

# Model Program Strategies:

County Early Care and Education Programs

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# Introduction

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County governments across the country are trying to address the needs of our nation's most vulnerable population—children. And the needs continue to grow and change, as changes take place on the national, state and local levels.

County governments and leaders play a critical role in the delivery of services to our nation's children and their families. Counties provide health care and social services, including housing. In addition, they administer the juvenile justice system, and many counties adopt school budgets.

Challenged by the desperate plight of our nation's youngest children, many counties are working to provide more nurturing environments in their communities so that children can grow to become productive and self-sufficient county citizens, by preparing them to succeed in school. In response to the needs of families, counties across the country are forging partnerships with other local governments, school systems, businesses, civic groups, religious communities, and non-profit organizations.

This publication highlights several examples of county-based programs that focus on innovative and collaborative strategies to address the needs of children from birth to age five and their families. These examples were selected from NACo's Counties Care for Kids Award program and

are representative of many other such programs across the country, clearly demonstrating that counties do care for kids.

This award program paid particular attention to programs that implemented early childhood services to county residents, filling an existing gap and leveraging existing services—for example, home visitation programs such as Healthy Families America, Head Start/Early Head Start, or other programs implemented to prevent child abuse and neglect. Of particular interest were programs that provide exemplary services by creating innovative collaborations as a result of strong county leadership.

The highlighted programs offer strategies that have proven successful in meeting the needs of families. To help you determine what might work for your county, a series of questions are posed for you to consider when making decisions to replicate or implement programs. The questions are provided simply as a guide to help make informed decisions.

The purpose of this publication is to provide you with strategies that have worked for other county programs and services that you can replicate or adapt to meet the needs of your community's children and their families.



# Getting Started

County governments work to meet the needs of children on a daily basis. For example, County social services departments provide foster care services. County health departments provide immunizations and prenatal care to mothers. County juvenile corrections agencies administer programs to deter youth from committing crimes. County mental health agencies offer education and counseling services to prevent children from becoming involved with drugs and alcohol. County early childhood programs work to prevent child abuse and neglect. And, in many counties, court systems are actively involved in providing a variety of services.

The examples in this publication describe innovative and collaborative approaches whereby counties have successfully addressed the needs of their community's children and families. These programs focus on early intervention and prevention strategies that address the needs of the whole child and the complete family, rather than providing a fragmented approach to services.

Elected officials are always looking for successful strategies and programs to address the needs of children and families in their own communities. As community leaders, they play a critical role in the design, development and implementation of children and family support services. Moreover, their support and leadership gives visibility to issues and concerns of children and can bring together all the critical stakeholders who need to be involved to make decisions about services.

To support this critical role of county decision makers, the questions that follow are designed to help you select strategies that will benefit your community. Your answers to these questions can provide insight to determine whether a program that worked for one community is the best choice for replication in your community. When adapting or replicating a program, considering the lessons learned is as critical as examining the issues raised by those programs that have already implemented the particular model.

## Questions to Consider

Questions county officials should consider before deciding to replicate a program fall into two general categories: needs and program administration.

## What Are the Needs of Children and Families in Your Community?

Five key questions provide a sound basis for determining the needs of the children and families in your community, projecting the programs and services needed to address those needs, and assessing the services now in place to meet these needs. Under each key question, additional comments and questions focus on pertinent information needed in the decision-making process.

Research has shown that one of the smartest investments that communities can make in their nation's future is to commit to their children. As a result of this commitment:

- There will be more children entering schools ready to learn.
- There will be more successful schools and fewer school dropouts.
- There will be better child health and less strain on hospitals and public health systems.
- There will be less stress on the juvenile justice system.
- There will be less child hunger and malnutrition, and other important advances.

*National Center for Children in Poverty, March 2003*

### 1. What are the existing services for children and families?

- Determine who administers the existing programs to identify key stakeholders.
- What do crucial programs offer children and families? Who is eligible to receive the services?
- Are there gaps in the existing service delivery structure? If yes, how can the gaps be addressed?
- Are agencies working in collaboration to provide streamlined services? If not, what are the barriers preventing collaboration?

### 2. Who is the target population?

- Which communities are being served? Which segments of the community need additional services?
- What age group or segment of children in your community is at the greatest risk for child abuse and neglect?
- Which segments of the community fall through the existing services?
- Which segments of the community could most benefit from prevention programs and early intervention efforts?

### 3. Does the program you would like to replicate address the needs identified in your community?

- What are the desired outcomes you want to obtain and how will you evaluate/monitor the program in order to see if your outcomes are achieved?



- Do you have a clear vision of who will receive the services? Why, and with what results?
- How will you monitor and evaluate the program's success to ensure that it is achieving its purposes.

**4. Are you building upon the strengths of your community?**

- Which stakeholders in the community need to be involved to make a program work?
- For example, have you considered representatives of all relevant county government agencies, city government, school systems, juvenile justice systems, non-profits, business community, religious community, community leaders, parents, and residents from the neighborhood?

**5. Are there special considerations (i.e., cultural and ethnic) that you need to consider in the development of the programs?**

**How Should You Design and Administer a Program to Ensure Its Success?**

These seven key questions direct attention to the administrative mechanisms you will need to implement/replicate a program in your community.

1. How will you fund the program? How much money will you need for start-up? How much money will you need for ongoing program costs? How much money will you need for evaluation?
2. Which agency (or agencies) should take the lead role in designing, developing and delivering the program?
3. What administrative/systemic support is necessary to make this program effective? Will you require staff support, staff training, a work plan, etc.?
4. How can you deliver the services most effectively? What facilities will be needed? If an existing center is used, are contractual or other types of agreements needed, such as a rental agreement, lease/purchasing arrangement, memorandum of understanding, etc.
5. What is a realistic timeline of implementation of services for children?
6. Are there mechanisms for evaluation and monitoring once a program is implemented?
7. How can you effectively encourage collaboration?

Collaboration can look very different in communities. In some situations, it might simply mean cooperation. In other circumstances, it might mean coordinating services across agencies. To ensure effective collaboration, leaders need to

be involved in and committed to the mission as they provide leadership in setting goals that ultimately have an impact on children and families.

**Conclusion**

In these tight fiscal times, replicating a new program or modifying an existing one can be a challenge, but elected officials know that programs must meet the needs of their changing communities. This tool gives county leaders a framework to begin the comprehensive assessment process needed to effectively address the plight of children and families in their communities.



# Five Strategies Guiding Model County Programs

The five principles cited here are commonly reflected in programs that successfully meet the needs of the children in their communities. Following each principle highlighted are illustrations of how these strategies have had an impact on county programs.

## ● Strategy 1: Leadership

Having strong leadership and an active spokesperson for your county program yields numerous benefits. For example, because of their prominent position:

- They can support and provide visibility to issues and concerns of children.
- They can build upon their connections to the community, and county officials are uniquely positioned to build local support and pool limited resources.
- They can gather key stakeholders, create special task forces or commissions, conduct community assessments, and begin coordinating early childhood services.
- They also have access to the resources and tools necessary to leverage and coordinate funding for early childhood programs.

### **Cuyahoga County, Ohio** **Early Childhood Initiative**

The development of the ECI was driven by serious concerns for the social, emotional, and physical well-being of young children in Cuyahoga County. In response, Cuyahoga County's Commissioners Tim McCormack, Jimmy Dimora, and Jane Campbell initiated the movement to develop collaborative funding strategies to support the community-based Early Childhood Initiative. In January 1998, the Cuyahoga County Family and Children First Council met to begin planning the initiative. By March 1998, the Early Childhood Advisory Committee had been formed and met to begin planning.

In June 1999, the Cuyahoga Board of County Commissioners announced that Cuyahoga County was entering into a public-private partnership with more than 50 community service agencies, hospitals, private funders, and departments of county, state and federal government to launch a three-year, projected \$40-million Early Childhood Initiative. By July 1, 1999 the ECI was officially in operation.

### **Linn County, Iowa** **Child Development Center/Community Empowerment**

From Linn County's perspective, the Child Development

Center and the Empowerment Initiative both play necessary and complementary roles in the community; without the leadership of the county, they would not have been created.

The Linn County Child Development Center began as the result of low-income parents and other concerned citizens identifying the need for full-day child development services for working families on limited incomes. Linn County supported this planning effort by developing the Child Development Center under its operational structure. The Center assesses the needs of the community on a regular basis and adapts its programming accordingly. In 2000, the Center conducted an in-depth strategic planning process that involved key community stakeholders, Center parents and staff. A county advisory group with citizen and parent representation provides ongoing input into Center operation.

The Linn County Community Empowerment Initiative spent approximately six months at its inception conducting an in-depth community assessment that included demographic research, an inventory of existing services, community stakeholder input on local needs, and broad input into effective strategies to meet the needs of local children 0-5 years. This process included public meetings, focus groups, and opportunities for input from parents. This core assessment process was repeated and updated in 2002, and a standing committee of the Empowerment Board tracks community needs.

### **Olmsted County, Minnesota** **Baby Steps**

The Olmsted County Board has facilitated the development and implementation of a service intervention strategy to achieve positive outcomes for children. They established a multi-agency community family service collaborative board to support prevention and early intervention services. They brought all the stakeholders together, involving representatives from public and private community agencies and schools, advocates, and community members.

Because the Olmsted Board of Commissioners values community participation in addressing issues and challenges, four county-initiated boards work cooperatively to support early intervention services as part of their charge. The Public Health Board, Community Social Service Advisory Board, Family Service Collaborative, and Children's Mental Health Collaborative bring together public and private agencies, consumers, advocates, and others to plan and monitor program performance. The Family Service Collaborative sponsors an "Action Team" that enables community representatives to provide policy and program guidance for



“Baby Steps.” A county-supported Diversity Council aids in gaining participation from the communities of color. Olmsted County has a 14 percent minority population, and 32 percent of “Baby Steps” participants are families of color. Regular public hearings generate community input and feedback, and there is community pride in this initiative.

## ● **Strategy 2: Collaboration**

The benefits of collaboration are extensive. For example:

- There is an increase in investment from the community, particularly parents of young children and community leaders.
- Infrastructures are created to support countywide comprehensive and coordinated services.
- Greater community and stakeholder involvement results in buy-in.
- The vitality of the community grows, resulting in stimulating economic growth.

### **Fairfax County, Virginia Healthy Families Fairfax**

To promote community participation, an advisory council was formed, comprising community representatives who are active advocates for funding for the Healthy Families Fairfax program at the state and local levels. In addition, because the program is a partnership, many of the leading county agencies are involved in implementing comprehensive services for families, including the Department of Family Services and the Health Department.

### **Georgetown County, South Carolina First Steps**

From its inception, the county’s First Steps partnership actively encouraged community participation in all facets of the planning, designing, and implementation of general program services. To ensure that services were customized for the community, the county’s Public Library System and Recreation Services Division solicited advice from educators and parents at the childcare centers and involved them in the planning and design of services. The First Steps bylaws require that parents and childcare providers hold a minimum of four seats on the partnership board.

### **Oakland County, Michigan Healthy Start/Healthy Families Oakland**

Healthy Start was developed almost 11 years ago as a collaboration of four community organizations. This

collaborative effort has grown since that time to include its current nine service partners. The service partners are an integral part of the program, and a communication structure is in place to allow for ongoing communication from these organizations that represent many constituencies throughout Oakland County.

Healthy Start operates as a multi-agency collaboration involving the major human service organizations throughout Oakland County along with the Oakland County Health Division. Each organization offers a unique specialty that enables families from various cultural backgrounds (e.g., Hispanic), age ranges (adolescents), service needs (health), and geographic location in Oakland County to be served most effectively and efficiently. The positive effect on the community is tremendous by collectively bringing together the strengths of organizations to serve families and avoiding duplication of services and efforts. The outcomes with families verify the strength of the program design and method of service delivery.

## ● **Strategy 3: Leveraging**

It is critical that counties consider leveraging existing services for families to ensure comprehensive services for children and families. Full advantage can be taken of existing state, federal, and private supports/programs, such as Head Start/Early Head Start (HS/EHS), Women, Infants, and Children (WIC), the Temporary Assistance for Needy Families (TANF) program, and United Way’s Success By 6.

### **Hillsborough County, Florida Early Head Start/Head Start**

Hillsborough County has had a long-term commitment to children and families enrolled in the Head Start/Early Head Start program. It began in 1966 when the Board of County Commissioners authorized a cash match to serve 300 working families in the initial full-day/full-year program Head Start grant. Most Head Start programs across the country only offered half-day services until the late 1990s when welfare reform was initiated. The ensuing County Boards have continued to keep this commitment through many years of Head Start expansions and for a new Early Head Start program. The County now directly serves 1,312 families.

The County Board governs a very large, complex metropolitan organization that operates many departments that relate to and support the Head Start/Early Head Start Division and its clients. As a result, county leadership strongly encourages mutual interaction and support. For example, the County’s Cooperative Extension Program provides a registered dietitian to supervise the nutrition



program. The Health and Social Services Department provides emergency cash assistance in addition to offering medical services for low-income families without private insurance and not enrolled in Medicaid. Administrative county departments provide the services of human resources, communication, information technology, purchasing, real estate, capital projects, fleet, and budget without charge or at a nominal cost. Board members have been always been seen as champions in keeping Hillsborough County Head Start/Early Head Start in the forefront of quality services to children and families.

### **Hamilton County, Ohio Every Child Succeeds**

As a private/public partnership, ECS is able to leverage county, state, and federal support with significant private resources from United Way as well as other local foundations and private contributors.

From the start ECS has been a collaborative effort. The coalition has been very stable; the number of social service provider agencies has grown from 9 to 17 over the past three years. This group was critical in informing the program's design and implementation. Each provider agency has a parent advisory committee that drives program planning. Birth hospitals and prenatal clinics screen potential mothers for eligibility for the program and refer them. Community outreach occurs seamlessly as home visitors become part of the community's social fabric. ECS outreach policy requires numerous attempts to link with eligible families.

### **Olmsted County, Minnesota Baby Steps**

The Baby Steps program is a countywide, targeted early intervention initiative providing prenatal, parenting education, and support services for first-time mothers and their infants. Through a multi-agency community family service collaborative board established by the Olmsted County Board, representatives from public and private community agencies join with schools, advocates and community members to further early intervention activities. Together they promote an effective early childhood program strategy that generates positive outcomes for kids.

Seeking to prevent child abuse and neglect, enhance child well-being, and promote a healthy start, the collaborative effort provides a range of health and social services for mothers age 18 years or older who have three or more risk factors that may impede a safe and healthy start for their children. A team of four social workers and public health nurses provide home visiting to promote access to prenatal care, to support positive attachment, and to assist the mother in addressing health, social and other challenges. Forty

parents may receive services over a two-year period as they build their capacity to parent positively while achieving educational, work and housing goals. A TANF worker is co-located with "Baby Steps" staff.

## **● Strategy 4: Evaluation**

Evaluation is instrumental in the development of a program. The benefits of evaluation are numerous and can have enormous results. For example:

- Growth and success of programs can be documented.
- Program services can be designed that have the most impact on children and families.
- Documenting quantitative results assures the commitment of funders and key stakeholders.
- The tremendous impact of programs on the children and families being served can be demonstrated.

### **Cuyahoga County, Ohio Early Childhood Initiative**

Stakeholders felt that an external evaluation was a critical component for the success of the program. A multi-disciplinary team of researchers from several institutions was assembled and is coordinated by the Center on Urban Poverty and Social Change at Case Western Reserve University in Cleveland, Ohio. National experts include researchers from the Chapin Hall Center for Children at the University of Chicago and the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

The evaluation covers all aspects of the Early Childhood Initiative. Each component is being studied to examine the degree to which it reaches eligible families, children, and providers, and whether and how they are benefiting as a result. The study also explores how the Initiative has affected the local context and systems for young children and their families. Specifically, researchers will document the role that the Initiative has played in changing the service delivery system, public policy, and community supports for young families. The extent to which children and families are served by more than one component of the Initiative is being examined, and indicators of the well-being of the young-child population in the county are being tracked over a 10-year period to determine the Initiative's impact on them. These indicators include: (1) child abuse and neglect, (2) economically self-sufficient families, (3) children with health insurance and their access to health care, (4) enrollment of children in public pre-school or Head Start, (5) enrollment of children in certified child care, and (6) child deaths. (More information about the evaluation and its findings can be found at <http://povertycenter.cwru.edu>.)



## **Georgetown County, South Carolina**

### **First Steps**

To determine the effectiveness of the county government's First Steps effort, a variety of evaluation techniques were incorporated into the program's management process from its inception. Such tools included pre-tests and post-tests of preschoolers, observation of responses to activities, surveys of parents and childcare providers, head counts, and collection of input data. Solicitation of anecdotal accounts and the utilization of other outcome-based evaluation modalities such as focus groups and satisfaction questionnaires were also employed to understand more fully the improvement in the lives of participants due to the program's achievements.

## **Hamilton County, Ohio**

### **Every Child Succeeds**

A comprehensive evaluation is conducted under the direction of Frank Putnam, M.D., Scientific Director, and Robert Ammerman, Ph.D., Director, Outcomes and Evaluation. Data are systematically collected at regular intervals in such areas as child development, child health, maternal health, and maternal self-sufficiency. Additional information is gathered on program implementation and populations served by ECS. Particular areas of focus include maternal mental health; pre-literacy; child health care and immunizations; smoking cessation and prevention; and promoting engagement and retention. The evaluation is integral to the mission of Every Child Succeeds. The evaluation provides documentation of the program's short- and long-term impacts. Moreover, results from the evaluation are used to enhance program effectiveness, identify areas of need to be addressed through additional intervention, and tailor the service to meet the unique needs of the community.

## **Hillsborough County, Florida**

### **Early Head Start/Head Start**

In 2002, the Hillsborough County program hired an in-house researcher to evaluate program effectiveness continuously by utilizing data and information available throughout the year. Parent surveys, formative evaluations, and regular statistical reports allow program improvements to be made on an ongoing basis. The quick turnaround between the collection of data and analysis of results is critical to children in the program who are in the early developmental stages of life. Modifications and changes to program activities are implemented as soon as areas of concern are identified.

Program outcomes indicate that children are emergent learners (per mean COR scores at three observations) and are socially more resilient (per DECA T-scores) at the end of the program year. A sample of students were observed using

the Galileo assessment, with results showing a majority in the advanced range for language and literacy, fine and gross motor development, and social and emotional development. Just under half of the children scored in the advanced range for early math. These results indicate children are prepared to enter kindergarten, ready to learn and succeed.

## **Strategy 5: Long-term Planning**

Long-term planning is instrumental in ensuring the effectiveness and quality of services being implemented. Development of mechanisms to ensure the support of quality services takes time and investment from everyone involved.

## **Georgetown County, South Carolina**

### **First Steps**

From 1995 to 1999, Georgetown County government participated in two detailed, community-wide needs assessments that revealed deficiencies in abilities and resources related to the intellectual and physical well-being of its populace. These studies included A Community Report: Needs Assessment of Georgetown County (1995) and Visions for the Future (1999). The county was prepared to engage in a further analysis of statistical and other social indicators on preschoolers when the opportunity arrived, because the county saw the possibility of focusing on improving services for children and families.

In November 1999, two departments of Georgetown County government—the Public Library System and the Recreation and Leisure Services Division—were founding members of a local partnership board of agencies and concerned citizens who joined together to apply for money from a new state program called First Steps to fund initiatives to better prepare preschoolers physically, intellectually, and emotionally for first grade. In its First Steps needs assessment process, the county engaged with the other participants in the collection of existing data, the implementation of community surveys, the initiation of on-site visits, and the employment of focus groups to create an implementation and management plan that was submitted to the state First Steps funding authority in April 2001.

The priority need for the county was summarized in the following paragraph taken from that report: "Quality childcare and training of providers is a critical need to school readiness in Georgetown County. There are 72 childcare centers in the county with approximately 1,580 slots. Thirty-seven of these are family daycare homes with a capacity of caring for up to six children. While they are licensed, there is not much follow up on what activities are provided for the children, and the quality of the care is not known. Our community needs survey indicates a need and



desire to have better trained childcare providers throughout the county and more books and materials available to the children.” (Georgetown County Level II Grant Application, April 30, 2001, p. 10). Based on that aim, the county’s Public Library System and Recreation and Leisure Services Division aimed to work in tandem to develop the physical, intellectual, and emotional well-being of preschoolers by instituting both training and resources directly available to childcare providers, preschoolers, and parents—especially the childcare centers.

### **Fairfax County, Virginia Healthy Families Fairfax**

In 1995 a workgroup was formed to consider needs for family preservation and family support funding during which Healthy Families was identified as a priority community program for investment. The group included representatives from Court Appointed Special Advocate, Mental Health, churches, schools, multiple non-profits, Alcohol and Drug Services, and a foster parent. In 1996, a series of community meetings were held to explore the need and feasibility of expanding the HF program into the southern part of the county. Again community representatives were included from a wide range of sectors to discuss services for young families. It was agreed that there was an existing need to expand the program. In 1998 a group comprising high-level staff from the Department of Family Services, the Health Department, and the executive directors of the largest nonprofit organizations in the county was formed to support the program’s development and expansion. This group began meeting regularly and engages in an annual strategic planning process. In 1999, the Healthy Families Advisory Council was formed to enable quarterly input from its community representatives.

### **Oakland County, Michigan Healthy Start/Healthy Families Oakland**

Planning for a prevention program began in 1992 when St. Joseph Mercy Oakland convened representatives from Oakland County organizations that were seeking to address the alarming and escalating rates of child abuse and infant mortality in the community. Despite Oakland County’s affluence in some areas, these risk factors in many communities were astonishing. The hospital alone was experiencing an increase in suspected child abuse cases and had instituted a Child Protection Team. A comprehensive prevention program did not exist in Oakland County at that time.

These organizations collaboratively developed and subsequently received funding for Healthy Start, a program modeled after the successful Hawaii Healthy Start program. In order to stay current on community needs, data and information from needs assessments involving both parents and professionals are consulted on an ongoing basis.



# Counties Caring for Kids

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## **Cuyahoga County, Ohio** **Early Childhood Initiative**

### Program Highlights

- In its first two and a half years, the Initiative reached nearly 83,000 children (birth through five). Since then, approximately 68 % of young children have received one or more ECI services. This percentage has been rising and is more than 70 % in recent quarters. Additionally, early trends in population-level indicators are positive:
- Families with young children experienced increased employment and reduced poverty rates.
- The supply of regulated child care has increased greatly, enrollment of children under age 3 in regulated care has increased by 25 percent, and the number of certified home-based child care providers increased by more than 150 percent since the start of the Initiative.
- The number of uninsured children age birth through five in the county fell to an all-time low (just 2 % by survey) due to Medicaid and Healthy Start outreach and expansion.
- Cuyahoga County's pre-school enrollment rates, while not universal, greatly exceed national norms (76 percent in Cuyahoga County vs. 57 percent nationally).
- While not yet seeing progress in reducing the overall rates of child maltreatment, there are encouraging signs that the ECI is beginning to prevent recurrences of maltreatment.
- Deaths among children under six fell steadily throughout the decade.

### Lessons Learned

One of the critical ingredients to the success of the Cuyahoga County Early Childhood Initiative has been the creation of strong partnerships. The commitment of the many service delivery agencies, funders, researchers, and other advocates has allowed Cuyahoga County to build a strong base of support. Additionally, involving the private funding community has allowed the county to pay for services that the county typically cannot pay for (such as the evaluation), as well as generating support for the Initiative and elevating the awareness of the importance of a child's first years in the community.

A close partnership with the research team has allowed the county to design an evaluation that informs practice and provides continuous feedback to make improvements. This is particularly important because stakeholders made the decision to offer services to all families who could benefit from them and go to scale from the beginning.

Therefore, much of the effort in the first years was focused on building capacity to serve thousands of children in the county. Now that capacity has been built, attention is on

quality improvement. The evaluation provides critical information to do that.

## **Fairfax County, Virginia** **Healthy Families Fairfax**

### Program Highlights

As a result of the Healthy Families Fairfax partnership:

- The capacity of the program to serve families has grown from less than 80 families in 1997-8 to 604 families in 2001-02—an increase of more than 655 percent.
- The total budget for the program (not counting in-kind contributions) has grown to \$1.8 million in public, corporate foundation, and grant funds. This is phenomenal growth for any program, but especially during a time when most public agency programs have been held level to restrain the expenditure of public monies.
- In July 2000, the Healthy Families Fairfax program received a four-year credential as a provider of high-quality home-visiting services from Prevent Child Abuse America and the National Council on Accreditation.
- Since the FY 2001 budget process, the Healthy Families program has continued to be identified by the Fairfax County Human Services Council as one of its top funding priorities. This Council is appointed by the Fairfax County Board of Supervisors to advise them on human services policy and budget decisions.

### Lessons Learned

There are many benefits, as well as challenges of private/public partnerships.

- The challenge has been trying to reconcile the bureaucracies and to understand each other's cultures. A willingness to act with a generous and trusting spirit and shared goals have kept the focus on quality services for families.

- Given the complex nature of family situations and the long histories of abuse and neglect, a program using para-professionals to conduct home visits must also have educated and experienced professional staff to support them and to take on the most difficult cases. This program utilizes a blended team of para-professionals, social workers, and public health nurses to ensure quality and appropriate services for families.



## Georgetown County, South Carolina

### First Steps

#### Program Highlights

As a result of the First Steps program:

- Resources have been expanded in the community; no other county in the state has provided the high level of training to its rural preschoolers, parents, and childcare providers.
- The permanent resources of collections of books and physical education toys in all of these childcare establishments is also quite significant, as is the provision of free books to preschoolers and workshops to parents and caregivers.
- During a time of increasingly limited resources in all sectors of our society, this early childhood program shows clearly the effectiveness of collaboration between county government and the general community in producing excellent and considerable results. Such quality and quantity was achievable during this difficult economic climate only because of this outstanding synthesis of professionalism and citizenry.
- The library established collections of 30 to 60 books in 42 childcare centers, and also gave personal books quarterly to 630 preschoolers. Approximately 90 educators and parents attended the library's monthly workshops, with the caregivers receiving credit hours towards DSS certification. In the 29 childcare centers where motor-skill training occurred, the recreation staff established collections of toys, gave caregivers training, and ascertained through testing that the youngsters had a 95% improvement in physical skills.

#### Lessons Learned

- The county realized that more Spanish language materials were needed to make sure all communities were reached.
- The only barrier that resulted was the mild level of skepticism from caregivers before participating in the county's literacy and motor skills program. The lesson learned was that change does take time and the key stakeholders, including parents and caregivers, should have been part of the preliminary planning to ensure community buy-in.

Both the literacy and motor skills components of our county government's First Steps endeavor could be replicated easily, either in whole or in part. The literacy feature of the county's effort was entirely new, but the library has already gladly shared its curriculum with others seeking to produce similar projects. The library also has provided to interested parties a video on successful implementation. (Contact Dwight at 843-545-3304 or [dmcinvaill@georgetowncountysc.org](mailto:dmcinvaill@georgetowncountysc.org))

## Hamilton County, Ohio

### Every Child Succeeds

#### Program Highlights

Every Child Succeeds has been extremely effective in a number of areas:

- Ninety-three percent of ECS infants function at developmentally normal levels.
- Of mothers with smoking histories, 94 percent quit or drastically reduced tobacco use during pregnancy.
- Of the 29 percent of mothers who enter Every Child Succeeds with clinically significant levels of depression, half of them are no longer depressed after nine months in the program. Further achievement is evidenced by the 96 percent of mothers who report being socially supported.
- Every Child Succeeds has connected 69 percent of mothers to other needed services in their communities.
- The program is innovative in the following important ways: role of volunteers; private/public partnership; web-based data collection system; working collaboration; and overall community involvement and support.
- Significant recognition of the program in the community provides numerous proud ECS moments, but the proudest moments are always those when ECS mothers speak, often with great confidence and poise, about the profound impact the program has had on them, their families, and their children.

#### Lessons Learned

- Do not compromise quality.
- Commit wholeheartedly to the mission of the program and stay focused.
- Gain broad-based community support early in the planning process.
- Involve well-respected public and private partners.
- Base initiative on a strength-based philosophy.
- Develop a strong and consistent case statement and provide regular status reports to stakeholders.

Every Child Succeeds has been designed to the program can be replicated easily by other counties. Continuous program improvement is possible by using lessons learned from the ECS evaluation activity. The success of the program to date has prompted preliminary discussion of reproducing the training provided to home visitors and making it available to other agencies.



## **Hillsborough County, Florida** **Early Head Start/Head Start**

### Program Highlights

The Hillsborough County program is unique for its commitment to serving low-income families that are working, enrolled in school full-time, or in job-training programs. In order to serve this target population, centers remain open on a full-day, full-year basis. The program relies on a cash match funded by the Board of County Commissioners, through ad valorem revenues, to supplement funding and extend program hours.

Just under half of the children scored in the advanced range for early math. These results indicate children are prepared to enter kindergarten, ready to learn and succeed.

- Results of surveys given to alumnae of the Women's Renaissance Project indicate parents also achieve success across several life domains, including education and training (72 percent), employment (72 percent), relationships (100 percent) and housing (77 percent).
- The program has received numerous accolades for the quality of its services, including White House recognition for the first Head Start Center at a museum; the Health and Human Services Regional Administrator's citation for quality leadership; awards from the National Association of Counties for the MOSI Head Start Center, Accepting the Leadership Challenge, and the Women's Renaissance Project; and the Carnegie Program of Achievement. Donna Glausser, the HS/EHS Director, was named the 2000 National Head Start Administrator of the Year.
- The program's proudest moment was receiving a Program of Excellence designation by the National Head Start Association in 2000, recognizing it as one of only 12 national model programs for quality.

### Lessons Learned

- Hillsborough County HS/EHS has learned that investing in outcome measurement is necessary from program inception to demonstrate the program's effectiveness and impact on children and families for 37 years.
- Barriers Hillsborough County has encountered include difficulty finding facilities in low-income neighborhoods and referring families for services when providers each have different eligibility criteria.
- A continual challenge for HS/EHS is communicating to the public all of the program's complexities and truly comprehensive services provided on a daily basis.

Other communities can replicate the Hillsborough County HS/EHS program by making a commitment similar to the Board of County Commissioners' continuous cash match and by integrating the program into the continuum of services

delivered by the county government. The funding provided allows the program to focus its resources on those families that are working to escape poverty. Integrated into other county services, HS/EHS helps families access resources in a coordinated manner. Both aspects increase the likelihood that families will avail themselves of the opportunities presented and succeed in achieving their goals.

## **Linn County, Iowa** **Child Development Center/Community Empowerment**

### Program Highlights

#### **Linn County Child Development Center —**

The National Association for the Education of Young Children (NAEYC) has accredited the Child Development Center since 1990. An independent assessment of the program conducted in 2002 by the University of Northern Iowa found the Center's program to be in the "excellent care" category. Hillary Clinton visited the Center in 1995 and praised it in her book *It Takes A Village*. In light of the Center's work, Scholastic's *Early Childhood* magazine recognized the Center's director as "Early Childhood Director of 2002." The center's greatest achievement, however, takes place each day with individual children and families.

#### **Linn County Community Empowerment —**

Linn County was one of three communities in Iowa to first be designated as "Empowerment Areas" by the State of Iowa. All of its strategies involve collaborative efforts between local agencies, and each strategy has been successful in its work. As an example, the Parent Education strategy has provided parent education to more than 1,000 families and has created a positive attitudinal change regarding parenting classes among community residents.

These are in-depth, 6-week sessions on child development and effective parenting offered to more than 420 parents of young children annually.

Each year through Empowerment, approximately 2,000 children (age 0-5 years) in Linn County receive comprehensive health, nutritional, developmental, and sensory screenings to assure early detection and response to developmental problems.

Seven publicly funded early childhood programs (including Linn County Child Development Center, Head Start, and a local school district) receive Empowerment funds to extend the hours of operation of part-day comprehensive preschool programs (such as Head Start) in order to meet the needs of about 100 low-income working families.



## Lessons Learned

### **Linn County Child Development Center —**

- Multiple funding streams and strong collaborative relationships are essential for success.
- There is a real need to go beyond classroom services and address parenting issues and individual family needs.
- Families themselves are the best advocates for the program.
- If we want staff to nurture children, we must nurture staff: “Do unto others as you would have them do unto others.”
- Replication elsewhere should begin with community assessment and grow from there.

### **Linn County Community Empowerment —**

- Remember that “empowerment” is a process of community engagement and mobilization that goes beyond funding a specific set of projects.
- Identify a strong lead agency (such as county government) to provide sound financial management and administrative support to the initiative.
- Evaluation is a critical element, which is more complicated than it first appears.

Using Linn County and two other communities as pilots, the State of Iowa has replicated the Empowerment process statewide. National replication information has been shared by the state through the National Conference of State Legislatures.

## **Oakland County, Michigan Healthy Start/Healthy Families Oakland**

### Program Highlights

Healthy Start/Healthy Families Oakland is unique due to its collaborative model of service delivery that has continually demonstrated successful outcomes with families, as verified by an independent researcher and through ongoing evaluation. It is strongly believed that the investment in a collaborative model of service delivery has led to the greatest outcomes with families. Additionally, the program satisfaction reported by the participating families and the staff in the program, as verified by the annual Gallup surveys, all contribute to its success.

The success of the HS/HFO program has been recognized nationally as the director has been recruited to lead the newly established Midwest Resource Center for Healthy Families America.

To date, more than 650 families have been served through a countywide collaboration of nine health and human service

providers, including the County’s health division and led by St. Joseph Mercy Oakland.

## Lessons Learned

- Healthy Families programs are currently in 450 communities across the country. Every community develops a program to fit the local needs.
- The multi-agency collaborative model is used in Oakland County, and the outcomes with families, the staff and participant retention rate, and the staff and participant level of satisfaction demonstrate its success.
- All challenges have been addressed and handled as a team in order to achieve the best outcomes for families.

## **Olmsted County, Minnesota**

### **Baby Steps**

#### Program Highlights

The outcome data indicate that children are safe and their mothers are building capacity to secure a positive future:

- 100 percent of the children have immunizations and health care up to date; 89 percent of the parents obtain their high school graduation by the time they leave the program; and there is a 176 percent increase of the income of families.
- The County board has demonstrated commitment over time to an early childhood service that includes performance outcomes and promotes continuing development, research-based program strategies, and a culture that engages community involvement through formal advisory boards and public hearings.
- “Baby Steps” is unique because it reflects a long-term County commitment to enhancing outcomes for at-risk infants by partnering with their mothers and working in collaboration with the community. The initiative recognizes the need for an evidence-based response for at-risk infants and their mothers.

#### Lessons Learned

- Counties promoting collaboration between public health and child welfare programs can replicate “Baby Steps.” Replication is facilitated if an existing evidence-based practice model is used as the base for program implementation. The Steps Toward Effective, Enjoyable Parenting (STEEP) program from the University of Minnesota is an example.

A firm commitment over time from the County board is required to support the implementation and maintenance of early intervention programs.

# Selected Resources

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## ■ National Association of Counties

Financing Early Care and Education, Part of the Technical Assistance Series, available spring 2003

[www.naco.org](http://www.naco.org)

## ■ National Conference of State Legislatures

Child Care and Early Education Coordination in the States: A Statutory Overview, April 2002

**Investing in Our Future: A Guide to Child Care Financing**, June 2002

<http://www.ncsl.org>

**Connecting Brain Development Research to State Early Childhood Policy**, NCSL State Legislative Report, June 2002

## ■ National Governors Association

First Three Years: A Governor's Guide to Early Childhood

[http://www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF%5ED\\_1634,00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF%5ED_1634,00.html)

## ■ National League of Cities

Early Childhood Needs and Resources Community Assessment Tool

**Action Kit for Municipal Leaders: Early Childhood Success**

[http://www.nlc.org/nlc\\_org/site/programs/institute\\_for\\_youth\\_education\\_and\\_families/](http://www.nlc.org/nlc_org/site/programs/institute_for_youth_education_and_families/)

