schools	46.5%
Thornapple Kellogg School District	31.6%
Vanguard Charter Academy	53.0%
Vista Charter Academy	90.7%
Walker Charter Academy	42.2%
Wellspring Preparatory High School	52.3%
West MI Academy of Environmental Science	62.2%
West Michigan Aviation Academy	26.5%
William C. Abney Academy	100.0%
Wyoming Public Schools	76.2%



Percent Eligible Free & Reduced Price Lunches
2017-2018 School Year
Kent ISD

Legend

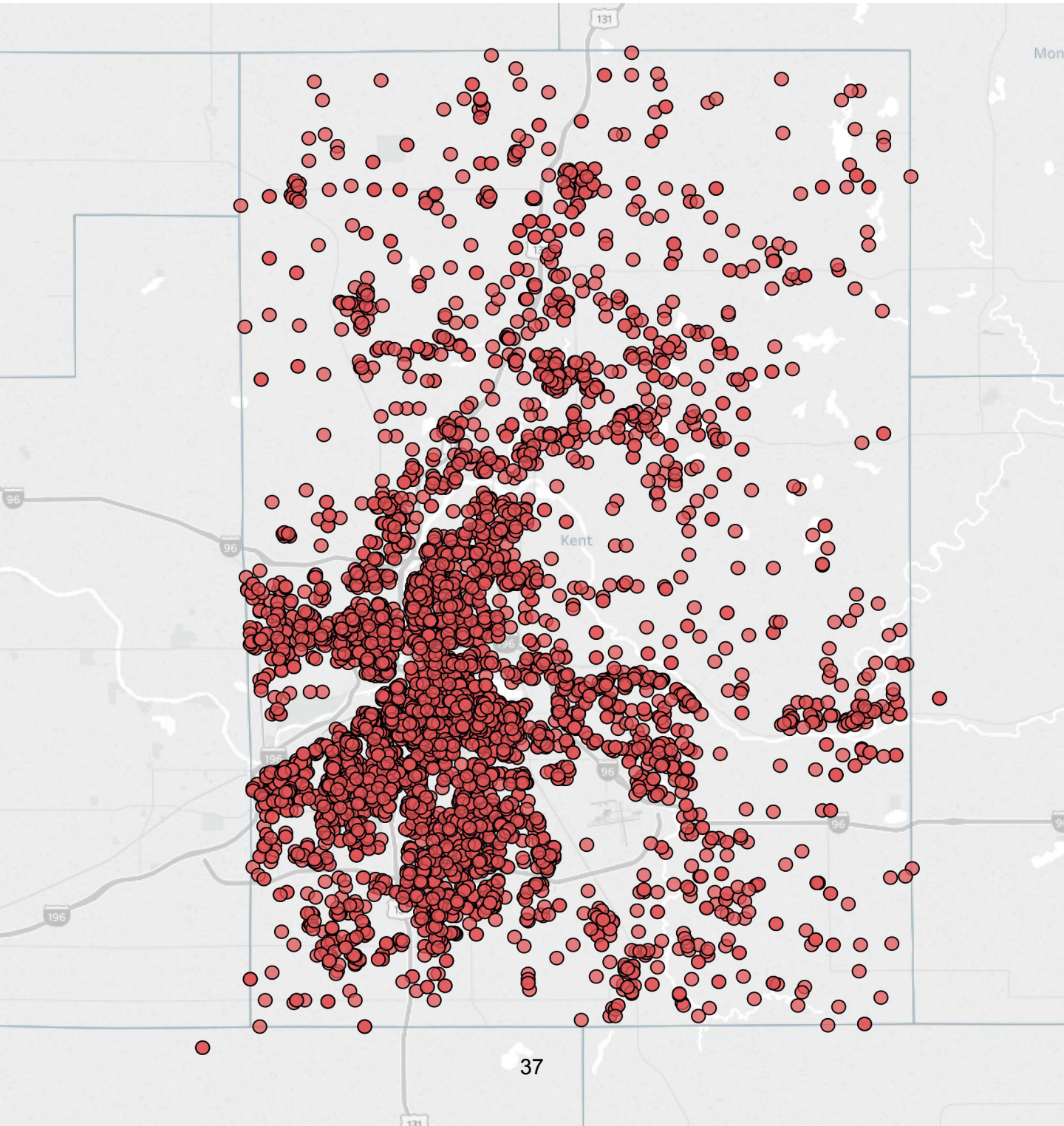
Percent Free & Reduced

- 7% - 19 %
- 19% - 33 %
- 33% - 54 %
- 54% - 78 %
- 78% - 94 %

Charter School Average Percent Eligible Free & Reduced Price Lunches = 62.8%

More than 17,000 children have had developmental screening through the Connections program since 2004. Of that population, approximately two-thirds have been developmentally on track. One-third of that population – ● **5,873 children** – had a concern such as a delay in verbal, auditory, motor, or emotional skills that warranted intervention. Research shows failure to identify these delays early results in lower outcomes and greater costs in school and life.

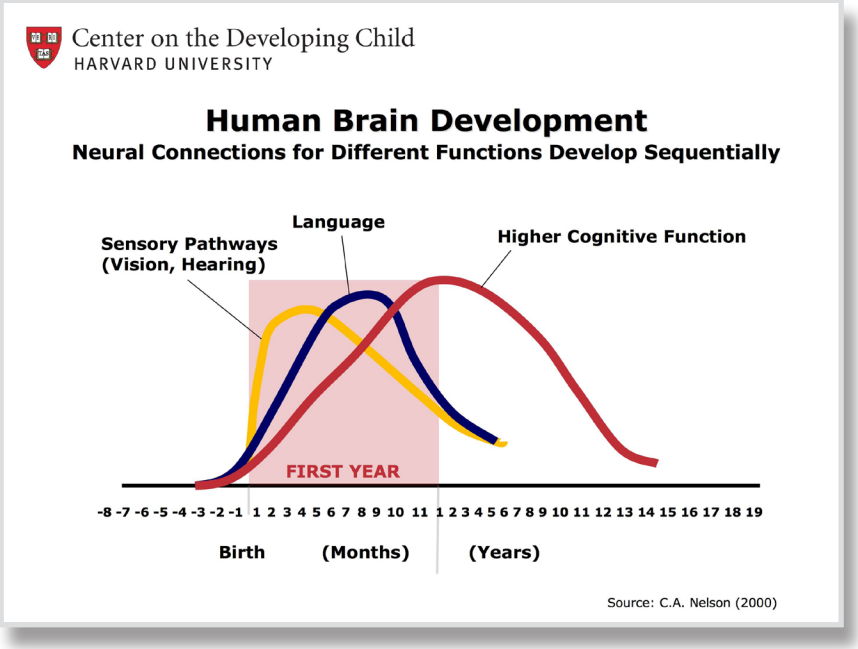
The map below shows the distribution of the 5,873 children across Kent County.



A series of brief summaries of the scientific presentations at the National Symposium on Early Childhood Science and Policy.

The science of early brain development can inform investments in early childhood. These basic concepts, established over decades of neuroscience and behavioral research, help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society.

1 Brains are built over time, from the bottom up. The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Early experiences affect the quality of that architecture by establishing either a sturdy or a fragile foundation for all of the learning, health and behavior that follow. In the first few years of life, more than 1 million new neural connections are formed every second. After this period of rapid proliferation, connections are reduced through a process called pruning, so that brain circuits become more efficient. Sensory pathways like those for basic vision and hearing are the first to develop, followed by early language skills and higher cognitive functions. Connections proliferate and prune in a prescribed order, with later, more complex brain circuits built upon earlier, simpler circuits.



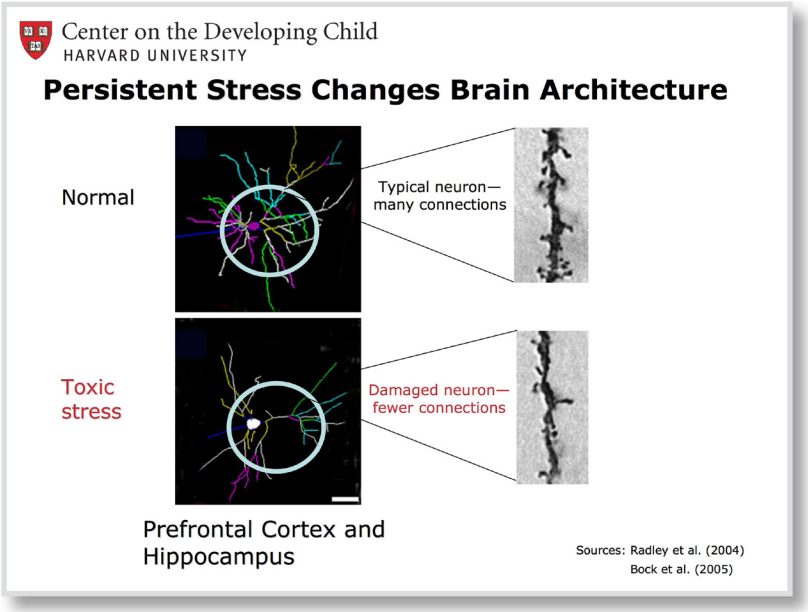
In the proliferation and pruning process, simpler neural connections form first, followed by more complex circuits. The timing is genetic, but early experiences determine whether the circuits are strong or weak.

2 The interactive influences of genes and experience shape the developing brain. Scientists now know a major ingredient in this developmental process is the "serve and return" relationship between children and their parents

POLICY IMPLICATIONS

- The basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favorable outcomes than remediation later in life.
- A balanced approach to emotional, social, cognitive, and language development will best prepare all children for success in school and later in the workplace and community.
- Supportive relationships and positive learning experiences begin at home but can also be provided through a range of services with proven effectiveness factors. Babies' brains require stable, caring, interactive relationships with adults — any way or any place they can be provided will benefit healthy brain development.
- Science clearly demonstrates that, in situations where toxic stress is likely, intervening as early as possible is critical to achieving the best outcomes. For children experiencing toxic stress, specialized early interventions are needed to target the cause of the stress and protect the child from its consequences.

and other caregivers in the family or community. Young children naturally reach out for interaction through babbling, facial expressions, and gestures, and adults respond with the same kind of vocalizing and gesturing back at them. In the absence of such responses—or if the responses are unreliable or inappropriate—the brain's architecture does not form as expected, which can lead to disparities in learning and behavior.



Brains subjected to toxic stress have underdeveloped neural connections in areas of the brain most important for successful learning and behavior in school and the workplace.

3 The brain's capacity for change decreases with age. The brain is most flexible, or "plastic," early in life to accommodate a wide range of environments and interactions, but as the maturing brain becomes more specialized to assume more complex functions, it is less capable of reorganizing and adapting to new or unexpected challenges. For example, by the first year, the parts of the brain that differentiate sound are becoming specialized to the language the baby has been exposed to; at the same time, the brain is already starting to lose the ability to recognize different sounds found in other languages. Although the "windows" for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early plasticity means it's easier and more effective to influence a baby's developing brain architecture than to rewire parts of its circuitry in the adult years.

4 Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. The brain is a highly interrelated organ, and its multiple functions operate in a richly coordinated fashion. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar that comprise the foundation of human development. The emotional and physical health, social skills, and cognitive-linguistic capacities that emerge in the early years are all important prerequisites for success in school and later in the workplace and community.

5 Toxic stress damages developing brain architecture, which can lead to life-long problems in learning, behavior, and physical and mental health. Scientists now know that chronic, unrelenting stress in early childhood, caused by extreme poverty, repeated abuse, or severe maternal depression, for example, can be toxic to the developing brain. While positive stress (moderate, short-lived physiological responses to uncomfortable experiences) is an important and necessary aspect of healthy development, toxic stress is the strong, unrelieved activation of the body's stress management system. In the absence of the buffering protection of adult support, toxic stress becomes built into the body by processes that shape the architecture of the developing brain.

For more information, see "The Science of Early Childhood Development" and the Working Paper series from the National Scientific Council on the Developing Child.
www.developingchild.harvard.edu/library/

Millage Subcommittee
Meeting Notes
May 22, 2018

Members Present: Commissioners Stan Stek (Chair), Emily Brieve, Phil Skaggs and Harold Mast.

Also Present: Administrator/Controller Wayman Britt, Assistant Administrator Matthew VanZetten, Corporate Counsel Linda Howell, Equalization Director Matt Woolford, Management Analyst Elliott Nelson, First Steps Kent President/CEO Annemarie Valdez, Early Learning Neighborhood Collaborative President/CEO Dr. Nkechy Ezeh, First Steps Kent Board Co-Chair Kate Pew-Wolters, Byrum and Fisk Team Leader Steve Faber, First Steps Kent Consultant Amy Turner-Thole, Family Futures Executive Director Candace Cowling, Arbor Circle President/CEO Jack Greenfield, Commissioner Mandy Bolter, Commissioner Carol Hennessy, Commissioner Stan Ponstein, Talent 2025 CEO Council Member Mike Jandernoa, First Steps Commissioner Milt Rohwer, Klaas Kwant, First Steps Office Coordinator Ashley Greenberg, First Steps Operations Manager Kate Parr, First Steps Senior Director of Operations and Projects Heather Boswell, Great Start Collaborative Director Paula Brown, Family Futures Board Member Elizabeth Kramb, Family Futures Board Member Joe Sommerdyke, Family Futures Board Member Nate Guzman, Family Futures Board Chair Ingrid Cheslek, Family Futures Board Member Mark Branca, Education Consulting Practitioner Judy Freeman, & Citizen Advocate Lauri Gardner.

Chair Stek called the meeting to order at 9:37 a.m.

Public Comment:

Kate Pew-Wolters, First Steps Kent Board Co-Chair.

Candace Cowling, Family Futures Executive Director.

Jack Greenfield, Arbor Circle President/CEO.

Dr. Nkechy Ezeh, Early Learning Neighborhood Collaborative President/CEO.

Approval of April 24 and May 8, 2018 Meeting Notes:

Commissioner Mast moved and Commissioner Brieve seconded the approval of the meeting notes from the April 24 and May 8, 2018 meetings of the Millage Subcommittee. Motion carried by voice vote.

Review of Proposal from First Steps:

Chair Stek began the discussion by referring to a memorandum from Administrator/Controller Britt that provided answers to questions posed at the May 8 Subcommittee meeting.

Mr. Britt stated that the First Steps proposal meets the technical standards of the County policy for dedicated millage applications.

- The request aligns with the Kent County mission statement.

- Information was submitted in writing at least 180 days before the proposed election date.
- All information submitted meets the Operational Guidelines as outlined in the County's fiscal policy for millage requests.

Additionally, Mr. Britt's memorandum provided information related to current County funding of early childhood services. Assistant County Administrator Matthew VanZetten explained that the chart included services or programs totaling approximately $3.2 million from the General Fund. Additionally, the County receives approximately $7 million in funding from the state and federal government and other grant-funding sources that are also used for this purpose. Funded programs include WIC, Maternal Infant Health, Immunizations, Bright Beginnings, Family Engagement Programs, Healthy Start, KConnect, KSSN and Early Childhood Evaluation.

Commissioner Skaggs asked which of the funded services are mandated by the state or federal government. Mr. VanZetten responded that none of the services are mandated but are provided for the benefit of the community. Additionally, Mr. VanZetten noted that the County has successfully leveraged positive outcomes by pooling money with other community funding to achieve a larger scale and expand capacity. Kent County has been funding these services since 2001.

Commissioner Mast asked if it would possible to allocate additional funds from the County General Fund instead of asking voters to approve a dedicated millage. Mr. VanZetten responded that County resources are constrained because property tax growth is controlled by Proposition A and Headlee Amendment. Additionally, Mr. VanZetten pointed out that, despite a reduction in revenue, the County Board of Commissioners did not reduce or eliminate any of these services during the Great Recession.

Chair Stek questioned if the County would be willing to sacrifice other priorities to provide additional General Fund revenue for the services sought to be acquired through the dedicated millage. Mr. Britt stated that significantly reallocating funds within the County General Fund may have a negative impact on the state and federally mandated services currently provided by the County.

Commissioner Brieve questioned whether revenue for the services requested through a dedicated millage may be available through upcoming state and federal grant programs. There are rumors that additional funding for early childhood may become available soon. Annemarie Valdez, First Steps Kent President/CEO, referred to the gap analysis previously provided to the Subcommittee. It shows that upcoming new state and/or federal revenue will not be provided for the services proposed under the dedicated millage, and the millage proposal was specifically developed with this fact in mind. Additionally, Amy Turner-Thole, First Steps Kent Consultant, explained that three-year-old kindergarten services proposed under millage funding will not be funded by the state or federal government. Mike Jandernoa, Talent 2025 CEO Council Member, stated that business leaders recognize the existence of a large education gap in Michigan and cited that Amazon rejected several locations for their new headquarters because the Michigan workforce lacked the necessary educational requirements.

Chair Stek questioned whether, given the scope of the problem, if closing the Michigan educational gap is a policy issue for the state or federal government to handle. Ms. Pew-Wolters stated that the inaction of state and federal government necessitates local action on this issue. Mr. Jandernoa stated that many

business leaders support local units of government taking the lead on the issue of early childhood education, given the State Board of Education's perceived inaction.

Commissioner Skaggs commented that the gap analysis shows that Kent County needs $80 million to fully close the education gap, but the millage proposal will only provide $10 million. Should Kent County establish a dedicated millage, and subsequent funding become available from the state or federal government, the system will be primed to add capacity.

Commissioner Mast commented that state and federal priorities often do not match the priorities set in Kent County, and that it is unlikely they will address the issue in the coming years. While it would be preferable that an alternative funding source be identified, the reality is that it will require local revenue with local control to address the problem.

Chair Stek questioned what the millage supporters would do as a "Plan B" if the millage proposal was not successful, and if that would involve increased advocacy for funding at the state level. Ms. Pew-Wolters responded that they would return their request to the Millage Subcommittee in future years. She also pointed out that pre-school for four-year-old children ultimately received state support after a successful pilot program in Kent County.

Commissioner Skaggs referred to public polling conducted in Kent County, which identified 71 percent of the voting public support the millage proposal.

Discussion shifted to a recent MIRS article which claimed children who participated in the "Great Start" program did not achieve better outcomes than children who did not. Steve Faber, Byrum and Fisk Team Leader, offered to provide members of the Subcommittee with research demonstrating early literacy programs successes. Dr. Nkechy Ezeh noted that Early Learning Neighborhood Collaborative program has substantially better outcomes than the state since they took on a two-generation approach.

Chair Stek questioned if the First Steps proposal could operate on a funding model like that used by the Family Futures program, which primarily consists of grants and gifts from foundations. Discussion centered around the Kent Analysis on Health, which shows that families which rely on Medicaid have significantly poorer early-childhood outcomes than families with private insurance. The on-going reliance on foundations to help fill this gap is not sustainable in the long-term.

Commissioner Skaggs questioned the demand for the services proposed to be funding through the dedicated millage, and if underserved families in Kent County want to participate in early childhood programming. Supporters of the proposal noted that significant effort would be placed into family outreach and education regarding the availability of new and/or expanded early childhood services.

Next Steps/Timeline

Chair Stek requested that Commissioners serving on the Subcommittee come to the next meeting prepared to take a position on whether to recommend to the full Board the millage's inclusion on the ballot in November.

There being no further business, Chair Stek adjourned the meeting at 11:03 a.m.

Respectfully submitted,

Wayman Britt
Kent County Administrator/Controller

Early Childhood Millage Questions

1. What are the needs?

According to First Steps, there are three areas that need additional support.

Issue Area #1 – Parenting Education and Family Support: This includes:

- Home Visiting—for economically disadvantaged infants, pregnant women and infants, providing needed education and support, which can reduce the costs of healthcare and remedial education.

- Developmental screening—to help identify potential delays and disabilities before children enter school; currently the community does not have a coordinated infrastructure that incorporates screenings performed by all providers.

Issue Area #2 – Health: This includes:

- Medical Home Support— an approach to providing comprehensive and consistent primary care, led by physician or nurse practitioner, currently not available to all children who have Medicaid insurance.

- Behavioral Health—In-home clinical services, "infant mental health services," for expectant mothers and families with young children if either the parents or the children have an identified behavioral health need.

- Environmental Health—to address environmental hazards in the home that lead to asthma, elevated blood lead levels and injuries, no current systemic approach to environmental screening for risk factors (aging housing stock).

Issue Area #3 – Early Learning: This includes:

- Preschool—Economically disadvantaged three-year-olds do not have access to publicly funded preschool, Head Start is the only option and only accommodates 500 children in this age range (statewide). Research shows that children with 2 years of preschool have significantly improved readiness for kindergarten.

- Affordable Child Care—Working families face significant limitations in access to quality child care and most low wage-earning working families are not eligible for public subsidies to cover a portion of the cost of full-time licensed care.

- Early intervention for children with diagnosed delays and disabilities—Supportive therapies and education provided to children at an early age is critical to later academic and economic success.

2. Why can't the unmet needs funds take care of these needs?

Currently, funding from Unmet Needs is used to fill gaps in funding for certain services to disadvantaged populations (e.g. medical transportation, case management services for residents in northern Kent County, housing assistance/homeless prevention services, Essential Needs Task Force staffing, utility assistance, etc.) Funding is awarded to entities who respond to a yearly RFP and have their proposals vetted by the Health and Human Services Board.

Prior to the recession, Kent County provided over $800,000 for the Unmet Needs program annually. Today we provide $382,000. First Steps believes the unmet need is approximately $10 million, which equates to 0.5 mils. Therefore, current Unmet Needs funding or past Unmet Needs funding would inadequately respond to the needs First Steps is claiming.

3. What services are mandated?

According to the Kent County Mandate manual, no early childhood related services are mandated.

4. Where is our role - mandated or non-mandated?

There are wide-ranging services and programs that are not mandated, but which the County has decided are important enough to fund. This includes childhood immunizations at the Health Department, administering the WIC program, inspecting child/adult care facilities, Prevention Initiative programs, etc. The Child Care Fund programs for juvenile justice and child welfare services straddle the mandated/non-mandated line, with in-home care programs mandated, but the amount of funding for in-home care programs provided is somewhat discretionary.

5. What funding do we currently provide early childhood, indirectly and directly?

Note: The Prevention Initiative funding detailed in the chart below provides services and programming for school age children and is not used solely for children ages 0-5 years. A process is ongoing to further breakdown the numbers to identify only the funding which is used to support early childhood services.

Service or Program	FY 2018 Total Funding	General Fund	State and/or Federal Funding	Other Grant Funding
WIC	$4,022,976	$899,803	$3,123,173	
Maternal Infant Health Program (MIHP)	$3,036,435	$751,755	$2,284,670	$10
Immunizations	$1,716,216	$83,329	$108,605	$1,524,282
*Prevention Initiative Contracts:				
Bright Beginnings (early childhood)	$190,000	$190,000		
Network180 (substance use)	$322,500	$322,500		
Family Futures (early childhood)	$540,000	$540,000		
First Steps (evaluation)	$80,000	$80,000		
KConnect (data research)	$25,000	$25,000		
KSSN	$337,500	$337,500		
Total	$10,270,627	$3,229,887	$5,516,448	$1,524,292

To: Kent County Millage Subcommittee
From: First Steps Kent
Date: 6/1/18

Subject: Responses to questions asked at 5/24/18 Kent County Board of Commissioners meeting

We would like to provide clarification about a few questions that were asked by your fellow County Commissioners on May 24 about the Early Childhood Proposal.

1) **Will the millage replace the County's general fund investment in the Kent County Prevention Initiative?**

Kent County is contributing $730,000 dollars to two early childhood home visiting services in 2018 as part of the Kent County Prevention Initiative (KCPI). The Board of Commissioners initiated the KCPI in 2001 as "as an investment in the lives of Kent County residents that will pay off in reduced costs for incarceration, mental and physical health services, and services for delinquent, abused or neglected youth." The KCPI's investment in early childhood prevention has led to substantial benefits, most notably in reduction of referrals to Child Protective Services. An evaluation report produced by SRA International in 2012 found that "for each dollar invested, there is a social saving of 5-6 dollars."

The two home visiting services that are part of the KCPI are in line with the types of services proposed in the millage proposal. The millage proposal assumes that an allocation committee made up of County Commissioners and community members will make the ultimate decision about which specific services are funded by millage dollars. First Steps Kent would recommend that the county's $730,000 general fund contribution to the KCPI be absorbed by the millage. However, given the significant social and economic benefits of the KCPI, we would strongly encourage the Board of Commissioners to view this as an opportunity to further leverage their funding and ensure there would still be funding at a later date if the millage is not renewed.

2) **Is seven years an appropriate duration for the millage?**

It is important to ensure that taxpayer money is used effectively, that the intended outcomes can be achieved, and that the community can see the impact of its investment. With that in mind, we selected the length of seven years – the minimum amount of time needed to bring services to scale and evaluate their effectiveness. Seven years will provide opportunity for children to receive services over a period of time and for the impact on their social/emotional and cognitive development to be measured as they enter school. It will provide time to measure outcomes related to child welfare and health and cost reductions associated with improvements in both areas.

Kent County voters have demonstrated a willingness to support millage proposals for duration of longer than seven years. Millages for the zoo/museum, senior citizens, and Veterans all range from eight to 10 years. Similarly, the 911 dispatch surcharge was approved for twenty years in 2016.

3) Why is this proposal being presented to the Kent County Board of Commissioners rather than the Kent Intermediate School District?

While the Kent ISD is an important partner in the community's early childhood work, there are numerous reasons why it is more appropriate to seek a millage through Kent County rather than the ISD.

The millage would most effectively be administered and overseen by a community-based organization whose mission is improving the health, development and early learning of our youngest children. Although the Kent ISD provides some services to children ages 0-3, its primary focus is K-12 education, and the approach is largely classroom-based. The early childhood services outlined in the proposal are aligned with the types of services the County has long supported.

In order to have effective countywide reach and targeted community-based services, we believe it is important that the administrator of the millage not be a direct service provider to ensure neutrality in distributing funds and evaluating outcomes.

The benefits of investing in evidence-based early childhood services are accrued to the community as a whole, not just the schools. In the short-term, reductions in child welfare cases and improved health outcomes can lead to savings and gains for Kent County, as can long-term benefits such as reduced crime and incarceration, lower dependency on public assistance, and a better trained workforce.

Kent County is best positioned to collect funds and create the structure to have a neutral organization allocate those funds to the various public- and private-sector organizations that provide services to improve the health and readiness of our youngest children, which ultimately leads to thriving families and a more prosperous community.

Please see the attached memo from Ron Koehler, assistant superintendent of the Kent Intermediate School District, for further clarification and the ISD's perspective on this question.

OFFICE OF THE COUNTY ADMINISTRATOR

MEMORANDUM

TO: Wayman Britt, Administrator/Controller

FROM: Matthew VanZetten, Assistant County Administrator

SUBJECT: Follow Up from May 22, 2018 Millage Subcommittee Meeting

DATE: May 23, 2018

Several documents were requested following the May 22, 2018 Millage Subcommittee meeting. Below is a summary of the Questions and Answers with documentation as requested.

Q1: Please update the MIHP funding chart provided in the Q/A. The State and/or Federal Funding number was mis-typed.

A: The corrected information is below, and the entire document has been included as Attachment #1.

Service or Program	FY 2018 Total Funding	General Fund	State and/or Federal Funding	Other Grant Funding
WIC	$4,022,976	$899,803	$3,123,173	
Maternal Infant Health Program (MIHP)	$3,036,435	$751,755	$2,284,670	$10
Immunizations	$1,716,216	$83,329	$108,605	$1,524,282
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Service or Program	FY 2018 Total Funding	General Fund	State and/or Federal Funding	Other Grant Funding
First Steps (evaluation)	$80,000	$80,000		
KConnect (data research)	$25,000	$25,000		
KSSN	$337,500	$337,500		
Total	**$10,270,627**	**$3,229,887**	**$5,516,448**	**$1,524,292**

Q2: Please provide the Prevention Initiative Evaluation mentioned at the meeting, and the cost-benefit analysis.

A: The evaluation is Attachment #2, and the cost-benefit analysis summary is found below:

Table 7.4.3: Economic Costs and Benefits per Child

	Bright Beginnings	Healthy Start	Early Impact
Saving per participant [B]:			
CPS referrals	$2,180	$2,600	$9,590
Emergency department use	$470	$300	($270)
Program delivery cost [C]	$620	$990	$1,340
Net saving [B - C]	$2,030	$1,910	$7,980
Benefit-Cost ratio [B/C]	4.28	2.93	6.96

Notes: Savings per participant are economic burden per referral times probability of referral across each category type from Table 2 above. Dollar figures rounded to the nearest $10.

Q3: Please provide a copy of the Bright Beginnings Reading data discussed the meeting.

A: The Bright Beginnings information is provided in Attachment #3. There are two snapshots: Years 2007 – 2013 which did not account for free/reduced lunch differences, and years 2015 – 2017 which is broken down by free/reduced lunch demographics.

Q4: Please provide research briefs that First Steps representatives described during the conversation.

A: First Steps representatives provided two documents: a) Dr. Heckman brief (Attachment #4); and b) a Pew Center brief (Attachment #5).

Millage Subcommittee
Meeting Notes
June 5, 2018

Members Present: Commissioners Stan Stek (Chair), Emily Brieve, Harold Mast, & Phil Skaggs.

Also Present: Administrator/Controller Wayman Britt, Assistant Administrator Matthew VanZetten, Corporate Counsel Linda Howell, Equalization Director Matt Woolford, Management Analysts Sandra Ghoston-Jones & Elliott Nelson, First Steps Kent President/CEO Annemarie Valdez, First Steps Kent Board Co-Chair Kate Pew-Wolters, Byrum and Fisk Team Leader Steve Faber, Family Futures Executive Director Candace Cowling, Commissioner Carol Hennessy, Commissioner Betsy Melton, Talent 2025 CEO Council Member Mike Jandernoa, First Steps Operations Manager Kate Parr, First Steps Kent Board Co-Chair Lew Chamberlain & First Steps Board Member Sue Jandernoa.

Chair Stek called the meeting to order at 10:06 a.m.

Public Comment:

Betsy Melton, Kent County Commissioner

Mike Jandernoa, Talent 2025 CEO Council Member

Approval of May 22, 2018 Meeting Notes:

Commissioner Brieve moved and Commissioner Mast seconded the approval of the meeting notes from the May 22, 2018 meeting of the Millage Subcommittee. Motion carried by voice vote.

Review of Responses to Questions:

Chair Stek began the discussion by referring to a memorandum from First Steps Kent responding to several Commissioner questions from the previous Subcommittee meeting. Assistant County Administrator Matthew VanZetten provided an overview of the responses to the Subcommittee. Mr. VanZetten detailed that Kent County is currently contributing $730,000 to two (2) early childhood home visiting services as part of the Prevention Initiative. Whether to have these programs absorbed by proposed millage funding or to maintain the County's general fund commitment will be a discretionary decision by the Board of Commissioners. Commissioner Mast pointed out that the County maintained its general fund commitment to veteran's services after the passage of a dedicated millage and voiced his thoughts on a similar commitment of the Prevention Initiative funds currently appropriated by the Board of Commissioners.

Additionally, Mr. VanZetten discussed the proposed length of the millage (seven years) and stated that it was possible that the millage renewal may fall outside the normal general election cycle, thus necessitating a special election at the cost of approximately $250,000. First Steps Kent responded by stating that it would take approximately one (1) year to create the infrastructure necessary to support

the proposed programming, which would delay revenue collection and re-align the millage with the general election cycle.

Mr. VanZetten then referred to questions concerning whether a dedicated millage for early childhood services should be administered by the Kent Intermediate School District (KISD). In response, the KISD provided a memo stating that, while they intend to work in partnership with First Steps in providing early childhood services, they do not have the capacity or mechanisms in place to independently manage the proposed programming.

Finally, Mr. VanZetten provided an overview of a memorandum from First Steps detailing their response to a potential 0.25 mil increase instead of the proposed 0.50 mil increase. In their response, First Steps stated that a 0.50 millage is not sufficient to close the early childhood education gap in Kent County and a reduction in the proposed millage would delay progress on the issue. However, the memo did not say they would oppose or not be willing to work with a smaller millage amount.

Potential Timeline:

Chair Stek provided an overview of the potential timeline for the advancement of the millage proposal, noting that the ballot language for the proposal is due to the County Clerk's Office by July 27. If approved by the Subcommittee, the millage proposal will advance through the following steps:

- Tuesday, June 19 @ 7:30am: Finance & Physical Resources Committee Work Session
- Tuesday, June 19 @ 8:30am: Finance & Physical Resource Committee Meeting
- Tuesday, June 26 @ 8:30am: Legislative and Human Resource Committee Meeting
- Thursday, June 28 @ 8:30am: Board of Commissioners Meeting

Commissioner Comments:

Chair Stek thanked his fellow Commissioners for their service on the Millage Subcommittee and thanked First Steps for providing information and answers to all Commissioner questions. Chair Stek then read from the draft Executive Summary of the Subcommittee's recommendation to the Board of Commissioners, noting that the details contained within are offered as a starting point to begin discussion. In summary, Chair Stek proposed a 0.25 mil increase with a duration of five years.

Commissioner Mast concurred with Chair Stek's recommendation of a 0.25 mil increase but proposed maintaining the seven-year duration. Commissioner Mast also proposed that the County maintain its current $730,000 general fund commitment for Preventive Initiative programs.

Commissioner Brieve stated that she concurred with Commissioner Mast in that the initial term of the proposed millage for early childhood services should be 0.25 mils. Commissioner Brieve also stated that First Steps would be in a stronger position for a higher rate in the future once the results and impact of the proposed programming can be measured and quantified. Additionally, Commissioner Brieve expressed her support for maintaining the County's existing general fund commitment to early childhood services.

Commissioner Skaggs stated that he supports the millage proposal as originally submitted and recommends 0.50 mils over seven (7) years. Commissioner Skaggs further stated that the seven (7) year term is necessary to measure the impact of the proposed programming, and that a significant learning gap will still exist even at the 0.50 funding level. Commissioner Skaggs proposed rolling back millage revenue collection in the event state and/or federal funding becomes available for early childhood services. Additionally, Commissioner Skaggs stated that a decision on maintaining the existing general fund commitment to early childhood services should be at the annual discretion of the Board of Commissioners.

Commissioner Stek stated that the millage proposal is unlikely to receive support from the Board of Commissioners at the 0.50 level and that some members of the Commission are concerned that this proposal is outside the appropriate role of government. Commissioner Brieve noted dedicated millage fatigue among her constituents.

After discussion among the Subcommittee members, Commissioners made the following motions:

Commissioner Mast moved, and Commissioner Skaggs supported recommending to the Board of Commissioners that the County maintain its existing general fund commitment of $730,000 for early childhood services provided through the Prevention Initiative. Motion carried by voice vote.

Commissioner Mast moved, and Commissioner Brieve supported recommending to the Board of Commissioners that the early childhood millage proposal have an initial duration of six (6) years between 2018 and 2024. Motion carried by voice vote.

Commissioner Mast moved, and Commissioner Brieve supported recommending to the Board of Commissioners that the early childhood millage proposal have an initial rate of 0.25 mils. Motion carried by voice vote with Commissioner Skaggs voting no.

Next Steps:

The Millage Subcommittee will next meet on June 11, 2018 at 3:00pm to consider their final report and recommendations to the Board of Commissioners.

There being no further business, Chair Stek adjourned the meeting at 11:50 a.m.

Respectfully submitted,

Wayman Britt
Kent County Administrator/Controller

To: Kent County Millage Subcommittee
From: First Steps Kent
Date: 6/4/18

Subject: Response to the question "Would we consider a 0.25 mill increase?"

Our decision to request a 0.5 mill increase was based on a balance between maximizing positive outcomes for young children while minimizing the burden on taxpayers. We kept the request as low as possible, limiting the scope of the proposal to high-impact services that have been consistently underfunded and have no other likely source of sustainable funding in the foreseeable future.

The approximately $10 million a year that will be generated by a successful millage will cover **just more than one-third of the funding gap** identified in the Gap Analysis for those types of services. The most costly and intensive services will be targeted to children and families with the greatest needs, while we ensure that all families have access to lower-cost, universal services such as screenings that identify delays and disabilities. To close the remaining gap, our community will need to come together and continue to seek private funds and advocate for additional public investment at the state and national levels. Sustained local funding through a countywide millage will help us leverage additional private and public support for early childhood services in Kent County.

Reducing the proposal to .25 mils would do more than cut in half the number of children and families that would be served, as some costs are fixed. Developing the infrastructure for effective data collection and evaluation will cost close to the same, regardless of the amount of funding being distributed to community-based services.

A January 2018 phone poll of 400 likely voters showed 69 percent support – including a majority of both Republicans and Democrats – for a 0.5 mill increase. Previous polls conducted in 2011 and 2015 asked voters about a 1 mill increase, which did not receive the same level of support. Kent County voters have shown a willingness to support proposals in the range of 0.5 mills, with the zoo/museum and senior millages. The successful Kent ISD and jail proposals both asked for a significantly higher increase.

Kent County has quality, evidence-based services that are getting good results, ranging from improved early literacy to reductions in referrals to Child Protective Services to better health outcomes. However, our community has lacked the funding to bring to scale those services. While an increase of 0.5 mills will not fill the entire void, it will allow us to extend the reach far enough to meaningfully improve outcomes for children, and ultimately, the community.

Kent ISD

To: Annemarie Valdez

From: Ron Koehler, assistant superintendent, Kent ISD

cc: Kent County Millage Committee

Date: May 29, 2018

Re: Early Childhood Millage

On behalf of the Kent ISD, thank you for the opportunity to clarify our role in providing services for young children before they enter school. We support First Steps Kent's proposal to Kent County for an early childhood millage and believe it will significantly improve the health and school readiness of all children who live within Kent County. While kindergarten readiness remains a goal for Kent ISD's superintendents' association, it is largely outside of their ability to make a significant, direct impact.

Kent ISD's superintendents' association has expressed it is their goal to work in partnership with community leaders and organizations like First Steps Kent to make sure children are ready to learn by kindergarten. Currently, Kent ISD and its districts provide services for children age 0-3 including early childhood special education and the Bright Beginnings home visiting program. Resources for both are limited and inadequate to meet the needs of all families across Kent County. By working with groups like First Steps Kent, we'll be able to make sure more Kent County children are ready to succeed.

The early childhood millage proposal would fund essential services and programs that are outside the scope, role and capacity of the Kent ISD. Furthermore, we do not have a mechanism to generate any significant, new local tax funds to support the much-needed, community-based early childhood development and health programs our community desperately needs, including developmental screenings for infants and toddlers, nurse home visiting, navigation of health and early childhood development services for new parents and community-based parenting education and support.

We see ourselves as a key partner in this work. We know there are many more children and families who are in need of professional assistance in helping parents become their children's first and best teacher. Resources we can access for this type of work are extremely limited, but we are committed to doing whatever we can to leverage state and federal dollars for early childhood education, developmental screenings and preschool. An early childhood proposal will help us make sure young children are healthy and ready to learn by the first day of kindergarten.

first steps
growing every child's potential

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January 31, 2018

Kent County Board of Commissioners
Jim Saalfeld, Chair
County Administration Building
300 Monroe Ave. NW
Grand Rapids, MI 49503

On behalf of the First Steps Commission, we thank you for the opportunity to apply for an early childhood millage to be placed on the November 6, 2018 countywide ballot. We would appreciate all due consideration for our application and respectfully request the approval of the County Commission.

The early childhood millage is essential to meeting our shared community goal that every young child in Kent County enters Kindergarten healthy and ready to succeed. The millage would significantly increase the number of local children and families that can participate in community-based early childhood programs. There are an estimated 44,500 children under the age of five living in Kent County whose families could benefit from the services provided by this millage, which include health and developmental screenings for all young children, support for new parents, and programs that ensure Kent County kids are ready for Kindergarten.

To that end, the First Steps Commission unanimously and fully supports this application to give the citizens of Kent County the opportunity to vote on this early childhood millage.

Sincerely,

Lew Chamberlin
First Steps Commission Co-chair

Kate Pew Wolters
First Steps Commission Co-chair

first steps
growing every child's potential

678 Front Avenue NW
Suite 160 t 616 632.1003
Grand Rapids, MI 49504 f 616 632.1004
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Doug DeVos
Chair Emeritus

Dr. Melinda Johnson
Commissioner

Bob Herr
Secretary-Treasurer

Karen O'Donovan
Commissioner

Ron Caniff
Commissioner

Dr. Juan Olivarez
Commissioner

Alex Contreras
Commissioner

Julie Ridenour
Commissioner

Kristina Donaldson
Commissioner

Milt Rohwer
Commissioner

Lynne Ferrell
Commissioner

Joan Secchia
Commissioner

Steve Heacock
Commissioner

Michelle Van Dyke
Commissioner

Sue Jandernoa
Commissioner

Carl VerBeek
Commissioner

FIRST STEPS COMMISSION
As of 1.1.2018

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President, Amway

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CEO, West Michigan Whitecaps

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Kate and Richard Wolters Foundation

Bob Herr, Secretary-Treasurer
Crowe Horwath LLP, Retired

Ron Caniff
Superintendent, Kent ISD

Alejandra Contreras
Attorney, Miller & Johnson

Kristina Donaldson
Parent Representative

Lynne Ferrell
Senior Program Officer, Frey Foundation

Maureen Hale
Chairperson, Great Start Collaborative

Steve Heacock
Senior Vice President, Spectrum Health

Sue Jandernoa
Community Volunteer

Melinda Johnson, MD
Women's Health Department Chief, Spectrum Health

Karen O'Donovan
Community Volunteer

Dr. Juan Olivarez
President, Aquinas College

Julie Ridenour
President, Steelcase Foundation

Milt Rohwer
Community Volunteer

Joan Secchia
Community Volunteer

Michelle Van Dyke
President/CEO, Heart of West Michigan United Way

Carl Ver Beek
Attorney, Varnum, Riddering, Schmidt & Howlett

Sean Welsh
Regional President, PNC Bank

Kent ISD
We Lead Learning

February 2, 2018

Commissioner Jim Saalfeld
Kent County Board of Commissioners
300 Monroe Avenue NW
Grand Rapids, MI 49503-2206

Dear Jim:

There are a number of systems that play a role in ensuring that children arrive at school "ready to learn." The proverb "It takes a village …," is an apt descriptor for all of the pieces that need to fall into place to make sure children arrive at school ready to learn. More recently, researchers have described the multiple variables that play a critical role in school readiness in the following equation:

Ready families + Ready early childhood services + Ready communities + Ready schools = Ready children

Kent County has been a strong partner in eliminating the barriers to learning through its contributions to Kent School Services Network. I would ask that we take the next step and allow the contributions of all Kent County residents go toward the fulfillment of ready families, ready early childhood services and ready communities through a countywide millage for First Steps.

The First Steps initiative has the potential to play a critical role in building the foundation for children coming to kindergarten "ready." Kent ISD, in partnership with the local school districts, supports high quality early childhood services and programs that intersect with the work of First Steps. Kindergarten readiness is one of four student-focused goals for Kent ISD and the districts we serve.

To make the best use community resources, Kent ISD and local districts will work closely with First Steps to ensure the most efficient use of existing early childhood programs and services while building new structures through millage resources to reach more families and better prepare their children for success in school.

Thank you for the opportunity to voice our support for placing an early childhood millage on the ballot. We stand ready to help commissioners and others recognize the value of this investment, should you and your colleagues decide to put this proposal on the ballot.

Sincerely,

Ron Caniff
Superintendent

AREA AGENCY ON AGING OF WESTERN MICHIGAN

The Source for Seniors

3215 EAGLECREST DR NE
GRAND RAPIDS, MI
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Fx: 616.456.5692
1.888.456.5664
www.aaawm.org

February 5, 2018

Commissioner Jim Saalfield
Kent County Administration Building
300 Monroe NW
Grand Rapids MI 49503

Commissioner Saalfield:

I am writing you today to support the request by First Steps' to place an early childhood millage on the November 6, 2018 ballot.

Over the past few years, I have met with Annemarie Valdez and several other supporters of the early childhood millage to discuss its need and rational but mainly to discuss the history and experience of the Senior Millage. Annemarie's group has been very interested in learning about how the Senior Millage was originally developed, the funding process, the oversight requirements and the responsibilities to be communicative and transparent with Kent County residents. The Senior Millage is starting its 20th year and has proven to be efficient, economical and effective in impacting the lives of Kent County's older adults. We have been more than willing to share our expertise and offer our assistance in the goal to place a children's millage in front of the voters of Kent County.

We are well aware of the limitations of federal and state dollars to address all the needs of our residents. A Kent County children's millage could help in many ways that are not restricted by state and federal dollars. Local funding allows more flexibility to address local needs and specific issues.

I hope you will support this request.

Sincerely,

Jackie O'Connor
Executive Director

February 7, 2018

Kent County Board of Commissioners
Jim Saalfeld, Chair
County Administration Building
300 Monroe Ave. NW
Grand Rapids, MI 49503

Early childhood development and health programs help ensure children are healthy and ready to learn. As stakeholders who recognize the importance of investing in our community's youngest children, we thank you for considering that an early childhood millage be placed on the November 6, 2018 ballot and add our support to the application submitted by First Steps.

Increasing our community's investment in early childhood will strengthen families, improve the health and wellbeing of children, and help develop the foundation for our future workforce. We have worked with First Steps to build a system of evidence-based, comprehensive services focused on the health and school readiness of young children. We are making significant progress in Kent County, but due to a lack of resources, too many children and families are not getting the supports they need.

To that end, we fully support the request made by First Steps for an early childhood millage and ask that you give the voters of Kent County the opportunity to decide on this early childhood millage.

Sincerely,

Candace Cowling
Executive Director
Family Futures

Ken Fawcett
VP
Spectrum Health Healthier Communities

Nkechy Ezeh
CEO
Early Learning Neighborhood Collaborative

Jack Greenfield
CEO/President
Arbor Circle

Paul Haan
Executive Director
Healthy Homes Coalition of West Michigan

Maureen Kirkwood
Executive Director
Health Net of West Michigan

Gayle Orange
CEO
Camp Fire West Michigan 4C

Pamela Parriott
Executive Director
KConnect

Wende Randall
Director
Kent County Essential Needs Task Force

Michelle Van Dyke
President/CEO
Heart of West Michigan United Way

RECEIVED
APR 19 2018
BOARD OF COMMISSIONERS

April 16, 2018

To: Kent Co. Board of Commissioners:

Dear Board Members,

I'm writing to you for the 1st time ever, but I felt I must!

I read in the paper a group of advocates is asking for an Early childhood tax millage. I want you to know something and please Think of this!!! I am 74 years of age, a widow and still have enough life in me to try and stay in my own home where all my memories are — It's all I have left. No children (all (2) gone) out of state.... I'm Taxed for 5 Schools and never had my own child (only the 2 step kids whom never contact me). I also am taxed for a bus that I can't get to the pick-up point without walking 2+ miles to get to. I'm taxed for a Jail - Library, Zoo/

museum, Rec. property Tax, Senior tax (that I have yet to know what it does for me?) and now your considering this early learners tax! When do todays parents? take care of there own children. I cared for Step-Children with no Public help.

So on behalf of the Senior Citizens who are wanting to stay home with all they have left on can't afford to go to a home— Please think of us for a change! We need a break - - - - -

The gov't gave me $255 death "benny" and it cost me $900. to have a man dig a small hole to place my husband! $6000.00 for the 1 day visitation & his cremation And to top it off I lost his Social Security! Bills don't stop and

I try to limit extras.

So Please think of all of us and if you must Tax home owners again ~~_____~~ Tax the ones under 70 years of age, as these are the working and those popping out kid after kid with gout. help

We over "70" are mostly alone and trying to stay with our memories. Living on little income and need a break! Our homes should not Punish us.

Please consider us for a change!! If all these groups need help — Let the Parents of the children take over and be home with them, as we did or they take the tax to care for them.

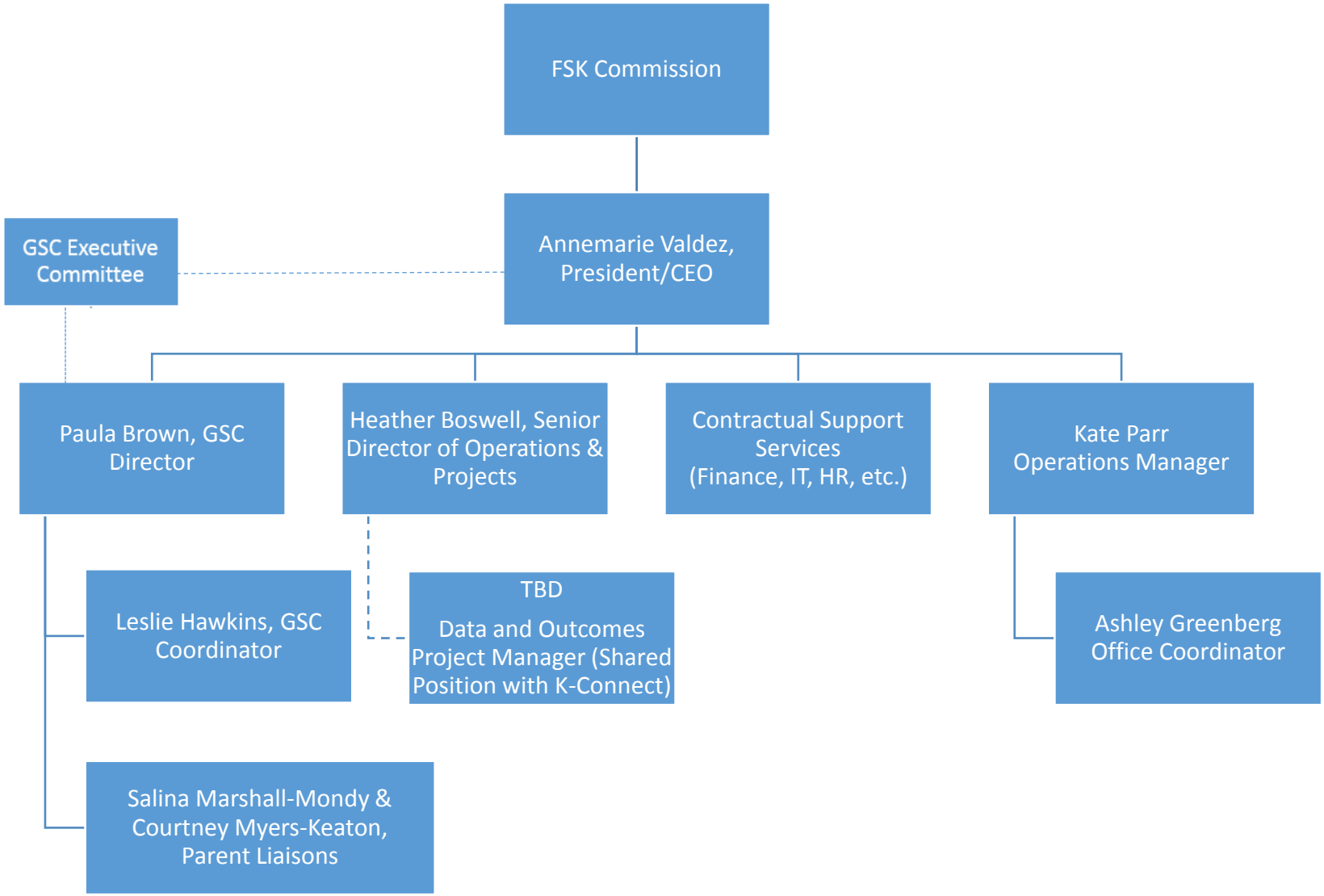
Thank You and I hope You read this

Joann Thompson

Joann Thompson
2300 Pheasant Ave. NW
Walker, MI 49534

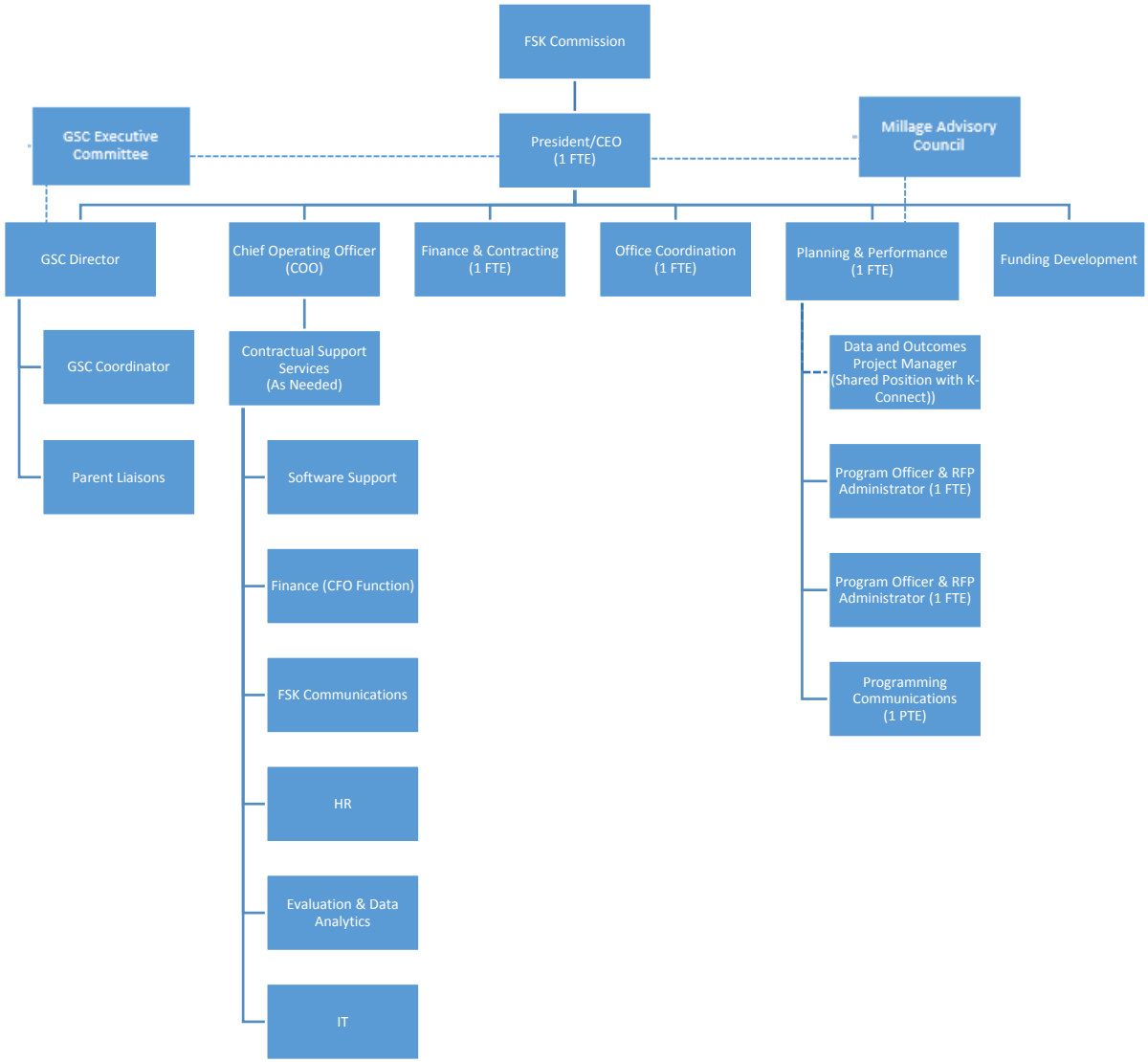
First Steps Kent Organizational Chart

As of January, 2018



Proposed First Steps Kent Organizational Chart

Pending- February, 2018



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The History of Kent County's Early Childhood System 1990-2010

The Kent County community has a strong history of collaboration and innovation to support children and their families. Over the last two decades, considerable time and resources have been invested in identifying the needs of young children in Kent County and working to develop a comprehensive and coordinated system of support services to meet those needs. A commitment to continuity has guided the process; today's work is building on and refining earlier work and follows the direction previously set by the community.

A series of documents released in the 1990's focused attention on Kent County's youngest children. Beginning in 1990, the Citizens League of Greater Grand Rapids presented a community call to action with a document entitled *When the Bough Breaks…Kent County's Child Care Crisis*. In 1991, *Perspective 21!* was initiated and was groundbreaking in its collaborative approach to identifying and implementing solutions for preventing child abuse and neglect. *Our Children, Our Future* was released in the mid-1990's and provided a set of standards for minimal care at birth, after birth and throughout the child and adolescent years. In 2000, *Next Steps* was released examining the link among resources, service providers and service recipients.

By 2000, there was a growing understanding in the community of the importance of quality early childhood services. The Grand Rapids Education Reform Initiative began its work in the spring of that year and identified early childhood education as one of two key priorities critical to the success of local schools and the community as a whole. At the state level, Michigan Ready to Succeed, an initiative for a universal and high-quality early childhood care and education system, was getting underway. That effort included dialogues in local communities. The Kent County Children Ready to Succeed Summit was held in September 2000 and included a review of the current early care and education system in the County and the development of an action agenda to close the gap between the current reality and a high-quality, universal system.

Around the same time, the Kent County Board of Commissioners made a long-term commitment to improve the well-being of children and families through the establishment of the Kent County Prevention Initiative. The areas of focus include family support services, early intervention for children at risk of abuse or neglect, and substance abuse services. The County invests approximately $2 million annually in the Prevention Initiative and was the first county in the state to commit general fund resources to services for children and families.

The Kent County Family & Children's Coordinating Council adopted a subcommittee structure that included the Early Childhood Committee, which was charged with developing a system for young children and their parents. The funding to begin that work was provided by an October 2002 Early Learning Opportunities Act grant from the U.S. Department of Health and Human Services. Beginning in January 2003, groups were convened to identify and define various components of the early childhood system, including a governance structure.

Two community forums to discuss governance of the early childhood system were held in 2004. At the first, Anne Mitchell, president of Early Childhood Policy Research, presented several models for consideration. Consensus emerged that the Kansas City model was most attractive. Consequently, a second forum was held in which Abby Thorman of the Greater Kansas City Community Foundation presented a detailed overview of the early childhood governance structure in her community, introducing Kent County to the concept of "Power Sneezers." Review and analysis of the Kansas City model ultimately led to the call for the Early Childhood Children's Commission in Kent County.

Kent County's Early Childhood System: A Community Plan, also known as the *Connections for Children Community Plan*, was released in September 2004 and was the result of the work begun after the receipt of the Early Learning Opportunities Act. In addition to outlining the proposed governance structure, it also identified four core service areas, listed several strategic goals and recommended increased evaluation and greater quality assurance.

The Early Childhood Committee, which had become known as the Children's Partners, approved the creation of the Early Childhood Children's Commission, as did the full Kent County Family and Children's Coordinating Council. Heart of West Michigan United Way also signed off on it and agreed to continue serving as fiduciary for the early childhood systems development work, a role it had held since 2002.

In early 2005, an executive director of the Commission was hired, and Commission members were selected, with Doug DeVos and Kate Pew Wolters agreeing to serve as co-chairs. That spring, Memorandums of Understanding were signed between the Commission co-chairs and the Kent County Family and Children's Coordinating Council and between the Commission co-chairs and the Heart of West Michigan United Way.

The first Commission meeting was held in August 2005, beginning a 2-year process of education regarding early childhood development, the needs of young children and families in Kent County and the correlation between quality early childhood services and community prosperity.

While Kent County was working to develop an early childhood system, the issue was also gaining traction at the state level. In 2005, Governor Jennifer Granholm proposed an early childhood initiative known as Great Start, which led to the creation of the Early Childhood Investment Corporation. The following year, the ECIC awarded our community a grant to begin the Great Start Collaborative of Kent County and the Great Start Parent Coalition. Children's

Partners became the Great Start Collaborative, and the membership grew to include parents and other community representatives as required by the ECIC.

Around this same time, intense work was getting underway to advance the ideas laid out in the *Connections for Children Community Plan*. Five committees (Infant-Toddler Care and Education, Home Visiting, Family Health, Communications and Infrastructure) comprised of members of the Collaborative and Commission as well as other community members began development of the first phase of the early childhood system. Their work was presented in *Making Strides: Kent County's Early Childhood System*, which was released in October 2007 and provides the basis for demonstration projects that are now getting underway.

The work to develop Kent County's early childhood system became much more public in July 2008 with the community announcement of First Steps, defined as a "partnership of parents, community agencies, business leaders, healthcare providers, educators, foundations, faith leaders and individuals who are investing in our youngest children to ensure a better future for all." Later that year, a small committee was formed to look at a sustainable governance structure for First Steps and the Early Childhood Children's Commission. The Committee emphasized the need for independence and neutrality and recommended the Commission (First Steps) form a new non-profit organization. That recommendation was based on the community's earlier work, and the report issued by the group stated, "It is the opinion of the Committee that the decision to have an independent entity had already been made during the process that led up to the creation of the Commission, and it should stay that way."

The process to form an independent 510(C)(3) organization was completed in 2009, and the Early Childhood Children's Commission is now known as the First Steps Commission. Memorandums of understanding were developed between First Steps, the Great Start Collaborative, the Kent County Family & Children's Coordinating Council, and the Kent Intermediate School District. The system will continue to evolve and be refined, but the process that started nearly two decades ago is now moving from research and planning to implementation.

January 2010

first steps
growing every child's potential

First Steps Description

First Steps is a non-profit organization leading a collaborative effort to develop a system of support services for young children, ages 0-5, and their families. First Steps works in partnership with the Great Start Collaborative, the Kent County Family & Children's Coordinating Council, parents, health systems, education systems, human service agencies, foundations, and other child advocates. The community vision is that every young child in Kent County will be ready to succeed in school and in life.

First Steps was created to be an independent and influential entity that, in collaboration with other community stakeholders, sets and advances the agenda and priorities for early childhood work in Kent County. As an objective and neutral body, it works to improve quality and alignment of services. It convenes leadership from various fields such as education, health care, and social services to enhance communication and coordination. It gathers information and reviews data to help the community make targeted decisions about where to focus resources, ultimately providing accountability for the public and private money spent on early childhood in Kent County.

The network of services—often referred to as Kent County's Early Childhood System—is continuously evolving. First Steps and its partners are identifying the components that must be in place for a comprehensive and coordinated system and are then developing and implementing strategies to ensure the necessary services are available and accessible. They also are building the public and political will to support and sustain the system. All of that will be an ongoing process as the needs of the community change and new challenges and opportunities present themselves.

Kent County's approach to serving young children and their families balances innovation with proven practice. The systemic and comprehensive nature of the work is innovative. There are few examples of other communities that have successfully coordinated the various sub-systems that impact a child's readiness. At the same time, the work of First Steps is guided by research and relies heavily on evidence-based practices that are getting results both locally and around the country.

Updated: September 2017

Dedicated Funding Research

First Steps Kent Exploratory Task Force

Profiles of Early Childhood Communities Interviewed Nationally

Excerpt from the Full Task Force Recommendation Report

San Miguel County, Colorado

Located in the south-west region of Colorado, the population density was 5 people per square mile (2010 census). The county passed an early childhood ballot measure in November 2017. Having the opportunity to talk with a community who is currently in the implementation phase of designing the funding process was of particular interest to the Task Force.

- Size of County: 7,359 (as of 2010 census)
- Organization: Bright Futures
- Website:
  - Ballot: www.strongstartstrongcommunity.org
  - Organization: www.brightfuturesforchildren.org
- Contact: Kathleen Merritt, Executive Director
- Year funding was established: 2017
- Organizational Budget: $612K (2017 estimate)

Description of Funding: A property mill levy of 0.75% which will generate approximately $612,000 annually to provide funding to improve early childhood care and education in San Miguel County. The cost to tax payers will be approximately $27.00 per year on a $500,000 residential valuation.

Ventura County, California

Located in southern-most California, Ventura County comprises the Oxnard-Thousand Oaks-Ventura, CA Metropolitan Statistical Area, which is also included in the Los Angeles-Long Beach, CA Combined Statistical Area.

- Size of County: 823,318 (as of 2010 census)
- Organization: First 5 Ventura County
- Website: www.first5ventura.org
- Contact: Petra Puls, Executive Director
- Year funding was established: 1998
- Organizational Budget: $12.3M (FY 2016-2017)

Description of Funding: First 5 Ventura County is largely funded through Proposition 10, the California Children and Families Act, a tobacco tax dedicated to developing locally managed resources and systems that improve health and education for children 0-5, passed by the voters of California in 1998. In addition to Prop 10 tobacco tax revenue, First 5 Ventura County is funded through leveraged state and federal dollars, grants and charitable donations.

Palm Beach County, Florida

Palm Beach County is a county located in southeastern Florida, directly north of Broward County. Palm Beach County is one of the three counties in southern Florida which make up the Miami metropolitan area.

- Size of County: 1,320,134 (as of 2010 census)
- Organization: Children's Service Council of Palm Beach County
- Website: www.cscpbc.org
- Contact: Tanya Palmer, Chief Program Officer
- Year funding was established: 1986
- Organizational Budget: $94.1M (FY 2016-2017)

Description of Funding: A Children's Services Council (CSC) is a countywide special-purpose government, in essence a taxing district, created by ordinance – and approved by local voters – to fund programs and services that improve the lives of children and their families. In eight counties, voters have approved "independent" taxing authority for their CSC to ensure a dedicated funding source is available for children's programs and services.

Summary of Findings –Early Childhood Communities Interviewed Nationally

Community Priority Setting

Question	Palm Beach County (PBC) Children's Service Council (CSC)	San Miguel County (SMC) Bright Futures (BF)	Ventura County (VC) First 5 (F5)
1. What outcome(s) or success measure(s) is your community working to impact?	There are four main outcomes with an emphasis on children ages 0-5: 1. born healthy; 2. safe from abuse and neglect; 3. ready for school; and 4. able to access quality afterschool and summer programs. Note: PBC also supports ancillary services where there are gaps (i.e. food pantries).	The four buckets are as follows: 1. Build Capacity-increase number of spaces for infant and toddler 2. Developing a strong qualified childcare workforce. 3. Quality improvement – professional development opportunities for licensed and unlicensed childcare professionals. 4. Financial aid for families who cannot afford childcare but do not qualify for the subsidy.	The following priorities are as follows: 1. Children grow up healthy, 2. Children enter school ready to learn, 3. Parents have the knowledge and resources they need to provide a nurturing environment; and 4. Communities are engaged in supporting and prioritizing children
2. How is return on investment defined in your community?	Local formula has not been established, based on national data. PBC has simplified theory stance on ROI to state, "if the community fully invests, the outcomes will come". PBC has wrestled with how to quantify investment, finding this work can pose a huge distraction as the discussion of what sources and the methodology used in capturing this. At the local level, it has at times becomes a "red herring".	Local formula has not been established, based on national data. Their definition is simply stated as "This is a small contribution for later success."	Local formula has not been established. With economist, F5 applied James Heckman figures to estimate the ROI locally.

3. How is data used to identify community priorities?	In more recent years, the community's priorities are identified and updated through a community-wide needs assessment. The first assessment for maternal child needs was completed five years ago and has been updated two times.	Announcement of the available funding through the millage was just made in November 2017. The data collection piece is in development with the plan being to hire an external evaluator to consult in this area. With evaluator consultant, SMC will determine a means to track early childhood outcomes through the third grade.	F5 is guided by a strategic plan updated every 4-5 years and reviewed on an annual basis. As the plan is updated, changes in data are noted and more research is done to understand if the current portfolio of investment are effective, or if changes in investment need to happen. Data points include community-level population, trends over time, child abuse, poverty, neglect and number of pregnant women, among others.
a. How have your priorities adapted over time with changes in the community and data?	PBC has been funded since and 1986, and has somewhat evolved over time with collecting and utilizing data to drive decisions. Data ensures funded program show effectiveness and fulfil a gap or need in the community. The increasing national literature available also informs priorities and supports decisions with priority-setting.	This question was not asked.	As F5 has learned over time which type of services and investments make the biggest difference and funding has become more limited, the scope of services has narrowed. F5's funding focus is improving and building capacity of programming and system navigation (not all on funding programs themselves).

b. Does your community have a larger data strategy beyond collecting and reporting for program-level compliance purposes?	The early childhood strategy feeds into the birth-career (22 years of age) collective impact strategy. The grater strategy includes child and youth outcomes supported and monitored by PBC CSC and two backbone organizations.	Bright Futures is working with tri county health network-who collects data on social determinants and health equity-birth to 8 years of age. Bright Beginnings also works with a local community foundation to collect specific data points. Bright Future is one of 34 early childhood councils across the state of Colorado doing similar work in improving child care quality ratings, data feeds to state initiatives in this area.	This question was not asked.

Process

Question	Palm Beach County (PBC) Children's Service Council (CSC)	San Miguel County (SMC) Bright Futures (BF)	Ventura County (VC) First 5 (F5)
5. Please share an overview of your community's distribution of funding process.	Typically offers 4-5 RFPs per year. The RFP Review Process is completed in-house with a 7-person team ensure the team membership is continuous and consistent through the full process. The team reviews the written portion and scores the applications (see Performance Assessment slide). 1. Based on scored from application, organizations are invited to the second phase of the application process, to interview. Note: Recipients are not selected on high score alone, other	As the funding is new, the long-term strategy for what services to invest funds is still under development. Initial funds will be distributed in a RFP opportunity in three initial areas: capital to expand or renovate current facilities serving young children to add programming, provide opportunity to increase quality programming and programing/initiative to education parents. Long term, SMC plans to offer salary supplement to increase the wages of early childhood	F5 funds based on catchment areas overseen by 11 Neighborhood of Learning (NfL). Each NfL is charged with assessing services within their immediate neighborhood to determine a utilization plan on how allocated funding will impact school readiness within their neighborhood. Funding to each NfL is allocated based on the following formula: a) number of Y-5YOs in each neighborhood; b) Key data points around socioeconomic status of each neighborhood; and c) school

	considerations based on need in a specific geography, or experience with a specific population among other factors can determine RFP being accepted. 2. A standard set of interview questions are developed for interview. Individual follow-up with organizations for more information as needed is completed in review and decision process. 3. Final decision is made and organizations are notified.	workforce (improving retention, attraction of talent, thus increasing the quality of programming) and child care voucher to families needing financial assistance to access quality child care. A financial model (based on surrounding counties supporting similar efforts in Colorado) is in the very early of stages of development.	readiness indicators (they used third grade reading). Additional funding is allocated to county-wide initiatives, including: farmworker services, preschool slots for qualifying children, targeted preschool scholarships, HelpMe Grow service, and preventative oral health initiatives. Funding is allocated based on a strategic plan. The plan is updated every 3-5 years with a through, year-long process that includes: a) surveys to parents and community partners; b) lit review; c) data gathering [not in more recent versions an economist has worked with F5 to collect and analyze data]; d) analysis of the current strengths/weaknesses of the community; e) review of current community investments to determine if they are effective. Once the Strategic Plan is complete, goals are set based on the information. F5 then determines the specific areas they seek to impact. Revenue is projected for the period. The Commission approves the final recommended goals and budget. The contracting process then begins.

a. Please mention the key staff positions overseeing the process within your organization. (Would you be willing to share an organizational chart?)	It is the role of PBC Children's Service Council's Program Performance Department to approve/elect the program portfolio.	This is being determined, still.	Organizational Chart was shared with the Task Force.
b. Who determines the ultimate final decision of how funding will be allocated?	The CSC's staff determine how funding is allocated. PBC Children's Service Council's Program Performance Department staff approve/elect the program portfolio	Funding allocation will be overseen by a panel who will work with County Commissioners to determine yearly allocation amounts. Membership of the committee appointees will likely include: Bright Futures Representation, School District Representation (all districts in County), Board County Commissions and Member at Large.	Decisions and the F5 organization is governed by a nine-member Commission appointed by the Ventura County Board of Supervisors.
7. How are you engaging authentic voice as you co-designing initiatives/strategies/programs to fund within the community?	This is a work in progress, PBC is working on increasing this engagement. Historically, the CSC drove the full design process. Recently, provider partners were included in the QRIS redesign process to offer authentic input on why quality was achieved and not achieved. (This input was gathered through a town hall format). The advice from PBC is when you involve others, you need to slow the timeline down to be sure everyone is on board.	As the millage will not cover all costs of services, the business community will be engaged as they are a partner with the greatest need for childcare in the community. It is viewed by the early childhood community that they have a "responsibility" to support efforts to expand quality childcare.	

9. How is data used to determine which application to fund?	The Comprehensive Program Performance Assessment is used to measure program performance.	This is being determined still.	See question 5.
a. What requirements, if any, are you placing on funded entities in relation to data collection and distribution?	The Comprehensive Program Performance Assessment is used to measure program performance – See Attached PBC CPPA Information.	This is being determined still.	F5 collects data from partners using a web-based software Persimmony offering the ability for grantees to enter data on clients being served and will generate reports by all data categories to allow F5 and partners to make decisions based on data.
11. How are outcomes reported back to stakeholders (including program partners and tax-payers)?	PBC has over time developed a sophisticated Program & System Evaluation to review outcomes at the system level and the extent to which clients benefit from services using a "rigorous experimental design". This feeds into a community scorecard.	This is being determined still.	All partners have access to data through the online Persimmony system.

Additional Information

Note: The following questions were omitted from the above summary as only one agency provided information in each area.

Question 4. How are the equity challenges for your community identified? a. How are they monitored and re-evaluated over time?

Palm Beach County states the tone of this conversation has shifted to a focus on disparities. Data is consistently collected by race and ethnicity to better track and understand disparities.

Question 5c. Improvements in the current distribution of funding process could include…

Palm Beach County discussed challenge with innovation as program selection requirements generally lends itself to selecting older, established, developed providers and programs. Small programs or innovative programs cannot compete often due to lack of sophistication in back office functions. [Discuss leftover funding is allocated to an innovation/capacity building RFP that smaller organizations can easily qualify for – see Question 8].

Question 6. Do you require applications to include commitment to equity and inclusion? a. If so, how are you evaluating whether funded entities are meeting this commitment over time and moving the needle related to defined equity issues?

PBC is currently within their RFP process asking: "Describe the composition of your current staff who will be involved in the administrative and programmatic support of the program. Please include information regarding, language, cultural diversity, level of education, tenure with the agency and tenure in the field of work. Also, please describe how you will recruit qualified staff that is diverse, culturally competent, multi-lingual and that reflects the communities that will likely be served by the Child First program." They do not require applications to include commitment to equity and inclusion, yet.

Their experience is applications to RFP will find a way to meet requirements, it may not always be authentic.

They are currently in the process of considering how to define equity clearly to consider for use in future RFPs. Two big questions PBC is exploring: How will an organization demonstrate equity? What resources does CSC need to provide?

See attached Racial & Ethnic Equity Impact Statement.

Question 7a & 7b: a. Who is involved and what sectors of the community do they represent? b. How do you determine if there are differences between what the community wants/needs versus what organizations and entities want/need?

Understanding in this area is new, as intentional, authentic partner engagement in the direction-making process is recent. PBC is realizing the importance of upstream programming and solutions with programming. An example was shared about a neighborhood with poor penetration

of services. The community was called to learn more and problem solve, it was identified that community safety was the reason why providers were having challenges reaching residents. PBC worked with two organizations of trust in this neighborhood to begin to strategize and identify solutions to improve community safety to improve access and utilization of services.

Question 8: How is innovation fostered?

a. Since you passed your millage, what percentage of the funding has gone to stabilize existing community initiatives/strategies/programs versus creating new innovative initiatives/strategies/programs?

PBC shared in their provider network, most organizations are required to have pretty sophisticated "back room" operations to meet PBC data and reporting requirements. PBC acknowledged this can limit innovations. Their cost-basis contracts are not always fully spent down. The remaining funds are invested in innovative RFP funding (Great Ideas Initiative) with fewer reporting requirements. This allows new or smaller organization to apply for funds. Average RFP granted is $25,000. This funding is not to sustain programming but to foster innovation, organizational capacity and lead recipients who are outside of the provider network to join collective efforts within the community. This is not a large portion of the funding.

Question 10. Are proposals based on research? a. If so, how do you determine what research is valid?

These questions were not specifically addressed in interviews.

Other Information: Comments on the recent San Miguel County Ballot Measure Success

Timeline: 2007, an initial ballot measure went to the voters and did not pass. Due to the economic downturn, there was not support to pursue the ballot measure again until 2017. In 2017, local childcare center was closed due to findings of child abuse. This received a lot of media coverage that was then leveraged to build public will for the 2017 ballot measure.

Strategy: The strategy was to put forth that ballot measure in an "off" election year. The committee did not want this to be lost in “bigger” national issues.

In the past, they did not survey voters beforehand, they were naive in believing that everyone would support early childhood. The strategy changed the second time, this time voters were formally surveyed and targeted questions were included in the survey. 62% of voters polled showed extreme likelihood of supporting a ballot measure as it was a good investment/an economic development tool and the public was very well-aware that there is no infant care in San Miguel County.

The committee used a “whisper campaign”, waiting one month before Election Day to begin advertising. However, before the formal advertising campaign, advocates were attending school board meetings, government meetings and other community meetings to share information about the ballot measure. The steering committee had passionate people who were directly impacted with the issue and willing to share their experience and sharing the campaign’s messaging and key talking points (See attached: SMG Messaging & Key Talking Points).

Kathleen mentioned that it is all about keeping your “yes votes” a yes. The measure passed with 63% in favor.

About San Miguel County: Population is very small. The population base predominantly resides in two small towns: Telluride, which is very left and anything to do with education typically gets voted in. Norwood is the other town, which is very right leaning with values of “everyone takes care of him or herself” and are hesitant with government involvement. She stated they are two very different communities in one county and the messaging was different between the two communities. In Norwood, they stuck to the good investment message and stayed away from certain messaging. It did fail in Norwood, but there was enough support in Telluride to bring it across the finish line.

Other Information: Ventura County First 5:

Ventura County was of interest to members of the Task Force as it was the closest to Kent-County in terms of size of population and budget. Ventura has approximately 11,000 births a year which translate to about 3% of the entire state of California. They are in transition as the original 11-12M received through a tobacco product tax has begun to dwindle in recent years. For the first two years, there was not mechanism or structure in place to administer and allocate funds received. These funds were set aside as a future reserve. They currently receive about 6.7 million and are drawing funds from the reserve. It is projected funds will be fully depleted by 2019.

In 2016, they served total of: 5,400 children (those who received a certain level of intensity of services, this number does not include children reached through outreach done during community events); 6,200 families and 6,160 parents or caregivers.

Community Plan for Early Childhood

"Every young child in Kent County will enter kindergarten healthy and ready to succeed in school and in life."

That vision inspires and guides the work of our community's early childhood collaborative and is the foundation of this Community Plan. In developing this plan, parents, educators, private and public sector service providers, healthcare providers, county government, and philanthropic leaders worked together to identify the most urgent needs of young children and their families and the greatest opportunities to impact children's health, well-being, and school readiness.

This plan primarily is focused on children from birth to age five (or kindergarten entry). However, many other systems (health and human services, housing, basic needs, K-12 education, etc.) impact children, and we are committed to working collaboratively with those systems to develop a common agenda wherever possible and a continuum of services that starts before birth and continues through college or career.

As the consumers of early childhood services, parents were actively involved in the development of this plan; for it to be successful, they must be equally involved in its implementation. All of those responsible for components of this plan are committed to engaging parents in their work.

Definitions:

> ***Access*** is defined as "People who need the service know about it, know where it is, can afford it, and can get to it; it's available at convenient times; it's provided in a way that is sensitive to different cultures and languages; the people who need it actually use it; and there is enough capacity to meet the community need."
> ***Parents*** are defined as mothers, fathers, guardians, and other caregivers responsible for raising the child(ren).
> A ***family-centered medical home*** is an approach to providing comprehensive and consistent primary care. It is a team of people – led by a physician or nurse practitioner – working with families to keep children healthy. A medical home coordinates with and helps families access behavioral/mental health, specialists, and related community services.
> ***Play and learn*** are facilitated play groups designed to guide caregivers and young children through group and individual play activities that model learning opportunities and build caregivers understanding about child development

Strategy A: Build public will to support the early childhood system. (Communications & Advocacy)

> **Why it's important:** High-quality early childhood services benefit not only children and families but also the entire community. For every dollar invested, more are returned to the public. Continuously providing the level of services needed to prepare children to enter kindergarten ready for success will require an increase in public and private resources. Thereby, the community must understand the importance of early childhood and be willing to invest in services to support young children and their families.

Strategy B: Develop the tools and resources needed to assure the effectiveness and efficiency of the early childhood system.

> **Why it's important:** For every young child to enter kindergarten ready to succeed, Kent County must have a coordinated, integrated early childhood system that supports families with

quality, culturally responsive services that are accessible to all who want and need them. Much of the infrastructure needed to measure system effectiveness and progress toward goals is not in place currently.

Strategy C: Provide families with consistent information about parenting and offer them an array of support services to meet their individual needs and choices. (Parenting Education and Family Support)

Why it's important: Parents are their children's first and most influential teachers; furthering their knowledge and skills about parenting, health, and child development helps them to prepare their children for success in school and beyond. While there is a great deal of information available to parents, it can be difficult to sort through and evaluate.

Strategy D: Expand access for young children to comprehensive and coordinated health care – including primary, dental, and behavioral/mental health care as well as linkages to additional services – in a family-centered medical home. (Physical & Behavioral Health)

Why it is important: Children must be healthy to be ready for school and life success. Many children, particularly those with public or no insurance, have limited access to preventive health care and consequently are not as healthy as privately insured children.

Strategy E: Expand access to and increase participation in standards-based early learning programs, such as preschool, child care, and play & learn groups. (Early Care & Education)

Why it's important: High-quality early learning programs help to prepare children for success in school and beyond. Many young children do not have access to early learning programs, due to capacity limitations and difficulty in accessing services. There is a lack of consistent quality across early learning settings, and it often is difficult for families to assess a program's quality.

Approved by the Great Start Collaborative of Kent County on December 15, 2011
Endorsed by the First Steps Commission on January 19, 2012

Details

- LOCATION: Eberhard Center, GVSU
- DATE/TIME: Thursday, April 26, 2018 from 7:45am - 2:00pm
- AUDIENCE: Open to the community, 300 seats available, seeking a blend of early childhood professionals, parents, and system leaders
- PURPOSE: Continue efforts to reduce gaps in Early Childhood services and funding in Kent County by educating and mobilizing the community

Steering Committee

- Community-wide effort with planning advised by a team of 20+ members
- See back of sheet for list of members

Programming

- Three segmented sessions; attendees can register for the entire day or a portion
  - **INFORM:** breakfast and keynote by Dr. Renee Boynton-Jarrett
  - **EQUIP:** three workshop sessions of attendee's choice
  - **INSPIRE:** lunch and panel featuring communities with dedicated funding for early childhood
- Programming builds on Kent County's Plan for Early Childhood and the Community Breakfast/Gap Analysis

INFORM Keynote

- Renée Boynton-Jarrett, MD, ScD is a practicing primary care pediatrician at Boston Medical Center and a social epidemiologist
- She received her AB from Princeton University, her MD from Yale School of Medicine, ScD in Social Epidemiology from Harvard School of Public Health, and completed residency in Pediatrics at Johns Hopkins Hospital
- Her work focuses on the role of early-life adversities as life course social determinants of health
- She was featured in the 2015 documentary series, *The Raising of America*

EQUIP Breakout Sessions

- Received 38 high-quality proposals from within the community and national partners
- Breakouts will be organized into 5 tracks: Parenting Education and Family Support; Health; Early Learning; Systems of Support; and Special Topics

STEERING COMMITTEE MEMBERS

Paula Brown
Great Start Collaborative

Candace Cowling
Family Futures

Rev. Howard Earle
New Hope Baptist Church

Anissa Eddie
KConnect

Lakeshia Gilbert
HOAP

Barb Hawkins Palmer
Kent County Health Department

Latesha Lipscomb
Parent

Jessica Miranda-Bevier
LARA, DHHS

Salina Marshall-Mondy
Great Start Parent Coalition

Eva Martinez
ELNC

Kate Parr
First Steps

Pam Parriott
KConnect

Tomarra Richardson
Parent

Leslee Rohs
Frey Foundation

Amanda St. Pierre
Saint PR

Kristen Sobolewski
Camp Fire West Michigan 4C

Terese Smith
Kent ISD Great Start to Quality

Mose Stamps
Parent

Bincy Teodorescu
West Michigan Asian American Association

Jessica Turk
Parent

Annemarie Valdez
First Steps

Jessica White-Hatinger
West Michigan Works!

Under Sheriff Michelle Young
Kent County Sheriff's Department

A System for All Children: An Early Childhood Education Need Assessment in Grand Rapids

A System for All Children: An Early Childhood Education Needs Assessment in Grand Rapids examines access to quality early childhood education programs in the city of Grand Rapids, Michigan. Stakeholders can use the information presented to create a comprehensive, high-quality, equitable strategy for the community. The report highlights the programs and neighborhoods with the largest gaps of services in order for investments and improvements to reach the greatest number of children.

Link to full report: https://www.iff.org/wp-content/uploads/2018/01/IFF-Grand-Rapids-ECE-2018-FINAL-small.pdf

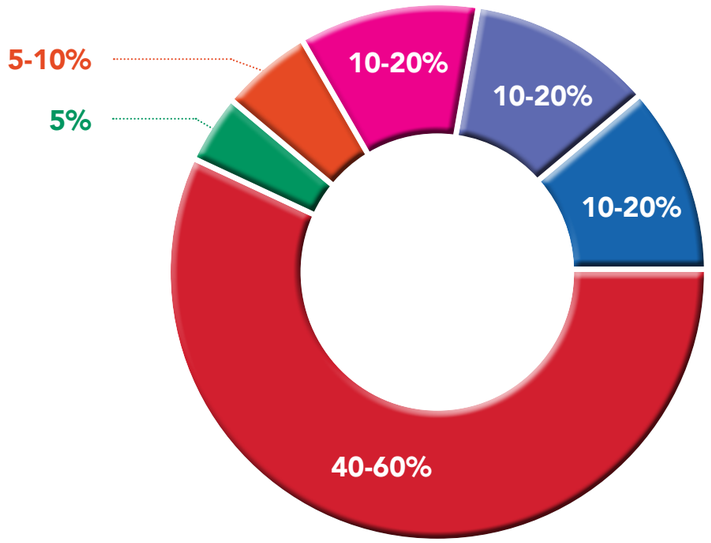
Re: Focus – Analyzing Gaps in Early Childhood Services and Funding in Kent County

"Re: Focus – Analyzing Gaps in Early Childhood Services and Funding in Kent County" shows that too few Kent County children are healthy and ready for kindergarten because their families don't have access to vital early childhood services and programs. The report reveals the latest data about local services and funding levels for comprehensive early childhood health services and screening, early childhood education and parenting education and family support in Kent County.

Link to full report:
http://docs.wixstatic.com/ugd/68151d_a74766bc9ab94213a940ec8c81aa80ec.pdf

PROPOSED ALLOCATIONS

Proposed and subject to change



$4 – 6 million	Provide in-home and community-based support to improve social and emotional development
$1 – 2 million	Developmental screenings & help for those with delays/disabilities
$1 – 2 million	Quality community-based early learning experiences to improve emotional & intellectual skills
$1 – 2 million	Help navigating health care & other community-based resources
$500,000 – $1 million	Ensure effectiveness of early childhood programs/services
$500,000	Administration of Millage Funds

first steps
growing every child's potential

EARLY CHILDHOOD PROPOSAL

The proposal is for a **0.5 mil** increase for **7 years**, which is expected to raise approximately **$10 million annually.** Millage revenues would be distributed to community-based partners that serve children from birth to age 5, with an emphasis on infants and toddlers.

COMMUNITY VISION

Every young child in Kent County will enter kindergarten healthy and ready to learn.

KENT COUNTY'S YOUNGEST

44,500 children
under age 5 live in Kent County

17,000 children
under age 5 have public health insurance

20,500 children
are economically disadvantaged

4,100 children
at any one age level are economically disadvantaged

HIGH-LEVEL OUTCOMES

Children are born healthy

Children are healthy, thriving, and developmentally on track from birth to 3rd grade

Children are developmentally ready to succeed in school at time of school entry

These are the early childhood outcomes established by Michigan's Office of Great Start. Local indicators for Kent County will inform progress in each outcome.

EXAMPLES OF PERFORMANCE INDICATORS

8% increase
in the percentage of expectant mothers who engage in prenatal health care

8% increase
in the percentage of young children up to date on well-child visits (using immunization rate as a proxy)

20% increase
in the percentage of young children with completed developmental screen

Increase
in the percentage of children who are school ready as measured by the Kindergarten Entry Observation (KEO)

KEO is being implemented in Fall 2018.

Decrease
in grade repetition and special education services in K-12

These will be measured for participants in services funded by the millage.

PURPOSE OF MILLAGE FUNDING	PERCENT & AMOUNT OF MILLAGE FUNDING	INCREASE IN CHILDREN/FAMILIES SERVED
Help pregnant women and parents of young children navigate health care and other community resources – Develop a consistent and accessible navigation system for all families with young children – Increase participation in prevention and early intervention services – Increase utilization of prenatal care for expectant mothers – Maximize utilization of Medicaid-funded services	10 –20% $1 –2 million	Navigation & Referral **3,000 – 7,000** children & expectant parents Medical Home Support **1,000 – 4,000** children
Offer developmental screenings to all young children and help for those with delays, disabilities, or emotional problems – Develop a consistent system to administer developmental screenings and share data – Increase early identification of delays and/or disabilities	10 –20% $1 – 2 million	Developmental Screenings **10,000 – 20,000** children
Provide in-home and community-based support to families to improve their children's health and social/emotional development, as well as the bonds between parents and children – Increase participation in programs that promote strong parent-child attachment, prevent child abuse and/or neglect, and provide parenting education and support – Increase services to identify environmental hazards that lead to lead exposure, asthma, and other health problems	40 – 60% $4 – 6 million	Home Visiting **2,000 – 5,000** children & expectant parents Behavioral Health Intervention **500 – 1,600** children Environmental Health Screening & Referral **2,000 – 6,000** children
Provide quality, community-based early learning experiences to improve children's emotional and intellectual skills, as well as the knowledge and skills of parents and other adult caregivers – Increase participation in programs that improve language and early literacy – Increase participation in programs that support the social and emotional development of young children	10 – 20% $1 – 2 million	Play & Learn Groups **1,000 – 4,000** children Home Visiting **2,000 – 5,000** children
Ensure the effectiveness and accountability of early childhood programs and services – including evaluation, data collection, and quality improvement – Improve alignment of community early childhood services and eliminate duplication of services – Improve community understanding of the state of young children by regularly reporting outcomes of millage-funded programs/services – Increase parental engagement in oversight of the early childhood system	5 – 10% $500,000 – $1 million	**NOTE:** Funding in this area will be frontloaded with a more significant allocation in the first years of the millage and a lower amount as the infrastructure is developed.
Administration of millage funds – Fiduciary of millage funds – Advisory council to review and allocate millage funds – Evaluation, data collection, and quality improvement	5% $500,000	

	WEST													
	Demography	% of Children in Poverty	Children's Fiscal Map	Children's Cabinet/Coordinating Body	Political Mechanism of Approval	Year Established	Type of Revenue	State Enabling Legislation	Annual Revenue	What It Funds	Accountability Structure	Strategic Plan/Clear Outcomes	Evaluation Process	Contact
Denver Preschool Program, CO	Urban	22% (2014)	Yes	Denver Children's Cabinet	Voter Approved	2004	Sales Tax	No	Approx. $15 million in 2015	Early Childhood	City Dept.	Status of Denver's Children	Denver Preschool Program Evaluation	Lisa Piscopo: lisa.piscopo@denver.gov
Best Starts for Kids King County, CO	Urban/Suburban	13.6% (2014)	Yes	Children and Youth Advisory Board	Voter Approved	2015	Property Tax	No	Approx. $65 million	Comprehensive	Advisory Board	Best Start Implementation Plan	pgs. 87-92 of the Implementation plan linked above.	Sheila Capestany: Sheila.Capestany@kingcounty.gov
Seattle Families and Education Levy, WA	Urban	13.6% (2014)	Yes	unknown	Voter Approved	2011	Property Tax	No	approx. $33 million	Comprehensive	City Office of Education and Levy Oversight Committee	More Information	unknown	EducationOffice@Seattle.gov
Seattle Preschool Program, WA	Urban-Subruban	13.6% (2014)	Yes	Children and Youth Advisory Board	Voter Approved	2014	Property Tax	No	$14.5 million per year	Early Childhood	City of Seattle's Office for Education and Preschool Levy Oversight Body	Action Plan	n/a	EducationOffice@Seattle.gov
Children and Youth Fund San Francisco, CA	Urban	11% (2015)	Yes	Our Children, Our Families Council	Voter Approved	1991	Budget set-aside	No	Approx. $70 million	Comprehensive	City Dept.	Outcomes Framework	DCYF Data, Evaluation & Reports	Maria Su: maria.su@dcyf.org
Oakland Fund for Children and Youth, CA	Urban	29% (2015)	No	Youth Ventures Joint Powers Authority	Voter Approved	1996	Budget set-aside	No	approx. $4 million	Comprehensive	Planning and Oversight Committee	Strategic Plan	Evaluation and Reports	Sandra Taylor sltaylor@oaklandnet.com
Portland Children's Services Levy, OR	Urban	15% (2015)	No	No	Voter Approved	2002	Property Tax	No	approx. $4 million	Comprehensive	Allocation Committee	Goals, Strategies, and Accountability Metrics	Investment Expectations, Results & Implications	Lisa Pellegrino lisa.pellegrino@portlandoregon.gov
Kids First Aspen, CO	Rural	unknown	No	unknown*	Voter Approved	1990	Sales Tax	No	$1.6 million estimated in 2015	Childcare/EC	County Dept.	Outcomes Report 2016	Quality Indicators	Shirley Ritter shirley.ritter@cityofaspen.com
Human Services Safety Net Mill Levy Boulder County, CO	Suburban	16% (2014)	No	unknown	Voter Approved	2010	Property Tax	No	$5 million a year	Comprehensive (Human Services)	City Dept.	Human Services Safety Net 2014 Report	unknown	Jim Williams jcwilliams@bouldercounty.org
	MIDWEST													
	Demography	% of Children in Poverty	Children's Fiscal Map	Children's Cabinet/Coordinating Body	Political Mechanism of Approval	Year Established	Type of Revenue	State Enabling Legislation	Annual Revenue	What It Funds	Accountability Structure	Strategic Plan/Clear Outcomes	Evaluation Process	Contact
Pre-K for San Antonio, TX	Urban	27% (2015)	No	unknown	Voter Approved	2012	Sales Tax	No	$36.5 million for FY 2015	Early Childhood	City Dept.	Strategic Goals	Independent Program Evaluation	Sarah Baray sarah.baray@sanantonio.gov
Children's Community Services Fund St. Charles County, MO	Exurban/Suburban	8.9% (2014)	No	Community and Children's Resource Board	Voter Approved	2004	Sales Tax	Yes	Approximately $5.4 to $6.3 million for 2015-2016	Children's Mental Health	Independent Governing Body	Strategic Plan	Annual and Outcome Reports	Bruce Sowatsky: bsowatsky@sckids.org
The Children's Services Fund Jackson County*, MO	Urban/Suburban	23.9% (2014)	No	unknown	Voter Approved	2016	Sales Tax	Yes	Estimated $15 million	Children's Mental Health	Independent Governing Board	n/a	n/a	http://www.jacksonchildrensfund.org/our-team/
Community Children's Services Fund Lincoln County	Rural	21.8% (2014)	No	Lincoln County Resource Board	Voter Approved	2007	Sales Tax	Yes	$1.1 million in 2016	Children's Mental Health	Independent Governing Board	unknown	unknown	Cheri Winchester director@lincolncountykids.org
Children's Services Fund Boone County	Suburban-Rural	19.1% (2014)	No	The Boone County Children's Services Board	Voter Approved	2012	Sales Tax	Yes	$6.5 million 2015	Children's Mental Health	Independent Governing Board	unknown	unknown	Kelley Wallis (573) 886-4298
Children's Services Fund St. Louis County	Urban-Suburban	13.1% (2014)	No	Independent Governing Structure	Voter Approved	2008	Sales Tax	Yes	$62 million in 2015	Children's Mental Health	County Dept.	Strategic Plan	unknown	Contact

Community Children's Services Fund St. Louis City	Urban	43.9% (2015)	No	St. Louis Mental Health Board	Voter Approved	2004	Sales Tax	Yes	$10 million	Behavorial Health and Children's Services	Independent Governing Board	Strategic Plan	Annual Reports and Financial Audits	Jama Dodson jdodson@stlmhb.com
Children's Services Fund Lafayette County	Rural	13.5% (2014)	No	Lafayette County Children's Services Fund Board	Voter Approved	2005	Sales Tax	Yes	$321,102.37	Children's Mental Health	Independent Governing Board	The Theory of Change model	RFP application process that is identified on the website	Tiffany Dehn tiffanydehnlccsf@gmail.com
Putting Kids First: Community Children's Service Fund Franklin County	Suburban	14.8% (2014)	No	The Franklin County Community Resource Board	Voter Approved	2008	Sales Tax	Yes	Over $2.5 million in FY 2012	Children's Mental Health	Independent Governing Board	unknown	Annual Financial Audits	Annie Schulte annie@franklincountykids.org
Issue 44 Early Childhood Education Expansion Cincinnati	Urban-Suburban	44.30%	No	n/a	Voter Approved	2016	Property Tax	No	$48 million	Early childhood	Cincinnati City School District and Cincinnati Preschool Promise	n/a	n/a	AMOS Project, Ohio Coordinating Collaborative and Preschool's Promise came to gether to create the Issue 44 proposal
Children's Services Fund Muskingum County Ohio	Rural	37% (2013)	No	n/a	Voter Approved	1985	Property Tax	Yes	$3.2 million	Children's Services	County Dept.	n/a	n/a	MCCS: 740 455-6710
Hamilton County Children Services Levy	Urban-Suburban	24.4% (2014)	No	n/a	Voter Approved	2016	Property Tax	No	$40 million a year	Children's Services	County Dept.	n/a	n/a	513.946.1000
Mercer County Children's Services Levy, OH	Rural	11.7% (2014)	No	n/a	Voter Approved	2016	Property Tax	No	$438,969	Children's Services	County Dept.	n/a	n/a	Angela Nickell 419.586.5106
Dayton Early Childhood, OH	Urban-Suburban	30.3% (2014) Montgomery County	No	n/a	Voter Approved	2016	Income Tax	No	$4.3 million	Early childhood	City	n/a	n/a	http://learntoearndayton.org/lted-home/about/
	EAST													
	Demography	% of Children in Poverty	Children's Fiscal Map	Children's Cabinet/Coordinating Body	Political Mechanism of Approval	Year Established	Type of Revenue	State Enabling Legislation	Annual Revenue	What It Funds	Accountability Structure	Strategic Plan/Clear Outcomes	Evaluation Process	Contact
Children and Youth Fund Baltimore, MD	Urban	35% (2015)	Yes	n/a	Voter Approved	2016	budget set aside	No	Estimated to generate more than $11 million per year	Comprehensive	Fund appropriation board will be set up.	n/a	n/a	Office of City Council President 410-396-4804
Children's Services Fund Broward County, FL	Urban/Suburban	19.7% (2014)	No	Children's Services Council of Broward County	Voter Approved	2000	Property Tax	Yes	$62 million to services FY2012-13	Comprehensive	Independent Governing Body	Strategic Plan	Annual Program Performance FY14-15	Cindy Arenberg Seltzer: carenberg@cscbroward.org
The Children's Trust Miami-Dade County, FL	Urban	27.8% (2013)	No	The Children's Trust Board of Directors	Voter Approved	2008	Property Tax	Yes	Projected budget for FY 2016-17 is $120,000,000	Comprehensive	Independent Governing Body	Strategic Plan	The Chidren's Trust Programming, Research and Evaluation	James R. Haj jhaj@thechildrenstrust.org
Children's Services Fund Palm Beach County, FL	Urban-Suburban	22.7% (2013)	No	Children's Services Council of Palm Beach County	Voter Approved	1986	Property Tax	Yes	2014-15 $122.1 million	Comprehensive	Independent Governing Body	In Progress	Approach to Evidence-Based Programs	Lisa Williams-Taylor Contact
Children's Services Fund St. Lucie County, FL	Suburban	28.6% (2013)	No	Children's Services Council of St. Lucie County	Voter Approved	1990	Property Tax	Yes	Revenue for Oct. 2016-Sept. 2017 $7,998,466	Comprehensive	Independent Governing Body	unknown	Program Accountability	Sean Boyle sboyle@cscslc.org
Children's Services Fund Martin County, FL	Suburban	20.6% (2013)	No	Children's Services Council of Martin County	Voter Approved	1988	Property Tax	Yes	Revenue for Oct. 2016-Sept. 2017. $11,423,209	Comprehensive	Independent Governing Body	Strategic Plan	Annual Reports	David L. Heaton dheaton@cscmc.org
Juvenile Welfare Board Fund Pinellas County, FL	Urban-Suburban	20.6% (2013)	No	Juvenile Welfare Board of Pinellas County	Voter Approved	1946	Property Tax	Yes	Revenue 2016-2017 $61,323,488	Comprehensive	Independent Governing Body	Strategic Plan	Outcomes and Performance Reports	Marcie Biddleman mbiddleman@jwbpinellas.org
Children's Board and Fund Hillsborough County, FL	Urban-Suburban	24% (2013)	No	Children's Board of Hillsborough County	Voter Approved	1988	Property Tax	Yes	FY 2014 Revenue $30,558,915	Comprehensive	Independent Governing Body	unknown	unknown	Kelley Parris parrisk@childrensboard.org
Children's Services Fund Okeechobee County, FL	Rural	37% (2013)	No	Children's Services Council of Okeechobee County	Voter Approved	1990	Property Tax	Yes	$623,898.00 in tax revenues for FY 2016-17.	Comprehensive	Independent Governing Body	unknown	unknown	Cathleen Blair 863-610-0176

Early Childhood Millage/Levy/Tax Comparison	Population *(as of 2016 ACS)*	Population of children aged 0-5 *(Kids Count data center 2016)*	% of Children aged 0-5 in Poverty *(Kids Count data center 2016)*	Fiduciary	Funding information				mil/levy/tax
					Year established	Estimated Annual revenue	Revenue Source	What it funds	
King County, WA *Best Starts for Kids*	2,105,100	125,032	14.6%	An oversight and advisory board comprised of King County residents and stakeholders with geographically and culturally diverse perspectives make recommendations and monitor distribution of levy proceeds. The County Executive appointed 35 experts, researchers, and community leaders to the Children and Youth Advisory Board, and the King County Council approved the members, who serve 3 year terms, in January 2016. The King County Department of Community and Human Services (DCHS) is accountable for financial oversight and reporting responsibilities and shares oversight responsibilities 50/50 with the King County Public Health Department (PHD). Final funding recommendations from the community, staff and the Advisory Board are made to the CEOs of the DCHS and PHD respectively to make the final award approvals. *The funding recommendations do not require County Executive and/or Council approval.*	2015 (for six years with annual increases of up to 3% for years two through six)	$ 65,000,000	Property Tax (based on King County property values of $534.7 billion)	50% invested in strategies focused on children under aged 5, 35% invested in strategies focused on children and youth aged 5-24, 9% invested in community level strategies, 6% supports evaluation, data collection and improving the delivery of services and programs.	.14 mil
Ventura County, CA *First 5 Ventura*	854,383	62,630	15.2%	A nine-member volunteer commission appointed by the Board of Supervisors governs First 5 Ventura County. The members include (a) One member of the Board of Supervisors; (b) Two members recommended by the County Executive officer. The members recommended by the County Executive Officer shall be selected from among the County Health Officer and persons responsible for management of the following County functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services; (c) A representative recommended by the Child Care Planning Council; (d)The remaining five members are selected from among members of the Ventura County Children, Family and Community Commission (Community Commission) nominated, one each, by the members of the Board of Supervisors, who are either described in (b) above or are: (1) recipients of project services included in the Plan, (2) educators specializing in early childhood development, (3) representatives of a local child care resource or referral agency or child care coordinating group, (4) representatives of a local organization for prevention or early intervention for families at risk, (5) representatives of community-based organizations that have the goal of promoting nurturing and early childhood development, (6) representative of local school districts, or (7) representatives of local medical, pediatric, or obstetric associations or societies.	1998	$ 12,300,000	Tobacco tax	Proposition 10 created 58 independent local First 5 Commissions and a single, independent State commission to help children throughout the state. It funds programs to develop locally managed resources and systems that improve health and education for children age 0-5, including high-quality preschool, developmental check-ups, health and dental screenings, nutrition counseling, early literacy and healthy weight among others.	$025 for each cigarette purchased

Palm Beach County, FL *Children's Service Council*	1,398,757	74,269	22.7%	A Children's Services Council (CSC) is a countywide special-purpose government, in essence a taxing district, created by ordinance – and approved by local voters – to fund programs and services that improve the lives of children and their families. Governance of Children's Services Council of Palm Beach County consists of a 10-member board. Five are gubernatorial appointees, and they serve staggered four-year terms. Five others serve by virtue of their positions in other bodies, and they are: Palm Beach County School Superintendent, Southeast Florida Regional Director of the Department of Children and Families, a school board member selected annually by the school board, a county commissioner selected annually by the county commission, and a juvenile court judge selected annually by the Chief Judge for Palm Beach County Circuit Court. Funding is based on research and data indicating where and what needs exist for children and families in the county in the form of contracts for services, is awarded on a competitive basis and can be for multiple years, based on performance. CSC closely monitors programs for performance and measurable results based on best practices. *Funding decisions for independent councils are approved by the 10 member board and county government approval is not required.*	1986 (second referendum passed in 2000 allows for a levy of up to 1.0 mil)	$ 132,300,000	Property Tax (based on Palm Beach County property values of $176.5 billion)	Children's Services Council focuses the majority of its funding on prevention and early intervention services for Palm Beach County's children and their families. Services include providing parents and caregivers with the tools they need to build strong bonds with their children, developmental screening of young children and offering children high-quality child care opportunities.	0.659
Multnomah County, OR *(Portland Children's Levy and Sun Parent Child Development Services)*	790,294	55,480	23.2%	The Portland Children's Levy is overseen by a five-member Allocation Committee that meets publicly at Portland City Hall Council Chambers to make funding decisions. It is composed of one Portland City Commissioner, one Multnomah County Commissioner and one member appointed by the city, county and Portland Business Alliance respectively and is **one** component of the Schools Uniting Neighborhoods (SUN) Service System. The SUN Coordinating Council guides and supports the System to achieve its intended results and fulfill its commitment to equity and racial justice; maintains a strong collective impact partnership; and shares accountability for results. The Council is comprised of representatives of three sites (schools, non-profit or community providers), five "systems" or funders (state, county, city, school-district and philanthropic funders) and three at-large representatives. At least one site representative should be a non-profit provider, selected by the providers. At least one member should be selected by the Coalition of Communities of Color. All members contribute resources (cash or services) to the system. The Council's role is to: Advise sponsors on policy areas and financial allocation related to the SUN Service System, engage in strategic planning including system review and design and development of system goals, outcomes and priorities, align programs to work toward those goals, develop supportive policies, engage the community to strengthen alliances and ensure voices are heard/incorporated, support implementation of the Multnomah County Equity and Empowerment Lens, champion the system in a collective way, review dashboards and evaluation to measure success and monitor system performance, support continuous improvement efforts linked to results and address systemic barriers and respond to emergent issues and trends.	2002 (renewed in 2008 and 2013)	$ 17,800,000	Property Tax (7.76 billion)	Portland Children's Levy and SUN Parent Child Development Services fund services for families of children (birth through age 5) to promote positive parenting, healthy child development and school readiness. Families receive personalized coaching and support through a home visitor and play groups in the community with other families. The services are part of the large SUN Service System, a unique county-city-school partnership designed to align resources and promote success for all children, youth and families in Multnomah County. SUN is an anti-poverty and prevention effort, which connects educational, social, health and other services under one umbrella. Most services are delivered through nearly 60 SUN Community Schools.	0.40 mil
Kent County	**642,173**	**44,056**	**46%**	**TBD**	**TBD**	**$ 10,000,000**	**Property Tax *(proposed)***		**0.5**

Kent County Prevention Initiative Annual Evaluation Report

October 2009

SRA International, Inc.
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1 PREVENTION INITIATIVE OVERVIEW

The Kent County Prevention Initiative (PI) was established in 2000 with the goal of investing in prevention and early intervention programs in order to reduce the burden of youths and families engaged in costly education, justice, mental and physical health services. The PI provides expanded funding to four strategic programs: two primary prevention family support programs, Healthy Start (HS) and Bright Beginnings (BB); a child abuse and neglect early intervention program, Early Impact (EI); and a family focused substance abuse early intervention program, Family Engagement Program (FEP).

To date, the PI programs have engaged in a short-term evaluation and have complied with continuous quality improvement reporting recommendations in order to improve data quality and consistency between programs. This report represents the second long-term evaluation report with the purpose of providing process and short-term outcome data and recommendations for each program, as well as providing the first snapshot of the long-term impact outcomes that will be tracked over time.

1.1 Methods

Data: Each program provided program data to the Kent County Health Department (KCHD) for participant records for the Evaluation Year 2 (EY2) timeframe, July 1, 2008 – May 30, 2009. Participant data records were assigned a UIC, de-identified and formatted in Access and Excel tables by the KCHD for use in SRA's analyses. To maintain program participant confidentiality, all outcome data provided by programs was de-identified prior to receipt by SRA.

Data analyses were conducted using SAS 9.1 and Microsoft Excel 2003. Analytical methods included descriptive statistics, such as means, ranges, frequencies, percentages, and standard deviations. All data was analyzed by year and provider and examined for trends and/or differences, and then aggregated for reporting purposes where none were found.

Program Evaluation: Process evaluation was conducted on each program to determine the extent to which the programs are implementing services as intended, while short-term outcome evaluation looked at each program's measurable progress toward meeting short-term program goals and objectives.

1.2 Long-term Impact Reporting

The purpose of the long-term impact evaluation is to determine the impact of the Prevention Initiative (PI) programs on key indicators of family health and well-being in Kent County. The scope of this evaluation will include linking participation in one or more of the PI programs with external outcomes, such as improved educational achievement, decreased juvenile justice contacts, improved health, and the sustained protection of children from abuse and neglect.

Separate comparison groups for each of the PI programs were created. These comparison groups were taken from the population across Kent County. For each participant in the program, a 'comparable' individual from the Kent County population was selected as a match. The individual was selected because they had similar characteristics to the participant. For example, if the participant was a Hispanic girl from a household with four members, the comparison individual would have the same characteristics. This selection process was performed for each participant and separately for each program. Testing was then conducted to determine whether the matches were good; that is, whether the participant did have a lot of common characteristics

with their match. To increase the sample size, we matched more than one comparison group person to the participant. The goal is to look at the outcomes of the participants and their respective matches.

For the long-term impact analysis, the Kent County Health Department (KCHD) coordinated the collection, de-identification, and matching of data on children from the following external sources:

- Kent Intermediate School District (KISD) (Education)
- Juvenile Justice Database (Juvenile Justice)
- DHS data warehouse (Child Welfare)
- Juvenile Justice database (Youth Substance Abuse)
- MICR, Hospital records (Child Health)

Data for both comparison and participants was checked to ensure the UIC data variables were present (birth last name, first name, date of birth and gender). Then staff deleted all spaces and special characters from the name fields and excluded records had missing data in any of these fields. In order to link participant and comparison individuals to this outcome data, the KCHD imported the data into a SQL server and ran SQL server scripts to create UICs in each table. Queries created in Microsoft Access separated the groups and were used to create one table for each group to be matched. A final a query compared the group being matched to all other groups using the UIC and created a table that contained the UIC and field names that represent the tables that were matched such as "CompHealthyStart_Y/N". If a match was found this field will contain a "Yes" otherwise it would be null. The results were then encrypted and sent to SRA via secure email for analysis.

2 HEALTHY START

2.1 Program Overview

The Healthy Start (HS) program began in 1995 with the goal of providing support and resources to serve parents in Kent County. One of the first tasks SRA undertook in this evaluation was to develop a program logic model mapping program resources and activities to the desired outputs and outcomes (see Year 1 Evaluation Report, Appendix B). The HS logic model was developed collaboratively with and approved by the Child and Family Resource Council (CFRC), and was used to guide the development and interpretation of the evaluation measures. The key elements utilized in this evaluation (e.g., target population, activities, and goals and objectives) are expanded upon below.

2.1.1 Target Population

All HS services are free and voluntary, and families can either self-refer or are referred from the major hospitals, clinics, and health care providers in Kent County. The eligibility criteria for participation in the HS program include:

- Parent resides in Kent County
- 1st-time parent or 1st-time parenting biological child for mother
- Mother being pregnant or baby less than 7 months old
- Parent has baby in their care
- Parents do not have open Child Protective Services (CPS) case or Category 1 or 2 substantiation
- Parents do not have duplicative services in their home (i.e. if a mother is already receiving a service similar to Healthy Start)

2.1.2 Activities/Services

HS services include assessment, phone support, and/or home visitations with the goal of providing information and resources related to issues such as infant care, immunizations, child development and basic support services. The intensity of service is dependent upon the service levels which are defined as follows:

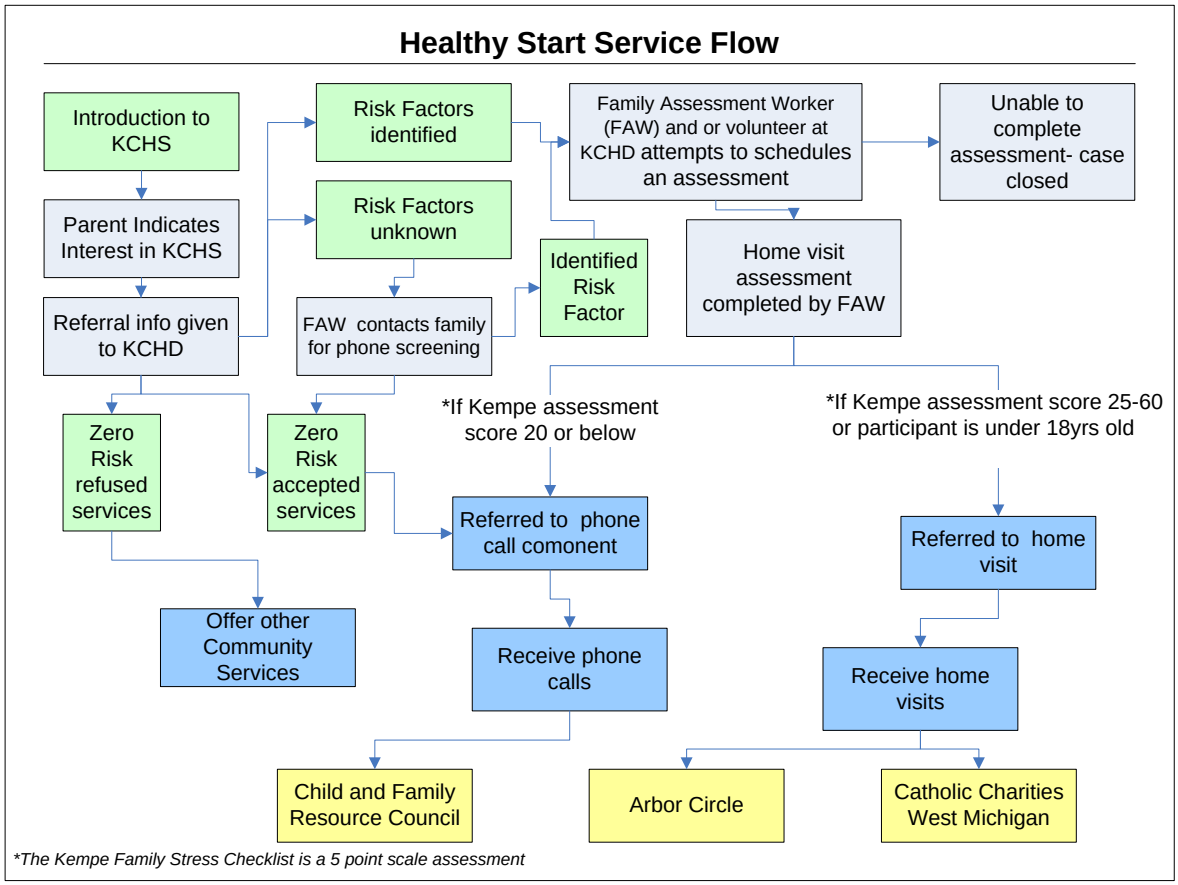
- Level SS (families in crisis): More than weekly
- Level I (entry to home visiting component): Weekly home visits
- Level II: Bi-weekly home visits
- Level III: Monthly home visits
- Level IV: Quarterly home visits
- Level X: Creative Outreach – not fully engaged (for Home Visiting)
- Level E: (phone calls): 6 calls per year
- Level Q: (Phone calls): 1 call every 3 months
- Level Z: Creative Outreach- not fully engaged (for the Phone Support)
- Phone support services are available through the child's first year of life, and home visitation can be provided up to or until the child's third birthday.

While the contract is held by the CFRC, the services are provided by:

- Kent County Health Department (KCHD) - assessments
- Child and Family Resource Council – phone support services (PC)

- Catholic Charities West Michigan (CCWM) and Arbor Circle (AC) – home visitation services (HV)

To provide context and clarity to the process and evaluation findings, the following flow chart has been developed to clarify program activities:



2.1.3 Program Goals & Objectives

HS program goals and objectives were developed to promote child well-being, development, health, and safety. The following table outlines the goals and objectives as developed by HS and agreed upon by the Statewide Zero to Five Advocacy Network (ZFAN) as of October 1999.

Goal	Objectives: While enrolled in the program…
Goal 1 - Development To increase the # of children ages 0 to 3 who meet age appropriate developmental milestones	▪ 90% of target children will meet age appropriate developmental milestones as measured by a standardized developmental screening tool ▪ 100% of target children with suspected delays will be given referrals to appropriate services ▪ 95% of parents will follow through on these referrals and recommendations
Goal 2 - Health To increase access and utilization of health care services by families	▪ 95% of target children received age appropriate immunizations recommended by AAP ▪ 95% of target children will have a primary health care provider ▪ 95% of children will receive AAP recommended well-child care visits
Goal 3 - Safety To increase positive parenting strategies and decrease the number of CPS Cat I or II dispositions (substantiated child abuse or neglect)	▪ 95% of parents will not have a Cat 1 or 2 disposition (substantiated reports) of child abuse or neglect ▪ 95% of parents will report (from satisfaction surveys) that their parenting improved as a result of participation in the program

2.2 Evaluation Findings

2.2.1 Population Served

HS client demographic characteristics were analyzed from data provided from the HS *Program Information Management System* (PIMS) database. Contextually, it is important to remember that the Prevention Initiative *evaluation year* is an arbitrary time point designation and does not correlate to any meaningful client period of service. As such, the demographics presented across years reflect some overlap in participants. For program year to year comparison, demographic analysis included clients in either year they participated. In addition, Year 1 data was updated from last year's report and results may be different from those previously reported. Table 2.2.1 shows the number of new and continuing mothers and children served by HS across evaluation years 1 and 2.

Table 2.2.1: HS Clients Served

Clients Served	Year 1				Year 2			
	AC	CCWM	Phone Calls	Overall	AC	CCWM	Phone Calls	Overall
New mothers	163	118	493	**774**	124	122	257	**503**
Continuing mothers	141	130	445	**716**	124	129	457	**710**
Total	**304**	**248**	**938**	**1490**	**248**	**251**	**714**	**1213**
Children	294	245	961	**1500**	236	238	735	**1209**

2.2.2 Mother's Age

As observed in evaluation Year 1, the mean age of HS mother's was 26 (range: 12-44). The same difference in ages between home visiting and phone call services exists, with the phone call service mean age was 29 (range: 18-44), while home visiting service mean age was 23 for both providers (range: 15-42).

Table 2.2.2: HS Mother's age

Age	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
12-15	1%	0%	**0%**	1%	0%	**0%**
16-19	32%	1%	**12%**	30%	1%	**12%**
20-29	59%	61%	**61%**	58%	61%	**60%**
30-39	8%	35%	**25%**	11%	36%	**26%**
40-49	0%	2%	**1%**	1%	2%	**1%**

Missing/ Inaccurate (DOB data entry error) = 3% Y1; 2% Y2

Similar to Year 1, approximately 60% of the mothers served were between 20 and 29 years old. The differences between HV and PC teen mothers served continued (representing over a quarter of the home visiting population and only 1% of the phone call population), reflecting the higher needs family being served through home visiting. As in Year 1, there were not systematic differences in mother's age between the two home visit service providers.

2.2.3 Mother's Race

Overall, 73% of HS program participants were White, 15% were African American, 9% were Hispanic, 3% Asian or Pacific Islander, and 2% Multi-racial.

Table 2.2.3: HS Mother's Race

Race	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
White	48%	89%	**74%**	46%	92%	**73%**
Hispanic	27%	3%	**12%**	31%	3%	**15%**
Black	18%	3%	**9%**	17%	3%	**9%**
Asian/ Pacific Islander	2%	4%	**3%**	1%	2%	**2%**
Multi-racial	5%	1%	**2%**	5%	0%	**2%**

Missing = 3% Phone calls (both years)

The racial distribution between the phone support services and home visit components mirrored evaluation Year 1, with 92% of the phone support participants being Caucasian compared with 46% home visiting. Conversely, less than 10% of phone support participants were either African American or Hispanic, compared with nearly 50% for the home visiting participants.

2.2.4 Mother's Employment

Employment demographics paralleled evaluation year 1. Similarly there are substantial differences between service components:

- full-time and part-time workers comprise 65% of the phone support participants compared to 16% for HV
- 36% of the HV participants are described as unemployed and not looking compared with only 3% of the phone participants

Table 2.2.4: HS Mother's Employment

Employment Status	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
Full-time employed (35+ hrs per wk)	2%	44%	**27%**	4%	44%	**26%**
Unemployed, not looking	35%	10%	**20%**	36%	3%	**18%**
Part-time employed (<35 hrs per wk)	11%	22%	**18%**	12%	21%	**17%**
Medical leave/disability	25%	10%	**16%**	22%	14%	**17%**
Other (specify)	2%	10%	**7%**	3%	15%	**10%**
Unemployed, student	12%	1%	**5%**	11%	0%	**5%**
Unemployed, but looking	10%	2%	**5%**	9%	1%	**5%**
Odd jobs/irregular part time	3%	1%	**2%**	3%	1%	**2%**

Missing = 12% Phone calls (both years)

2.2.5 Mother's Income

Overall, 30% of HS program participants reported an income of less than $20,000, with the same difference between home visiting and phone services distributions as in Year 1, with 75% HS home visiting participants under $20,000 and 97% of phone support participants over.

Table 2.2.5: HS Mother's Income

Income	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
Under $10,000	45%	1%	**16%**	43%	1%	**17%**
$10,000-19,999	33%	2%	**12%**	32%	1%	**13%**
$20,000-29,999	11%	7%	**8%**	11%	5%	**7%**
$30,000-39,999	6%	10%	**9%**	6%	11%	**9%**
$40,000-49,999	3%	10%	**8%**	3%	10%	**7%**
$50,000 and over	3%	69%	**47%**	4%	71%	**46%**

Unknown = ~35% across years

2.2.6 Mother's Education Level

The most noticeable difference between evaluation year 1 and 2 participants was the decrease from 42% to 30% in home visiting participants reporting a high school diploma or GED. In Year 2, a slightly higher percent of home visiting participants reported their education as only some high school and no high school, similar to the slight increase in participants reporting some college, associates and college educations.

Table 2.2.6: HS Mother's Education

Education Level	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
No high school	6%	0%	**2%**	8%	0%	**3%**
Some high school	26%	0%	**10%**	28%	0%	**12%**
High school diploma or GED	42%	13%	**24%**	30%	11%	**19%**
Some college	17%	19%	**18%**	22%	18%	**20%**
Associate	2%	11%	**8%**	3%	11%	**8%**
College	5%	39%	**26%**	6%	42%	**27%**
Some Grad School	0%	2%	**1%**	0%	2%	**1%**
Graduate	0%	16%	**10%**	0%	16%	**10%**
Unknown	2%	0%	**1%**	1%	0%	**0%**

Missing = 15% Y1: 11% Y2

2.2.7 Mother's Marital Status

Overall, 63% of HS program participants reported being married, which was differentially distributed between 91% of PC participants and only 20% of HV participants. Close to half of HV participants reported being single parents compared with only 4% of PC participants. In addition, a third of HV participants reported they were living together with a partner but not married, compared to only 5% of PC participants.

Table 2.2.7: HS Mother's Marital Status

Marital Status	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
Married/Remarried	**17%**	90%	**65%**	20%	91%	**63%**
Single	**48%**	3%	**19%**	42%	4%	**19%**
Living Together/ Partner	**34%**	7%	**16%**	37%	5%	**18%**
Separated	**1%**	0%	**0%**	0%	0%	**0%**
Separated	**1%**	0%	**0%**	0%	0%	**0%**

2.2.8 Mother's Primary Language

Similar to evaluation year 1, the majority of HS participants reported English as their primary language (87%), reaching as high as 99% among PC participants. However, as approximately 16% of HV participants reported Spanish as their primary language and the majority of "other" were bilingual in English and Spanish, this supports the need for bilingual services and resources among the HV participants.

Table 2.2.8: HS Mother's Primary Language

Primary Language	Year 1			Year 2		
	HV	Phone	Overall	HV	Phone	Overall
English	78%	96%	**89%**	69%	99%	**87%**
Spanish	14%	2%	**7%**	16%	0%	**6%**
Other	8%	2%	**4%**	15%	1%	**6%**

Missing = 7% Y1: 1% Y2

2.3 Process Outcomes

The utility of process evaluation is to determine if services are being implemented as intended, as well as to identify where participants may be dropping out of the program in order to target retention efforts. The following analysis was conducted:

- **2.3.1:** Screenings and Assessments
- **2.3.2:** Service Units for Home Visits and Phone Support
- **2.3.3:** Level at Program Exit
- **2.3.4:** Termination Reason
- **2.3.5:** Service Outcome Reasons

2.3.1 Screenings and Assessments

A total of 1375 mothers were screened and referred to Healthy Start between July 1, 2008 and May 30, 2009. Screening occurred post-natal for 90% (n=1233), while 10% (n=139) were prenatal[1]. As in year 1, the majority of the referrals (73%) to screening occurred at the hospital (referrals with less than 10 records were excluded).

Table 2.3.1A: HS – HS Referrals to Screening Sources

Referral Source	AC	CCWM	Phone	KCHD	Overall
Hospital	63%	58%	75%	76%	**73%**
Self-referred	15%	17%	22%	15%	**16%**
Health Department	12%	15%	2%	5%	**6%**
Private Physician	7%	5%	0%	4%	**3%**
Other Healthy Family Participant	3%	6%	1%	2%	**2%**

Of the 1375 mothers screened, 48% screened low and were referred directly to HS phone services, 36% were assessed by the KCHD, and 2% screened high but were not assessed. This is a marked difference from year 1, when 41% screened high but were not assessed. Of those assessed, 78% accepted and enrolled in services, while 22% passive refused (accepted but did not subsequently enroll in services).

The majority (71%) of HS assessments conducted were completed more than two weeks after the birth of the child. Nearly 17% were conducted within two weeks after birth (an increase from 9% year 1) and 13% were conducted pre-natal.

[1] 3 records were missing

2.3.2 Service Units for Home Visits and Phone Calls

Length of Service

Per the program's definition of participant engagement (engaged at second home visit) all participants receiving only one home visit were excluded from the HV service unit's analyses. The phone call component only serves families for one year, though in some cases there were services recorded for up to 1½ years.

Table 2.3.2A: HS - Average Length of Service Year 1

Provider	AC	CCWM	HV Total	Phone Only
Mean	12 Months	15 Months	13.5 Months	7.9 Months
Range	1-44 Months	1-46 Months	1-46 Months	1-17 Months
N	190	178	368	566

Table 2.3.2B: HS - Average Length of Service Year 2

Provider	AC	CCWM	HV Overall	CFRC
Mean	13 Months	16.2 Months	14.6 Months	8.1 Months
Range	1-39 Months	1-51 Months	1-51 Months	1-18 Months
N	174	178	352	485

Service Units - Home Visits

HS family support workers conducted a total of 13,448 home visits during Year 2, a significant increase from 9827 in Year 1.

Table 2.3.2B: HS - Home Visits

HV Provider	Total # HV (Year 2)	Mean Visits Per Participant
AC	6357	25
CCWM	7091	28

2.3.3 Level at Program Exit

An indication of program drop-out is the proportion of families that exit the program while still at a high-need or high-intensity level (i.e. 1 or 2). Similar to year 1, it is encouraging that less than 10% of participants who terminate are at level one or two.

Table 2.3.3A: HS - Service Level at Termination by Provider Y1

Level	AC	CCWM	Home Visit Overall	CFRC	Program Overall
Level I	2%	8%	4%	0%	2%
Level II	10%	26%	16%	0%	6%
Level III	13%	19%	16%	0%	6%
Level IV	20%	0%	12%	53%	37%
Prenatal	5%	5%	5%	0%	2%
Level X	49%	42%	46%	8%	23%
Level E	0%	0%	0%	39%	24%

Table 2.3.3B: HS - Service Level at Termination by Provider Y2

Level	AC	CCWM	Home Visit Overall	CFRC	Program Overall
Level I	4%	14%	8%	0%	3%
Level II	13%	35%	22%	0%	9%
Level III	16%	22%	18%	0%	7%
Level IV	16%	0%	10%	55%	37%
Level X	51%	29%	42%	4%	19%
Level E	0%	0%	0%	41%	25%

2.3.4 Termination Reason/Service Outcomes

At program exit, family support workers and CFRC staff select reasons why the participant exited the program. As in Year 1, overall approximately 50% of HS participants exited the program achieving positive outcomes and/or graduating the program meeting all program goals.

2.4 Goals and Objectives

2.4.1 Goal 1 – Development: To increase the number of children ages 0 to 3 who meet age appropriate developmental milestones.

Objective 1: *While enrolled in the program 90% of target children will meet age-appropriate developmental milestones as measured by a standardized developmental screening tool*[2]

Measure: Ages and Stages Questionnaire (ASQ) (FSW administers during home visits)
Outcome: Overall, 91% of HS children receiving an ASQ were meeting age-appropriate developmental milestones.

Arbor Circle
Of 102 children assessed by an ASQ, 88% were meeting age-appropriate developmental milestones (90 out of 102). AC staff administered 223 ASQs during year 2, delivered an average of two times per child (range:1-6).

Catholic Charities West Michigan
Of 117 children assessed by an ASQ, 93% were meeting age-appropriate developmental milestones (109 out of 117). CCWM staff administered 272 ASQs during year 2, delivered an average of two times per child (range:1-6).

Administration of the ASQ occurred with children younger than two years of age 76% of the time – this was consistent between providers in Year 2.

[2] This data was inclusive of Arbor Circle and Catholic Social Services data only.

Table 2.4.1: ASQ Time Point

ASQ time point	AC	CCWM
4 months	10%	10%
6 months	11%	11%
8 months	6%	13%
10 months	7%	11%
1 year	9%	10%
1 year, 2 months	9%	5%
1 year, 4 months	7%	4%
1 year, 6 months	5%	5%
1 year, 8 months	7%	5%
1 year, 10 months	4%	4%
2 years	7%	9%
2 years, 3 months	4%	5%
2 years, 6 months	4%	6%
2 years, 8 months	1%	0%
2 years, 9 months	4%	1%
3 years	4%	3%

Objective 2: *100% of target children with suspected delays will be given referrals to appropriate services*[3]

Measure: Ages and Stages Questionnaire (FSW administers during home visits)
Outcome: Overall, 100% of children with suspected delays were referred to appropriate services.

Arbor Circle (AC) - Delays were identified in 12 AC children served, with 100% of those being referred to services or noted as being addressed by parents.

Catholic Charities West Michigan (CCWM) - Delays were identified in 8 children, with 100% of those being referred to services or noted as being addressed by parent.

Objective 3: *95% of parents will follow through on these referrals and recommendations*

Measure: Parent Reports
Outcome: SRA agreed to not evaluate this goal in Year 2 as the program is updating its data collection for this objective.

2.4.2 Goal 2 – Health: To increase access and utilization of health care services by families

Objective 4: *While enrolled in the program 95 % of target children received age-appropriate immunizations recommended by AAP*

Measure: PIMS child immunization data (parent self-reported)
Outcome: The average percent of on-time immunizations across providers in Year 2 was 92%, with home visiting averaging 93% across both providers and phone support 91%.

[3] This data was inclusive of Arbor Circle and Catholic Social Services data only.

Objective 5: *95% of target children will have a primary health care provider*

Measure: PIMS data
Outcome: Overall, 93% of active participants reported their children had a primary health care provider (AC=94%%; CCWM=95%; and Phone=91%). This is much closer to the target than Year 1 findings of overall 77% (AC=67%; CCWM=73%; and PC=81%).

Objective 6: *95% of children will receive AAP recommended well-child care visits*

Measure: PIMS data (parent self-report)
Outcome: Overall, 95% of active participants reported their children had received their AAP recommended well-child care visits (AC=98%; CCWM=96%; and 91=92%).

Objective 7: *95% of women becoming pregnant after the birth of their first child will begin pre-natal care in 1st trimester and will receive prenatal care at least monthly.*

Measure: SRA agreed to not evaluate this goal in Year 2 as the program is updating its data collection for this objective.

2.4.3 Goal 3 – Safety: To increase positive parenting strategies and decrease the number of CPS Cat I or II dispositions (substantiated child abuse or neglect)

Objective 8: *While enrolled in the program 95 % of parents will not have a Cat 1 or 2 disposition (substantiated reports) of child abuse or neglect*

Measure: PIMS Database
Outcome: Of participants active during Year 2, no children had a Category 1 or 2 dispositions. Overall, there were 2 children (less than 1% of active HS children) involved in CPS services.

Objective 9: *95% of parents will report (from satisfaction surveys) that their parenting improved as a result of participation in the program*

Measure: HS Participant Satisfaction survey
Outcome: Goal met. HS participants' satisfaction ratings were slightly lower in Year 2 than year 1. Participants were asked to rate how much they agreed with the following statements:

Question	Y1	Y2
Healthy Start helps me build a stronger relationship with my children	95% strongly agreed or agreed	95% strongly agreed or agreed
Healthy Start made me a better parent	96% strongly agreed or agreed	95% strongly agreed or agreed
Healthy Start helps me understand how children learn and grow	95% strongly agreed or agreed	96% strongly agreed or agreed

2.4.4 Participant Satisfaction

Results of the satisfaction survey found that 95% of respondents strongly agreed or agreed HS was a useful program - similar to the 96% in Year 1.

2.5 Summary and Recommendations

2.5.1 Demographics

The distribution of the HS population reflects the design of the higher need families being served by the home visiting component compared with phone support as illustrated by a higher proportion of teen parents, low income, unemployed, low-education, and minority mothers within the HV group. The demographic analysis supports Year 1 conclusions that the HV program is truly reaching those considered high needs with about third of participants as teen moms, earning less than $10K/year, and without a high-school degree. In Year 2, the Hispanic/Latino population again surpassed the African American population in percent of families served within the HV group.

2.5.2 Process Evaluation

- **Enrollment:** HS served 1209 mothers between July 1, 2007 and June 30, 2008. Though this appears to have decreased from year 1 (1500), a lag in data entry may account for some of the difference.
- **Service Length / Reason for Termination:** Families in the HV component averaged about one year of service compared to approximately eight months for the phone support. The mean number of visits per participant was in the mid twenties, similar to year 1.

2.5.3 Outcome Evaluation:

Objective 1: 90% of target children meet age appropriate milestones: Objective met.

Objective 2: 100% of target children with suspected delays will be given referrals to appropriate services: Objective met.

Objective 3: 95% of parents follow through on referrals: SRA agreed to not evaluate this goal in year 2 as the program is updating its data collection for this objective.

Objective 4: 95% of target children receive recommended immunizations. HS fell just short of achieving this goal, with the average percent of on-time immunizations across providers in Year 2 at 92%. By comparison to the County, HS is operating above the county rate of 72% in 2008.

Objective 5: 95% of children will have a primary health care provider. HS fell just short of achieving this goal, with the 93% of children identified as having a primary health care provider.

Objective 6: 95% of children will receive AAP recommended well-child care visits. Objective met.

Objective 7: 95% of women becoming pregnant after the birth of their first child will begin pre-natal care in 1st trimester and will receive prenatal care at least monthly: SRA agreed to not evaluate this goal in year 2 as the program is updating its data collection for this objective.

Objective 8: 95% of parents will not have Cat 1 or 2 disposition of Child Abuse and Neglect: Objective met.

Objective 9: 95% of parents will report improved parenting: Objective met.

2.5.4 Recommendations

1. The service outcome variable provides valuable data for program evaluation, yet the lack of mutually exclusive categories makes this a difficult measure to interpret. SRA recommends reviewing service termination types to improve categories.
2. Data collection for Objectives 3 and 7 requires revision to allow for outcome analysis in future.

3 BRIGHT BEGINNINGS

3.1 Program Overview

Bright Beginnings (BB) is a county-wide Early Childhood (birth to five) program with the goal of ensuring children enter kindergarten with the skills necessary for success. BB utilizes the international *Parents as Teachers* curriculum to provide home-visiting services, complete developmental screenings, and host play groups and parent meetings. The program works collaboratively with families to enhance parenting and early literacy skills, with its primary purpose being school readiness upon kindergarten entry. The Child and Family Resource Council is the fiduciary of this contract with services provided through The Kent Intermediate School District, and currently has 24 parent educators (four full-time) in 20 school districts. A program logic model was developed for Bright Beginnings and is used to guide program evaluation.

3.1.1 Target population

BB provides universal services to any family within the Kent Intermediate School District with children aged prenatal until kindergarten entry. All services are free and voluntary and most families are self-referred through word of mouth, with some referrals from local county agencies.

3.1.2 Activities/Services

Service components include home visits, playgroups, and parent meetings, developmental screenings, and a community resource network. The home visiting component provides one-on-one developmental guidance for parents. This includes the administration of the Ages & Stages Questionnaire for developmental screening and administration of the PAT curriculum offered to the parents each month by the age of the child, with age appropriate activities.

Most of the group meetings offered for families are "playgroups." Playgroups are theme-based events that are generally between one to two hours in length. Playgroup activities are structured to model developmental activities such as read-aloud stories and songs, pretend play activities, craft activities, music and movement, and pretend play. For each activity that is presented, the Parent Educators provide a written rationale that explains what the child is learning. Parent Educators facilitate the playgroups and interact individually with parents to provide individual developmental information.

Every family who enrolls in Bright Beginnings receives a monthly newsletter and calendar of program events. At the time a child is enrolled in the program, Parent Educators contact families to discuss program components and working work with the families to determine the service level that will best meet their needs. Service levels include:

Levels 1, 2 and 3 - Home Visiting

- **Level 1 - Weekly** home visits: developmental screenings, playgroups/parent meetings and monthly newsletter
- **Level 2 - Bi-weekly** home visits: developmental screenings, playgroups/parent meetings and monthly newsletter
- **Level 3 - Monthly** home visits: developmental screenings, playgroups/parent meetings and monthly newsletter

Level 4 - Playgroups/parent meetings and monthly newsletter

Level 5 - Monthly newsletter only

3.2 Evaluation Findings

3.2.1 Population Served

Demographic data was provided from the Bright Beginnings program on participants with active records during the Evaluation Year 2 (EY2) of July 1, 2008 through May 31, 2009. During this time period, 2,684 unique families with a total of 3,686 children received services.

From 2003-2008, there was an overall increase in children (113%) and families (69%) entering the program. Graph 3.2.1A shows the unique participants and families enrolled by year (note that 2009 data is incomplete due to the evaluation data cutoff point).

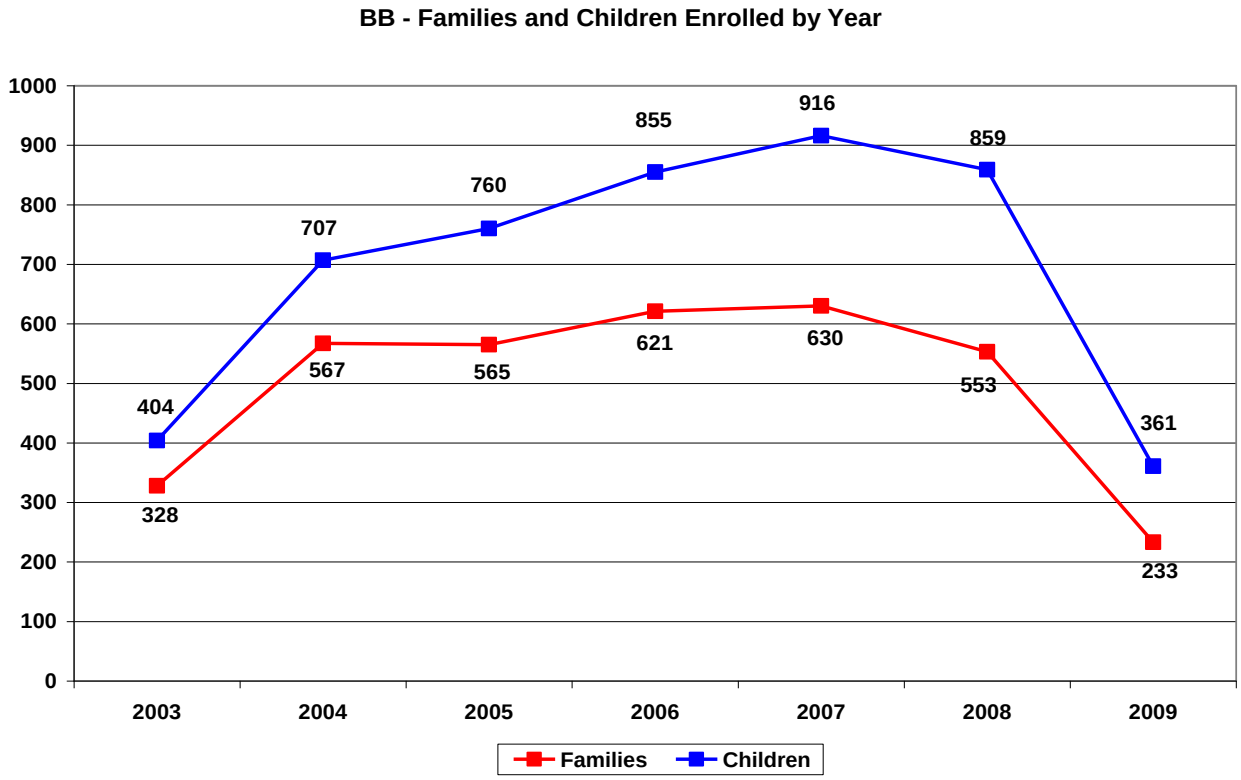


Figure 3.2.1

Demographic analyses of the program included participants (children) who were active during EY2 and were conducted on the following demographics: mother's age, income, education, marital status, primary language, as well as participant's (children) age and race. Note: The participants receiving newsletters are not tracked and these participants were included in the "Inactive level" for demographic purposes.

The level that children enter services at can be assessed in two ways:

1. All children entering services since program inception
2. Children entering services since the start of the evaluation on July 1, 2007

Program data for service level since program inception is not complete. Therefore, evaluators looked at all children entering services since the beginning of the evaluation (when data was more complete). Since the evaluation began, the majority of children (74%) participated in playgroups, followed by home visits (25%) and newsletter only (1%).

Table 3.2.1: EY BB - Children Entering Services

Service Level	Child Service Level Since 07/01/07 (n=1739)
1-Weekly home visits	25%
2-Bi-weekly home visits	
3-Monthly home visits	
4-Playgroups	74%
5-Newsletter Only	1%

3.2.2 Mother's Age

Overall, the mean age of participating mothers for home visiting services was 33 years old (34 years in EY1), with a range of 14 to 59 years (15-59 in EY1). The distribution of ages served is displayed in Table 3.2.2 and shows the majority of mothers (63%) within the 30-39 age group, followed by 20% between ages 20 to 29, both of which are similar to EY1.

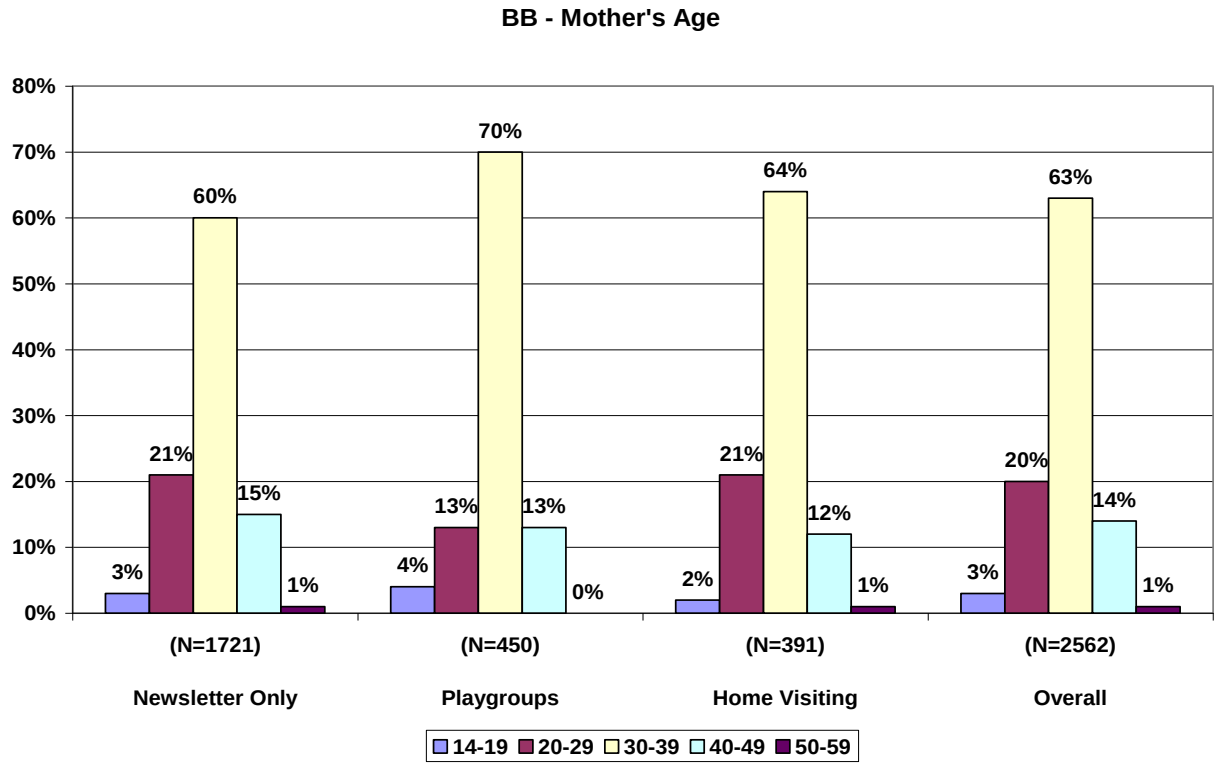


Figure 3.2.2

3.2.3 Child's Age

The mean age of children overall was 1, while the mean age for in home visiting services was 6 months and playgroups was just over 1 year. Table 3.2.3 shows the distribution of children's age by service level during EY2. The majority of children were under the age of two. Age distribution is comparable to EY1.

Table 3.2.3: EY2 BB - Child Age at Program Entry

	Newsletter Only (child n=2204)	**Playgroups** (child n=666)	**Home Visiting** (child n=607)	**Overall** (n=3477)
less than 1 year	33%	33%	56%	37%
1 to less than 2 years	27%	29%	22%	27%
2 to less than 3 years	23%	23%	14%	22%
3 to less than 4 years	11%	11%	7%	10%
4 to less than 5 years	5%	3%	2%	4%
5 or more years	0%	1%	0%	0%

Missing and Data Entry Errors=6%

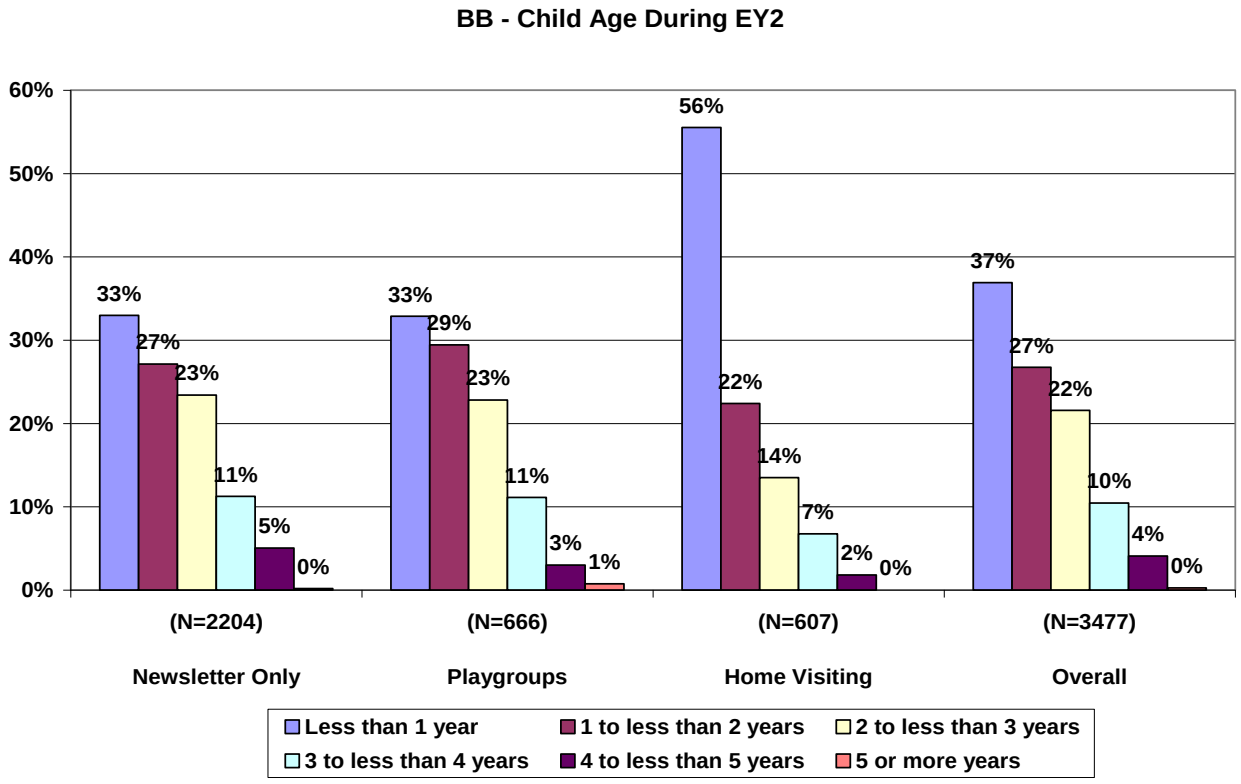


Figure 3.2.3

3.2.4 Child's Race

Overall, 83% of BB participants (children) were White, with 7% Hispanic and 5% Black (Table 3.2.4.). This did not vary by service level. Native Hawaiians/Pacific Islanders accounted for less than 1% overall for both years.

Table 3.2.4: EY1 BB - Race of Child by Service Level

Race	Newsletter Only (n=2612)	Playgroups (n=672)	Home Visiting (n=637)	Overall (n=3921)
White/Caucasian	78%	85%	80%	80%
Asian	3%	3%	5%	4%
Black	4%	0%	2%	3%
Hispanic	8%	7%	11%	9%
Multi-Racial	4%	1%	2%	3%

Missing= 4%

Table 3.2.4: EY2 BB - Race of Child by Service Level

Race	Newsletter Only (n=2206)	Playgroups (n=77)	Home Visiting (n=668)	Overall (n=3551)
White/Caucasian	81%	89%	80%	83%
Asian	3%	4%	2%	3%
Black	6%	3%	4%	5%
Hispanic	7%	4%	12%	7%
Multi-Racial	2%	1%	1%	2%

Missing= 4%

3.2.5 Mother's Education

Overall in EY2, 45% of program participants reported having a Bachelor's degree or higher and 27% reported a high school diploma/GED or less (see table and figure 3.2.5). Analysis by service level showed the same overall trend. This data is comparable to EY1.

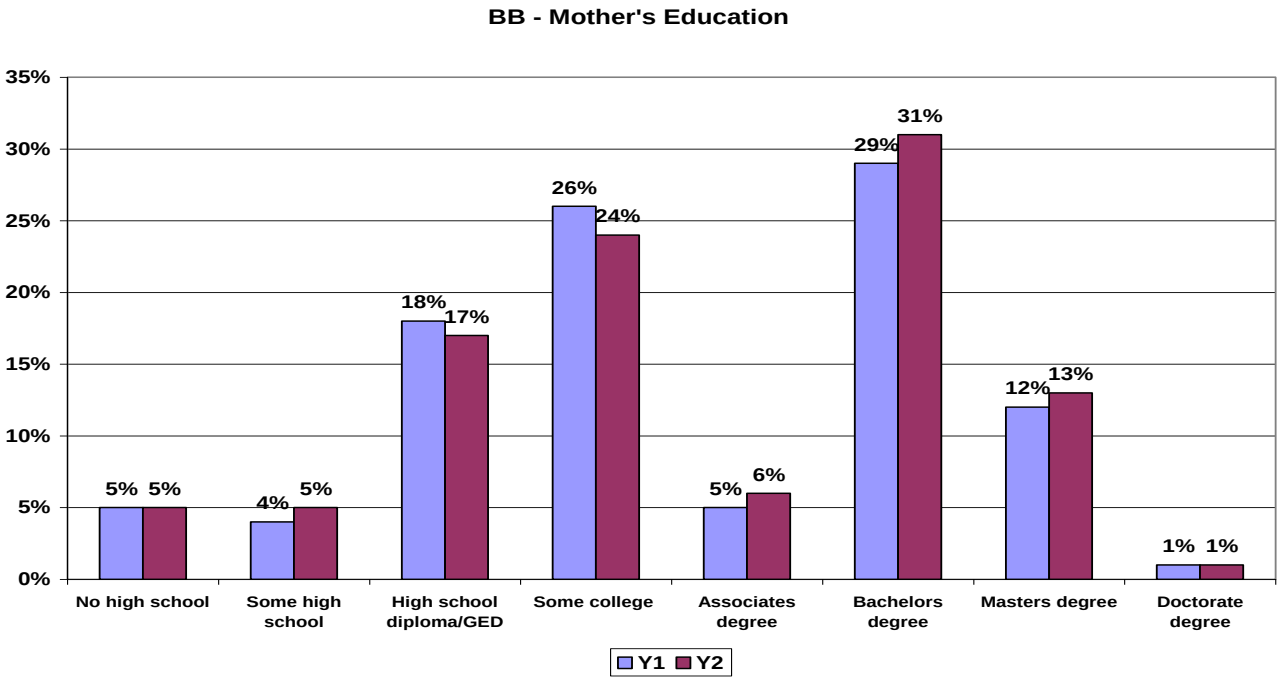


Figure 3.2.5

3.2.6 Mother's Employment

Overall, a little over more than half of participants reported being unemployed in EY2. In EY1, there were additional categories of "at home with child" and "medical leave/disability," but those categories were combined with "unemployed-looking" to create the category "unemployed" in EY2. When those EY1 categories are compared as a group to EY2's "unemployed," rates are nearly identical (56% for the former and 55% for the latter. More participants were employed full-time in EY2 (28% vs. 14% in EY1) and less were employed part-time (17% vs. 30% in EY1). Employment categories changed this year to include just three categories, as compared to five categories in EY1.

Table 3.2.6A: EY2 BB - Mother's Employment

Mother's Work Status	Newsletter Only (n=1623)	Playgroup (n=438)	Home Visits (n=356)	Overall (n=2417)
Full-time	20%	11%	12%	**17%**
Part-time	28%	29%	23%	**28%**
No employment	52%	60%	65%	**55%**

Missing=10%

Overall, 92% of families reported having one family member employed full time, which is comparable to EY1.

3.2.7 Family Income

Of the 857 families reporting income data, 56% of families reported incomes of $50,000 or more. At all service levels, the average number of household members was 4, with a range of 2-12. Income data is comparable to that of EY1.

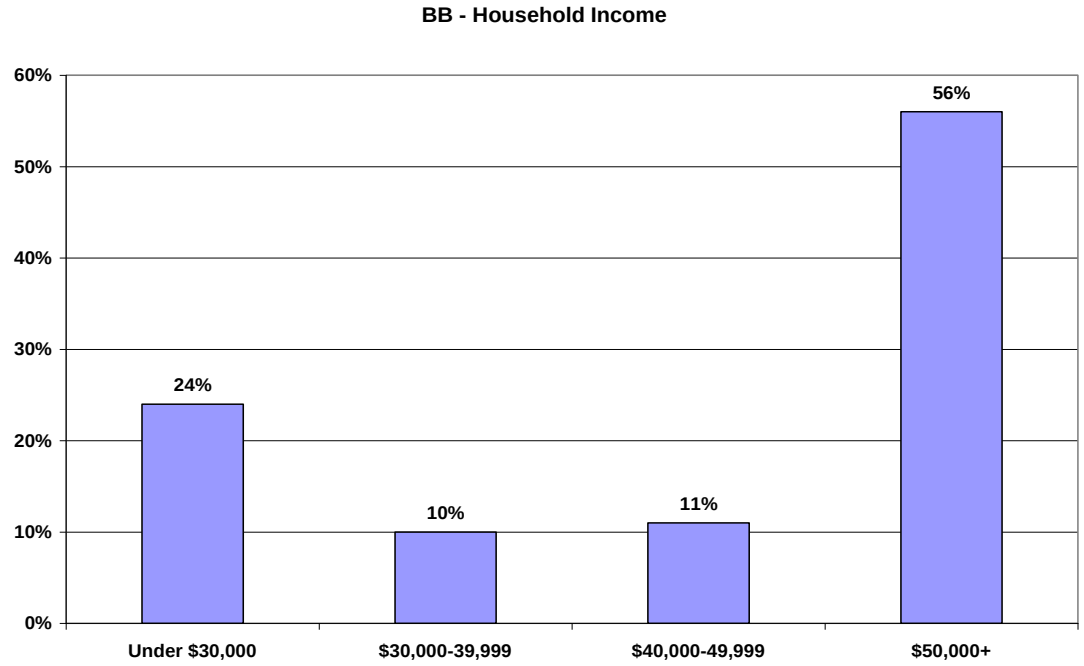


Figure 3.2.7

Bright Beginnings improved its data quality from 68% missing prior to the start of the evaluation on July 1, 2007 to just 26% missing since the evaluation began. However, income distribution remained the same during that time.

3.2.8 Mother's Language

Overall, the majority of participating mothers reported English as their primary language (92%), with 6% reporting Spanish as a primary language, which is comparable to EY1. In home visiting services, 13% of people were Spanish-speakers, compared to 3-5% for other services.

3.2.9 Family Marital Status

Overall, 83% of BB families reported being married, and this did not vary considerably between service levels (table 3.2.9). This was comparable to the EY1 rate of 85%.

Table 3.2.9: EY2 BB - Family Marital Status

Marital Status	Newsletter Only (n=1781)	Playgroups (n=457)	Home Visits (n=377)	Overall (n=2615)
Married	80%	91%	88%	83%
Single	17%	8%	11%	14%
Divorced	2%	1%	1%	1%
Separated	1%	0%	0%	1%

Missing=3%

3.3 Process Outcomes

The utility of process evaluation is to determine if services are being implemented as intended, as well as to identify where participants may be dropping out of the program in order to target retention efforts. The following analysis was conducted:

- **3.3.1:** Service Level at Enrollment
- **3.3.2:** Home Visits
- **3.3.3:** Playgroups and Parent Meetings
- **3.3.4:** Length of Service
- **3.3.5:** Program Exit Reasons

3.3.1 Service Level

Since the evaluation began, the majority of children (74%) participated in playgroups, followed by home visits (25%) and newsletter only (1%). See table 3.2.1.

3.3.2 Home Visits

A total of 4,891 home visits were conducted for 677 children during EY2. The mean of visits was 7.33 per child and ranged from 1 to 15 visits per child. Parent educators can spend up to 3.5 hours per home visit (depending on the number of children) in preparation, travel, data collection and the actual home visit.

3.3.3 Play Groups & Parent Meetings

During EY2, there were a total of 4,512 records of playgroup attendance with 1,026 unique children attending playgroups. On average, children attended 7.55 playgroups with a range of 2-84 playgroups. Parent educators can spend up to 4.5 hours in topic preparation, meeting setup, data collection, and the actual playgroup. Playgroup attendance and unique children were similar to EY1 (4,504 visits/1,024 unique children).

3.3.4 Length of Service

The average length of service for children participating in Bright Beginnings during EY2 was approximately 2.6 years (949 days) and ranged from 12 days to 5 years.

3.3.5 Program Exit Reasons

During EY2, 885 children exited the program. The majority of children exited the program due to kindergarten entry, while 7% of families moved out of the service area. In EY1, 20% of families exited because they were no longer interested in the program, but in EY2, only 6% exited for that reason.

Table 3.3.5: EY1 - Service Exit Reason

Exit Reason	EY1	EY2
Kindergarten Entry	70%	58%
Moved out of service area	6%	12%
No Longer Interested	20%	6%
Preschool Participation	1%	1%
Unable to Contact	4%	23%
Total	**100%**	**100%**

3.3.6 Screenings

Bright Beginnings provided 144 hearing screenings to 127 children and 146 vision screenings to 129 children during EY2. This is comparable to EY1 rates.

3.4 Goals & Objectives

3.4.1 Goal Area 1 – Home visits

3.4.1.1 Parents will have increased understanding of child's growth and development

Overall, 90% (88% in Y1) of parents completing the Bright Beginnings Parenting Survey during the 07-08 program year reported an increase in their knowledge of how their child was growing and developing, which is comparable to Y1.

More parents reported an increase in their knowledge of what behavior was typical for their child's age in EY2 (95%) as compared to EY1 (85%). and 100% parents reported an increase in knowledge of how their child's brain was growing and developing, as compared to 82% in EY1.

3.4.1.2 Parents will have increased knowledge of appropriate parenting skills

Several items on the Bright Beginnings Parenting Survey (08-09) addressed this outcome, and percent with an increase from pre to post, as well as high score percentage at post is presented in the table below.

Survey Item	Increased from Pre to Post	High Score at Post-Assessment
My ability to identify what my child needs	86%	81%
My ability to respond effectively when my child is upset	67%	62%
My confidence in myself as a parent	79%	76%

As shown in the survey results table, 81% of respondents indicated a high self-assessment of their skill level at post in identifying children's needs, while only 62% indicated a high self-assessment in their ability to respond effectively when their child was upset.

Approximately 76% of client reported high confidence in themselves as parents. Though an increase from pre-post appears to be low, it should be noted that the parenting survey asks

participants to rate themselves for pre/post at time of program completion, and may be reflective of a memory bias.

High scores decreased dramatically from EY1 (85%) in the category of responding effectively when a child is upset, but were comparable for the remaining categories.

3.4.1.3 Parent will have increased knowledge of appropriate adult/child interaction and demonstrate skills

Several items on the Bright Beginnings Parenting Survey addressed this outcome, and percent with an increase from pre to post, as well as high score percentage at post is presented in the table below.

Survey Item	Increased from Pre to Post EY2% (EY1%)	High Score at Post-Assessment EY2% (EY1%)
The amount of activities my child and I do together	86% (59%)	81% (80%)
The amount I read to my child	86% (30%)	90% (90%)
My ability to keep my child safe and healthy	57% (73%)	90% (94%)

As with the parenting skills results, these items were scored high at pre and post, resulting in lower change percentages for reading and activities. Of note, 57% of participants showed an increase in their self-assessed ability to keep their children safe and healthy, which is significantly lower than the EY1 rate of 73%. However, pre to post scores increased greatly from EY1 in the activities (59% in EY1) and reading (30% in EY1) categories.

3.4.1.4 100% of children receiving home visiting services will be screened using the ASQ at least twice annually

The ASQ was administered 474 times to 404 unique children (SRA looked at child records from 7/1/2008-6/30/2009), which is considerably lower than the 1121 times it was administered last year to 651 unique children.

In EY2, parent educators administered the ASQ a mean of 1.2 times per child (range 1-3). Again, these rates differ greatly from EY1, in which the ASQ was administered 1.9 times per child for a range of 1-8.

3.4.1.5 Children will meet age-appropriate milestones

Of 404 unique children administered the ASQ, 96% were developmentally on target, while 16 (4%) were identified with developmental delays.

3.4.1.6 100% of children with delay identified will be referred for further evaluation

For EY2, 100% of children with a delay were referred. Referrals data remained difficult to evaluate due to the text response format of ASQ results. SRA recommends a categorical response be implemented that will better quantify if a delay is identified that needs a referral. Response categories may include:

- No delay identified at this time
- Delay identified, needs referral
- Delay identified, no referral needed at this time
- Delay identified, parent addressing

3.4.2 Goal Area #2 – Playgroups

The Bright Beginnings Group Meetings survey was distributed to parents at the end of parent meetings and playgroups and collected by meeting facilitators. SRA did not receive the data for this survey, and was unable to evaluate the following Playgroup goals.

- Parents will have increased knowledge of enrichment/learning activities
- Parents will have increased feeling of competence and confidence in parenting practices
- Children will have social interaction with peers
- Children will participate in activities that promote age-appropriate developmental and cognitive growth

3.4.3 Goal Area 3 – Screenings

3.4.3.1 100% of children with identified vision, hearing and/or health delay will be referred for further evaluation

- **Vision:** During the EY2 there were 9 unique children identified as needing a vision referral. Of those, 67% (6) had records indicating the referral was made.
- **Hearing:** Of the 11 children identified as needing a hearing referral, 46% (5) were documented as receiving one in the program data.

3.4.4 Goal Area 4 – Community Resource Network

3.4.4.1 Parent will display improved awareness of and access to resources for information and support

On the Parent Evaluation form, participants were asked if they had been referred to resources in the community to meet the needs of their family. There were 253 respondents overall. Of the 201 participants that responded to the question regarding referrals:

- 29 parents (14%) indicated they had been referred to resources
- Of those 29, 97% rated the referral as somewhat or very helpful. These results are much improved from 70% in EY1.

3.5 Summary and Recommendations

3.5.1 Process Evaluation

- **Home Visits and Playgroups:** BB services reach a substantial number of children, with 677 children receiving an average of seven home visits during EY2, and over a thousand children attending an average of 11 playgroups each. Average number of playgroups increased from 4 to 11 from EY1 to EY2.
- **Length of Service:** BB engages families for a substantial period of time (mean 2.6 years) and had a moderate level of "program completers" who stayed in the program until entering kindergarten (58%).

- **Program Exit Reasons:** There was a large reduction in children exiting the program due to the family being no longer interested in receiving services: from approximately 20% in EY1 to 6% in EY2.

3.5.2 Outcome Evaluation

GOAL AREA 1 – HOME VISITS

- ***Parents will have increased understanding of child's growth and development:*** Goal met.
- ***Parents will have*** increased ***knowledge of appropriate parenting skills:*** Goal partially met. As shown in the survey results table, 81% of respondents indicated a high self-assessment of their skill level at post in identifying children's needs, while only 62% indicated a high self-assessment in their ability to respond effectively when their child was upset.
- ***Parent will have increased knowledge of appropriate adult/child interaction and demonstrate skills:*** Goal met.
- ***100% of children receiving home visiting services will be screened using the ASQ at least twice annually*****:** Goal not met. BB participants were administered the ASQ, on average, once a year.
- ***Children will meet age-appropriate developmental milestones: Goal met.*** Overall, 96% of children receiving ASQs through the home visiting service met developmental milestones.
- ***100% of children with delay identified will be referred for further evaluation:*** Goal met.

GOAL AREA #2 – PLAYGROUPS

The Bright Beginnings Group Meetings survey was distributed to parents at the end of parent meetings and playgroups and collected by meeting facilitators. SRA did not receive the data for this survey, and was unable to evaluate the following Playgroup goals.

- Parents will have increased knowledge of enrichment/learning activities
- Parents will have increased feeling of competence and confidence in parenting practices
- Children will have social interaction with peers
- Children will participate in activities that promote age-appropriate developmental and cognitive growth

GOAL AREA 3 – SCREENINGS

100% of children with identified vision or hearing delays will be referred for further evaluation: Goal not met. BB referred 67% of vision delays and 46% of hearing delays identified.

GOAL AREA 4 – COMMUNITY RESOURCE NETWORK

- ***Parent will display improved awareness of and access to resources for information and support:*** Of the 201 participants that responded to the parent survey question regarding referrals, 14% reported they had been referred to resources in the community. This may

reflect a lack of service provision, or a lack of need in the surveyed population. Of those who had been referred, 97% rated the referral as somewhat or very helpful.

3.5.3 Recommendations

- Survey revisions
  - Group meeting survey – add item "My child interacted with other children during this playgroup" in order to fully measure the playgroup goals
  - Group meeting survey – revise so "strongly agree" is visible and not just implied
  - Parent survey – revise to capture improved awareness and access to community resources
- Referral for hearing, vision, and ASQ data should be entered in a standard, categorical format
- Recommend creating categorical result selections for vision, hearing screenings and ASQs:
  - No delay identified at this time
  - Delay identified, needs referral
  - Delay identified, no referral needed at this time
  - Delay identified, parent addressing
- Improve data entry/collection for playgroup exit surveys, ASQ provision, and hearing and vision referrals

4 EARLY IMPACT

4.1 Program Overview

The Early Impact (EI) program was launched in 1996 to provide assessment and services for families who are referred to CPS and either do not warrant an investigation, or are investigated and found to be CPS ineligible. The Kent County Department of Human Services (DHS) / Family Independence Agency (FIA) is the contract holder for EI, and subcontracts with four provider agencies: Arbor Circle (AC), Bethany Christian Services (BCS), Catholic Charities West Michigan (CCWM), and Lutheran Child and Family Services (LCFS).

4.1.1 Target Population

The target population for this program is all families who are referred to CPS but do not receive Category 1 or 2 dispositions. Though the design of the program model is to serve families at the lower risk intensity levels, EI services are often provided to families that range from low to high risk intensity levels. The program serves families with children between the ages of zero to eighteen.

4.1.2 Activities and Services

The services provided include a face to face contact and risk assessment for all cases that do not warrant a CPS investigation (Cat P21), and a P21 risk assessment for the ineligible cases that were investigated by CPS (Cats III and IV). Once risk is established and services are accepted, therapists from one of four contracting agencies work with the families to develop goals as part of their individual service plans. Services provided include direct counseling, case management, and basic and support services.

4.1.3 Data

Data for this report came from the Extended Reach (ER) database. Any item detailed as "not specified" was considered missing unless included in the report data table. It should also be noted there was a change in EI provider contracts at the beginning of Evaluation Year 1 (EY1); with Family Outreach Center (FOC) being replaced by Bethany Christian Services. As a result, there appear to be five EI providers in EY1. When there were large differences in findings between years, data tables for EY1 were included in this section.

4.1.4 Program Goals & Objectives

As a result of SRAs initial evaluation findings, the Early Impact program implemented new goal indicators, including the implementation of the North Carolina Family Assessment Scale-G (NCFAS-G) assessment instrument (pre/post), the Stages of Change measure (at intake, initial service plan and case closing), and stratification of their population served.

The NCFAS-G was implemented due to its designation specifically for use by child and family serving agencies employing an integrated services model. The scale provides assessment ratings of problems and strengths, both at intake and at case closure. The scale ranges from -3 to +2 and assesses 8 domains: Environment, Family Health, Family Interactions, Family Safety, Parental Capabilities, Social/Community Life, Self-Sufficiency, and Child Well-being. For this initial year of implementation, EY1 NCFAS-G results will provide SRA and EI with the baseline for setting future goal measures. In addition to the new assessment instrument, EI began to record participant ratings on the Stages of Change scale at intake, initial service plan and case closing. As another layer of nuance to program goal setting, EI stratified a level of engagement of refusers, dropouts (those individuals accepting services but closing cases at less than three units of service) and services received (those individuals receiving more than three units of service) populations.

4.2 Evaluation Findings

4.2.1 EI Population

In total, 2,398 unique participants were eligible for Early Impact services in EY2, down from 2704 in EY1 (11%). There were 281 individuals who dropped out of EI services, meaning they had less than 3 units of service and a closed case status. There were 529 individuals that refused services when contacted by DHS for assessment. Of the 154 individuals referred to a provider from a DHS assessment, 112 of refused services (first-time refusers) while 42 were repeat refusers (meaning they had been offered EI services in the past and had refused services at least once).

Table 4.2.1: EI Population

Service	Year 1		Year 2	
	n	%	n	%
Received	1567	58%	1394	58%
Dropouts	280	10%	281	12%
First Refusal	683	25%	554	23%
Repeat Refuser	174	6%	169	7%
TOTAL	**2704**	**100%**	**2398**	**100%**

4.2.2 Participants Served

Overall, a total of 1394 unique participants received services from the Early Impact program between July 1, 2008 and May 30, 2009 (EY2), a decline from 1,567 in EY1. As shown in Table 4.2.1A the distribution of participants and associated children by provider was consistent across providers.

Table 4.2.2A: Participants Served by Provider

Year	Unique number	AC	BCS	CCWM	LCFS	FOC	Total
Year 1	**Participants**	429	218	406	428	86	**1567**
	Children	1107	592	989	1100	228	**4016**
Year 2	**Participants**	336	313	356	389	**-**	**1394**
	Children	861	820	926	1001	**-**	**3608**

4.2.3 EI - Gender

Close to 91% of the primary adults eligible to receive services were female, which was consistent between the providers and those receiving and not receiving services. Among associated child gender was similarly consistent between the providers and those receiving and not receiving. For EY2, gender was consistent with EY1 findings.

Table 4.2.3A: EY2 EI - *Participant* Gender

Gender	AC	BCS	CCWM	LCFS	Overall
Female	93%	86%	90%	96%	**91%**
Male	7%	14%	10%	4%	**9%**

Table 4.2.3B: EY2 EI -*Child* Gender (associated with participants receiving services)

Gender	AC	BCS	CCWM	LCFS	Overall
Female	49%	50%	48%	50%	**49%**
Male	51%	50%	52%	50%	**51%**

4.2.4 EI - Age

The largest age group for adults was 30-39 (39%), closely followed by 34% between ages 20-29. The age distribution of the participant and associated children did not vary considerably between the providers. For EY2, age was consistent with EY1 findings.

Table 4.2.4A: EY2 EI - *Participant* Age

Age	AC	BCS	CCWM	LCFS	Overall
10-19	2%	4%	1%	6%	**3%**
20-29	34%	31%	36%	36%	**34%**
30-39	37%	42%	42%	34%	**39%**
40-49	20%	19%	17%	17%	**18%**
50+	7%	5%	3%	7%	**6%**

Table 4.2.4B: EY1 EI - *Child* Age (associated with participants receiving services)

Age	AC	BCS	CCWM	LCFS	Overall
0-3	24%	24%	26%	26%	**25%**
4-7	22%	22%	20%	24%	**22%**
8-12	28%	26%	26%	24%	**26%**
13-18	24%	23%	24%	22%	**23%**
18+	2%	5%	4%	3%	**3%**

4.2.5 EI – Participant Race

There was approximately three times the number of Caucasian participants compared with African American participants. Of note is that there was a substantial amount of Hispanic participants as well, supporting the need for culturally competent services and for this subgroup. This distribution was consistent among all providers and comparable to EY1.

Table 4.2.5: EY2 EI Participant Race

Race	AC	BCS	CCWM	LCFS	Overall
Caucasian	64%	60%	61%	61%	**61%**
African American	19%	19%	20%	23%	**20%**
Hispanic	16%	15%	14%	13%	**15%**
Multiracial	1%	4%	4%	1%	**2%**
Native American	0%	1%	1%	0%	**1%**
Other/Asian	0%	1%	0%	2%	**1%**

4.2.6 EI - Employment Status

A little under half of each of the services received population reported being unemployed, with a third employed full-time. This represents no change from EY1.

Table 4.2.6: EY2 EI Participant Employment

Employment	AC	BCS	CCWM	LCFS	Overall
Full-time	31%	28%	38%	29%	**31%**
Part-time	18%	14%	17%	19%	**17%**
Unemployed	50%	46%	44%	52%	**48%**
Unknown	1%	12%	1%	0%	**3%**

4.2.7 EI - Participant Household Income

Of those receiving EI services, 56% of the population reported an income of less than $20,000/year, 28% between $20,000 and $40,000, and 16% over $40,000. Findings were consistent with EY1.

Table 4.2.7: EY2 EI – Participant Household Income

Income Level	AC	BCS	CCWM	LCFS	Overall
Under 5,000	7%	12%	7%	6%	**8%**
5,000-9,999	15%	12%	18%	12%	**14%**
10,000-19,999	37%	29%	32%	35%	**34%**
20,000-29,999	15%	18%	14%	25%	**18%**
30,000-39,999	11%	12%	8%	9%	**10%**
40,000-49,999	5%	6%	8%	7%	**6%**
50,000 or more	10%	10%	13%	7%	**10%**

Missing=17%

4.2.8 EI - Participant Education Level

Over half (56%) of EI participants reported having some high school or a high school degree, and overall a quarter reported some college. Findings were consistent with EY1.

Table 4.2.8: EY2 EI Participant Education

Level of Education	AC	BCS	CCWM	LCFS	Overall
No High School	4%	6%	3%	7%	**5%**
Some High School	22%	19%	21%	25%	**22%**
High School/GED	38%	32%	29%	37%	**34%**
Some College	24%	26%	36%	25%	**27%**
College Degree	11%	7%	11%	21%	**8%**
Unknown	1%	11%	1%	2%	**3%**

4.2.9 EI Participant Marital Status

About 33% of participants report being single, which is a 100% increase from EY1. While 62% of participants reported being separated or divorced in EY1, only 25% reported similarly in EY2. More than a third reported a dual parent household of married or living with a partner.

Table 4.2.9A: EY1 EI Participant Marital Status

Marital Status	AC	BCS	CCWM	LCFS	Overall Y2	Overall Y1
Single	34%	27%	32%	37%	**33%**	**15%**
Married	28%	28%	28%	26%	**27%**	**13%**
Divorced	21%	13%	17%	12%	**15%**	**28%**
Live-In Partner	8%	13%	13%	13%	**12%**	**9%**
Separated	8%	13%	9%	11%	**10%**	**34%**
Widowed	1%	1%	1%	1%	**1%**	**2%**

Unknown Y2 (2%) removed

4.2.10 EI Participant Language

While the majority of participants reported English as their primary language, close to 10% reported Spanish. Findings were comparable to EY1.

4.2.11 Refusers

SRA looked for differences between EI participants (those receiving services) and EI refuser groups (first time and repeat refusers).

- The percentage of African Americans in the refuser groups (31%) was higher than those receiving services (20%). However, there were more Hispanic people in the receiving services group (15%) than in the refusers (10%).
- Employment and education demographics were similar between refusers and participants, though education data was missing for about half of refusers. There was not enough data present for refusers to compare income levels.

4.3 Process Outcomes

The utility of process evaluation is to determine if services are being implemented as intended, as well as to identify where participants may be dropping out of the program in order to target retention efforts. The following analysis was conducted:

- **4.3.1:** Length of Service
- **4.3.2:** Service Units
- **4.3.3:** Service Outcome and Closed Case Reason

4.3.1 Length of Service

The mean length of service was 142 days for all services delivered to participants (excludes dropouts) with a range of 14 to 388 days (down from a max of 504 days the prior year), which is similar to Y1 at 149. Tables 4.3.1A-B show the length of service for the EI program by provider (participants still in service were included) across the evaluation years. There was some variance in the distribution of service lengths across providers, as in EY1.

Table 4.3.1A: EY1 EI Length of Service by Provider

Length of Service	AC	BCS	CCWM	LCFS	FOC	Overall
1 to <35 days	2%	2%	0%	0%	2%	**1%**
35 to <100 days	22%	38%	22%	33%	36%	**28%**
100 to <170 days	37%	33%	35%	33%	36%	**35%**
170 to <365 days	38%	26%	43%	33%	22%	**35%**
>365 Days	1%	1%	0%	1%	4%	**1%**

Table 4.3.1B: EY2 EI Length of Service by Provider

Length of Service	AC	BCS	CCWM	LCFS	FOC	Overall
1 to <35 days	1%	3%	2%	2%	-	**2%**
35 to <100 days	31%	33%	23%	31%	-	**32%**
100 to <170 days	41%	40%	36%	35%	-	**41%**
170 to <365 days	27%	25%	39%	29%	-	**33%**
>365 Days	0%	0%	0%	3%	-	**1%**

4.3.2 Service Units

The mean number of service units delivered to participants was 16.17 (up from 14.83 the prior year), with a range of 1-133 (up from 0-79 the prior year). The distribution was similar among all the providers, but BCS and LCFS decreased from EY1 in the "3 < 10" category.

Table 4.3.2: EY1 EI Service Units by Provider

Units	AC	BCS	CCWM	LCFS	FOC	Overall
3 to < 10	41%	39%	36%	36%	45%	**38%**
10 to < 20	32%	33%	38%	34%	34%	**35%**
20 to < 30	17%	18%	19%	19%	15%	**17%**
30 to < 40	7%	8%	5%	9%	3%	**7%**
40 to < 50	2%	2%	1%	1%	2%	**2%**
> 50	1%	0%	1%	1%	2%	**1%**

Table 4.3.2: EY2 EI Service Units by Provider

Units	AC	BCS	CCWM	LCFS	FOC	Overall
3 to < 10	40%	28%	37%	29%	-	**34%**
10 to < 20	37%	37%	38%	37%	-	**37%**
20 to < 30	18%	22%	19%	18%	-	**19%**
30 to < 40	5%	7%	4%	11%	-	**7%**
40 to < 50	1%	4%	1%	4%	-	**3%**
> 50	0%	1%	1%	1%	-	**1%**

4.3.3 Service Outcome and Case Closed Reasons

Participants completing services with a positive service outcome in EY2 was 68%, which was consistent with EY1 findings.

Table 4.3.3A: Service Outcome

Service Outcome	AC n=270	BCS n=279	CCWM n=313	LCFS n=354	Overall Year 2	Overall Year 1
Positive Movement	66%	66%	68%	72%	**68%**	**62%**
Mixed Movement	21%	19%	19%	14%	**18%**	**24%**
No Movement	11%	8%	6%	8%	**8%**	**9%**
Negative Movement	1%	3%	4%	5%	**4%**	**6%**
Other movement	0%	4%	3%	0%	**2%**	**-**

Note: " – " entries did not appear in the data for that year.

In addition to the service outcome, EI staff record a case closed reason. Table 4.3.3B shows the percent distribution of case closed reasons across both years, while table 4.3.3C shows case closed distribution by service outcome.

Table 4.3.3B: EI Close Reason Years 1 and 2

Close Reason	Year 1		Year 2	
	n	%	n	%
Goals Met	639	56%	625	52%
Lost Engagement	202	18%	173	14%
Client Requested Close	116	10%	146	12%
Other	68	6%	104	9%
CPS case was opened	44	4%	-	-
Moved out of Kent County	32	3%	35	3%
CPS case was opened/category change	22	2%	63	5%
Unable to locate family	6	1%	17	1%
Involved in Other Services	8	1%	32	3%
Accepted Service with Other	2	0%	15	1%
Entered long-term treatment program	1	0%	-	-
Child was removed			5	0%
Total	**1145**	**100%**	**1214**	**100%**

* Not specified was removed from table (n=1 Y1)

Table 4.3.3C: EY2 Case Closed by Service Outcome

Close Reason	Completed: Positive Movement n=827	Completed: Mixed Movement n=219	Completed: Negative Movement n=44	Completed: No Movement n=102	Completed: Other n=19	Overall EY2
Goals Met	68%	26%	5%	2%	0%	**52%**
Lost Engagement	10%	21%	18%	38%	0%	**14%**
Client Requested Close	9%	14%	14%	29%	5%	**12%**
Other	6%	15%	18%	5%	53%	**9%**
Moved out of Kent Co.	3%	4%	2%	1%	16%	**3%**
CPS case was opened/category change	1%	10%	34%	15%	16%	**5%**
Unable to locate family	0%	4%	0%	3%	5%	**1%**
Involved in Other Services	2%	4%	7%	4%	5%	**3%**
Accepted Service with Other	1%	2%	0%	2%	0%	**1%**
Child was removed	0%	1%	2%	1%	0%	**0%**
Total %	**68%**	**18%**	**4%**	**8%**	**2%**	**100%**

The EI participants appear to be tracking to appropriate service conclusions based on their close reasons. For example, the goals met participants correlate strongly to the positive movement service outcome, while the lost engagement participants correlate to the mixed, negative or no movement service outcomes.

4.4 Program Goals

The EI program is in the second year of reviewing program goal measures. SRA presents the EY2 findings using EY1 evaluation results as baseline data.

4.4.1 Goal 1: Engage participants in services (more than 3 units)

During EY2, of those who initially engaged in services (1675), EI engaged 83% (1394) in services at a level of more than three units of service, while 17% dropped out, consistent with EY1 findings. Engagement rates were consistent across years (85% EY1), as were dropouts (15% EY1), and there was no change in the percent of those completing services with either a positive or mixed outcome (86% both years).

4.4.2 Goal 2: Positive movement in Stages of Change in goal areas

Upon accepting services, EI assesses the participant's Stage of Change (SOC) in their targeted NCFAS-G goal areas. The SOC is a transtheoretical model of change in health psychology that explains or predicts a person's success or failure in achieving a proposed behavior change, such as developing different habits. It attempts to answer why the change "stuck" or alternatively why the change was not made. A brief description of each stage is provided below:

- **Pre-Contemplation stage** – Individual has no intent to change behavior in the near future, usually measured as the next 6 months.
- **Contemplation stage** – Individuals in this stage openly state their intent to change within the next 6 months.
- **Preparation** – Individual intends to take steps to change, usually within the next month.
- **Action stage** – Individual has made overt, perceptible lifestyle modifications for fewer than 6 months.
- **Maintenance** – Individuals are working to prevent relapse and consolidate gains secured during action stage.

The stage of change in participant goal area(s) is assessed at the creation of the service plan and again at the time of case closure. Table 4.4.2A shows the distribution of EY2 participant goal areas (goals areas align with NCFAS-G domains).

Table 4.4.2A: Goals (1-3) set by EY2 participants

Category	Goals 1-3	
	N	%
Parental Capabilities	567	21%
Family Interactions	548	20%
Family Health	390	14%
Family Safety	339	13%
Child Well-Being	316	12%
Environment	235	9%
Self-Sufficiency	252	9%
Social/Community Life	59	2%
TOTAL	**2706**	**100%**

As shown in the table above, goals were most commonly created in the areas of Parental Capabilities, Family Interactions, and Family Health; the same as EY1.

SOC change scores were created and the overall sum of movement per client was defined categorically as either all negative movement, no change, all positive movement, or mixed movement. (Note: Not every client sets 3 goals, thus SOC change scores reflect 1 to 3 change scores, depending on the number of goals present in the client record.)

Table 4.4.2B: SOC Movement (EY2 Participant)

Movement	Overall	
	N	%
All Negative	44	4%
Mixed Change	34	3%
No Change	172	14%
All Positive	962	79%
Total	**1212**	**100%**

In total, 1212 EY2 participants had pre and post SOC assessment scores. Of those, 79% of participants had positive movement in their goal SOC stage (includes positive and neutral), 32% had mixed movement (both positive and negative or negative and neutral) and 8% had all negative movement.

4.4.3 Goal 3: Create positive movement in NCFAS-G goals

NCFAS-G change scores were created for the first three goals set by clients (goal overall domain score at intake minus goal overall domain score at closing), and the overall sum of movement per client was defined categorically as either all negative movement, no change, all positive movement, or mixed movement. (Note: Not every client sets 3 goals, thus a client's NCFAS-G change score is reflective of 1 to 3 goal area change scores, depending on the number of goals set.) The following NCFAS measures were present in the Year 2 dataset:

Table 4.4.3A: NCFAS-G Change Scores (Y2)

EI Client NCFAS-G Change Movement	Frequency	Percent
All Negative	34	6%
Mixed Change	7	2%
No Change	176	27%
All Positive	389	66%
Total Clients	**606**	**100%**

Overall, 66% of all EY2 participants had all positive movement in their NCFAS-G outcome goal areas, 27% no change, and just 6% all negative.

4.5 Summary and Recommendations

4.5.1 Demographics

- Overall, the distribution of demographic characteristics among the service providers and across years was fairly consistent.
- The participants were primarily female and had an age distribution concentrated between 20 and 40 years old, with children fairly evenly distributed from birth to 18.
- Caucasians comprised 61% of participants, with African Americans representing 20% of the minority group.

- There was a relatively high proportion of participants reporting full-time work (31%), but still 48% reported being unemployed.
- The education levels showed 61% of participants had a high-school degree or beyond, with 27% at the college level.
- Only 22% reported being married or having a live-in partner, with over 62% being divorced or separated and 15% single.

4.5.2 Process Evaluation

- EI participants were engaged for an average of five months (142 days) ranging from 14 to 388 days, down from a maximum of 504 days in EY1.
- Participants received a mean of 16 service units.
- About the same proportion of participants received less than 10 units (38%) as did those receiving 10 to 20 units (35%).
- The EI participant outcomes are consistent with case closure reasons. For example, the goals met participants correlate strongly to the positive movement service outcome, while the lost engagement participants correlate to the mixed, negative or no movement service outcomes.

4.5.3 Outcome Evaluation

EI is will establish their ongoing program goals based on the EY1 and EY2 outcome measure findings.

- **Goal 1: Engage participants in services (more than three units):** EI reported 83% of participants engaged in more than three units of service. EY1 was 85%.
- **Goal 2: Create positive movement in SOC goals area:** In Year 2, 79% of participants had all positive movement in their goal SOC stage (includes positive and neutral), 3% had mixed movement (both positive and negative or negative), 14% no change, and 4% all negative movement.
    - Goals were most commonly created in the areas of Parental Capabilities, Family Interactions, and Family Health; the same as EY1.
- **Goal 3: Create positive movement in NCFAS-G goals area:** Overall, 66% of all EY2 participants had all positive movement in their NCFAS-G outcome goal areas, 27% no change, and just 6% all negative. This is similar to EY1 findings (64% all positive, 29% no change, and 6% all negative).

4.5.4 Recommendations

- Benchmarks for each outcome goal should be set by program. Recommended benchmarks based on EY1 and EY2 findings include:
    - 85% or more of participants engage in at least three units of service
    - 80% or more of participants will show all positive movement in goal areas on SOC, (10% or less all negative)
    - 65% of participants will show positive movement in NCFAS-G goal areas (1-3)
- A thorough review of provider instrument ratings procedure and practice should be completed to ensure validity of outcome findings.

5 FAMILY ENGAGEMENT PROGRAM

5.1 Program Overview

The Family Engagement Program (FEP) began in 2004 with the goal of providing long-term, intensive case management services to mothers with a substance abuse disorder (SUD) history and their children in Kent County. Services provided include assessments, family and individual treatment planning, collateral care coordination and follow-up services.

The FEP program is evaluated by both SRA and Dr. Fred De Jong (Grand Valley State University). Dr. De Jong's evaluation is designed to closely monitor participant and household change among program participants using a Mother's Checklist, Family Status Report, and a Children's Checklist. The instruments, designed by Dr. De Jong, record the mother's self-report on markers of success, rated on a five point scale from zero to four (ranging from *never* to *regularly*). Dr. Dejong's 2009 Report "Time in FET: How long does an individual need FET services to gain maximum benefit?" are cited in this section and represent select outcome findings for the program.

5.1.1 Target Population

The eligibility criteria for participation in the FEP program include women identified as having a DSM-IV diagnosis of substance abuse or dependence, who have a child up to, but exclusive of age 18, living in her home.

5.1.2 Activities/Services

While the contract is held by Network180 (N180), the services are provided by two entities: Arbor Circle and Family Outreach Center. FEP is designed to deliver clinical services to the family and to the individual family members. The Family Engagement Therapist (FET) conducts an assessment of the family system and facilitates the design of a treatment plan to address the identified needs of the family. In the course of the family assessment, the individual family members are screened for mental health and substance use disorders. If the mother is referred to another provider, the FET will serve as the clinical coordinator. If a family member, other than the mother, has an identified need for assessment/treatment, the FET refers the family member to another provider, and functions as the clinical coordinator. FEP develops a family-focused treatment plan, provides in-home family therapy, case management services, discretionary funds used to assist with the basic needs identified by the FET or the case managers and referrals to community services.

5.1.3 Program Goals & Objectives

FEP's two main goals seek to sustain a mother's recovery and parenting skills, while also supporting the development and education of her children into productive adult roles in society. To support these goals, the program identified the following short-term outcomes:

- Client remains engaged, keeping appointments with FEP workers
- Client working toward treatment plan goals
- Client enrolled in substance abuse treatment, keeping appointments and participating in treatment activities
- Client has satisfaction with FEP and substance abuse treatment program

- Client completes treatment, maintains abstinence, and shows improved family and psychosocial functioning and other treatment plan goals achieved at case closure
- Client's children risk is reduced
- Client's children show improved child psychosocial functioning

5.2 Evaluation Findings

5.2.1 Population Served

SRA conducted analysis of participant demographic characteristics using data provided from the network180 FEP database. De-identified data was provided for any participant active within the EY2 time frame (July 1, 2008 – May 31, 2009).

Overall, FEP served 101 mothers and 229 children during EY2, which was comparable to EY1. Table 5.2.1 shows the distribution of participants across agencies and the number of children associated with the mothers in service.

Table 5.2.1: EY2 FEP - Participants

Participant	AC	FOC	Overall
Mothers	59	42	**101**
Children	121	108	**229**

Demographic analyses of the program participant population were conducted on the following characteristics:

- Mother's Age
- Mother's Race
- Mother's Employment Status (at time of program entry)
- Household Income
- Mother's Education Level
- Mother's Marital Status
- Mother's Primary Language

5.2.2 Mother's Age

The mean age of mothers participating in the FEP program was 36, and ranged from 19-59. The majority of mothers in AC were 20-29, while the majority in FOC were 30-39. Overall, approximately 37% of the mothers served were between 30 and 39 years old, which was much lower than last year's 52%. Mother's age 20-29 increased from 17% in EY1 to 28% in EY2. Other age rates were comparable to EY1.

Table 5.2.2: EY2 FEP - Mother's Age

Age	AC	FOC	Overall
<=15	0%	0%*	**0%**
16-19	0%	2%	**1%**
20-29	36%	17%	**28%**
30-39	31%	45%	**37%**
40-49	24%	31%	**27%**
>= 50	10%	2%	**7%**

*1 FOC mother was excluded (birth date in 2008).

5.2.3 Mother's Race

Overall, 47% of FEP program participants were White and 36% were African American, with FOC serving a higher proportion of minority families than AC. Eleven percent or less classified themselves as Other. This data is comparable to EY1.

Table 5.2.3: EY2 FEP - Mother's Race

Race	AC	FOC	Overall
White	57%	32%	**47%**
African American/Black	29%	47%	**36%**
Other (Hispanic)	6%	19%	**11%**
American Indian/Alaskan Native	7%	2%	**5%**
Asian	1%	0%	**1%**
Unknown	0%	2%	**0%**

5.2.4 Mother's Employment

Overall, 48% of FEP participants were unemployed and looking for work, which was lower than the EY1 rate of 56%. The percentage of those employed full-time increased from 7% to 13%.

Table 5.2.4: EY2 FEP - Employment

Employment	AC %	FOC %	Overall%
Unemployed – Looking for work	42%	56%	**48%**
Not in the competitive labor force	32%	17%	**26%**
Employed part time (< 30 hours/week)	7%	15%	**10%**
Employed full-time (>= 30 hours/week)	15%	8%	**13%**
Unreported	3%	4%	**3%**
In unpaid work	1%	0%	**1%**

5.2.5 Household Income

Over 80% of FEP participants report the household income is under $20,000 per year (down from more than 90% in EY1), with 46% reporting under $10,000 per year.

Table 5.2.5: EY2 FEP - Annual Income

Income	AC	FOC	Overall	Mean # of household members	
				AC	FOC
<$10,000	46%	45%	**46%**	**3**	**4**
$10,000-19,999	38%	33%	**36%**	**4**	**4**
$20,000-29,999	12%	9%	**11%**	**5**	**4**
$30,000-39,999	2%	3%	**2%**	**6**	**5**
$40,000-49,999	0%	6%	**2%**	**-**	**5**
>$50,000	2%	3%	**2%**	**3**	**5**

5.2.6 Mother's Education Level

About half of FEP participants reported having a high school diploma or GED, followed by a fifth reporting some high school (down from 34% in EY1). Overall, 75% of participants reported having a high school degree or less.

Table 5.2.6: EY2 FEP - Mother's Education

Level of Education	AC	FOC	Overall
No High School	4%	3%	**4%**
Some High School	25%	18%	**22%**
HS diploma or GED	53%	41%	**49%**
Some College	10%	18%	**13%**
Associate (2 Years)	1%	3%	**2%**
College (4 Years)	1%	5%	**3%**

5.2.7 Mother's Marital Status

Overall, 40% of FEP program participants reported being single, which is down from 48% in EY1, while 24% were married, which is an increase from 17% in EY.

Table 5.2.7: EY2 FEP - Mother's Marital Status

Marital Status	AC	FOC	Overall
Single	46%	31%	**40%**
Divorced	17%	21%	**18%**
Married	21%	29%	**24%**
Living Together/ Partner	6%	6%	**6%**
Separated	11%	6%	**9%**
Widowed	0%	2%	**1%**
NA	0%	4%	**2%**

5.2.8 Mother's Primary Language

Overall, the majority of FEP participants reported English as their primary language (97%). Eight percent of FOC participants spoke Spanish or Castilian, but no AC participants did. These rates are comparable to EY1.

5.3 Process Outcomes

The utility of process evaluation is to determine if services are being implemented as intended, as well as to identify where participants may be dropping out of the program in order to target retention efforts. The following analysis was conducted:

- **5.3.1: Units of Service**
- **5.3.2: Referrals**

5.3.1 Units of Service

During EY2, FEP providers conducted or coordinated 1909 encounters for FEP participants. The mean number of encounters per participant was 19, a significant increase from EY1 (6). Table 5.3.1 shows the specific types of services conducted during these encounters by provider, with the highest prevalence being individual therapy, although there was considerable variation between FOC and AC in the services provided (though other providers are shown, these services

were coordinated through FEP). It should be noted that FEP is an integrated service and the services documented below do not reflect the co-occurring disorders the program treats.

Table 5.3.1: FEP Encounter Services*

Service Code	AC	FOC	Other	TOTAL
	%	%	%	%
Individual Therapy 45-50 Minutes	25%	65%	5%	30%
Alcohol and/or Drug Case Management	29%	22%	-	21%
Methadone Administration	-	-	58%	14%
Family Therapy With Patient	15%	1%	-	8%
Group Therapy	12%	-	1%	6%
Individual Therapy 75-80 Minutes	8%	2%	-	5%
Assertive Community Treatment	-	-	15%	4%
Intensive Outpatient Services MI/SA	4%	-	1%	3%
Individual Therapy 20-30 Minutes	2%	4%	0%	2%
Med. Review-Physician Req.	1%	3%	1%	2%
Alcohol and/or Drug Assessment	3%	1%	0%	2%

*Excludes those 1% or less of overall encounters

5.3.2 Referrals

A key service provided by FEP is the linking of participants to community resources. During EY2 76 FEP participants were referred to community resources 500 times. This is a mean of 7 referrals per participant, with a range of 1-24, very similar to EY1. FEP captures the referrals categorically and results from EY2 are presented in Table 5.3.3A.

Table 5.3.2: FEP Referrals to Resources

Resource	N	%
Food	93	19%
Basic needs*	77	15%
Medical / psychiatric	52	10%
Housing	36	7%
Counseling	33	7%
Health and wellness	28	6%
Recreational activities	27	5%
Support group	25	5%
Financial assistance / budget	25	5%
Education and training	22	4%
Transportation	18	4%
Translation, etc.	13	3%
Parenting support (respite day care)	13	3%
Employment	12	2%
Rent / utilities	10	2%
Emergencies (police, fire)	5	1%
Cultural enrichment	4	1%
Legal and / or mediation	3	1%
Domestic and family violence	3	1%

*household items, clothing, school supplies, appliances, etc

5.4 Goals

FEP goal data was derived from FEP Mother's Checklist (client self-report), and Children's Checklist and Family Status Record (FEP staff complete) and analyzed by SRA. In EY2, data was collected from these instruments on 75 FEP mothers. Baseline data was compared to most recent instrument completed data for comparison.

5.4.1 Client remains engaged, keeping appointments with FEP workers

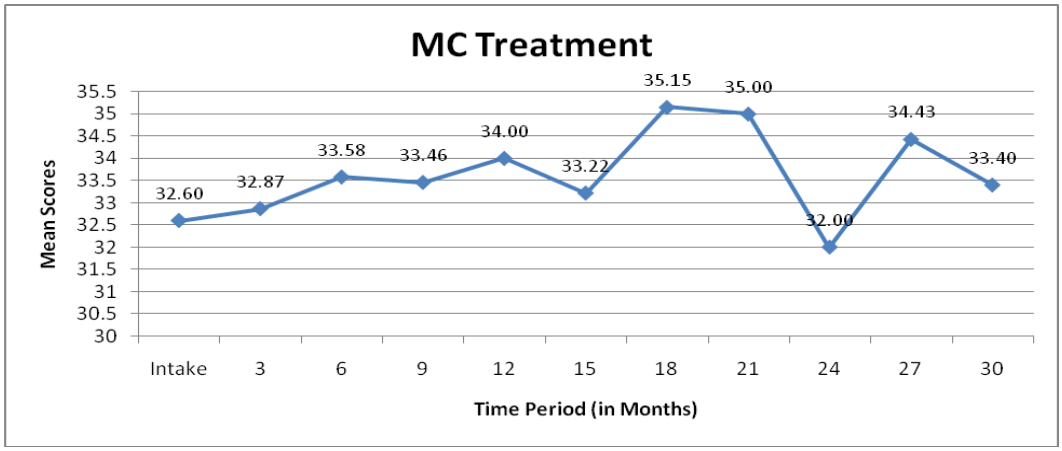
At baseline, 78% of staff and clients agreed that the client willing accepted FEP services. At most recent follow-up that agreement improved to 86%.

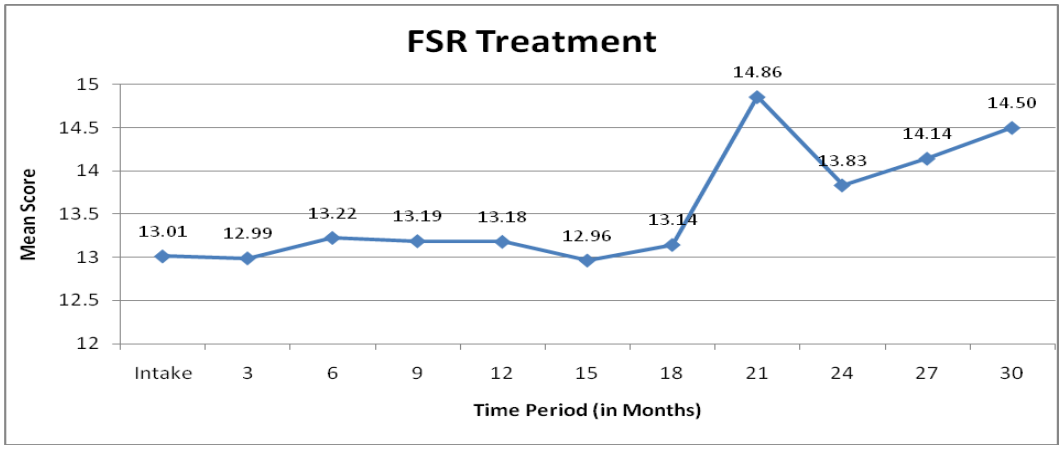
5.4.2 Client works toward treatment plan goals

At baseline, 33% of staff and clients agreed that the client was making progress on goals and action steps. At most recent follow-up that agreement improved to 53%.

5.4.3 Clients engaged in compliant substance abuse treatment[4]

Mother's report of treatment compliance shows steady increase with a peak at 18 months and a significant dip at 24 months. The therapist report of treatment compliance peaks at 21 months.





[4] From Dr. DeJong's Report "Time In FET: How long does an individual need FET services to gain maximum benefit?" from April 2009

5.4.4 Clients engaged in compliant substance abuse treatment[5]

FET participants tend to show maximum benefits between 18 and 21 months of participation. Various dimensions have different rates of change. Dimension with longest period for max benefit is Finances. Emotional health and social support also appear to take longer than other dimensions. Dimension with shortest period is Shelter/Living Environment. Treatment compliance and Family functioning tend to show fairly stable numbers. The data suggest the time period for maximum benefit to the client household is 18 to 24 months overall in all dimensions.

5.4.5 Clients show positive outcomes in family and psychosocial functioning and other treatment plan goals[6]

Dr. Dejong's 2009 Report "Time In FET: How long does an individual need FET services to gain maximum benefit?" concluded positive outcomes for FET clients in the following treatment goal areas:

- **Shelter/Living Environment:** The MC Shelter/Living Environment Score shows a slow steady increase in mean score with peaks at 21 and 27 months. The FSR Shelter/Living Environment Score shows a less consistent increase, however this area also peaks around 21-24 months.
- **Health:** The MC Health Score shows a steady increase from intake to 18 months then the program shows a decrease. The FSR Health Score shows a much steadier increase with a peak at 24 months.
- **Emotional Health:** Emotional Health scores for both the mother's checklist and family status report peak at 21 months with a decrease in score there after.
- **Social Support:** The MC Social Support score peaks at 12 months, however the number remains stable for all other months. The FSR Social Support score remains at a stable low score until 21 months where it jumps 3 points. After 21 months, the scores decreases, but retains some of the additional support.
- **Family Functioning/Parenting:** The MC Family Functioning score shows stable numbers with the greatest increase from 9 to 12 months and a drop at 30 months. The FSR Family Functioning score remains stable throughout the program. The FSR Parenting score shows steady progress from intake to 9 months with a steady decrease from 9 to 18 months and then a jump of 2 points from 18 to 21 months with a steady decrease there-after.
- **Finances:** The FSR Finance score steadily increases with greatest benefit at 30 months.

[5] From Dr. DeJong's Report "Time In FET: How long does an individual need FET services to gain maximum benefit?" from April 2009

[6] From Dr. DeJong's Report "Time In FET: How long does an individual need FET services to gain maximum benefit?" from April 2009

5.5 Summary and Recommendations

5.5.1 Demographics

- FEP is serving a population with many risk factors for substance abuse and its related sequelae. The majority of mothers were aged 30-50, single or divorced, unemployed, and reported an income under $10,000.

5.5.2 Process Evaluation

- The number of encounters per participant increased significantly from EY1 to EY2 (6 to 19 per participant).
- The average number of referrals to resources per client (7) was similar to EY1 (6).
- The service distribution varied considerably between FOC and AC again this year, with over 65% of FOC services being individual therapy, compared with 25% AC.

5.5.3 Outcome Evaluation

- **Client remains engaged, keeping appointments with FEP workers:** At baseline, 78% of staff and clients agreed that the client willing accepted FEP services. At most recent follow-up that agreement improved to 86%.
- **Client works toward treatment plan goals:** At baseline, 33% of staff and clients agreed that the client was making progress on goals and action steps. At most recent follow-up that agreement improved to 53%.
- **Clients engaged in compliant substance abuse treatment[7]:** Mother's report of treatment compliance shows steady increase with a peak at 18 months and a significant dip at 24 months. The therapist report of treatment compliance peaks at 21 months.
- **Clients engaged in compliant substance abuse treatment[8]:** FET participants tend to show maximum benefits between 18 and 21 months of participation. Various dimensions have different rates of change. Dimension with longest period for max benefit is Finances. Emotional health and social support also appear to take longer than other dimensions. Dimension with shortest period is Shelter/Living Environment. Treatment compliance and Family functioning tend to show fairly stable numbers. The data suggest the time period for maximum benefit to the client household is 18 to 24 months overall in all dimensions.
- **Clients show positive outcomes in family and psychosocial functioning and other treatment plan goals[9]:** Positive outcomes for FET clients were demonstrated in the goal areas of Shelter/Living Environment, Health, Emotional Health: Social Support, Family Functioning/Parenting and Finances.

5.5.4 Recommendations

- Add program entry/exit dates to data provided to SRA.
- A follow-up data analysis should be conducted to examine the characteristics of unique participants exclusive of evaluation years.

[7-9] From Dr. DeJong's Report "Time In FET: How long does an individual need FET services to gain maximum benefit?" from April 2009

[8] See above.

[9] See above.

6 CROSS-PROGRAM DEMOGRAPHICS

The following tables represent the demographic data across the four programs. It is important to note that these programs serve different populations with different service models by design, so the data should not be used to compare between the programs, instead it assists in better understanding the full spectrum of participants reached across the entire PI.

Overall, the PI served 5392 mothers and 8732 children, down from 6138 mothers and 9748 children in EY1. The majority of participant mothers and parents were in their twenties (39%) and thirties (41%). Approximately 72% of the PI population was Caucasian, with 13% African and 11% Hispanic. Overall, the PI served a greater proportion of minorities than is found in the general Kent County population (28% v. 20%) with about three times the number of minorities in HS HV, EI, and FEP compared to the general population.

Employment varied considerably between programs, but overall 41% were unemployed and 24% were employed full-time. About 40% of the PI participants reported incomes below $20,000/ year, while 29% reported over $50,000, both of which are comparable to EY1. The distribution between the programs was noticeably varied among the lower and upper income categories. Almost half (44%) of the PI participants reported a high school diploma or less, and the distribution was similar between HS and BB as well as between EI and FEP. Lastly, nearly two-thirds of the PI population reported being married or having a live-in partner.

6.1.1 Population served

Table 6.1.1: Number Served

	HS (mothers)	**BB** (families)	**EI** (participants)	**FEP (mothers)**	**PI Overall**
Participants	1213	2684	1394	101	**5392**
Children	1209	3686	3608	229	**8732**

It should be noted that participants are defined differently for each program. HS and FEP participants are mothers, while BB participants are the children, and EI participants can be a parent, relative, or guardian associated with a CPS referral.

6.1.2 Participant & Children Age

Table 6.1.2A: PI Participants Age

Age	**HS HV** (mother)	**HS PC** (mother)	**BB HV** (mother)	**BB PG** (mother)	**EI** (participants)	**FEP** (mother)	**PI Overall**
<=19	31%	0%	2%	4%	3%	1%	**6%**
20-29	57%	62%	21%	13%	34%	28%	**39%**
30-39	11%	36%	64%	70%	39%	37%	**41%**
40-49	1%	2%	12%	13%	18%	27%	**11%**
>= 50	0%	0%	1%	0%	6%	7%	**3%**

Table 6.1.2B: PI Children's Age

Child Age	HS HV	HS PC	BB HV	BB PG	EI (participants)	FEP (mother)	PI Overall
0-3 years	91%	100%	56%	56%	25%	15%	**45%**
4-7 years	9%	0%	44%	44%	22%	22%	**23%**
8-12 years	0%	0%	0%	0%	26%	24%	**16%**
13-17 years	0%	0%	0%	0%	23%	31%	**14%**
18+	0%	0%	0%	0%	3%	8%	**2%**

6.1.3 Participant Race

Table 6.1.3: PI Participant Race

Race	HS HV (mother)	HS PC (mother)	BB HV (child)	BB PG (child)	EI (participants)	FEP (mother)	PI Overall	Kent County[10]
Caucasian	38%	86%	80%	89%	61%	47%	**72%**	**80%**
African American	14%	3%	4%	3%	20%	36%	**13%**	**9%**
Hispanic/Latino	30%	2%	12%	4%	15%	11%	**11%**	**7%**
American Indian, Eskimo, or Aleut	0%	0%	0%	0%	1%	5%	**0%**	**0%**
Asian/Pacific Islander	1%	1%	3%	4%	1%	1%	**2%**	**2%**
Multiracial	18%	5%	1%	1%	2%	0%	**2%**	**2%**
Unknown	0%	4%	0%	0%	0%	1%	0%	**0%**

6.1.4 Participant Employment

Table 6.1.4: PI Participant Employment

Employment	HS HV (mother)	HS PC (mother)	BB HV (child)	BB PG (child)	EI (participants)	FEP (mother)	PI Overall
At home w/child	0%	0%	0%	0%	0%	0%	**0%**
Full-time	4%	44%	12%	11%	31%	13%	**24%**
Medical Leave/Disability	22%	14%	0%	0%	0%	0%	**5%**
Part-time	12%	21%	23%	29%	17%	10%	**19%**
Unemployed-Looking	9%	1%	0%	0%	0%	48%	**3%**
Unemployed	36%	3%	65%	60%	48%	26%	**41%**
Unknown	0%	0%	0%	0%	3%	3%	**1%**
Other	17%	17%	0%	0%	0%	1%	6%

[10] Community Research Institute data from U.S. Census Bureau, Census 2000 Summary
http://www.cridata.org/tmm_counties_MI_pop.aspx?ID=26081

6.1.5 Participant Income

Table 6.1.5: PI Participant Income

Income	HS HV	HS PC	BB HV	BB PG	EI	FEP	PI Overall
Under $10,000	43%	1%	4%	3%	22%	46%	**18%**
$10,000-19,999	32%	1%	13%	5%	34%	36%	**23%**
$20,000-29,999	12%	5%	9%	3%	18%	11%	**12%**
$30,000-39,999	6%	11%	15%	10%	10%	2%	**10%**
$40,000-49,999	3%	10%	15%	12%	6%	2%	**8%**
$50,000 and over	4%	71%	44%	67%	10%	2%	**29%**

6.1.6 Participant Education

Table 6.1.6: PI Participant Education

Education	HS HV (mother)	HS PC (mother)	BB HV (mother)	BB PG (mother)	EI (participants)	FEP (mother)	PI Overall
No high school	8%	0%	6%	1%	5%	4%	4%
Some high school	28%	0%	5%	5%	22%	24%	15%
High school diploma/GED	30%	11%	17%	9%	34%	53%	25%
Some college	22%	18%	23%	19%	27%	14%	23%
Associates degree	3%	11%	5%	7%	0%	2%	4%
Bachelors degree	6%	42%	32%	41%	8%	3%	21%
Some graduate school	0%	2%	0%	0%	0%	0%	0%
Masters degree	0%	16%	13%	17%	0%	0%	7%
Doctorate degree	0%	0%	0%	1%	0%	0%	0%
Unknown	1%	0%	0%	0%	3%	0%	1%

6.1.7 Participant Marital Status

Table 6.1.7: PI Participant Marital Status

Marital Status	HS HV (mother)	HS PC (mother)	BB HV (mother)	BB PG (mother)	EI (participants)	FEP (mother)	PI Overall
Single	42%	4%	11%	8%	33%	40%	**23%**
Married	20%	91%	88%	91%	27%	24%	**54%**
Divorced	1%	0%	1%	1%	15%	18%	**7%**
Live-In Partner	37%	5%	0%	0%	12%	6%	**11%**
Separated	0%	0%	0%	0%	10%	9%	**4%**
Widowed	0%	0%	0%	0%	1%	1%	**0%**
Unknown	0%	0%	0%	0%	2%	2%	**1%**

6.1.8 Participant Language

Table 6.1.8: PI Participant Language

Language	HS HV (mother)	HS PC (mother)	BB HV (child)	BB PG (child)	EI (participants)	FEP (mother)	PI Overall
English	69%	99%	86%	96%	91%	97%	90%
Spanish	16%	0%	13%	3%	8%	3%	7%
Bilingual	0%	0%	1%	0%	0%	0%	0%
Other	15%	1%	0%	0%	1%	0%	2%

7 IMPACT EVALUATION

7.1 Design and Methods

The long-term impact evaluation employs a quasi-experimental longitudinal study design using separate naturalistic comparison groups. The use of comparison groups, rather than just measuring change among PI participants over time, will enhance the probability that the outcomes can be attributed to program effects versus other outside factors. Table 7.1A identifies the primary and secondary outcomes for each program from SRA's long-term evaluation plan.

Table 7.1A: Long-term Evaluation Plan Matrix

Program	Primary Outcomes	Secondary Outcomes
Early Impact	▪ Child welfare	▪ Child education ▪ Juvenile justice ▪ Child health ▪ Juvenile substance abuse
Bright Beginnings & Healthy Start	▪ Child education	▪ Child welfare ▪ Juvenile justice ▪ Child health ▪ Juvenile substance abuse
Family Engagement	▪ Adult & child substance abuse	▪ Juvenile justice ▪ Child health ▪ Child welfare ▪ Child education

Comparison groups were created for the PI programs Healthy Start, Bright Beginnings, and Early Impact. A comparison group for Family Engagement Program is in process, but data permissions are pending. For information on how each comparison group was selected, please see Kent County Prevention Initiative Annual Evaluation Report, October 2008. Table 7.1B shows the number of children selected for each program's participant and comparison cohort.

Table 7.1B: Cohorts Selected

Program	Participant n	Comparison n
Bright Beginnings	3882	9737
Healthy Start	1122	3220
Early Impact	3346	1388

Descriptions of comparison group selection methods are included in Appendix A. For the analysis of the impact data, the same participant and comparison cohorts selected in Year 1 are being followed prospectively.

SRA conducted analyses on child-level data, including child welfare (child protective services), education, juvenile justice, and health data. The Kent County Health Department facilitated the querying of these data sources, conducted data linkage and matching, and created outcome data tables for SRA to use. SRA received outcome data from the following sources:

- Child Protective Services (CPS) records with referral dates from 7/1/2007 to 4/30/2009

- Kent Intermediate School District (KISD) records of children's MEAP scores, special education placement, and grade retention data for kindergarten for the 08-09 school year
- Kent County Juvenile Justice database records from 07/01/2008 through 4/30/2009
- Michigan Care Improvement Registry (formerly known as the Michigan Childhood Immunization Registry) records from 2003 - 2009
- Spectrum Hospital and Metro Health Hospital emergency department aggregate data for 7/1/2008 to 5/30/2009

An important consideration when interpreting the impact findings in this report is the temporality of program participation and outcome measurement. Two of the PI programs (BB and HS) affect children very early in life, while the other two (EI and FEP) span a wide range of children's ages. Approximately 75% of EI and FEP children in the participant cohort were older than 3, while BB children were 6 or younger and HS children all less than 3. Thus, impact data will vary by cohort over time, and some measures, such as MEAP scores for the HS cohorts, will not be measureable until 5-6 years post evaluation Year 1.

Primary long-term outcomes findings for each program (as listed in Table 7.1) are presented in Section 7.2, followed by secondary outcomes for each program.

7.2 Primary Long-term Outcomes

7.2.1 Early Impact - *Child Welfare*

Child welfare is considered a primary outcome for EI. Child welfare, in the context of the prevention program and this evaluation, is the safety of children in their primary caregiver's home. Our measure of child welfare is referral to Child Protective Services (CPS) for children directly served by a PI program and children of or associated with a participant of a PI program.

CPS Referral Levels

Cat. 1: CPS substantiation with a petition to court

Cat. 2: CPS substantiation

Cat. 3: Evidence of abuse/neglect, but the family scored low or moderate on the CPS risk assessment tool

Cat. 4: No preponderance of evidence of abuse or neglect found by the CPS worker

A child protective services (CPS) referral is defined as a category from 1 to 4. Categories 1 and 2 are substantiated cases, while 3 and 4 are unsubstantiated (see insert for details). SRA analyzed CPS records from 7/17/2007 through 4/30/2009[11]. Table 2.1A presents the occurrence of CPS referrals that represent a unique child's record. The number of CPS referrals per program is presented by whether the involvement occurred before, during or after program participation.

[11] Due to the nature of CPS records, a child may have multiple referrals, with multiple intensity levels on multiple dates. In order to avoid overestimating cases in the analyses, SRA created a unique record for each child who would be represented by a single referral code and referral date. SRA filtered the records to select a) the highest intensity level of referral (highest =1, lowest=4) and then b) within records of that level, selected the most recent date of referral for that child. For example, a child may have been associated with four referrals on four separate dates with four different intensity levels. To assign a single, unique referral code and date to this child, we first identified the highest intensity level referral (in this case a Category 1) and then, if multiple Category 1's were reported for that child, we identified the most recent date of referral.

Table 7.2.1A: Early Impact CPS Involvement

Early Impact	Participant (n=3346)					Comparison (n=1388)	
	Complaint **before** program started	Complaint **during** program	Complaint **after** program	**Total n**	**% of n**	**Total n**	**% of n**
Cat 1	1	15	22 (0.65%)	38	1.14%	26	1.87%
Cat 2	31	55	87 (2.60%)	173	5.17%	51	3.67%
Cat 3	146	38	31 (0.92%)	215	6.43%	80	5.76%
Cat 4	195	206	392 (11.71%)	793	23.70%	325	23.41%
Total	373	314	532 (15.89%)	38	36.44%	482	34.71%

For the purposes of significance testing, SRA examined whether the percentage of CPS referrals differed significantly between children in the participant group for whom a complaint was received after program involvement and children in the comparison group. As shown in Table 2.1B, the percentage of referrals was significantly different across the category referral levels combined for Early Impact such that the percentage of children in the participant group who were associated with a referral after their guardian had completed the program was significantly lower than the percentage of children associated with a referral in the comparison group. Fewer EI children were associated with CPS referrals in the participant group than the comparison group in Categories 1 and 3, and significant differences were found at each level. Note: The p-values associated with significant differences in the table below are in bold.

Table 7.2.1B: EI Significance When CPS Involvement Occurred After Program Completion

Early Impact	Participant (n=3346)			Comparison (n=1388)	
	Complaint occurred **after** program	**%**	**Significance p-value**	**Total n**	**% of n**
Cat 1	22	0.65%	**.0001**	26	1.87%
Cat 2	87	2.60%	**.0455**	51	3.67%
Cat 3	31	0.92%	**<.0001**	80	5.76%
Cat 4	392	11.71%	**<.0001**	325	23.41%
Total	**532**	**15.89%**	**<.0001**	**482**	**34.71%**

7.2.2 Healthy Start and Bright Beginnings – *Child Education*

Education metrics are a primary outcome for the HS and BB programs and a secondary outcome for EI and FEP. Again, HS and BB serve a much younger population than EI and FEP. Given that KISD data is not available until a child reaches Kindergarten (age 5), and the MEAP tests are not administered until the 3rd grade, educational outcome findings were limited. This is due the fact that data were available for EI serves a school aged population but unavailable for BB & HS which serve children who are less likely to be of school age. Over time we will be able to capture the educational outcomes for those children within Healthy Start and Bright Beginnings whose intervention model is predicted to directly affect these variables.

Grade Retention

Though grade retention is certainly an outcome of interest educational, outcome findings were significantly limited. It is expected that future queries will result in greater data availability as children in all programs age into the educational system within the next 5 to 10 years.

Special Education Placement

Children can receive special education services prior to or during school enrollment. The Kent Intermediate School District identified records of children who received special education placement service from 7/1/07 - 5/30/09. In Table 2.1C, data are presented for records identified from the 07-08 and 08-09 school years.

Table 7.2.1C: Children's Special Education Placement

Special Education Placement	Healthy Start (part N=1122; comp N=3220)		Bright Beginnings (part N=3882; comp N= 9737)		Early Impact (part N=3346; comp N=1388)	
	Participant	Comparison	Participant	Comparison	Participant	Comparison
Year 1 (07-08)	18 (2%)	95 (3%)	391 (10%)	506 (5%)	450 (13%)	170 (12%)
Year 2 (08-09)	37 (3%)	158 (5%)	429 (11%)	654 (7%)	463 (14%)	191 (14%)

7.3 Secondary Long-term Outcomes

7.3.1 Healthy Start and Bright Beginnings – *Child Welfare*

Child welfare is a secondary outcome for the Healthy Start program. Table 2.2A presents the results of CPS referrals from 7/1/07-4/30/09. The number of CPS referrals (unique record for each child who would be represented by a single referral code and referral date) is presented by whether the CPS involvement occurred before, during or after program participation and the rates within the comparison group for the same time period.

Table 7.3.1A: Healthy Start Cumulative CPS Outcomes

Healthy Start	Participant (n=1122)					Comparison (n=3220)	
	Complaint **before** program started	Complaint occurred **during** program	Complaint occurred **after** program	Total n	% of n	Total n	% of n
Cat 1	0	2	2 (0.18%)	*4*	0.36%	*8*	0.25%
Cat 2	0	2	3 (0.27%)	*5*	0.45%	*39*	1.21%
Cat 3	1	5	8 (0.71%)	*14*	1.25%	*50*	1.56%
Cat 4	1	15	14 (1.24%)	*30*	2.67%	*142*	4.42%
Total	2	24	27 (2.41%)	*53*	4.73%	*239*	7.44%

As with Early Impact, SRA examined whether the percentage of CPS referrals differed significantly between children in the participant group for whom a complaint was received after program involvement and children in the comparison group. As shown in Table 2.2B, the percentage of referrals was significantly different across the category referral levels combined for HS such that the percentage of children in the participant group who were associated with a referral after their guardian had completed the program was significantly lower than the percentage of children associated with a referral in the comparison group. When looking at the referral categories individually, only Category 1 did not yield a significant difference between

the participant and comparison groups. Note: The p-values associated with significant differences in the table below are in bold.

Table 7.3.1B: HS Significance When CPS Involvement Occurred After Program Completion

Healthy Start	Participant (n=1122)			Comparison (n=3220)	
	Complaint occurred **after** program	%	**Significance p-value**	**Total n**	**% of n**
Cat 1	2	0.18%	.6727	*8*	0.25%
Cat 2	3	0.27%	**.0054**	*39*	1.21%
Cat 3	8	0.71%	**.0349**	*50*	1.56%
Cat 4	14	1.25%	**<.0001**	*142*	4.42%
Total	**27**	**2.41%**	**<.0001**	***239***	**7.44%**

Child welfare is also a secondary outcome for the Healthy Start program. Table 2.2C presents the results of CPS referrals from 7/1/07-4/30/09. The number of CPS referrals (unique record for each child who would be represented by a single referral code and referral date) is presented by whether the CPS involvement occurred before, during or after program participation and the rates within the comparison group for the same time period.

Table 7.3.1C: Bright Beginnings Cumulative CPS Outcomes

Bright Beginnings	Participant (n=3882)					Comparison (n=9737)	
	Complaint **before** program started	Complaint occurred **during** program	Complaint occurred **after** program	**Total n**	**% of n**	**Total n**	**% of n**
Cat 1	0	2	0	2	0.05%	15	0.15%
Cat 2	1	10	0	11	0.28%	52	0.53%
Cat 3	1	19	3 (0.08%)	23	0.59%	90	0.93%
Cat 4	6	73	9 (0.23%)	88	2.27%	315	3.24%
Total	**8**	**104**	**12 (0.31%)**	**124**	**3.19%**	**472**	**4.85%**

As shown in Table 2.2D, the percentage of referrals was significantly different for the total percentage of category referral levels for BB such that the percentage of children in the participant group who were associated with a referral after their guardian had completed the program was significantly lower than the percentage of children associated with a referral in the comparison group. Additionally, in all category levels, significantly fewer children were associated with CPS referrals in the participant group than the comparison group. Note: The p-values associated with significant differences in the table below are in bold.

Table 7.3.1D: BB Significance When CPS Involvement Occurred After Program Completion

Bright Beginnings	Participant (n=1122)			Comparison (n=3220)	
	Complaint occurred **after** program	%	**Significance p-value**	**Total n**	**% of n**
Cat 1	0		**.0144**	15	0.15%
Cat 2	0		**<.0001**	52	0.53%
Cat 3	3	0.08%	**<.0001**	90	0.93%
Cat 4	9	0.23%	**<.0001**	315	3.24%
Total	12	0.31%	**<.0001**	472	4.85%

All significance testing involving CPS referrals examined referral rates over a roughly two-year evaluation period (7/1/07-4/30/09). By definition, individuals in the participant group were involved with the program at any time between 7/1/07 and 6/30/08. Because individuals comprising the participant group spent an undetermined portion of the first year awaiting enrollment and then completing the program, an alternate explanation for the CPS referral findings reported above is that the lower percentage of CPS referrals for the participant group compared to the comparison group could be directly related to the fewer number of months available to be queried during the evaluation period for the participant group than the comparison group. In order to examine the plausibility of this alternate explanation, SRA conducted an identical set of analyses for the second year of the evaluation only (7/1/08-4/30/09) in which participants in both the participant and comparison groups would have an equal number of months to be queried and therefore equal opportunity for a CPS referral to be reported. The results of these analyses indicated a similar trend for each program as shown for the first and second years of the evaluation combined.

7.3.2 Early Impact - *Child Education*

Child education is a secondary outcome for Early Impact. Please see Table 2.2D for the Early Impact Special Education data. In addition, SRA receives data on third grade Michigan Educational Assessment Program (MEAP) tests. The MEAP tests measure what students know and can do in relation to the state curriculum standards. The MEAP test is the only common measure given statewide to all Michigan students. SRA receives data related to the Math and English Language Arts tests. MEAP scores were queried for individuals in the participant and comparison groups who took the test during the 2008-09 school year.

For reasons described earlier, no data were available yet for children in the BB and HS cohorts. Data were available for the children in the EI participant and comparison groups. Table 2.2E shows MEAP scores from the 07-08 tests (Year 1), as well as the 08-09 tests (08-09).

Table 7.3.2: Children's MEAP Scores (EI Only)

MEAP Scores	Early Impact			
	Pass (%) Year 1	Fail (%) Year 1	Pass (%) Year 2	Fail (%) Year 2
Math				
Participant	418 (65%)	225(35%)	437 (65%)	231(35%)
Comparison	178 (66%)	90 (34%)	208 (67%)	104 (33%)
English Language Arts				
Participant	430 (67%)	212 (33%)	453 (68%)	212 (32%)
Comparison	178 (66%)	90 (34%)	211 (68%)	101 (32%)

(part N=3346;comp N=1388)

In addition to MEAP test scores, long-term outcome data will include highest grade completed and high school graduation rates, once the cohorts age into these outcomes.

7.3.3 All Program - *Juvenile Justice*

Juvenile justice is a secondary outcome for all programs. It should be noted that children are currently in HS and BB are currently too young to have had involvement in the juvenile justice system. The Kent County Juvenile Justice data was queried for offenses that were serious enough

to cause children to appear before a judge. Year 1 queries were conducted on involvement with juvenile justice using the date parameters of 7/1/07 – 6/30/08, with Year 2 similarly queried from 7/1/08 – 5/30/09.

Table 7.3.3: Juvenile Justice Involvement Y1

JJ involvement	Early Impact Year 1		Early Impact Year 2	
	N	% of N	% of N	% of N
Participant	46	1.37%	45	1.3%
Comparison	13	0.94%	14	1.0%

(part N=3346;comp N=1388)

7.3.4 All programs - *Child Health*

Child health is a secondary outcome for all programs. The evaluation examines the immunization rates and emergency department use across participant and comparison cohorts.

Immunizations

Immunization providers (physician offices, clinics, and local health departments) are required to report immunizations they administer to children born from 1994 to present to the Michigan Care Improvement Registry (formerly known as the Michigan Childhood Immunization Registry). The Kent County Health Department queries the MCIR for immunization records on cohort children.

MCIR data contains over 200,000 shot records for participant and comparison children. SRA received a matched file from the KCHD that indicated if a child had a record of immunization in the MICR database. Though this measure does not reflect whether or not a child has a completed immunization schedule, it serves as a suitable proxy measure. Table 2.2G shows the number of children with a record of receiving an immunization during Year 1 and Year 2 of the evaluation. (Note: Year 1 =7/1/07-6/30/08; Year 2=7/1/08-5/30/09)

Table 7.3.4A: Child Immunizations Year 1 and 2

Children Receiving Immunizations	Healthy Start (part N=1122; comp N=3220)		Bright Beginnings (part N=3882; comp N= 9737)		Early Impact (part N=3346;comp N=1388)	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Participant	83%	83%	77%	78%	77%	77%
Kent County[12]	77%	76%	77%	76%	77%	76%

The table indicates that children in the Healthy Start program appear to have higher immunization rates than children typically found in Kent County. The rates for Bright beginnings and Early Impact appear to be comparable to the overall Kent County rates.

Emergency Department Visits

During the evaluation Year 2, SRA received records from two hospital systems in Kent County, denoted throughout the report as Hospital 1 and Hospital 2. Records were queried to assess the number of visits to the Emergency Department by participant and comparison children that

[12] Average rate of immunization in Kent County Year 2 derived data January through June 2008 - Source county immunization data.

occurred from 7/1/2008 to 5/30/2009. The data provided in Table 2.2H reflects the aggregate number of ED visits for each cohort (these are not unique, thus one patient may have visited the ED 5 times, while the rest visited only once).

Table 7.3.4B: Year 2 Number of ED Visits by ED, Program and Cohort

ED	Healthy Start		Bright Beginnings		Early Impact	
	Participant	Comparison	Participant	Comparison	Participant	Comparison
Hospital 1	236	833	359	1211	823	338
Hospital 2	86	193	84	324	210	75
Total	322	1026	443	1535	1033	413

While initially it appeared that Year 2 hospital visits decreased from Year 1, the data querying period was shortened in Year 2 and comparison between years is not possible.

The data in Table 2.2I presents the ED rates per 1000 members for easier comparison between the participant and cohort groups. The data indicate that participants in the Healthy Start and Bright Beginnings programs have lower ED visit rates than their respective comparison groups while participants in the Early Impact program have slightly higher ED visit rates. SRA conducted significance testing[13] and found that ED visit rates were indeed lower at Hospital 1 for Healthy Start and Bright Beginnings and at Hospital 2 for Bright Beginnings when comparing the participant and comparison groups respectively. No significant differences were uncovered for Early Impact at either hospital. Note significance is denoted in the table as bolded.

Table 7.3.4C: Year 2 ED Visit Rates per 1000 Members by ED, Program and Cohort

ED	Healthy Start		Bright Beginnings		Early Impact	
	Participant	Comparison	Participant	Comparison	Participant	Comparison
Hospital 1	**210.2**	**258.7**	**92.5**	**124.4**	246.0	243.5
Hospital 2	76.6	59.9	**21.7**	**33.3**	62.8	54.0
Total	286.8	318.6	**114.2**	**157.7**	308.8	297.5

The visits data above provides a view of how many times the ED is being utilized by the cohorts in a year, but it does not account for some people using the ED more than once. Tables 2.2J and 2.2K detail the unique individuals from each cohort utilizing the ED in Year 2. SRA conducted significance testing[14] and found that significantly fewer children in the participant group for the Bright Beginnings program used the ED than children in the comparison group across both hospitals. No significant differences emerged between the participant and comparison groups for the Healthy Start or Early Impact programs. Note significance is denoted in the table as bolded.

Table 7.3.4D: Hospital 1 ED by Unique Person Y2

Cohort	Healthy Start (part N=1122; comp N=3220)		Bright Beginnings (part N=3882; comp N= 9737)		Early Impact (part N=3346; comp N=1388)	
	n	% of N	n	% of N	n	% of N
Participant	163	14.5%	**286**	**7.4%**	561	16.8%
Comparison	542	16.8%	**922**	**9.4%**	228	16.4%

[13] Poisson test

[14] Poisson test

Table 7.3.4E: Hospital 2 ED by Unique Person Y2

Cohort	Healthy Start (part N=1122; comp N=3210)		Bright Beginnings (part N=3882; comp N= 9737)		Early Impact (part N=3346; comp N=1388)	
	N	% of N	n	% of N	n	% of N
Participant	51	4.5%	68	1.8%	137	4.1%
Comparison	131	4.0%	240	2.5%	55	4.0%

7.4 The Economic Benefits of the Prevention Initiative

This section compares the economic costs and benefits of the Kent County Prevention Initiative based on data on the first two years of the Initiative. The Initiative includes four programs – Healthy Start, Bright Beginnings, Early Impact, and the Family Engagement Partnership. Each program has different elements, serves different populations, and is intended to yield different outcomes.

The goal of the economic analysis is simple: to see whether the benefits of the Initiative exceed the costs. If the benefits are greater than the costs, the Initiative is a good investment for the County.

7.4.1 Program Costs

Costs information on each of the programs was collected in an earlier investigation (for full details, see Belfield, 2008a). The data were collected using tailored surveys to the providers of each program to ascertain what resources were required to deliver the program. All resources were counted, regardless of who paid for them. The costs of delivering each program – both per case and in total – are given in Table 7.4.1.

Table 7.4.1: Program Costs

	Cost per case (child)	Total annual expenditures (millions)
Early Impact	$1,340	$2.21
Healthy Start	$990	$1.39
Bright Beginnings	$620	$0.90
Family Engagement Partnership	$3,810	$0.45

Note: These are annual 2008 dollars for programs delivered in years 2006-08.

7.4.2 Program Impacts and Benefits

The impacts of the program are calculated as the difference between the participants in each of the programs and a selected comparison group. The comparison group was selected based on propensity score matching: using individual-level data from Kent County administrative records, a sample of comparison children were identified based on their similarity to the children participating in each of the programs (for full details, see Belfield, 2008b). Separate comparison groups were created for each of the programs. The samples of participants and the comparison group appear similar in terms of gender, race, child age, mother's education, and family size.

At this stage, the program impacts are primarily measured in terms of referrals to Child Protective Services (CPS) for cases of abuse/neglect *after the conclusion of the intervention*.

Potentially, the programs may have a wide range of effects, including improved educational outcomes for children, improved health status, and better family functioning. However, referrals to CPS may be a proxy for some of these other outcomes, many of which are positively correlated with each other.

The differences in CPS referrals for abuse/neglect after the program are reported in Table 7.4.2 for three programs. (No information for the Family Engagement Partnership comparison group is available). These referral rates are per unique child so as to be comparable with the benefits analysis below.

Table 7.4.2: CPS Referrals for Abuse/Neglect: Cases per Unique Child

	Participant	Comparison group
Bright Beginnings:		
Category 1	0	0.15%
Category 2	0	0.53%
Category 3	0.08%	0.93%
Category 4	0.23%	3.24%
All categories	0.31%	4.85%
N	*3,882*	*9,737*
Healthy Start:		
Category 1	0.18%	0.25%
Category 2	0.27%	1.21%
Category 3	0.71%	1.56%
Category 4	1.24%	4.42%
All categories	2.41%	7.44%
N	*1,122*	*3,220*
Early Impact:		
Category 1	0.65%	1.87%
Category 2	2.60%	3.67%
Category 3	0.92%	5.76%
Category 4	11.71%	23.41%
All categories	15.89%	34.71%
N	*3,346*	*1,388*

Source: Data supplied by Kent County, August 2009. See Tables 7.3.1A-C. *Notes:* Comparison group based on propensity score matching. No weights or controls applied.

Across all categories, Table 7.4.2 shows a lower rate of reported abuse/neglect across the participants as against the comparison group in both Bright Beginnings and Healthy Start. This difference is statistically significant and meaningful. For Early Impact, the rate of CPS referral is very high for both the participants and the comparison group: this program serves a very disadvantaged group with high probabilities of abuse/neglect. However, for Early Impact there is also a lower rate of referral for the comparison group. Table 7.4.2 shows that the differences are in favor of the intervention across all categories of intervention.

We now place a monetary value on these cases of abuse/neglect. Placing monetary values on abuse/neglect involves quantifying direct costs, such as treatment costs both for hospitalization and mental health care, as well as for the services provided by child welfare services agencies and law enforcement. The monetary value should also include an evaluation of the pain and suffering for victims (and other family members); this valuation is a matter of sensitivity. In

addition, there are important indirect costs associated with abuse/neglect. These include: greater spending on special education; higher rates of juvenile delinquency; and later mental health care costs, as well as lost productivity and earnings. A full discussion and cost calculation is given in Wang and Holton (2007) and Rovi et al. (2004).

Our estimates on the economic burden from each substantiated case of abuse/neglect vary according to the category of CPS referral. The largest burden is category 1 referrals. Based on the research evidence, the economic burden of a category 1 referral is $35,910 in direct costs plus $116,490 in indirect costs. Therefore, each category 2 case imposes a total economic burden of $152,400. This figure is expressed in present dollars and so can be compared with the costs of program delivery at the time the child receives the program. That is, although the economic burden of abuse/neglect happens over a child's life, we weight these economic consequences using a discount rate (of 3.5%) all the way back to early childhood. This figure ($152,400) is the amount that would be saved for every averted case of category 1 abuse/neglect. Other CPS referral categories are also burdensome, although they do not generate the same costs as category 1 referrals in terms of police time, counseling and other services. Accounting for this, we estimate the total present value costs at: $124,230 for category 2 referrals; $89,280 for category 3 referrals; and $17,810 for category 4 referrals.

In addition to abuse/neglect, there are impacts from the programs in terms of visits to the emergency department (see Tables 7.3.4B-D). For Bright Beginnings, the emergency department visit rate is 0.1142 for the treatment group versus 0.1577 for the control group. (The visit rate is the sum of the number of visits divided by the numbers of persons). For Healthy Start, there were 0.2868 emergency department visits per person in the treatment group versus 0.3186 in the comparison group. Finally, for Early Impact, the visit rates are 0.3088 and 0.2975 respectively.

Emergency department visits are costly to society; a non-trivial number of visits are either unnecessary or could have been more efficiently addressed through preventive medical care. Based on data from the Medical Expenditure Panel Survey (2004), the cost per emergency department visit is $430.

7.4.3 Costs and Benefits of Prevention Programs

We now compare the costs and the benefits for the three programs. (An alternative approach – to consider a range of different outcomes – is needed for the Family Engagement Partnership).

Table 7.4.3 reports the economic costs and benefits as well as the metrics for evaluating the return on investment. The calculation method for the benefits is simple: it is the difference in CPS referrals and emergency department visits per child participant times the unit costs of referrals and visits. These figures are reported in the top two rows of Table 7.4.3. These show that the savings from fewer referrals are large, with some savings from having fewer emergency department visits. When we compare these total benefits to the program costs we see that the net savings per program are positive. Thus, the initial program cost is more than offset by subsequent savings. This can be seen most clearly in the benefit–cost ratios. For every dollar invested in Bright Beginnings there will be $4.28 in later savings. For Healthy Start, the return is $2.93 per dollar invested. Finally, for Early Impact, where there are very large savings to the CPS, the return is $6.96 per dollar invested.

Table 7.4.3: Economic Costs and Benefits per Child

	Bright Beginnings	Healthy Start	Early Impact
Saving per participant [B]:			
CPS referrals	$2,180	$2,600	$9,590
Emergency department use	$470	$300	($270)
Program delivery cost [C]	$620	$990	$1,340
Net saving [B - C]	$2,030	$1,910	$7,980
Benefit-Cost ratio [B/C]	4.28	2.93	6.96

Notes: Savings per participant are economic burden per referral times probability of referral across each category type from Table 2 above. Dollar figures rounded to the nearest $10.

7.4.4 Conclusions

Overall, the evidence is plausible that these are desirable social investments: the long-term benefits are significant and, clearly for Bright Beginnings and Early Impact as well as Healthy Start, easily outweigh the costs.

However, three important qualifications need to be made to any conclusions on the economic value of each program. First, only one major outcome has been measured; it is possible that these programs have other consequences (either good or bad). Second, the outcomes have been measured across a short time period: it is possible that the programs will have effects over a longer duration (again, either good or bad). Third, no account has been taken of the 'fairness' or equity of the programs: if policymakers believe that a priority should be placed on reducing cases of abuse/neglect, then even small reductions in such cases may be worthwhile (even if they do not 'pay for themselves'). For these reasons, any economic conclusions should be regarded as illustrative rather than definitive.

8 REFERENCES

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9 APPENDIX A

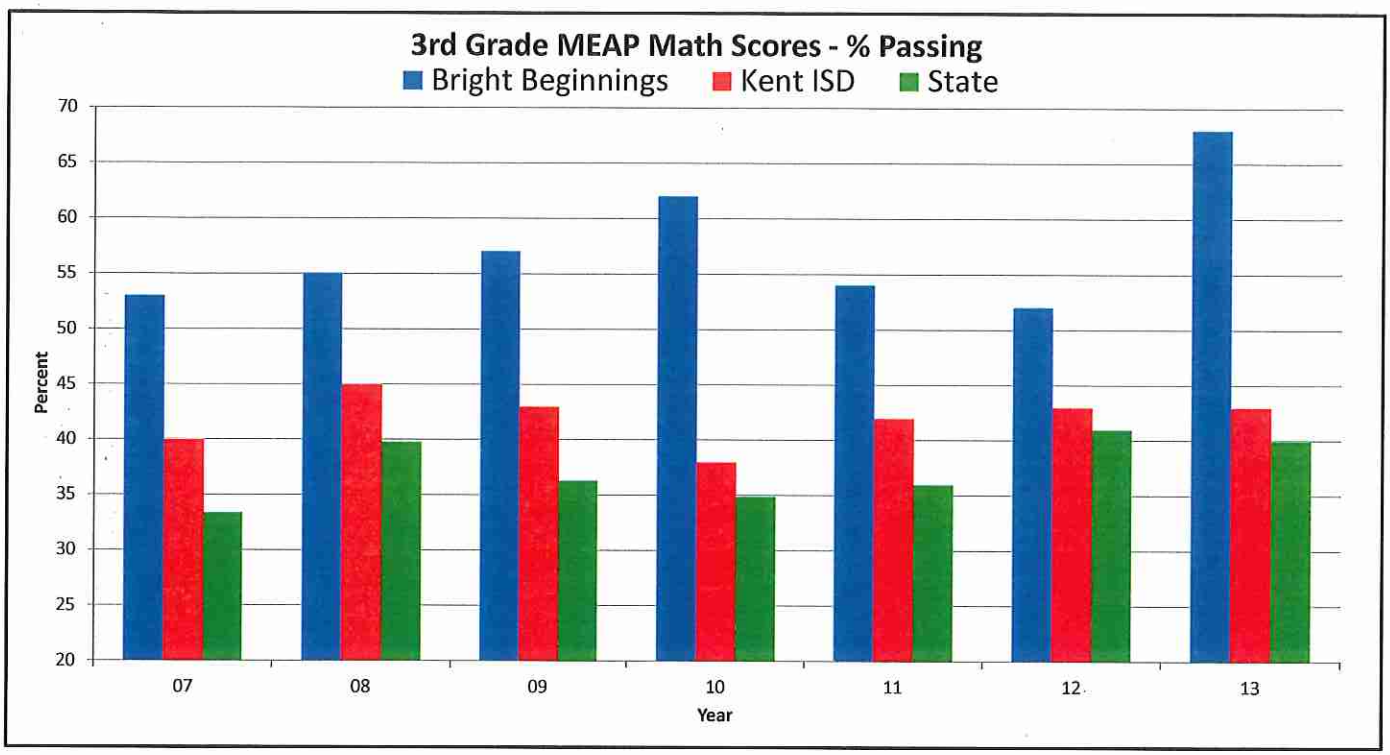
Comparison Groups

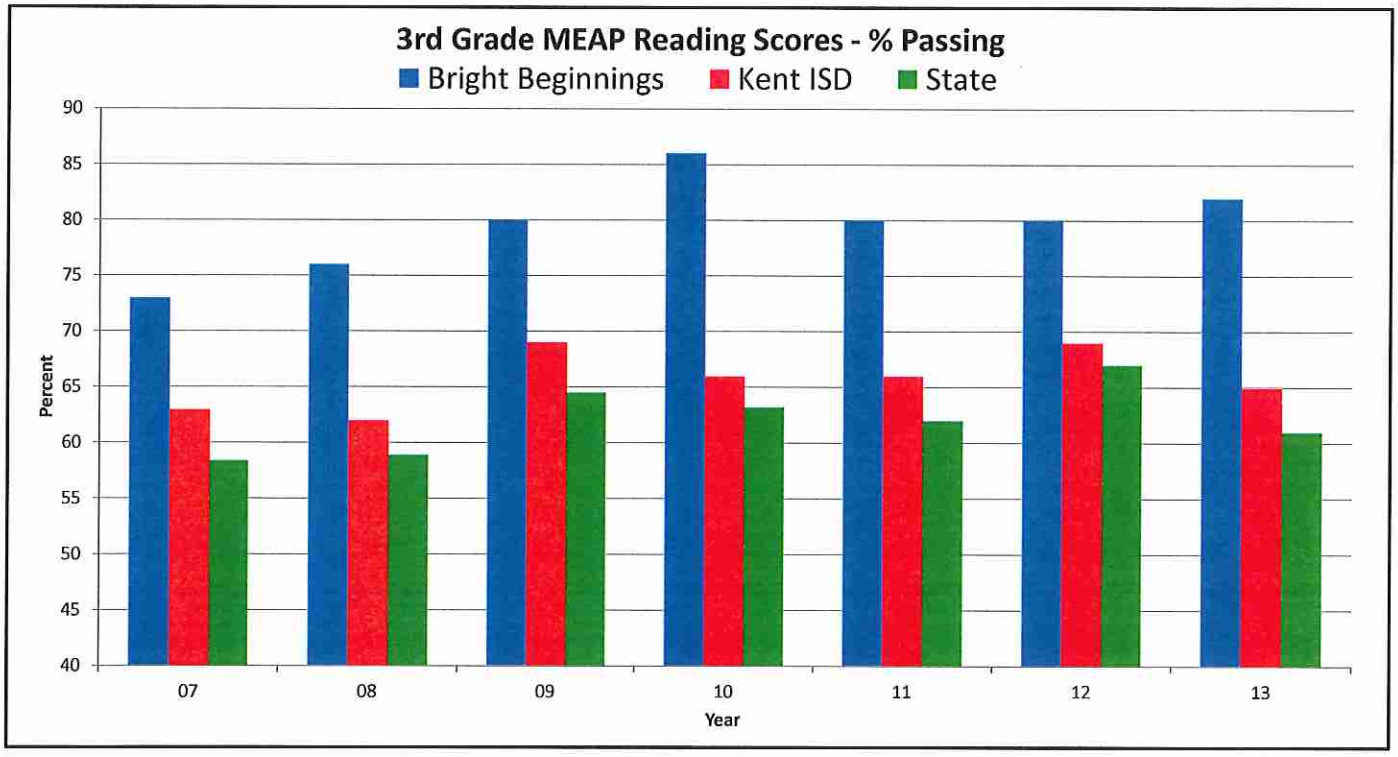
For Healthy Start (serving children 0-3) and Bright Beginnings (serving children 0-5), a matched population-level comparison group was created using the Kent County Birth Certificate Records database. This comparison group is optimal because participants in these two programs have no defining eligibility or risk factors that would differentiate them from the general population of Kent County.

Early Impact is a voluntary prevention program that serves families referred to CPS that are determined do not warrant a CPS investigation. For Early Impact, eligible participants who had unconfirmed cases of abuse and neglect, but refused EI services were used. The general population is not suitable for this program due to the likely confounding characteristics of families that have come to the attention of CPS. This group gives us the greatest likelihood of controlling for as many possible factors other than EI program participation that are likely to influence our outcomes of interest.

For the Family Engagement Program, the methodology used in Year 1 did not produce a children's comparison group. For Year 2, a potential method[15] for creating a viable comparison group was developed, but the necessary permission needed to access the data is still pending from Kent County DHS. Once access is granted, SRA will coordinate with the Kent County Health Department to conduct secondary data outcome analysis for the Family Engagement Program. As a result, no FEP outcome data is included in this report.

[15] FEP comparison group would be created by matching Early Impact refusers to network180 outpatient substance abuse clients and using Early Impact refusers data to find child-level data.


3rd Grade MEAP Math Scores - % Passing
Bright Beginnings
Kent ISD
State
Percent
70
65
60
55
50
45
40
35
30
25
20
07
08
09
10
11
12
13
Year


3rd Grade MEAP Reading Scores - % Passing
Bright Beginnings
Kent ISD
State
Percent
90
85
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70
65
60
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07
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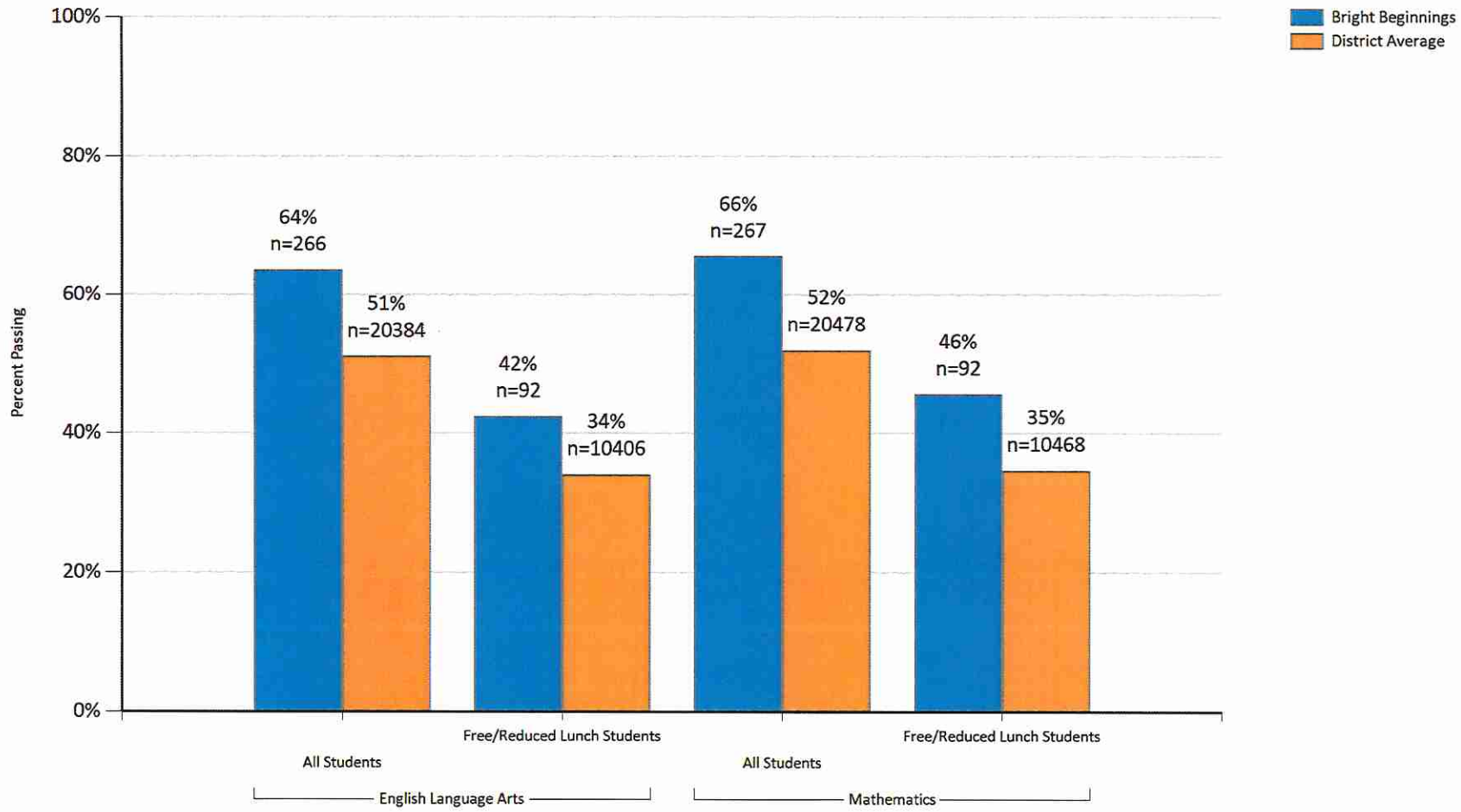
Year

Bright Beginnings M-STEP

Kent ISD
Spring 2015, Spring 2016, Spring 2017 - 3rd Grade
Students with 10+ Home Visits



This data represents the 20 LEAs in Kent ISD and does not include charter or parochial schools

The Business Case for Home Visiting

Smart Investments That Support Children, Parents, and a Growing Economy

American businesses need employees who are well prepared, but they are not getting them. State reports indicate that thousands of jobs remain unfilled because of gaps between the skills employers require and those workers possess.[1] For example, research shows that, as of 2004, 20 percent of U.S. workers were functionally illiterate.[2] Further, a 2009 study found that 75 percent of people ages 17 to 24 could not qualify for U.S. military service because they could not meet the physical, behavioral or educational standards[3]—standards similar to those many industries use in hiring.

Most strategies and reform initiatives to develop and improve the future workforce focus on the middle school or high school years, but achievement gaps are evident far earlier. Disadvantaged children can start kindergarten as much as 18 months behind their peers.[4] The majority of fourth or eighth graders are not proficient in both math and reading in any state.[5] Most children who read well below grade level at the end of third grade will not graduate from high school.[6]

This failing workforce pipeline can be repaired, but we have to start far earlier than middle or even elementary school. The foundation of many skills needed for 21st-century jobs is established in the first five years of life.[7] Children born with low birthweight and with fewer parental resources have poorer health, are more likely to struggle in school, and have lower earnings as adults.[8] Yet, just as the root of these challenges lies in the earliest years, so does the solution. Proven home visiting programs, which pair at-risk families with trained professionals who provide vital information and support, can help build the workforce our nation needs.

> [Business leaders] are powerful allies in the effort to invest scarce public dollars in high-quality home visiting programs. We have seen compelling evidence that home visitation provides dramatic and cost-effective improvements in helping children enter kindergarten ready to learn. There is no better investment for our future than this.
>
> —John Pepper, former Chief Executive Officer, Procter & Gamble

Home Visiting Promotes Learning and Success

Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships into adulthood and beyond.[9]

High-quality home visiting programs work with new and expectant parents during pregnancy and throughout the child's first years of life. To be effective, programs must be voluntary. Quality home visiting is proven to improve short- and long-term outcomes for participating children and families.

By reaching expectant mothers early, home visitation helps ensure they get regular prenatal care, quit smoking, and eat a balanced diet. These behaviors dramatically increase their chances of having a healthy, full-term baby and promote the strong brain architecture associated with effective learning and positive outcomes.

After the baby's birth, home visitors help mothers and fathers understand and support their infant's healthy development; provide responsive, nurturing care; and ensure a safe, stimulating environment. Home visitors also promote parents' responsibility by working with them to improve their own education, find employment, and build stronger, more stable relationships with the people in their lives—all of which are proven to lead to better outcomes for children.

Home Visiting Matters for Business Leaders

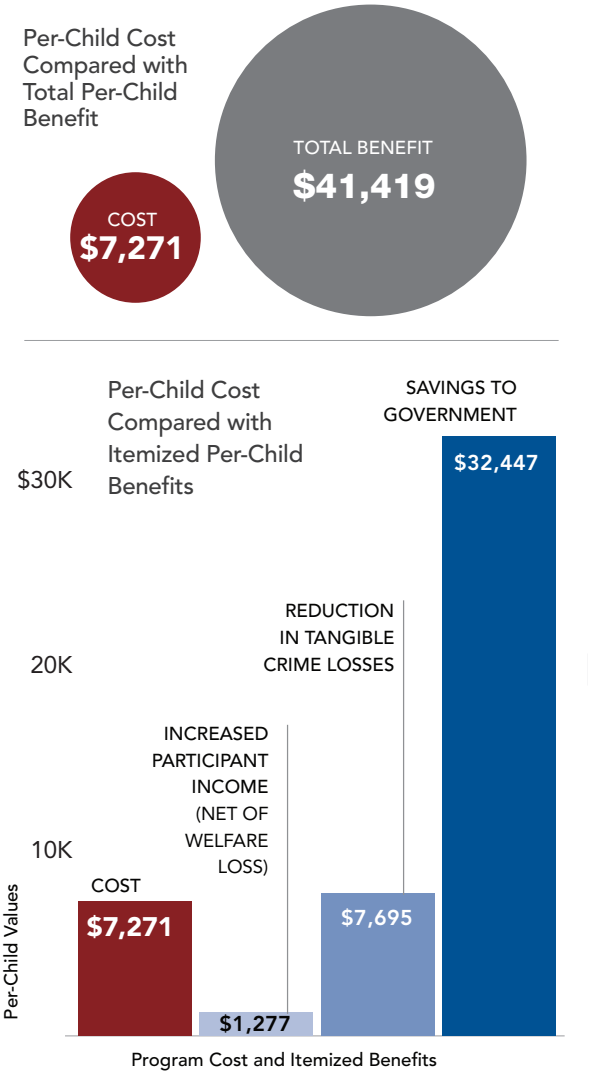
Home visiting programs help build the foundation for the healthy and productive workforce that businesses need. Decades of research have proven the potential of properly designed and implemented home visiting programs to

transform the lives of at-risk expectant and new parents and their babies and to generate significant returns on taxpayer investments. The many benefits of quality home visitation include:

- **School readiness and workforce preparation:** At-risk children who participated in one high-quality, voluntary nurse home visiting program had better cognitive and vocabulary scores by age six[10] and higher third-grade scores in math and reading than the control group.[11] At-risk toddlers who participated in another voluntary home visitation program were 42.5 percent more likely to graduate from high school than their peers who did not participate.[12]
- **Current workforce:** Mothers who participated in the Nurse-Family Partnership program had a 30-month reduction in welfare use[13] and an 82 percent increase in the number of months they were employed by their child's fourth birthday.[14]
- **Lower health costs:** The Healthy Families America program helped reduce the incidence of low birthweight,[15] which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.[16]

Economic Benefits of Quality Home Visiting to Society and Participants

The Nurse-Family Partnership, a high-quality nurse home visiting program, has been shown to have a positive benefit-cost ratio due to improved economic health of participating high-risk families, reduced crime and significant savings to taxpayers.



SOURCE: Karoly, L.A., Kilburn, M.R., and Cannon, J.S. "Early Childhood Interventions: Proven Results, Future Promise." (Arlington, VA: RAND Corporation, 2005). 98. http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf.

- **Better health outcomes:** One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48 percent.[17] Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.[18]
- **Return on investment:** The highest-quality nurse home visiting programs, over time, yield returns of up to $5.70 per taxpayer dollar spent, in reduced mental health and criminal justice costs, decreased dependence on welfare, and increased employment.[19] These returns generate a total benefit to society of more than $41,000 per family served.[20]

Early Investments Address Business Challenges

A vast and growing body of research clearly shows that investing in early childhood is one of the best, most cost-effective choices states and communities can make to benefit the economy and develop the workforce.[21] Kids who start off right—with a stimulating, secure home environment—are far more likely to become productive members of society. Quality home visiting programs support families' efforts to help their children develop the characteristics today's business leaders consistently say they are seeking:

- Literacy and comprehension;
- Math skills;
- Soft skills (i.e., critical thinking, problem solving, communication, and creativity); and
- No barriers to employment (e.g., substance abuse or prior incarceration).

At the same time, home visitation reduces the incidence of expensive business problems, particularly costs associated with poor health among workers and new hires needing remedial training. Investing in our nation's youngest citizens cultivates the skills of tomorrow's workforce; helps reduce taxpayer expenses for special education, crime, and other problems; and leads to higher income and greater wellbeing for the most at-risk children and families.[22]

> The family plays a powerful role in shaping adult outcomes that is not fully recognized by current American policies. As programs are currently configured, interventions early in the lives of disadvantaged children have substantially higher economic returns than later interventions.
>
> —James Heckman, Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and 2000 Nobel Laureate in Economics

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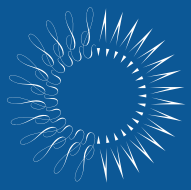
The Pew Home Visiting Campaign partners with states to encourage investment in those programs that research has proven produce results for the child, family and taxpayer. Business leaders can play a vital role by talking to policy makers, writing media pieces, and securing endorsements for policy changes that make better use of public dollars.

The Partnership for America's Economic Success, a project of the Pew Center on the States, amplifies the voice of business leaders in support of early childhood policies that strengthen our economy and workforce.

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public, and stimulate civic life.

www.pewcenteronthestates.org



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Invest in early childhood development: Reduce deficits, strengthen the economy.

James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics at The University of Chicago, a Nobel Laureate in Economics and an expert in the economics of human development.

"The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families."

James J. Heckman
December 7, 2012

Those seeking to reduce deficits and strengthen the economy should make significant investments in early childhood education.

Professor Heckman's ground-breaking work with a consortium of economists, psychologists, statisticians and neuroscientists shows that early childhood development directly influences economic, health and social outcomes for individuals and society. Adverse early environments create deficits in skills and abilities that drive down productivity and increase social costs—thereby adding to financial deficits borne by the public.

Early childhood development drives success in school and life.

A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, career and life. Early childhood education fosters cognitive skills along with attentiveness, motivation, self-control and sociability—the character skills that turn knowledge into know-how and people into productive citizens.

Investing in early childhood education for at-risk children is an effective strategy for reducing social costs.

Every child needs effective early childhood supports—and at-risk children from disadvantaged environments are least likely to get them. They come from families who lack the education, social and economic resources to provide the early developmental stimulation that is so helpful for success in school, college, career and life. Poor health, dropout rates, poverty and crime—we can address these problems and substantially reduce their costs to taxpayers by investing in developmental opportunities for at-risk children.

Investing in early childhood education is a cost-effective strategy for promoting economic growth.

Our economic future depends on providing the tools for upward mobility and building a highly educated, skilled workforce. Early childhood education is the most efficient way to accomplish these goals:

- Professor Heckman's analysis of the Perry Preschool program shows a 7% to 10% per year return on investment based on increased school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures.
- Professor Heckman's most recent research analyzed Abecedarian/CARE's comprehensive, high-quality, birth-to-five early childhood programs for disadvantaged children, which yielded a 13% return on investment per child, per annum through better education, economic, health, and social outcomes.

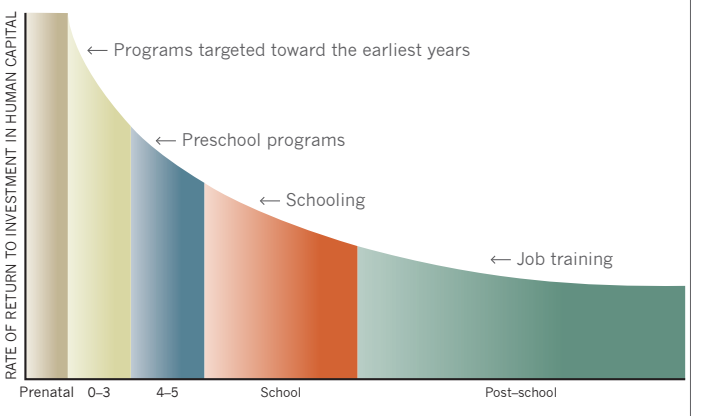
The Heckman Equation

Make greater investments in young children to see greater returns in education, health and productivity.

Keep these principles in mind to make efficient and effective public investments that reduce deficits and strengthen the economy:

- **Investing in early childhood education is a cost-effective strategy—even during a budget crisis.** Deficit reduction will only come from wiser investment of public and private dollars. Data shows that one of the most effective strategies for economic growth is investing in the developmental growth of at-risk young children. Short-term costs are more than offset by the immediate and long-term benefits through reduction in the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.
- **Prioritize investment in quality early childhood education for at-risk children.** All families are under increasing strain; disadvantaged families are strained to the limit. They have fewer resources to invest in effective early development. Without resources such as "parent-coaching" and early childhood education programs, many at-risk children miss the developmental growth that is the foundation for success. They will suffer for the rest of their lives—and all of us will pay the price in higher social costs and declining economic fortunes.
- **Develop cognitive AND character skills early. Invest in the "whole child."** Effective early childhood education packages cognitive skills with character skills such as attentiveness, impulse control, persistence and teamwork. Together, cognition and character drive education, career and life success—with character development often being the most important factor.
- **Provide developmental resources to children AND their families.** Direct investment in the child's early development is complemented by investment in parents and family environments. Quality early childhood education from birth to age five, coupled with parent-coaching, such as home visitation programs for parents and teen mothers, has proven to be effective and warrants more investment.
- **Invest, develop and sustain to produce gain.** Invest in developmental resources for at-risk children. Develop their cognitive and character skills from birth to age five, when it matters most. Sustain gains in early development with effective education through to adulthood. Gain more capable, productive and valuable citizens who pay dividends for generations to come.

Returns to a Unit Dollar Invested



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Early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return on investment.

www.heckmanequation.org

The Heckman Equation project is made possible with support from the Pritzker Children's Initiative.

Heckman
The economics of human potential.