

Office of Early Childhood/ Invest In Children PEI Annual Report: 2018

Prepared by Shawna Rohrman, Ph.D.
Office of Early Childhood / Invest In Children
Performance Evaluation & Innovation
Department of Health and Human Services
May 2019



Cuyahoga County
Together We Thrive

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Agency mission and overview

In 1999, inspired by new research showing the importance of children's first five years of life, twenty-three private foundations and corporations joined with County government to redesign the face of human services for young children and their families throughout Cuyahoga County. Working together, the founders of Invest in Children (IIC) launched a plan to make sure that all children in the County received the best possible start in life, one that allows them to grow and develop to their full potential. Its goals were to create a high quality, comprehensive early childhood system of services for children prenatally through age 5; build community awareness of the importance of healthy early childhood development; and advocate to change outcomes for disadvantaged children in our community. IIC has been guided by community public and private leaders serving together on a stewardship committee. Now called the Partnership Council, this group is co-chaired by the Cuyahoga County Executive and the Regional President of PNC Bank, and is comprised of civic leaders from the business and philanthropic sector and community early childhood stakeholders.

Invest in Children, administered by the Cuyahoga County Office of Early Childhood (OEC), is nationally recognized for the quality, depth and breadth of the early childhood system of services that has been created and implemented over the past fifteen years. Since its inception, Invest in Children has provided services to thousands of children and families, documented the impact of its various services via rigorous independent evaluation, and worked toward a community ethic that understands the crucial importance of the early childhood years in the context of an individual's life trajectory.

Vision

All children in Cuyahoga County will reach their full potential, nurtured by families' sensitive to their needs and supported by a community committed to their success.

Mission

The mission of Invest in Children is to mobilize resources and energy to ensure the well-being of all young children in Cuyahoga County, provide supportive services to parents and caregivers, and build awareness, momentum, and advocacy in the community around children and family issues.

Beliefs

We believe that culturally sensitive and respectful services, when provided early, empower children and families to be optimistic and hopeful, help decrease the inequities that contribute to most social problems, and afford children and families the best chance for success in life.

We believe that all young children and families should have the opportunity to access quality services sensitive to their unique needs and abilities.

We believe our community is committed to the sustainability of efforts that support children and families.

We believe there is no more important effort, because if the community is to succeed, its children and families must succeed.

Overview

IIC is not a direct service provider. Rather, we partner with local agencies and nonprofit organizations to fund programs that align with our vision, mission, and beliefs. Our office currently works with six lead agencies. *Starting Point* is the state-designated child care resource and referral agency for Cuyahoga County. We contract with them to provide a variety of services aimed at improving the quality of child care in the county, including working with providers who are part of the County's Universal Pre-Kindergarten program. *Family Connections* is a nonprofit whose mission is to strengthen families with young children. They offer many programs to families, and our office supports their delivery of SPARK, a kindergarten readiness program. *Bright Beginnings* is Ohio's central intake and referral agency for the Help Me Grow system, and also offers early intervention and home visiting services in Cuyahoga County. IIC works with Bright Beginnings to offer the Parents As Teachers home visiting program. The *Alcohol, Drug, and Mental Health Services (ADAMHS) Board of Cuyahoga County* coordinates the Early Childhood Mental Health system. We provide funding to the *City of Cleveland Department of Public Health* to offer MomsFirst, a home visiting program for mothers from pregnancy through the child's second birthday. Finally, we provide funding to the *Cuyahoga County Board of Health* for their Newborn Home Visiting program, which provides a single nurse home visit to families on Medicaid during the perinatal period.

This report describes progress in 2018 on three key goals central to Invest In Children's work: helping parents and families thrive, protecting children's health and safety, and ensuring children are prepared for school. Of these, the last aligns most clearly with the County and Department of Health and Human Services strategic plans. For this reason, we begin by describing work on school readiness and describe those efforts in greater detail, but also provide summaries of work in 2018 toward the other equally important goals.

Ensuring children are prepared for school

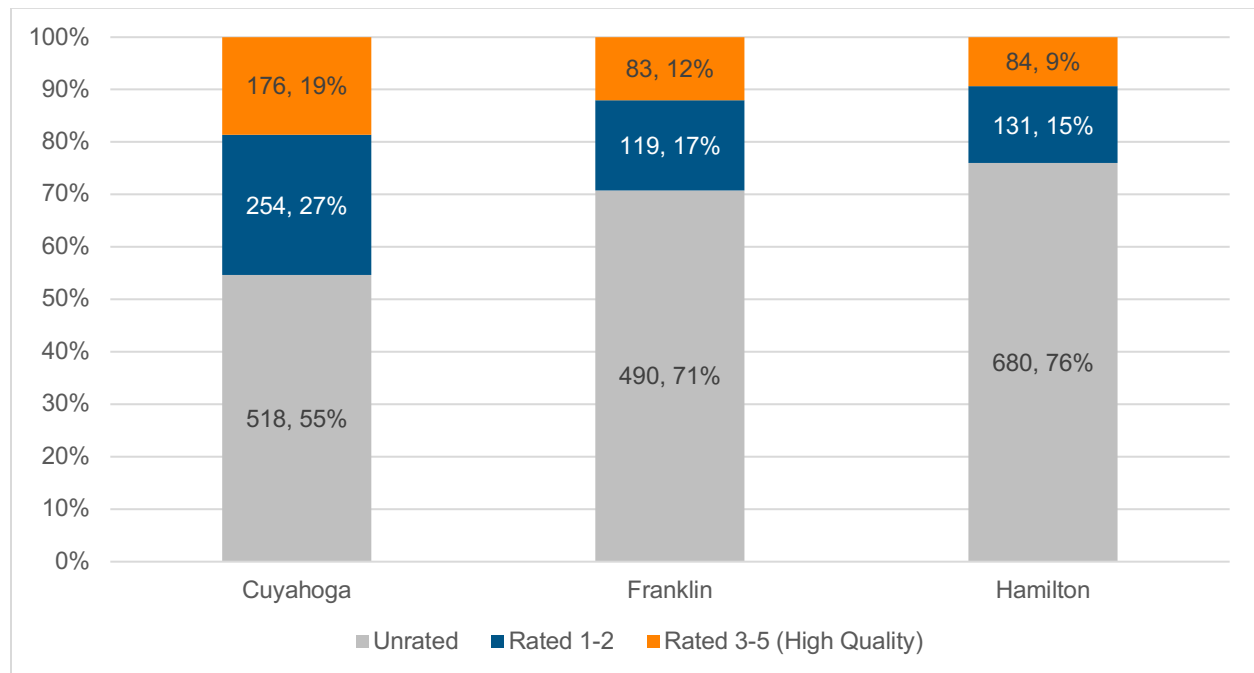
A large portion of the work IIC does focuses on maintaining and improving the quality of child care and early childhood education in Cuyahoga County. We have partnered with Starting Point, the state-designated child care resource and referral agency for the region, since 1999 to provide training, professional development, and technical assistance to early childhood programs across the county. We also work closely with researchers at Case Western Reserve University's Center on Urban Poverty and Community Development to evaluate the Universal Pre-Kindergarten (UPK) program. This section reviews highlights from this year's work to improve the quality of child care and prepare children for kindergarten.

High-quality child care across Cuyahoga County

Step Up To Quality Ratings: IIC contracts with Starting Point to improve the quality of child care across Cuyahoga County. One key area of these efforts is at the site and system level: helping child care providers obtain, maintain, and/or improve their rating in Ohio's quality rating system, Step Up To Quality (SUTQ). All SUTQ ratings are public and posted online. The ratings are important signals to parents and caregivers, intended to help them decide which program is best for their child. Unlike licensing, participating in SUTQ is not currently required. However, beginning July 1, 2020, child care programs must be rated in SUTQ to receive public (state) funding. This means that families receiving child care subsidies (vouchers) will only be able to use them at SUTQ-rated sites. In keeping with its goal to make high-quality child care

accessible to all County children, IIC contracts with Starting Point to provide technical assistance to child care programs registering for SUTQ for the first time as well as during renewal. Data from October 2018 show that Cuyahoga County leads the way in these efforts: **45% of publicly-funded child care programs in Cuyahoga County were rated in SUTQ**, compared to 30% in Franklin County and 24% in Hamilton County. Moreover, **19% of the rated programs in Cuyahoga County were rated high-quality**,¹ compared to 12% and 9% in Franklin and Hamilton respectively.²

Figure 1: Publicly-funded child care site SUTQ ratings, October 2017



Special Needs Child Care: A second key area where IIC collaborates with Starting Point to improve the quality of child care is by ensuring children with special needs have the resources they need in their child care settings. Our office believes that high-quality child care includes meeting the needs of all children. All child care programs in Cuyahoga County have access to the Special Needs Child Care (SNCC) program, funded by IIC and deployed by Starting Point via subcontracted agencies. In some cases, children enter child care having been formally recognized as having special needs by the State of Ohio. However, many children arrive at their child care program without an official designation or diagnosis. In order to serve children with special needs, child care programs may request a SNCC technical assistance specialist (TA), who comes to the classroom and works with staff and the director to help the program become more effective in serving the child. This may include equipment along with special instruction by a nurse or developmental specialist for children with medical or developmental needs, or early childhood mental health specialists to assist with children with behavioral challenges. In 2018, **1,400 children across the county were served by a SNCC TA specialist. SNCC TAs made**

¹ High-quality child care programs are rated with 3, 4, or 5 out of 5 stars in SUTQ.

² Data taken from the Ohio Care and Early Education database <http://childcaresearch.ohio.gov>. Retrieved October 11, 2018.

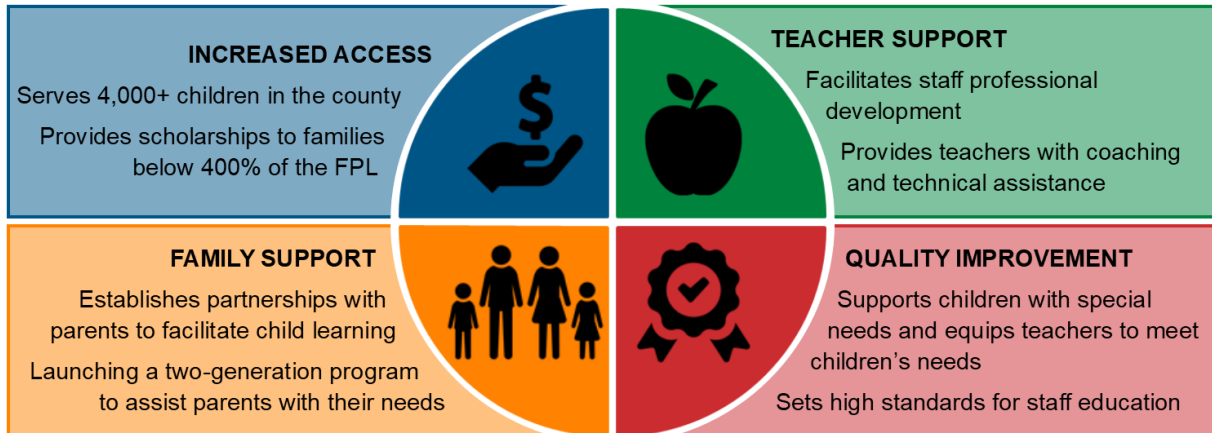
a total of 5,713 visits in 2018. Of these, the biggest concerns addressed were the child’s social skills, asthma, and limited or poor self-control.

Developing a “gold standard” with Universal Pre-Kindergarten

The Universal Pre-Kindergarten Program in Cuyahoga County was created through a community planning process that utilized state of the art standards for what constitutes high quality preschool and included a financial study of the cost of delivering that high-quality program in Cuyahoga County. The goal was to build upon the existing mixed delivery system of child care, enhance quality with funding, training and technical assistance, and keep it affordable for low and moderate-income families. Preschool providers may apply to be part of UPK through a competitive RFP process if they meet a series of standards, proven through research to be the hallmarks of quality that result in improved school readiness. These standards include increased teacher qualifications, lower staff to child ratios, use of approved curricula, engagement of families, and family linkages to necessary supportive services. Additionally, the preschool sites must be rated as high-quality in SUTQ.

In the first half of 2018, there were 67 preschool providers participating in UPK. Thirty of those sites had contracts expiring in July 2018. In the first half of the year we issued an RFP and reviewed proposals to fill those expiring program spots. After a thorough review of 43 proposals, 33 preschool providers were accepted into the UPK program, including eight programs that are participating in UPK for the first time.

Figure 2: Four components of Cuyahoga County’s Universal Pre-Kindergarten Program



The aim of IIC, through the UPK program, is to enhance the quality of preschool in 4 domains: increasing access to high-quality child care with scholarships; supporting teachers with professional development and technical assistance in the classroom; improving the quality of preschool programs by setting high standards for staff credentials and through the SNCC program; and establishing partnerships with families to help them and their children succeed. In 2018, we worked to innovate in two of these domains.

Special Needs Child Care Intensive Program: Beginning in the 2017-18 program year, we began providing SNCC Intensive services to UPK programs. UPK classrooms are eligible for this intensive program if they have at least one child demonstrating challenging and severe

behaviors, as identified through the Devereux Early Childhood Assessment (DECA) and had requested the short-term SNCC service for that child. Eligible UPK classrooms receive a much higher dose of technical assistance for a longer period compared to the standard program: Rather than a few visits over the course of the year, the intensive service provides teachers with 6 hours of technical assistance weekly for up to 12 weeks. **A total of 428 SNCC Intensive sessions were provided to 31 classrooms in the 2017-18 program year, serving a total of 451 children.** We continue to work with Starting Point to provide this support to UPK sites in the 2018-19 program year, and we are currently in the middle of an evaluation of this program (discussed below).

ReadyRosie: We also began an exciting new program around family engagement this year. Family engagement has been a basic tenet of the UPK program model from the beginning. However, the family engagement framework used in the past primarily focused on connecting parents to the preschool site with less emphasis on enhancing the classroom-to-home connection. ReadyRosie, an early education tool that leverages the power of mobile technology and video modeling to help UPK teachers build partnerships with busy 21st century families, was introduced for the 2018-19 program year to support UPK sites in their family engagement efforts. The use of technology-based frameworks is an emerging practice that holds promise in meeting the next generation of caregivers where they are to ensure that they are empowered in the important role as a child's first and most important teacher.

The ReadyRosie platform allows teachers to send caregivers playlists of videos with “modeled moments” of interactions with children in everyday settings on a variety of educational topics. The goal is for teachers to send videos that relate to what children are learning in the classroom or are otherwise helpful for the caregivers to be involved in their child's education. Each developmentally appropriate video serves to facilitate a family's understanding of the learning concepts being introduced in the classroom and supports play-based learning at home.

The rollout of ReadyRosie was a rather large effort: our family engagement team conducted 57 trainings of 495 teachers across 67 UPK sites. Notably, this was the first time training has been provided directly to teachers by IIC staff, and this was possible because we added a Family Engagement Manager to our staff in late 2017. We see ReadyRosie as a major component of our family engagement strategy moving forward and are thinking carefully about which data points will be meaningful to demonstrate programmatic progress and impact on children's outcomes. Data tracking on the ReadyRosie platform is currently somewhat limited—for example, we are able to see the number of playlists sent by teachers and the number of videos watched by caregivers, but only to date (as opposed to within a date range). **Since implementation in late 2018, UPK teachers have sent over 1210 playlists resulting in over 7359 videos viewed by caregivers.** We continue to work internally to determine which indicators and benchmarks are best to demonstrate progress, and work with the developers of ReadyRosie to identify ways to collect the data points we need to track those indicators.

Monitoring quality in UPK sites: Each year, from January to April, the UPK program managers and officers at IIC conduct monitoring visits of the UPK sites. These visits are intended to provide quality control and improvement in the UPK program. In the visits, IIC staff observe the classroom environment and view lesson plans, teacher records, and child records, and identifies “corrective actions” or areas where the site is not complying with UPK policy. In the 2017-18 program year, 75% of sites had at least one corrective action. Among the most common reasons for corrective actions were that teachers' files did not include professional development

plans, children’s files did not include assessment data or health screening information, and classrooms lacked materials (e.g., for writing and drawing throughout the classroom) or visual cues (e.g., daily schedule, classroom rules). IIC inform providers of the areas of non-compliance in a monitoring report, and the providers must prepare a Corrective Action Plan to address the issue(s) within 2 weeks of receiving the report. All sites provided satisfactory Correction Action Plans.

Increasing access to high-quality preschool

When we talk about increasing access to high-quality preschool—specifically, access to UPK—we focus on two metrics: enrollment and scholarships. The former is an indicator of how well we are doing filling spots in these high-quality programs, while the latter signals the potential easing of financial barriers families face in their search for child care.

Enrollment in UPK: Records on enrollment and attendance are entered into a centralized online system called COPA, which is managed and maintained by Starting Point. Each month, Starting Point sends IIC an enrollment report, which shows number of children enrolled in each site on a given day of that month. These are monthly snapshots telling us the number of children served at that time rather than the number that have been served to date. For example, there were approximately 4,100 children enrolled in December of 2017 but just over 5,000

children were enrolled at a UPK provider at some point across the 2017-18 program year. In addition to monthly fluctuation in the number of children enrolled, there is also variability across the year in the number of “seats” available. Many sites, particularly preschools in public school districts, close for the summer; it is also sometimes the case that UPK providers have their quality rating reduced by the State and are temporarily terminated from the UPK program, which decreases the number of available seats. For all of these reasons we recognize the fluidity of enrollment numbers and measure enrollment as the percentage of seats filled to establish a common unit for comparison. We set an internal benchmark of 90% of seats filled, which is higher than benchmarks set by other local agencies.³

Cuyahoga County Goal 4

Every child is ready for school on the first day of kindergarten.

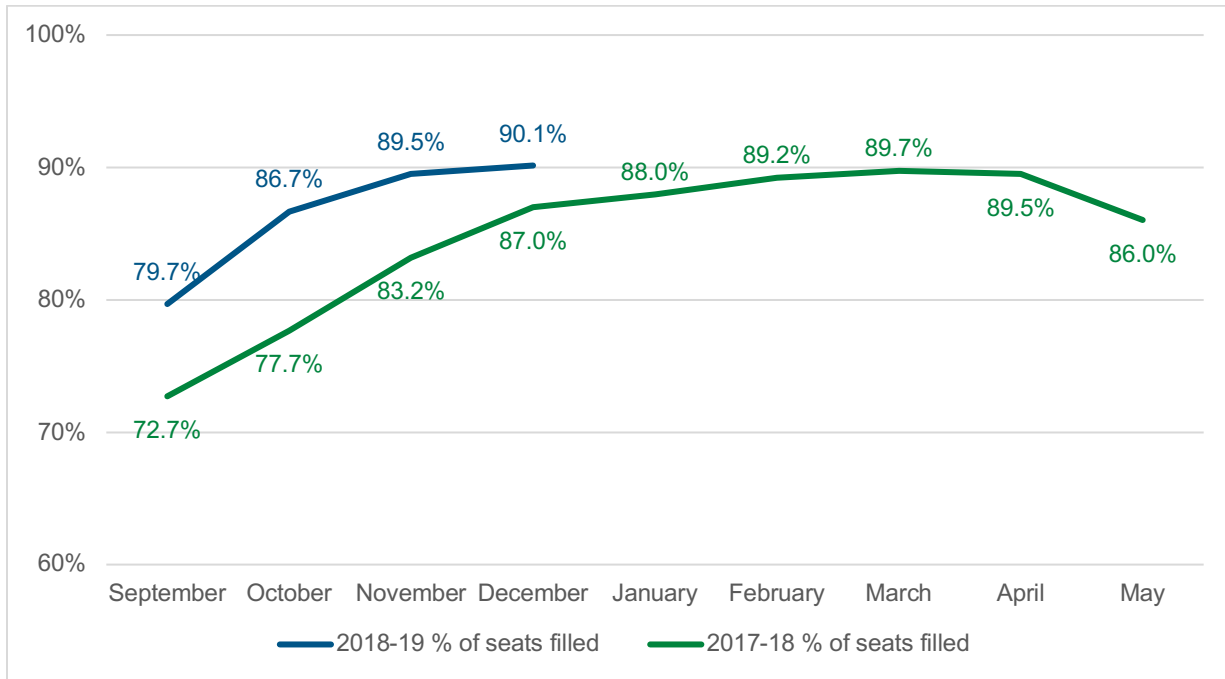
DHHS Indicator

of children enrolled in high-quality preschool in the county.

The figure below shows enrollment from September to May of the 2017-18 program year (in green) and in the first four months of the 2018-19 program year (in blue). There is a clear curvilinear trend, with enrollment increasing across the fall and winter months to a peak in early spring and declining toward the end of the school year. We recognize this trend and realize the benchmark we set likely won’t be achieved consistently across the year, but we aim to see it met for several months. In the 2017-18 program year, we were very near or at our benchmark from February to March. **As of December 2018, we had already reached that benchmark of 90% enrollment for the 2018-19 program year.** We believe this early peak can be attributed in part to work with a consulting firm, Strategic Resources Consulting (SRC), to help with outreach.

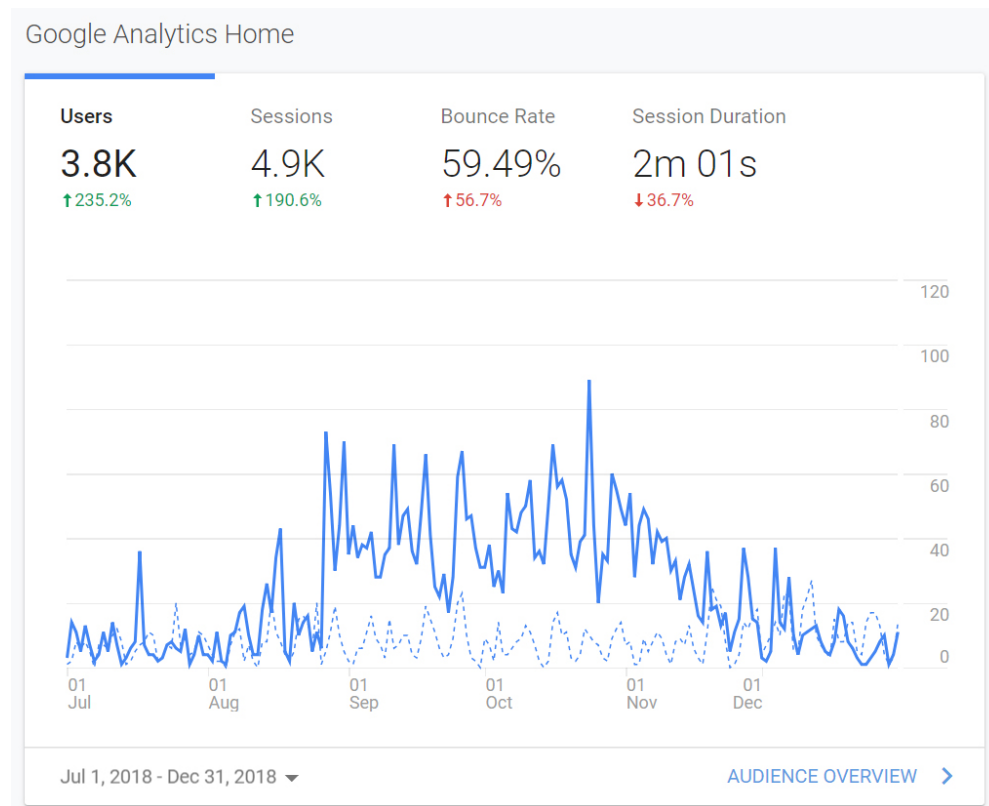
³ For example, the PRE4CLE goal is that sites are operating at 85% capacity. <https://pre4cle.org/wp-content/uploads/2018/08/FINAL-PRE4CLE-Annual-Report-2018-WEB2.pdf>

Figure 3: UPK Enrollment by month, 2017-18 and 2018-19



During the second half of 2018, Invest in Children contracted with SRC to lead a grassroots outreach campaign. Focused primarily in the City of Cleveland, the campaign goal was to engage with community and faith-based organizations to increase awareness and promote enrollment. SRC interviewed UPK sites in the targeted neighborhoods to inform message development and began outreach efforts in July. Extensive social media advertising was purchased, and SRC represented the program in at least six summer neighborhood festivals. The UPK program was introduced to 36 neighborhood churches where “UPK Sundays” were organized, and a 7-week series of radio interviews featured Invest in Children staff. SRC placed UPK promotion posters in beauty and barber shops, and conducted a door-to-door campaign in selected areas. Throughout their campaign, SRC heavily promoted CuyahogaKids.org, a web app developed by IIC for families to find high quality child care and activities for their children. In the graph below, taken from Google Analytics, SRC’s work period is evident in the increased traffic on CuyahogaKids.org, especially from September to December 2018.

Figure 4: Traffic on CuyahogaKids.org from June through December 2018 (from Google Analytics)



Scholarships toward preschool tuition: We view the scholarships we provide as a critical component of helping families access high-quality preschool for their children. These scholarships are given to the family in the form of a tuition discount by the preschool provider, and then reimbursed to the provider by our office. The scholarships are given on a sliding scale: families below 200% of the Federal Poverty Line (FPL) receive a 50% discount on any tuition they pay to the provider, families 200-300% of the FPL receive a 33% discount, and families between 300% and 400% of the FPL receive a 25% discount. In the 2017-18 program year, **we estimate approximately 800 families received a scholarship to assist with the cost of preschool.** Of these, 69% of families received a discount of 50%, 28% received a discount of 33%, and 3% received a 25% discount on tuition. **In total, we provided approximately \$1.2 million in scholarships to families in Cuyahoga County during the 2018-18 program year.**

Cuyahoga County Goal 4
Every child is ready for school on the first day of kindergarten.

DHHS Indicator
of enrolled children who receive scholarship assistance through Cuyahoga County UPK.

We are currently working to develop a fuller picture of tuition fees and scholarships for UPK families. We know that many families do not pay tuition fees for their child’s preschool. This may be because the site does not charge tuition; this is the case in some public school district preschools and for children in Head Start or whose “seat” is paid for with an Ohio Early

Childhood Education grant.⁴ Additionally, some families have vouchers that cover the full cost of tuition. Assembling this information would allow us to better contextualize the 800 children whose families do receive scholarships, because we would know what proportion of families who pay any tuition are benefitting from UPK scholarships. At the other end of the spectrum, we do not know the number of children whose families are eligible to receive scholarships but do not (although we don't believe this to be very many) or the number of children whose families are above 400% FPL. IIC does not require UPK sites to provide us with information on vouchers or income unless the family receives a scholarship. Some of the information needed to round out this picture is in our records but would require work to assemble, and other information we would need to get from the UPK providers. This is an area on which we are working to improve.

Expanding & sustaining UPK

When the UPK program first began in 2007, it served 1,000 children. The intention was to take UPK to scale and make it a truly universal program. However, the 2008 recession rendered such an expansion unrealistic. From its inception to 2016-17 the number of UPK seats more than doubled to just over 2,000. These seats are funded through the HHS levy. In 2016, Cuyahoga County Executive Armond Budish, with support from County Council, put an additional \$10 million into the county budget to expand UPK, and challenged the private funding community to match the public investment. Private funders responded with over \$12 million in support. This new public/private partnership of UPK funding allows for the doubling of the number of UPK seats from 2,000 to over 4,000, as well as enhancement of the program model in the family engagement and special needs components. This effort yielded approximately \$23 million total to fund the UPK expansion over several years but is not a sustainable source of funding for the expansion. A critical task for our office is to work with public and private partners to identify a sustainable source of funding for the current expansion and for further expansion in the future.

One effort is a study of the feasibility of a Pay For Success approach to UPK sustainability and expansion, through a grant from the U.S. Department of Education. We work with our ongoing external evaluation partners at Case Western's Center on Urban Poverty and Community Development and with consultants from Third Sector Capital Partners. A Pay For Success approach involves funders who pay for a program up front, and payors who repay funders once a program has achieved its outcomes. Funders take the risk that, if the program does not achieve its outcomes, the payor will not repay the full investment.

Cuyahoga County Goal 4
Every child is ready for school on the first day of kindergarten.

DHHS Indicator
Early childhood education expansion and sustainability milestones

In our study, the aim is to determine the potential child-level outcomes that provide cost savings to a given entity (e.g., savings on remedial programs in school districts or on incarceration in the juvenile justice system), the specific entities benefiting from a given outcome and the amount saved, and the impact that UPK has on the chosen outcomes. Although previous research shows many entities benefit from children attending high-quality preschool, we focus on outcomes that have the most proximal benefit for school districts. We identified two outcomes

⁴ <https://education.ohio.gov/getattachment/Topics/Early-Learning/Early-Childhood-Education-Grant/Attachment-A-Program-Requirements-edited.pdf>

that could produce cost savings: being on-track for language and literacy in kindergarten, which we connected to savings in the form of reduced need for remedial services and a third grade reading bonus, and on-time grade matriculation from kindergarten to first grade, which would save districts from having to educate students for an additional year. Ultimately, we found that UPK children were more likely than their non-UPK counterparts to be on-track for language and literacy but did not observe an impact of UPK on grade matriculation, so cost savings are limited to the language and literacy outcome.

The feasibility study will continue through June 2019. The remaining major component is to identify the entity or entities who will serve as “payors”—parties who benefit from the program and pay for the program once the cost-saving outcomes are achieved. This piece is critical to determining whether a Pay For Success approach is actually feasible. We are working with the County Executive to determine who those payors are and whether they are willing to contribute to sustaining UPK.

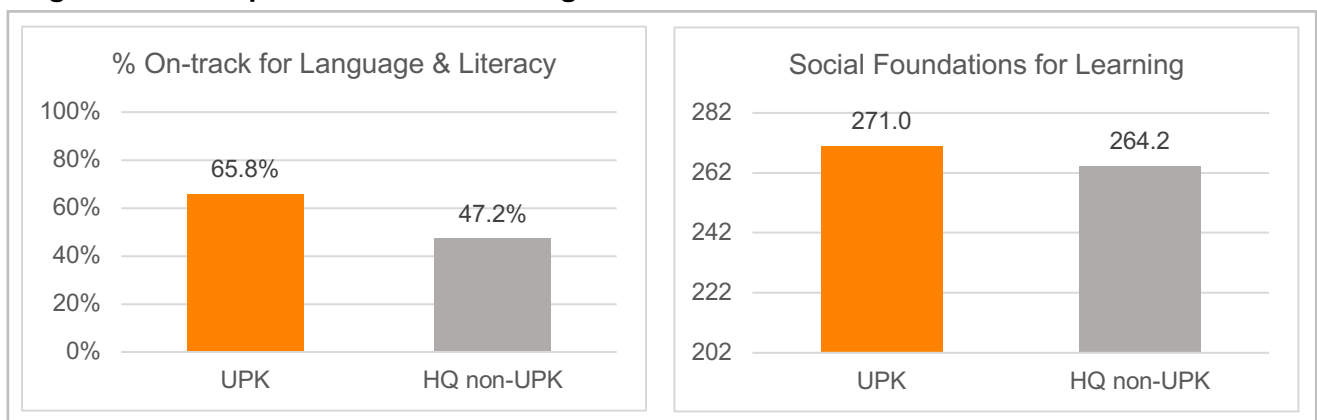
Evaluation of UPK

There are currently three evaluations of the UPK program underway, being conducted by our external evaluation team at Case Western Reserve University’s (CWRU) Center on Urban Poverty and Community Development. Each began in 2017, carried through 2018, and will conclude in 2019.

Evaluating the impact of UPK: As noted above, the Pay For Success feasibility study entails an evaluation of the impact UPK has on child-level outcomes. This evaluation is necessary to calculate the amount of money a given entity (e.g., a school district) would save by investing in UPK based on the better performance of UPK children on a relevant outcome. We identified four outcomes of interest: whether children are on-track for language and literacy as measured by the Kindergarten Readiness Assessment (KRA), their score on the social foundations for learning domain of the KRA, chronic absenteeism in kindergarten, and whether they progress on-time from kindergarten to first grade. To get a true sense of the impact of the enhancements that the UPK offers, we compared children who attended preschool at UPK providers for 18 months or more before kindergarten to children who went to preschool at high-quality but non-UPK providers for the same amount of time.

Results of this evaluation showed that UPK children were more likely to be ready for kindergarten, but they were not different from children in the high-quality non-UPK in terms of chronic absenteeism or on-time grade matriculation. The figure below shows the impact of UPK on kindergarten readiness:

Figure 5: The Impact of UPK on Kindergarten Readiness



Children who attended UPK are more likely to be on-track for language in literacy by 30 percentage points, relative to their non-UPK peers. Said another way, if children who attended preschool in high-quality non-UPK settings had instead attended a UPK site, 65.8% would be on-track instead of 47.2%. Similarly, children who attended UPK scored 7 points higher on the social foundations for learning scale, indicating that they are better equipped for school in terms of their socioemotional and self-regulatory skills. We have preliminary evidence suggesting the benefits of UPK extend to third grade, but more cohorts of children are needed to confirm this trend.

Evaluating the process of UPK: We are also engaged in a more qualitative evaluation of UPK, called a process evaluation. Here the goal is to better understand how the various aspects of the program are experienced by preschool center directors, teachers, technical assistants, and caregivers. Researchers at CWRU's Poverty Center have completed the first phase of the evaluation, which entailed interviews with center directors and Starting Point technical assistance specialists (TAs) and a survey of teachers. The results were instructive for continued improvement of the delivery of UPK. For example, all three groups indicated that there was often confusion about the schedule (or lack thereof) of technical assistance visits as well as lack of clarity about the reason for each visit (e.g., assessment of classroom quality, resource coordination, family engagement). This feedback helped Starting Point develop a clearer schedule of visits and appoint one TA for each site to serve as a single point of contact. We also heard from all three groups that the Special Needs Child Care assistance was extremely valuable and would be welcome in larger doses if possible.

The second phase of the process evaluation will interview and survey directors and teachers from a second group of UPK providers. Additionally, the researchers will field a survey of caregivers. Initially this survey was intended to assess caregivers' satisfaction with their child's preschool and UPK experience. However, we learned in the first phase that many teachers did not know what UPK is. Based on this finding, we reframed the caregiver survey to assess their understanding of the UPK program at a more basic level. For example, this survey will ask if parents are aware that there are scholarships available to families based on income. We hope this survey will yield results that help us plan outreach to families in the future.

Evaluating the Special Needs Child Care Intensive Program: Finally, we are working to evaluate the new SNCC Intensive program (described above). The plan for evaluation was built into the launch of the program in the fall of 2017: during the this first year, all classrooms receiving the SNCC Intensive service were eligible for inclusion in the evaluation. At the beginning of the service, the classroom environment was observed and scored on an assessment tool by the teacher, technical assistant, and an objective observer (IIC staff). After conclusion of the service, the same three people (when possible) observed and scored the classroom again. The evaluation will compare the pre-test and post-test scores to determine changes in the classroom environments due to the service. In addition, the evaluators will compare children's scores on a socioemotional assessment tool to determine child-level changes as a result of the program. The results of this evaluation will be ready in late spring 2019.

Supporting Partnerships to Assure Ready Kids (SPARK)

In addition to the UPK program, IIC funds the Supporting Partnerships to Assure Ready Kids (SPARK) program, an evidence-based early-learning program that aims to prepare children for kindergarten. There are SPARK programs across Ohio, and in Cuyahoga County it is delivered

through Family Connections of Northeast Ohio The SPARK program has a holistic approach to ensuring school readiness, working with preschool-aged children (3- and 4-year-olds) as well as their families, schools, and the community to achieve this aim. SPARK uses a home-visiting model where a trained home visitor (“parent partner”) delivers lessons and activities aligned with Ohio’s Early Learning and Development Standards. Because SPARK believes that parents are the child’s first and most important teacher, the lessons and activities are designed to help parents improve their ability to be their child’s “learning advocate” and in turn help their child develop the skills they will need to be successful in school. In addition to delivering these lessons, the parent partners also provide educational supplies, health screenings, assessments, and referrals, and assistance with the transition to kindergarten. The program operates in three Cleveland neighborhoods (around Mound, Marion C. Seltzer, and Marion-Sterling Elementary Schools), as well as in Warrensville Heights, Maple Heights, and East Cleveland. Family Connections received a grant from United Way of Greater Cleveland in 2018 to expand the program into another CMSD school, Case Elementary, starting in the 2018-19 school year. That brings the total of elementary schools served in Cleveland to four.

With the addition of an evaluation manager to IIC’s staff in 2017, there is increased capacity to do some program evaluation internally. Our office recently finished an evaluation of the outcomes of SPARK children who entered CMSD kindergarten in 2018 (n=68). The results below, comparing pre-tests and post-test scores show that children made statistically significant gains in pre-literacy and pre-numeracy during their time in SPARK—improving by an average of 30% on the range of each assessment. Cleveland SPARK parents also made statistically significant improvements in their teaching interactions, increasing scores by 23%.

Table 1: Results for SPARK’s 2018 Cleveland cohort

Assessment	Range	Pre-test mean (SD)	Post-test mean (SD)	Difference	% change
Pre-literacy: Get Ready To Read!	0 – 25	11.23 (4.67)	18.60 (4.72)	7.37***	29.5%
Pre-numeracy: Brief Preschool Early Numeracy Skills	0 – 24	6.29 (4.72)	13.65 (5.36)	7.36***	30.7%
Parent-child teaching interactions: PICCOLO	0 – 16	7.14 (4.99)	10.82 (4.93)	3.68***	23.0%

Note: All differences are statistically significant at the p<.001 level. The percent change is calculated by dividing the pre-posttest difference by the highest possible score.

Invest in Children, along with our partners at Case Western Reserve University, also conducted a focus group with the parent partners providing SPARK. The resulting report, *SPARK Parent Partners’ Perspective on Retaining Families*, described challenges the families face, including hectic schedules, other stressors and obstacles that sometime stake precedence, and hesitancy about the home visiting model. The report offered some recommendations for ways SPARK could be more flexible, both to include more families in the program and to be more adaptive to families’ needs and help improve retention.

Lastly, at the end of the 2018, it was determined by Family Connections and Invest in Children that SPARK would benefit from a strategic plan outlining the program’s future. The program has

been operating under a seemingly endless cycle of grant applications just to maintain the current program levels. The future of SPARK resides in the program becoming institutionalized as an ongoing budget line item, perhaps within the County budget. The SPARK strategic planning process began in earnest in early 2019 and will be complete by mid-year.

Helping parents and families thrive

The 2GEN approach in UPK

After a review of innovative and best practices in family engagement, Invest In Children selected the Ascend at Aspen's 2GEN model to support enhanced family engagement practices for our UPK program. A 2GEN approach, as described by Ascend at Aspen Institute, recognizes the opportunity to partner with and genuinely respond to the needs of families with preschoolers attending our UPK sites. The intent for the new 2GEN framework is to link all interested caregivers to employment and educational opportunities that will support them both as caregivers and adults with their own individual needs.

In 2018, a two and a half hour 2GEN training was developed by IIC's Family Engagement Manager to build family engagement capacity within each UPK site's existing Action Team for Partnership (ATP), which comprises teachers and staff, caregivers, and community members. IIC applied for and received Ohio-Approved Training designation from Ohio Child Care and Resource Referral Agency (OCCRA) for this 2GEN training to support UPK staff professional development.

Representatives from each UPK site's ATP participated in Ohio-Approved Training and led the work of the ATP at each site in developing 2GEN family engagement activities for each site. The activities were created with caregivers at the UPK sites to ensure that parent voice and site-level data was incorporated into the creation of these activities. The 2GEN activities have been integrated into the Action Plan for each UPK site and will be held at various times throughout the year.

Based on the needs of caregivers identified through this process, Invest in Children is currently pursuing innovative partnerships with workforce and educational services providers. By leveraging these existing county programs and resources, we hope to co-create identified pathways to educational and employment opportunities, drive economic security for both child and caregiver and deliver whole family outcomes.

Early Childhood Mental Health (ECMH)

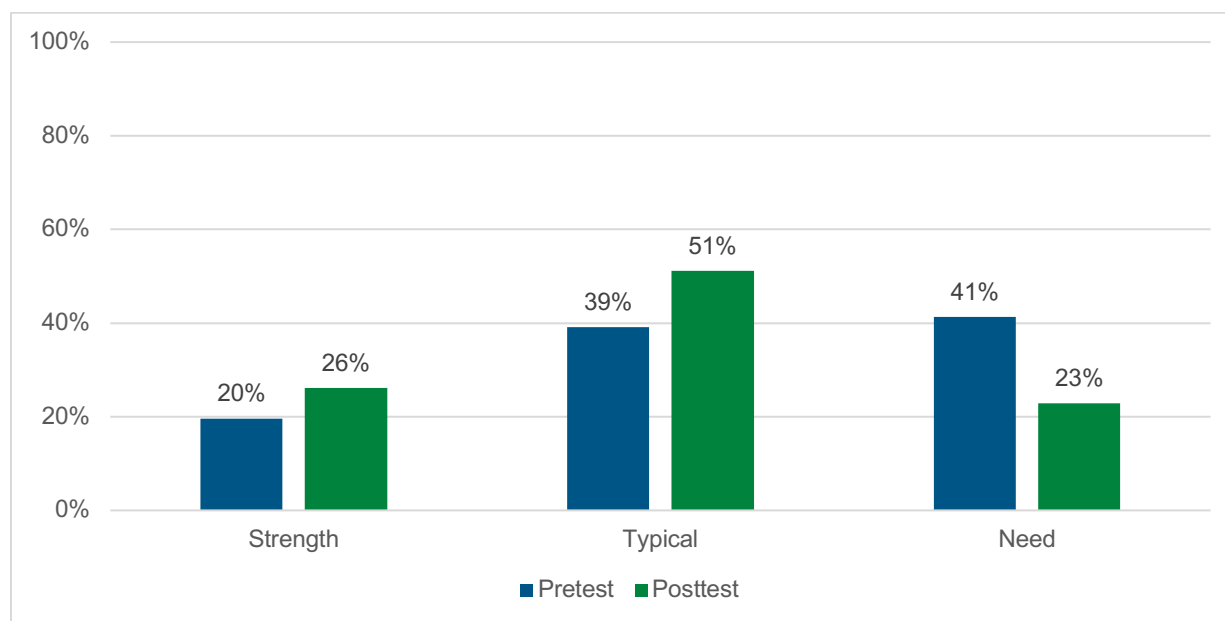
The ECMH program works to identify children, ages 0 to 6, in need of ECMH services, ensure timely access to ECMH services, engage the family in a plan for appropriate treatment or consultation, and assure that necessary follow-up and transition services occur. Early childhood mental health services encompass a continuum of approaches in working with young children and their families that include the promotion of healthy social and emotional development, the prevention and early intervention of mental health difficulties and the treatment of diagnosed conditions among very young children in the context of their families. IIC partners with and provides funding to the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board as the lead agency for the ECMH program. The ADAMHS Board convenes providers of ECMH services and coordinates the system, which also includes an ECMH coordinator at the County

Department of Children and Family Services. The ECMH coordinator position will move to Invest In Children and the Office of Early Childhood in 2019 while continuing to work closely with DCFS.

In 2018, IIC worked with the ADAMHS Board to issue an RFP for ECMH services with contracts to begin in 2019. Nine proposals were received and six were chosen. Five existing ECMH providers will continue their services: Applewood, Achievement Centers, Beach Brook, Ohio Guidestone, and Positive Education Program. The sixth agency, Pipeline to God, is a faith-based mental health services provider.

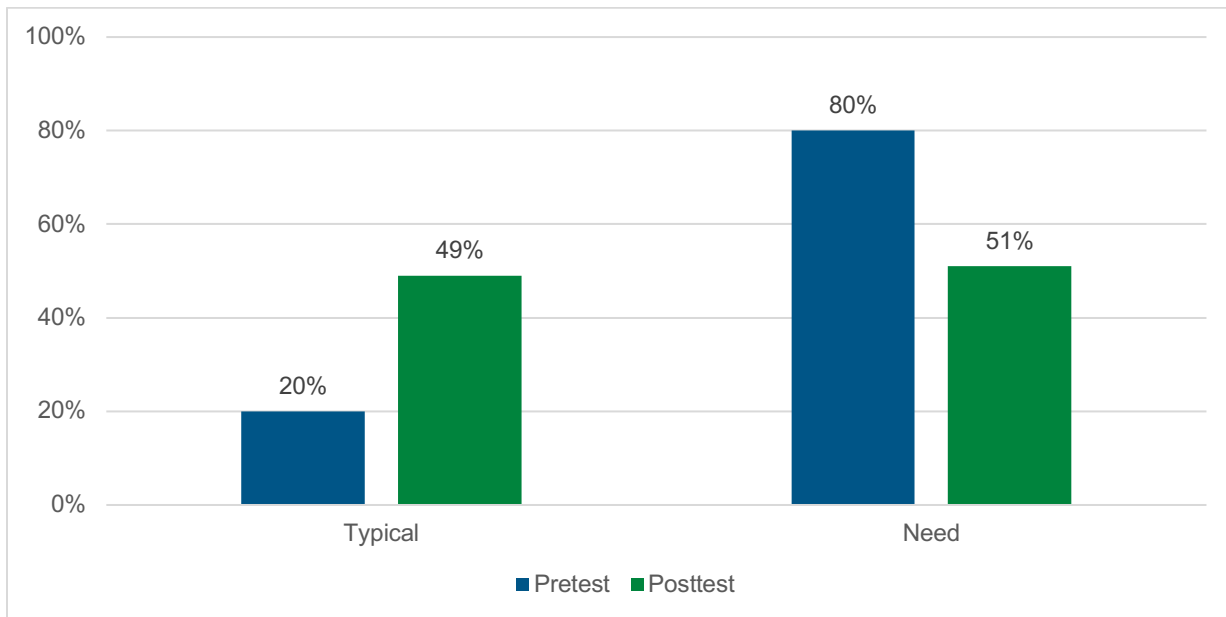
The ECMH system served 835 children in 2018, which exceeds the yearly target of 600 children. Quarterly reports from the ADAMHS Board illustrate the benefits of ECMH services for children. Most exits from the program are considered successful. For example, 71% of children and families who exited ECMH services in 2018 had completed their treatment or consultation successfully, as opposed to exiting because they could not be contacted or because they voluntarily withdrew. Further evidence of the program’s success is demonstrated in assessments used by ECMH providers. The system is aimed at building the child’s strengths and addressing concerns about the child’s behavior. Providers use the Devereux Early Childhood Assessment (DECA) at intake and exit to determine the child’s needs and growth across the program. Specifically, the DECA assesses children’s protective factors (e.g., initiative, self-regulation, and attachment) and their behavioral concerns (e.g., emotional control, attention, and aggression) with the Devereux Early Childhood Assessment.

Figure 6: Total Protective Factor Categories



Children showed improvements in their resilient or protective behavior from the pretest at the start of ECMH serves to the posttest when services were complete. **The percentage of children in who demonstrated strong or typical protective factors increased by 6 and 12 percentage points, respectively.** Conversely, the percentage of children for whom this was an area of need declined by 18 percentage points.

Figure 7: Total Behavioral Concern Categories



Children also showed improvements in their behavioral concerns. **Whereas 80% of children demonstrated this as an area of need at the pretest, this declined to 51% at the posttest.** This is a meaningful change, yet there is still clearly room for improvement with only half of the children demonstrating typical behavioral concerns (i.e., typical for their developmental stage) at the posttest.

Parents As Teachers

Parents As Teachers (PAT) is a home visiting program operated by Bright Beginnings that serves families and children prenatally until kindergarten utilizing the national evidence-based PAT curriculum. The PAT curriculum is based on the beliefs that all children deserve to grow, learn and reach their full potential and that parents are the earliest and best teachers. The model is designed to educate parents at every stage of development and give them the tools to support their child's development.

Home visitors, which the program calls parent educators, visit the home twice per month in sessions that typically last 60-90 minutes. The sessions are broken into three parts based on a prepared lesson plan that meets the needs of the child and family. The first part is an activity with the child that supports a specific area of development. The parent educator encourages the parent(s) to complete the activity with their child, describing all the areas of benefit to the child and progress that they see. The second part focuses on development-centered parenting. The parent educator discusses developmental topics with the parent regarding their child's stage of development and how parenting behaviors can encourage or discourage progress. The last part is centered on family well-being. Understanding that there can be many issues within the family that affect child development, the parent educator becomes a resource for parents to help improve their particular situations through goal setting and connections to community resources.

In 2018 the national PAT program instituted requirements for assessments of parenting practices and risk factors in the home. The Advisory Committee of the Cuyahoga County PAT program met to discuss the assessment tool options and choose the one that best fit the needs of the program and families. The Advisory Committee decided to implement the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) assessment. The PICCOLO is recorded via iPads, which allows the parent educators the ability to score the interactions more accurately than if they recorded scores during the visit. Currently the tool is used to assess parents of children 10 months and older, with the aim of expanding it to the 4-9 months age group in mid-2019. It is anticipated that by this time the parent educators will have become proficient with the use of the tool and better able to adapt to the additional considerations for the younger children. Along with the PICCOLO, the PAT Advisory Committee selected the Edinburgh Postnatal Depression Scale as its assessment of the risk factor of parental depression. PAT had already been using the Edinburgh, but expanded use of it to all primary caregivers as a way of screening for depression. Existing evidence that the Edinburgh could be used outside the postnatal period and on caregivers other than mothers guided the decision to expand its use.

The PAT program served 528 families and 739 children in 2018, both of which exceed the respective targets of 500 families and 650 children. In serving these families, parent educators made 5,811 home visits. No formal evaluation of the PAT program was conducted in 2018. However, IIC has executed a Business Associates Agreement with Bright Beginnings that allows the IIC evaluation manager to access PAT data. This will allow IIC to have more real time access to data, and to conduct an evaluation of the program on child- and family-level outcomes. Plans for this evaluation will be developed in 2019.

Protecting children's health and safety

MomsFirst and First Year Cleveland

MomsFirst is a program operated by the Cleveland Department of Public Health, offering case management and home visiting services to pregnant moms until their baby reaches two years of age. Women who participate in the MomsFirst program receive education on topics such as prenatal care, breastfeeding, family planning, and interconception care (for mothers between pregnancies). MomsFirst links women to services such as locating a medical home, medical insurance, and assisting with transportation to prenatal and postpartum appointments. The goal of MomsFirst is to help women have a healthy pregnancy and reduce the number of babies that die before they are a year old (i.e., infant mortality).

The MomsFirst home visiting program is the oldest and one of the largest programs in Cuyahoga County serving over 1,800 moms annually. MomsFirst receives funding from several different sources contributing to overall success. Most funding comes from a Federal Healthy Start grant of approximately \$2,000,000. IIC contributes about \$367,000 annually and the City of Cleveland provides additional support which can vary. In 2018, MomsFirst received an additional \$774,940 from First Year Cleveland (which receives funding from the Ohio Department of Medicaid) to serve more pregnant mothers. The funding was for 18 months and is passed through IIC to MomsFirst. We were able serve over 100 additional mothers with these funds.

MomsFirst made 8,637 visits to 1,427 families in 2018.⁵ Of these, **3,047 visits to 347 families were funded by IIC, which exceeds our target of 315 families served with IIC dollars.** Preliminary data on the infant mortality rate show that their work is effective in reducing the number of babies who die before they reach their first birthday: **The infant mortality rate among all MomsFirst families was 8.1 deaths per 1,000 babies, which is lower than the infant mortality rate of 11.3 in Cleveland.**

It is important to note that in 2018 the federal government cut back on the funding available for their Healthy Start Programs in half, which will have an impact in 2019 and beyond. Additionally, we are uncertain about the future funding from First Year Cleveland and Medicaid considering the change in Ohio leadership.

Newborn Home Visit

The Newborn Home Visiting program is operated by the Cuyahoga County Board of Health, and provides a single nurse home visit to families on Medicaid during the perinatal period. A Child-Find specialist identifies eligible mothers in the hospital immediately following childbirth and asks them if they would like to participate in the program. Mothers who agree are assigned to a nurse, who contacts the mom to schedule a visit. During the visit, the nurse conducts a head to toe assessment of the newborn, and maternal health concerns are addressed as well. The goals of the program are to improve neonatal health outcomes, enhance parenting skills and link families to community resources.

This year saw one big change to the leadership of the Newborn Home Visiting Program. The longtime program manager, Debbie Horvath, left the program to return to direct nursing. Debbie was instrumental in building the program from its original transition to the Board of Health in 2009. Even with this big change the program saw some long-sought stability with the nurse home visitors. The program is designed to employ 5 nurses providing home visits daily. **There were no nurse vacancies in 2018 which resulted in the program offering 1648 visits to new mothers, exceeding our target of 1500 home visits in the year.**

The program has been utilizing a database designed specifically for their program to track program performance for several years. In 2018, after a few years of using the database, IIC and the Board of Health determined that some enhancements and updates are needed to accurately track program data as well as make it easier for the nurses and child-find specialists to manage their workload. Our office was able to provide additional funding to begin the process of making these enhancements, which will be implemented in late 2019. The IIC evaluation manager has worked closely with staff at the Board of Health to improve the Power BI dashboard that is used to visualize key program indicators, and is involved in conversations about the changes to the database.

Conclusions and recommendations

As Invest In Children approaches its 20th year, the data presented in this report illustrate the meaningful contribution IIC makes to the community's children and families with its public and private funding. This report has shown that IIC's programs are performing in accordance with

⁵ MomsFirst 2018 Annual Report.

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expectations, and when evaluation data is available it indicates that the programs are worthy investments that benefit the families and children who participate in them.

Based on the information presented here, three key recommendations can be made. The first recommendation pertains to marketing and outreach. The data on UPK enrollment (Figure 3) and the number of users visiting CuyahogaKids.org (Figure 4) suggest that the grassroots outreach campaign led by Strategic Resources Consulting was effective at increasing awareness of the importance of high-quality preschool. The contract with SRC was initially planned to be a one-time effort, but it is worth considering longer-term ongoing outreach of this kind. IIC staff generally recognize that this is an area for improvement; there have been anecdotal examples of gaps in the community's awareness of IIC's work and the programs it funds. Such outreach would not only benefit the programs by increasing enrollment and participation, but it could also raise awareness about the importance of early childhood more generally. Once SRC's contract expires, IIC plans to extend another RFP to continue work in this vein. Relatedly, starting in the 2019-2020 program year, the monitoring of UPK sites will now formally include ensuring that UPK providers are clearly displaying their affiliation with UPK and are including information about IIC/County funding on their public materials.

Second, IIC should work to develop a better understanding of the UPK scholarship landscape. Ideally, the survey of caregivers in the process evaluation will shed some light on whether caregivers know about UPK scholarships and if those scholarships are what drew them to the child's provider. If more information from parents is needed for a fuller understanding, IIC may consider a focus group with parents to establish a richer picture of how scholarships are helpful and what can be done to improve access. Conversations with providers may also be helpful here, in the sense that they may be able to provide insight on how they advertise scholarships to families and the extent to which families are eligible but do not receive scholarships for whatever reason. It would be helpful if the data on scholarships were rounded out to include the number of families not receiving scholarships because their voucher covers the cost (i.e., they have no copay) or for other reasons. It may be too much of an imposition to ask families not receiving scholarships to report their income simply for data collection purposes, but perhaps UPK sites could provide aggregate counts of the number of families paying any tuition fees to the site but not receiving scholarships, as well as the number receiving full vouchers. This would help paint a more complete picture of the reach of UPK scholarships.

A final and broader recommendation is to continue working toward identifying meaningful benchmarks for performance indicators and focusing on program outcomes. Each program described here has key performance indicators that IIC tracks to monitor contracts. However, some indicators—such as the number of home visits provided—describe the service but not its quality or impact on children and families. IIC may consider investigating the relationship between number of visits and child and family outcomes for each of the programs it funds. This report also details evaluation of outcomes for UPK and SPARK in 2018, and outcome data for MomsFirst in the form of the infant mortality rate. IIC should work with lead agencies of the Early Childhood Mental Health, Parents As Teachers, and Newborn Home Visiting programs to conduct an evaluation of the program's impact on child and family outcomes.