



TO: Board of Directors
FROM: Charles M. Auslander, President and CEO
DATE: September 3, 2015
SUBJECT: Proposed FY 2015-16 Budget

Consistent with my responsibilities for The Children's Trust (The Trust) of Miami-Dade County and with those requirements set forth by Chapter 2000-461, Laws of Florida, I submit for your consideration the recommended FY 2015-16 budget. The budget and related attachments are included on pages 6-8, followed on page 9 by investment briefings that summarize each initiative's progress, results and rationale.

Introduction

This will be the first full fiscal year under The Children's Trust's new Strategic Plan, which was developed in 2014 in conjunction with the Trust's Board, many providers of social services, external stakeholders, residents and our staff. We are well poised for its implementation.

Awards have been made from our largest competitive procurement in five years. Our budget will expand as a consequence of increased revenues and because the Board, following the recommendation of its finance committee, has authorized increased expenditures from The Trust's reserve over the next three years. At the same time, our own increased spending in support of this community's needs encourages us to foster a level of collaboration among local funding sources that will attract larger scale national funding to support South Florida's social services network.

We have launched community engagement and innovation efforts, and reorganized staff to better serve the public with more focus on neighborhoods and learning across service initiatives, rather than on programmatic silos. We have expanded our commitment to program and professional development, particularly with respect to targeted supports for smaller community based organizations because we believe that CBOs enjoy close proximity to and, therefore, understanding of the real needs and values of their communities.

Moreover, we have new board leadership in place. There is a renewed sense of mission and vision, as well as enthusiasm that comes from the involvement of many new Board members. The Trust has learned much from its first dozen years. We will proceed with respect for, continuity with and evolutionary growth from our past history, as we contribute to shaping a better future for the children and families of this community.

Next Year—Unfolding the New Strategic Plan

Mission and Vision

Our mission places great emphasis on our role within the community, as does our vision, which is one of shared effort:

Mission: *The Children’s Trust partners with the community to plan, advocate for and fund strategic investments that improve the lives of all children and families in Miami-Dade County.*

Vision: *The Children’s Trust envisions a community that works together to provide the essential foundations to enable children to achieve their full potential.*

The Strategic Plan

While we have spoken to it before, it is good to remind ourselves of the core substance of the Strategic Plan. It is grounded in four essential foundations for healthy child development: social, educational, economic and environmental. Social foundations foster healthy relationships in children’s lives and assist them in building the personal skills that enable effective interaction with others. Educational foundations are grounded in high quality learning environments, beginning in infancy, and in building awareness of those conditions that serve to secure a child’s healthy development. Economic foundations promote equitable access and opportunity for all children and families to thrive and to achieve financial stability. Finally, environmental foundations promote healthy surroundings for children to grow. Every child must be nurtured by these four foundational resources, in order to grow into a healthy, successful and contributing adult.

Still, services by themselves, no matter their quality, cannot produce the range of supports children need to flourish. We have begun to learn more from and about the community by learning and partnering directly with residents. We have reallocated staff resources to create a community engagement team to augment our long time outreach efforts. We anticipate the funding of innovative projects that will create openings for more resident advocacy and shared interest in strengthening communities. We are committed to funding smaller community based organizations that will connect more of the disconnected who need greater access to the opportunities for growth that are routine for many of us.

The new Strategic Plan is available in final form at: www.thechildrenstrust.org/about/strategic-plan.

Our Services on Behalf of Children and Families

The Trust enters into contracts with providers in the main through competitive solicitations that request proposals for a wide variety of services. We utilize research, surveys, input from industry experts, government and foundation leaders, academics and service providers, as well as the historic performance of our initiatives to design these documents.

Beginning last year and taking up much of 2015, we embarked on a nearly portfolio-wide series of requests for proposals through which we made competitive selections. We sought applications for:

- Parenting and home visitation programs;
- Early childhood quality improvement, early literacy and child development programs;
- Afterschool and summer camp programs for elementary and middle school age youth;
- Youth enrichment programs for middle and high school age youth;
- Health programs for schools, health insurance enrollment and injury prevention; and
- Program and professional development services.

Through the competitive solicitation process, we rated and ranked 313 funding applications and awarded 179 new contracts to 116 agencies, totaling \$74.6 million, bringing the total number of service contracts supported in our upcoming budget year to 210 contracts with 125 direct service agencies. Each contract includes measures that specify the meaningful improvement that can be expected in children's and parents' circumstances and skills.

The Trust has Community Redevelopment Act (CRA) agreements with the City of Miami Beach and two with the City of Miami, generally covering Overtown and the Greater Omni areas. Each CRA area received funding that exceeds The Trust's obligations, as part of this competitive solicitation cycle.

Following this lengthy process, The Trust's staff and Board recognized first that some geographic areas were in need of further funding; and, second, that smaller community based organizations not previously funded were generally unsuccessful in securing awards. The first concern was remedied by the careful selection of additional awards that were geographically based. The second concern will be addressed within the scope of a professional development capacity building effort that will focus both on currently Trust-funded and not-yet-funded smaller community-based organizations.

As a direct result of the additional, competitively based awards, The Trust will continue to fund an expansive and high quality portfolio of prevention and early intervention programs for all children, including those at greater risk due to family and community conditions. We have refined and modified some of the substance of these programs, based on experience and community input, as well as board recommendations proffered in the course of strategic planning.

Parenting programs, including evidence-based groups and home visiting, continue to be a core element of our programming. This initiative provides essential supports for adults caring for children to develop nurturing, healthy homes and contend with the social contexts of their environments, the bedrock foundation for children's healthy development. We have continued to expand parenting programs to provide peer networks that advance the cause of parent leadership and civic engagement. This community-based element of our funding allows parents to define issues of concern, organize around them and implement solutions, with the assistance and collaboration of trained staff.

Changes have been made to our early child care quality rating and improvement system known as Quality Counts, which has labored to improve the environment for early learning in childcare centers and family child care programs, and to enhance professional skills, learning and wages among early childhood teachers and directors. A new way of delivering more comprehensive direct technical assistance is unfolding. We will also bring more programs into Quality Counts, as we expand our shared

investment with the Early Learning Coalition of Miami-Dade and Monroe, facilitating access for more centers to benefit from this initiative.

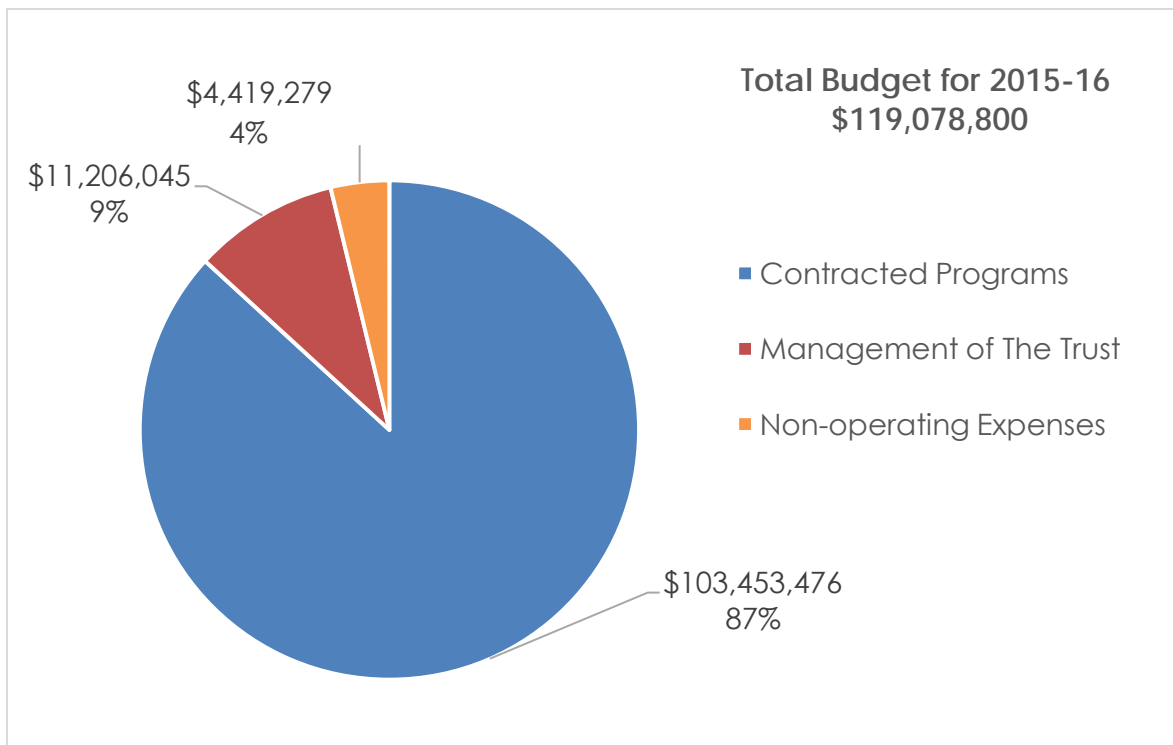
Afterschool and summer programs for elementary and middle school age children will now embed differentiated literacy instruction for all children, so that we are better equipped to address the varying needs of children when it comes to this vital element of the educational foundation for healthy child development.

Youth enrichment programs for preteens and teens will place more emphasis on employability skills and actual summer job placements. We are sensitive to the growing recognition that learning how to succeed in the workplace is critical to social maturation, to personal dignity and to teens making better personal choices.

Refinements have been made to our school health model to allow for even higher quality staffing patterns, and to set the stage for the development of more comprehensive health centers in schools along with the adjunct use of telemedicine. All of this work is done in cooperation with the Department of Health and Miami-Dade County Public Schools and, of course, private health providers. We all share the vision that primary health care, including oral and vision health care, enabled by enrollment in health insurance, is a fundamental right of all children and their families.

In this cycle, The Trust will also expand its commitment, both in number and quality, to the full participation of children with special needs in the programs we fund. Beyond this, we are committed to removing barriers to involvement beyond the programs we fund.

The Children’s Trust Proposed Budget and Millage Rate Recommendation for FY 2015-16:



During the previous fiscal year, and over the course of many months, The Children's Trust Board of Directors completed a series of strategic planning sessions, the result of which guided staff to release approximately \$92 million of direct service funding to children and families, among other things. When compared to the prior year's budget (2015), the current year's budget (2016) includes an increase of 14.5%, or approximately \$11.6 million, which is allocated to contracted programs. By the end of our three-year funding cycle, which broadly spans from July 2015 through August 2018, The Trust will have spent approximately \$35 million of additional funding for the benefit of children and families in Miami-Dade County, than in the previous three years.

While the enhanced funding to our community is primarily driven by a 9.34% increase in property values, it is also aligned with The Trust's ambition to reduce its fund balance to the best practice recommended by the Government Finance Officers' Association (GFOA), which is to maintain two months' worth of expenditures as a reserve. With this in mind, and based upon a projected and modest increase in future ad valorem tax revenue and expenses, at the end of this three-year funding cycle, The Trust anticipates that its fund balance will be reduced to the recommended best practice of approximately \$20 million.

The Trust is proud to offer this upcoming year's 2016 budget to our community, with total expenditures of approximately \$119.0 million and total ad valorem tax revenues of approximately \$110.4 million, which represent an increase of 18% and 9.3% when compared to the prior year, respectively. The 2016 budget marks the beginning of a few new initiatives underway as The Trust listens and learns from our community.

The Trust's 2016 budget includes the launch of a new community engagement team aimed at collaborating with community leaders and listening to community priorities, while giving special consideration to the most underserved areas, where poverty, crime and feelings of helplessness are pervasive. Our community engagement initiative is designed to hear from and work with grassroots organizations, residents and local governments. We will aim to improve the quality of services for younger children, provide job opportunities for older youth, and build the capacity of community-based organizations to ensure that all children have the tools to actualize their full potential.

On a parallel front, The Trust has also budgeted \$1.5 million to build the capacity of both Trust-funded and non-funded small, indigenous community-based organizations so that providers in our community are poised, both fiscally and programmatically, to apply for traditional grant funding available from various sources, while sustaining the critical work they perform for our children.

While The Trust's first priority is serving children in our community, the executive team recognizes and acknowledges the essential value and effort of our staff. Accordingly, we have recommended a merit increase to staff of up to 3%. Staff has not received a merit increase since fiscal year 2014. In equal share, we have expanded provider budgets to include merit increases for their staff.

The budget, and related attachments, may be found on pages 6-8, and include a recommendation that the board maintain its current millage rate of .5000 to align with our Strategic Plan and enable The Trust to fully fund existing programs and to continue to expand services through our community engagement team.

The median taxable value for residential property with a \$50,000 homestead exemption for 2016 is associated with a related tax of \$38.84 versus \$36.58 in 2015, for an increase of \$2.26.

**THE CHILDREN'S TRUST
BUDGET SUMMARY
Fiscal Year 2015-2016**

THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CHILDREN'S TRUST ARE 18.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES.

General Fund Budget		
REVENUES: Estimated at 95% of ad valorem tax levy of .5000 mills.		
Ad valorem tax revenue	\$ 110,427,812	
Interest/miscellaneous	3,565,000	
Total Revenues	113,992,812	
Fund balance/net assets, October 1, 2015	34,952,627	
Total Estimated Revenues/ Fund Balance/ Net Assets	\$ 148,945,439	
EXPENDITURES:		
Contracted Programs	103,453,476	86.88%
Operating Expenditures:		
General Administration:		
Salaries and fringe benefits	\$ 9,281,045	
Professional/legal/other contracted services	550,000	
Rent/insurance	675,000	
Travel/communications	300,000	
Supplies/postage/printing	175,000	
Promotional/dues/miscellaneous	75,000	
Total General Administration Expenditures	\$ 11,056,045	
Capital Expenditures:		
Furniture & equipment	\$ -	
Computer software/hardware	150,000	
Total Capital Expenditures	\$ 150,000	
Total Operating Expenditures	\$ 11,206,045	9.41%
Non-Operating Expenditures:		
CRA refund of taxes	\$ 3,315,000	
Tax collector fees	1,104,279	
Total Non-Operating Expenditures	\$ 4,419,279	3.71%
Total Expenditures	\$ 119,078,800	100.00%
Fund Balance, Reserves/ Net Assets	\$ 29,866,639	
Total Expenditures, Reserves, and Fund Balance	\$ 148,945,439	

The Children's Trust

Fund Balance

Fiscal Years 2014-16

Description	2013-14 Actual	2014-15 Budget	2014-15 Projected	2015-16 Preliminary Budget
Millage rate	0.5000	0.5000	0.5000	0.5000
Beginning fund balance	\$ 28,706,751	\$ 25,967,037	\$ 31,382,489	\$ 34,952,627
Revenue: Ad valorem tax	93,382,166	100,992,391	99,237,352	110,427,812
Revenue: Interest/ miscellaneous	3,020,345	2,934,406	3,020,345	3,565,000
Total funds available	\$ 125,109,262	\$ 129,893,834	\$ 133,640,186	\$ 148,945,439
Sustain and expand direct services	\$ 75,652,019	\$ 80,029,190	\$ 79,048,593	\$ 91,629,176
Community engagement and advocacy	3,667,693	4,099,408	3,851,964	5,184,300
Program and professional development	2,126,215	4,255,180	3,255,180	6,640,000
Management of The Children's Trust	8,671,128	8,862,711	8,862,711	11,206,045
Non-operating expenditures	3,609,718	3,669,111	3,669,111	4,419,279
Total expenditures	\$ 93,726,773	\$ 100,915,600	\$ 98,687,559	\$ 119,078,800
Ending fund balance, reserves/ net assets	\$ 31,382,489	\$ 28,978,234	\$ 34,952,627	\$ 29,866,639

The Children's Trust
Core Strategies
Fiscal Years 2014-16

Description	2013-14 Actual Expenditures	2014-15 Budgeted Expenditures	2015-16 Budgeted Expenditures	Dollar Difference	Percentage Difference
SUSTAIN AND EXPAND DIRECT SERVICES					
Parenting	\$ 7,358,417	\$ 7,895,724	\$ 10,455,000	\$ 2,559,276	32.41%
Early childhood development	13,138,528	15,333,425	15,000,000	(333,425)	-2.17%
Youth development	30,193,458	30,847,138	41,400,000	10,552,862	34.21%
Health and wellness	16,099,718	16,217,798	15,400,000	(817,798)	-5.04%
Population-specific services	8,861,898	9,735,105	9,374,176	(360,929)	-3.71%
Total sustain and expand direct services	\$ 75,652,019	\$ 80,029,190	\$ 91,629,176	\$ 11,599,986	14.49%
COMMUNITY ENGAGEMENT AND ADVOCACY					
Promote public policy and legislative agendas	\$ 182,578	\$ 201,744	\$ 215,300	\$ 13,556	6.72%
Public awareness and program promotion	2,716,871	2,969,000	2,969,000	-	0.00%
Promote citizen engagement and leadership to improve child and family conditions	702,480	833,664	1,700,000	866,336	103.92%
Cross-funder collaboration of goals, strategies and resources	65,764	95,000	300,000	205,000	215.79%
Total community engagement and advocacy	\$ 3,667,693	\$ 4,099,408	\$ 5,184,300	\$ 1,084,892	26.46%
PROGRAM AND PROFESSIONAL DEVELOPMENT					
Supports for quality program implementation	\$ 1,468,174	\$ 1,745,120	\$ 3,840,000	\$ 2,094,880	120.04%
Information technology	462,625	710,060	800,000	89,940	12.67%
Program evaluation and community research	195,416	800,000	1,000,000	200,000	25.00%
Innovation lab	-	1,000,000	1,000,000	-	0.00%
Total program and professional development	\$ 2,126,215	\$ 4,255,180	\$ 6,640,000	\$ 2,384,820	56.05%
ADMINISTRATION AND NON-OPERATING EXPENDITURES					
Management of The Children's Trust	\$ 8,671,128	\$ 8,862,711	\$ 11,206,045	\$ 2,343,334	26.44%
Non-operating expenditures	3,609,718	3,669,111	4,419,279	750,168	20.45%
Total administration and non-operating expenditures	\$ 12,280,846	\$ 12,531,822	\$ 15,625,324	\$ 3,093,502	24.69%
Total	\$ 93,726,773	\$ 100,915,600	\$ 119,078,800	\$ 18,163,200	18.00%

Investment Briefings

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Attachments

Map: Services by sites in 2014-15	29
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Parenting



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Investment Briefing

Parenting programs offer professional and peer support, education and skill-building opportunities to enhance parent-child relationships, reduce parent stress and child maltreatment, increase parent engagement, and support healthy development and school readiness for parents of children from birth through the transition to adulthood. Some specialized parent advocacy programs also emphasize parental leadership development and civic involvement with the intention of parents becoming more engaged in child-serving systems, advocating for their own child's success across systems as well as for improved family-centered services in general. All programs serve any primary caregiver, including fathers, mothers and alternative caregivers, and are fully inclusive of families of children with special needs. Some programs provide specialized support for families of children with disabilities.

Many parenting programs are universal, while some focus on specific geographic areas, ethnic groups, teen parents, grandparent caregivers, families at high risk for abuse/neglect, parents of children with disruptive behavior problems and homeless families. Several home visitation programs specialize in delivering evidence-based programs focused on early childhood development and school-readiness.

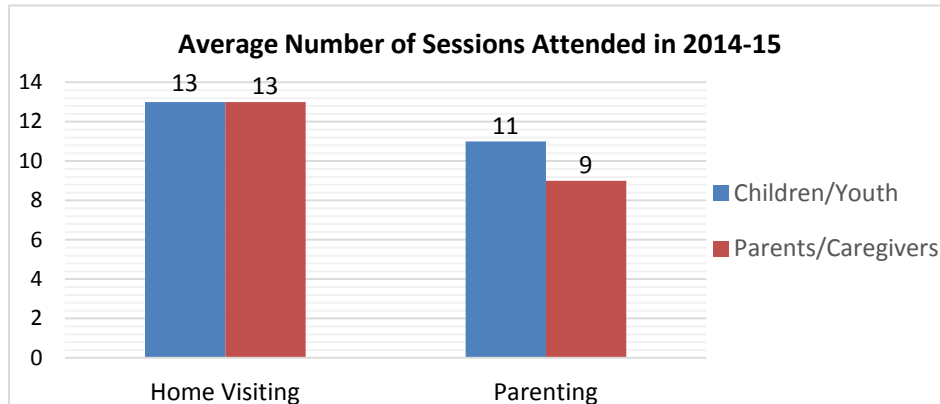
Group and individual parenting services

- \$4.7 million invested in 22 contracts
- In 2014-15, served 3,699 parents of 6,824 children across 171 locations throughout the county
- Evidence-based and research-informed program models
- Typically a three to six month time commitment; average of nine (9) parent and 11 child group sessions attended that typically meet weekly for several hours/week
- Characteristics of high quality include programs that: show parents skills that help with their child(ren); provide opportunity to practice new skills; and connect parents with one another for support
- Some offer parent-child interactive activities in sessions for more opportunity to practice new skills
- Structured session content includes: strategies for effective communication, age-appropriate child development, behavior management, child safety and injury prevention

Early childhood home visitation

- \$3.4 million is invested in 10 contracts
- In 2014-15, served 1,455 parents of 1,541 children (ages birth to five) in homes throughout the county
- Evidence-based and research-informed program models
- Typically a two to five year time commitment; average of 13 home visits per year
- Focus on child health and development and school-readiness through encouraging nurturing parent-child relationships and safe homes
- Regular early developmental screenings, referrals and follow-up to ensure assessment and early intervention if needed

Selected Program Results



- 94% of parents (1,464 of 1,534) increased knowledge of age appropriate child development and expectations
- 94% of parents (214 of 228) increased involvement with child’s development and/or education
- 93% of parents (667 of 720) increased leadership and advocacy skills
- 92% of parents (1,044 of 1,130) decreased parenting stress or increased parent social supports
- 91% of parents (1,772 of 1,950) increased parenting skills
- 89% of parents (2,247 of 2,525) increased positive parent/child or family interactions
- 88% of parents receiving home visits (1,341 of 1,522) reported children are read to at least three times per week at home
- 97% of children (1,174 of 1,216) were up-to-date with immunizations
- 96% of children (216 of 224) improved developmental/school-readiness skills
- 92% of children (418 of 452) decreased problem behavior or maintained appropriate behavior

Need, Rationale and Return on Investment Highlights

- Research strongly links risk and protective factors for children and adolescents to the family environment, and parent education can be instrumental in supporting children’s developmental outcomes and parents’ well-being. Effective programs have been linked with decreased child abuse/neglect, better physical/cognitive/emotional development, increased parent knowledge of child development/parenting skills, improved parent-child communication, reduced youth substance abuse, and more effective parental monitoring/discipline ([Samuelson, 2010](#)).
- Parent advocacy has a protective effect on children. The more families can speak out for children and support their progress, the better their children do, longer they stay in school, and schools get better. Effects are greatest for low-income students ([Henderson, 2007](#)).
- Nurturing families are key to assuring children are safe and thriving, yet in Miami-Dade County an average of 1,600 children are in the child welfare and dependency court system primarily due to abandonment, abuse or neglect by caregivers, and another 2,500 are diverted annually through prevention services ([Our Kids Annual Report, 2011-12](#)). The immediate and long-term annual cost of child abuse and neglect is estimated at \$64,000 per maltreated child ([Gelles & Perlmán, 2012](#)) or a lifetime cost of \$210,012 per maltreated child ([Fang et al., 2012](#)).
- High-quality home visiting programs can increase children’s readiness for school, improve child health and development, reduce child abuse and neglect, enhance parents’ abilities to support their children’s overall development, improve family economic self-sufficiency and/or improve maternal health ([DiLauro et al., 2012](#)). Home visiting programs targeting high-risk or low-income children are especially effective, with an estimated five to seven percent rate of return on investment ([Washington State Institute for Public Policy, 2011](#)).

Early Childhood Development

Investment Briefing

The quality of early child care and education is critical to the early success of children in these settings, and Quality Counts brings together multiple improvement strategies to strengthen providers. Screening and supporting young children's physical, social and behavioral development is an effective, efficient way to catch problems and promote optimal outcomes during the critical early years when a child's brain and body are rapidly developing. A number of investments are focused along a continuum that ranges from universal early screening to more thorough assessment and early intervention referrals and services when indicated and not available through other sources.

Child care quality improvement (Quality Counts)

- \$7.8 million invested in four contracts (with multiple subcontracts) and \$1.6 million cash match from the Early Learning Coalition of Miami-Dade/Monroe support quality early care and education for 399 programs, 3,953 teaching professionals and 24,659 children
- Voluntary quality rating/improvement system for early care and education programs, based on nationally recognized standards of quality, with goal of improved child readiness for school
- Supports early care and education program improvement through financial and technical assistance incentives, including ongoing professional development incentives to early care and education practitioners
- Educates consumers to demand quality programs for young children
- \$1.4 million invested in seven contracts for center-based enrichment and training programs that instructed 433 early care and education practitioners in the use of curricula and strategies to promote children's overall development and increase parental involvement

Developmental screenings and supports

- *Help Me Grow*
 - \$0.2 million invested in Switchboard of Miami as part of the 211 Helpline contract
 - During the first nine months of the 2014-15 contract year, there were 431 new referrals and 566 open cases, with 109 child screenings resulting in 45 (41%) yielding concerns
 - Help Me Grow is a system that connects at-risk children with the services they need
 - It is part of a national initiative to identify children ages birth to eight at-risk for developmental or behavioral disabilities and to connect them with community-based programs for health and developmental services
- *Pediatric care-based developmental supports*
 - \$1.6 million invested in four contracts
 - In 2014-15, served 1,917 children (ages birth to three) and their parents in 12 pediatric care settings located mostly in economically challenged neighborhoods
 - Based on Healthy Steps, a national evidence-based model that places developmental specialists in pediatric clinics to conduct developmental screenings (of physical, social/emotional development,



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autism and postnatal depression) while providing education, guidance and support to families during regular clinic visits

- One contract for \$0.3 million also supports Reach Out and Read, a national evidence-based model supporting medical providers in promoting early literacy and school readiness in pediatric care clinics by giving new books to children and advice to parents about the importance of reading aloud; the contract distributes 45,000 books annually across 55 clinics

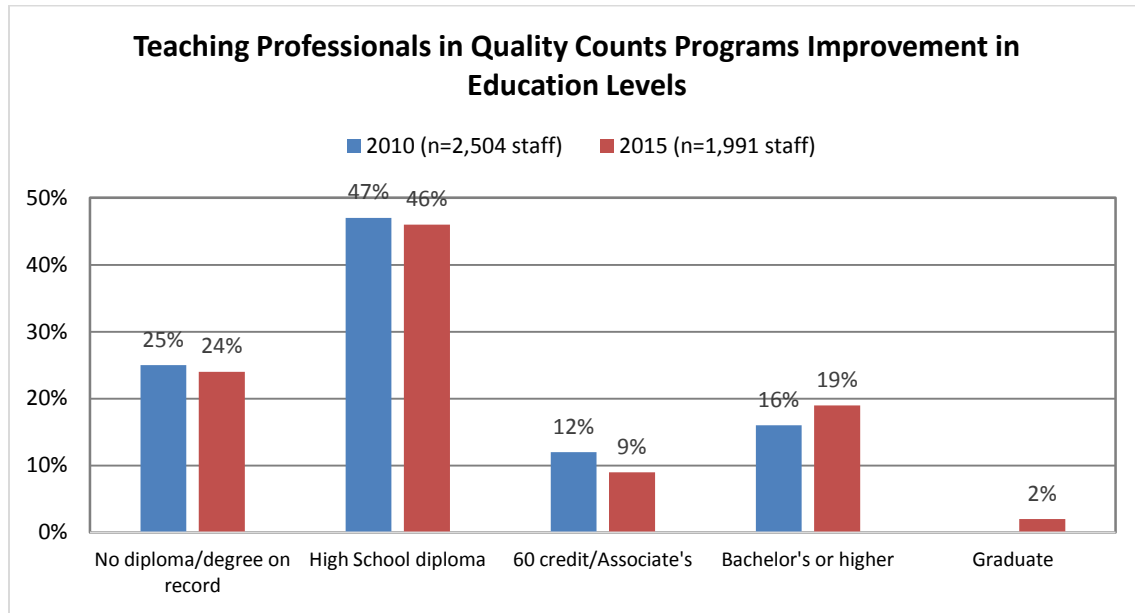
Follow-up assessment and early intervention as needed for children with special needs

- *Early intervention therapeutic services (year-round)*
 - \$0.9 million invested in the Early Discovery contract
 - In 2014-15, served 355 children (ages birth to five)
 - Provides assessment, care coordination and early intervention services to children birth to five who do not meet eligibility requirements for the Individuals with Disabilities Education Act (IDEA) Parts B and C but have mild developmental delays (10 % to 29%) and would benefit from early intervention
 - Early interventions include short-term speech/language, occupational, behavioral, and/or developmental intervention in the child's home, early care and education programs or provider's office
 - Children are referred to the program from the early intervention system—Early Steps and Florida Diagnostic and Learning Resources System (FDLRS)
 - Aims to reduce the number of children needing special education services when entering school
- *Child care consultation (typically academic year)*
 - \$1.1 million invested in three contracts
 - In 2014-15, served 140 preschool children, and their parents, in 25 early care and education programs
 - Short-term intervention with parent/caregiver and child care provider for children with disruptive behavior in early care and education settings, with a focus on child-family-school relationships, inclusion/accommodation and behavior management to successfully maintain the child in care
- *Early intervention summer programs*
 - \$0.8 million invested in six contracts
 - In summer 2015, served 291 children (ages birth to five) and 57 parents
 - Many children served through school year early intervention/special education programs have a gap in services over the summer, so these programs offer summer camp for children with special needs
 - Use evidence-based curricula to promote school-readiness through the development of literacy, numeracy, motor and socio-emotional skills
 - Some programs offer parenting workshops and individual parent-child interaction therapy

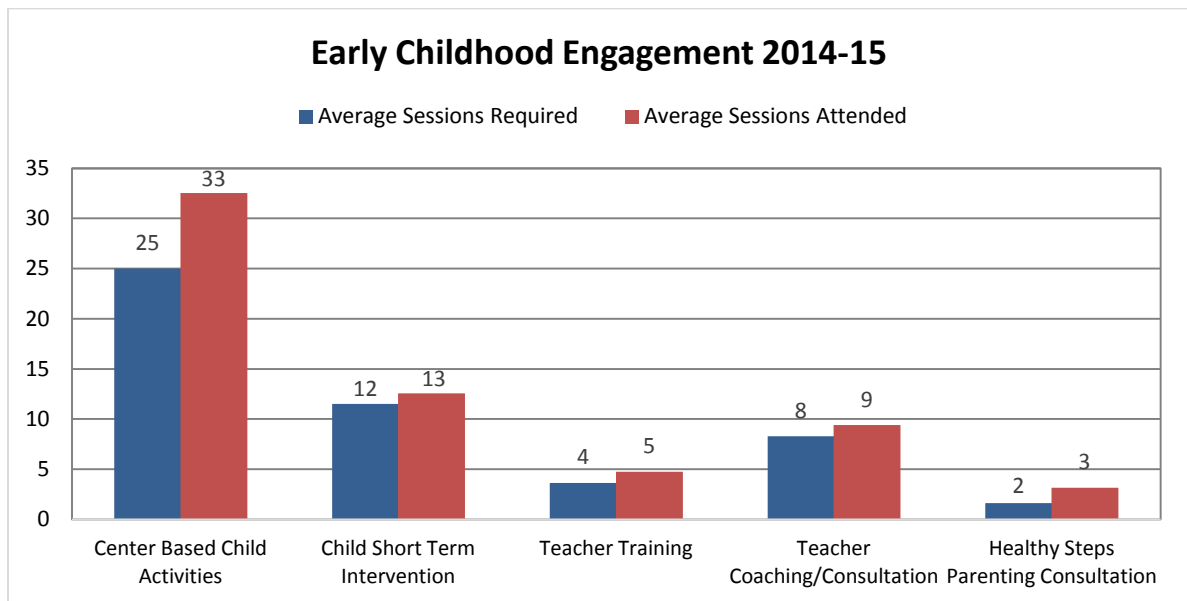
Early care and education slots

- \$0.5 million invested leveraging an additional \$0.5 million for 275 child care slots for low-to-moderate wage earning families
- \$50,000 invested leveraging and additional \$0.8 million for 200 child care slots for migrant and seasonal working families
- An average of 120 children served per month in early care and education slots, with a total of 1,434 children served at some point over the year

Selected Program Results



- 41% of teaching professionals without a credential when entering Quality Counts obtained one this renewal period (143 of 353)
- Quality Counts participants who receive WAGE\$ bi-annual salary supplements (874 in the last contract year) had an average annual turnover rate of 11% compared with the 30% national industry norm
- 94% of child care staff (277 of 296) increased knowledge of age-appropriate child development
- 89% of child care staff (133 of 150) improved their ability to provide a classroom environment conducive to learning
- 97% of parents reported their physicians talked to them about literacy (1,392 of 1,431)
- 93% of children screened using the ASQ-3 did not yield concern (4,950 of 5,299)
- 95% of children screened using the ASQ:SE did not yield concern (4,591 of 4,848)
- 93% of Healthy Steps participants (1,713 of 1,842) are up-to-date with immunizations
- 72% of Healthy Steps parents (866 of 1,209) increased knowledge of age-appropriate child development and expectations
- 90% of children receiving Early Discovery services (176 of 196) improved speech/language skills
- 90% of children receiving Early Discovery services (47 of 52) improved overall development
- Long term follow-up of 452 former Early Discovery participants indicated 88% of children (398 of 452) are currently enrolled in regular K, 1st and 2nd grades, with no need for special education services
- 75% of children completing child care consultation intervention services for emotional or behavioral concerns (97 of 129) showed improvement
- 90% of parents (2,772 of 3,069) reported reading with their child 3 or more times per week
- 80% of families (281 of 350) successfully connected with needed services through Help Me Grow
- *Summer camp 2015 program results are not yet available*



Need, Rationale and Return on Investment Highlights

- Quality child care programs can reduce the achievement gap many low income children face when first entering school ([Duncan, & Sojourner, 2013](#)), as well as lead to modestly higher academic and language outcomes and better social skills ([Burchinal et al., 2009](#)).
- In a [2009 study of Missouri's quality rating system](#) investigators found preschool children attending higher quality early childhood programs make greater gains in social and emotional development than their peers in lower quality programs. In fact, children in lower quality programs were rated as actually losing social and behavioral skills over time.
- The American Academy of Pediatrics recommends developmental screening of young children with a standardized screening tool as a routine component of well-child care, yet only 17% of Florida children 10-71 months received one from their health care provider in the previous year (Bethell, et al., 2011).
- Comprehensive developmental screening is lacking in our community. There are 184,000 children ages 0-5 in Miami-Dade County and another 90,000 ages 6-8. Approximately 20,000 child care subsidy recipients (ages 0-5) are screened annually; and another 4,000 children are screened through Trust-funded early childhood programs.
- Children with identified delays or special needs in early childhood who receive appropriate, responsive treatment are more likely to develop to their full potential. The longer concerns remain undetected or untreated, the more likely effected children will experience long-term challenges that can become increasingly more costly, complicated and refractory to intervention. Early detection and intervention can: (1) ameliorate, and in some cases prevent developmental problems; (2) result in fewer children being retained in later grade; (3) reduce educational costs to school programs; and (4) improve the quality of parent, child and family relations (NECTAC, 2011).

Youth Development

Investment Briefing

Positive youth development focuses on meeting young people's needs for nurturing, ongoing relationships with adults, peers and family, affording opportunities to build skills for life success, including academic, health/fitness, and other pro-social skills and competencies. The Trust invests in high quality daily afterschool and summer programs, as well as other youth enrichment, employment and supports. In all investments, there is an emphasis on the inclusion of children with special needs, as well as specialized programs for some populations.



Because All Children Are Our Children



Daily afterschool programs and summer camps

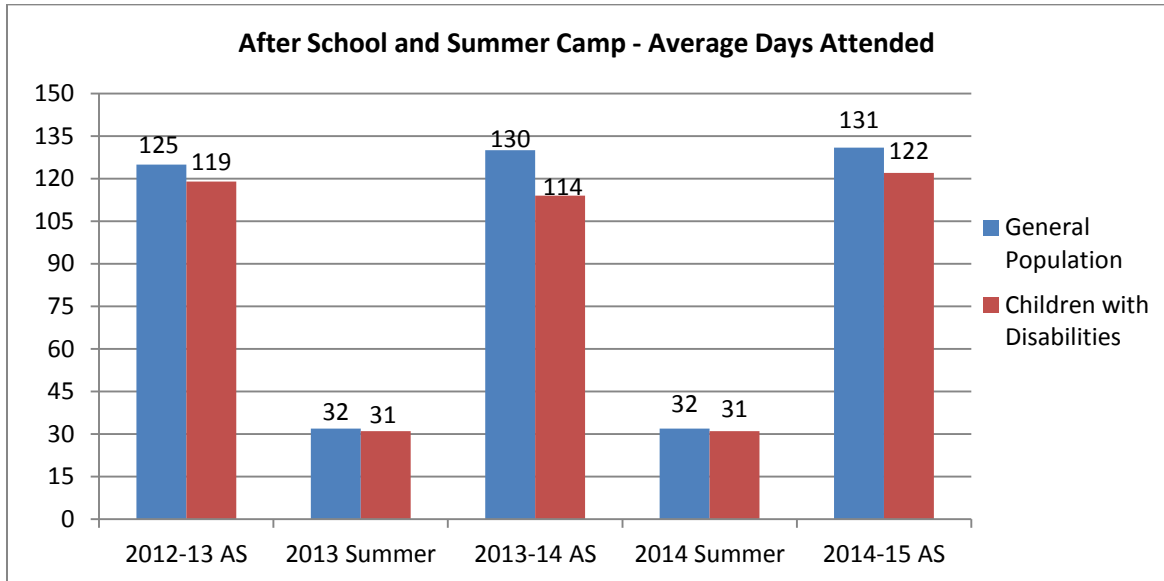
- Largest Trust initiative at \$25.5 million, in operation since Summer 2004
- 75 contracts with afterschool services at 180 sites and 71 contracts with summer camp services at 125 sites throughout the county, with a concentration in under-served communities with high need
- Core activity components: Evidence-based practices in reading/literacy, fitness, homework completion and social skills, as well as nutritious food and family involvement
- Many programs incorporate thematic enhancements like arts, the environment, sports and technology
- Fully inclusive of children with disabilities in both inclusion and specialized programs
- Safe, enriching places allow parents to work, since programs must operate in accordance with the public school calendar (180 days) and daily Mon-Fri in summer with at least six hour days for six to ten consecutive weeks
- In 2014-15, 13,809 elementary and middle school children were served in afterschool programs
 - Children attended an average of 130 afterschool days
- In summer 2015, 12,751 children were served in summer camp (some the same as in afterschool)
 - *Closing attendance and outcomes not yet available*
- \$0.6 million invested in one contract for daily small group summer reading enhancements for more than 800 rising kindergarten, first grade, and second grade students struggling with literacy/pre-literacy skills

Youth enrichment, employment and supports

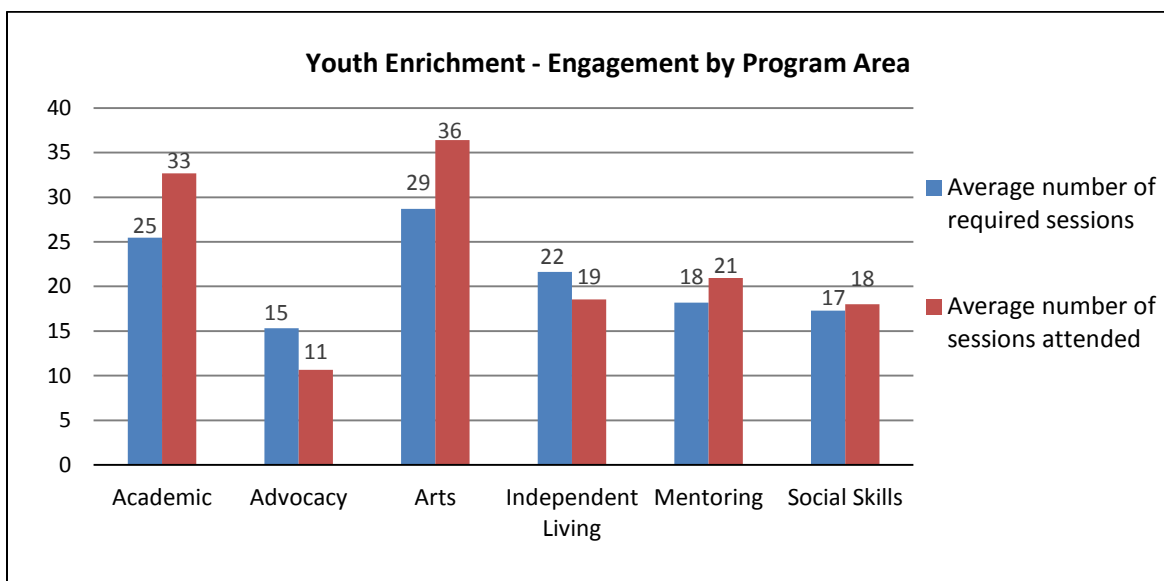
- \$4.8 million invested in 38 contracts, with 186 program sites serving 9,316 elementary, middle and high school students in 2014-15
- Universal services include arts and advocacy programs, while academic, mentoring, social skills, independent living and youth employment programs selectively serve children experiencing or at risk for particular challenges
- Fully inclusive of children with disabilities, including some specialized camps for youth with disabilities
- Children attend an average of 25 times per year, for the most part throughout the school year but also inclusive of summer activities (see chart below for breakdown by program type)

Selected Program Results

- 95% of children in afterschool programs (11,120 of 11,738) improved oral reading fluency skills
- 94% of children in afterschool programs (11,090 of 11,759) improved physical fitness skills
- *Summer camp 2015 program results are not yet available*



- 95% of youth (1,029 of 1,080) increased independent living, including employability skills, structured work experiences, career exploration and money management
- 87% of youth (7,291 of 8,362) increased social skills and resiliency including cultural competency, self-efficacy, coping, problem-solving, decision-making, conflict resolution and pro-social beliefs and behaviors
- 83% of youth (1,530 of 1,836) increased knowledge and improved artistic skills in specific targeted areas of performing and visual arts (e.g., voice, dance, drama, music)
- 68% of youth (1,362 of 1,991) improved academic performance, including achieving and maintaining appropriate grades, as well as promotion to the next grade level



Need, Rationale and Return on Investment Highlights

- Local parent surveys over a number of years confirm that parents want and need safe and stimulating places for their children to be when they are not in school.
- High quality afterschool programs help students do better in school in terms of attendance, attitudes, behavior, as well as achievement and grade/school completion ([NIOST, 2009](#); [Durlak & Weissberg, 2007](#)), including when they are focused on serving low income, minority children ([UC & Policy Studies Associates, 2007](#)).
- Summer learning losses when students are not engaged educationally over the summer typically require teachers spend the first 4-6 weeks of a new school year re-teaching forgotten material ([Cooper, 2006](#)).
- About five percent of youth will enter adulthood without the knowledge, skills, experience, attitudes, habits, and relationships that will enable them to be productive and connected members of society. Independent living and youth employment programs aim to prepare students to move from the world of school to the world of adulthood ([Courtney, et al., 2007](#)).

Health and Wellness

Investment Briefing

Without good physical and emotional health, children cannot do their best in school or become contributing members of society. Most risk factors for and early stages of chronic adult diseases and mental health conditions arise in childhood. Child health, development and well-being also affect educational achievement, violent behavior, criminality and employment. We have aimed to increase access to comprehensive health and wellness services for children and families through communities and public schools.



Because All Children Are Our Children



School-based health (including physical, oral health and vision)

- Nearly \$14 million invested in five contracts with nine providers, including subcontracts
- Funded agencies provide 25 percent match or \$3.3 million additional funds and in-kind resources
- In 2014-15, school-based health services were provided in 155 public schools, with a total student population of 137,487:
 - 74,025 students were served with more than 241,260 visits
 - 84% of visits resulted in students returning to class
 - Approximately 92% of enrolled students were compliant with their age-appropriate immunizations requirements
 - More than 19,500 medications were administered to 529 students with acute or chronic health problems to help them stay in school and optimize their educational opportunities
 - Over 11,000 students with chronic conditions received nursing assessments to help determine their needs for Individual Health Care Plans and ensure the successful management of their health conditions
 - 665 Individualized Health Care Plans were completed to assist these students in maintaining their health status and achieve developmentally appropriate progress
- 66% elementary (83) or K-8 (19) schools, 21% middle (33), and 13% high (20) schools
- Partnership among The Trust, the Health Department and Miami-Dade County Public Schools
- School health teams include a nurse or nurse practitioner, social worker and health aide
- Designed to improve access to quality health care through delivery of basic services in schools and appropriate referrals to community care; most common activities are first aid and mandated school health screenings (i.e., vision, body mass index)
- \$0.2 million invested in one contract to provide preventive oral health training services for school health staff; in 2014-15, more than 200 medical staff members were trained on how to perform oral health risk assessments, screenings, education, counseling, varnish application to young children, and connection to dental homes
- \$0.3 million invested in one contract to provide eye health and vision examinations and eyeglasses to financially disadvantaged children enrolled in Miami-Dade County Public Schools; in 2014-15, 4,161 comprehensive eye exams were completed and 3,536 eyeglasses dispensed
- Annual professional development training for 245 program staff, with the goal of preparing the nursing and social worker staff to implement the program and receive some of the required licensure continuing education credits

Other health services

- \$0.9 million invested in six contracts to assist vulnerable children and families with determining eligibility and applying for low-cost health insurance and other benefits
 - In 2014-15, health navigators throughout the county assisted 6,903 children and 5,252 adults in the application process and follow-up to overcome barriers to care; a contract with Our Kids offers this assistance for families of children in the dependency system
 - Efforts resulted in insurance coverage for 6,141 children and 2,563 adults; additionally, 8,351 families were approved for other public benefits
- \$0.3 million invested in one contract for community safety and injury prevention services that aim primarily to build the capacity for Trust-funded providers to offer their program participants preventive education on home, motor vehicle and water safety (i.e., a train-the-trainer model)
 - In 2014-15, 146 trainings served 891 staff members who are in direct contact with children and families and can pass along critical injury prevention information
 - An additional supplemental activity offered 84 car seat inspections for 273 parents
- \$1.1 million invested in one contract for food and nutrition services in afterschool and summer programs, including USDA-approved snacks and meals
 - In 2014-15, an average of 3,309 children at 97 sites received daily snacks during afterschool and full day programs, 1,114 received lunch at 49 sites (separately, all other funded sites directly access snacks through other USDA resources)
 - New for last school year, hot suppers were made available and received by 904 children at 21 sites during afterschool or full day programs
 - Nutrition education services were provided to parents and program staff

Need, Rationale and Return on Investment Highlights

- A growing body of research shows that schools and students with access to school nurse services benefit in many ways, including: reduction of student absenteeism and early dismissals (Pennington & Delaney, 2008); better academic performance (Weismuller et al., 2007); better health and education outcomes for students with special health needs (Forrest et al., 2011); reduction of teacher time spent on dealing with student illness or injury (Hill & Hollis, 2012); improvement of overall student health and wellness of students with chronic conditions (Noyes et al., 2013); and early detection of potential vision deficits in students and appropriate referrals for treatment (Basch, 2011).
- School-based health services with multidisciplinary teams promote improved attendance, increased preventive use of medical and mental health services and reduced inappropriate use of emergency rooms ([CDC website, 2009](#)). School-based health centers (SBHC) appeared to reduce health care access disparities among African American students and those with disabilities, with more dental services, less prescription drug use, more mental health services, and fewer hospitalizations. It was estimated that SBHC saved Medicaid about \$35 per student per year ([Guo et al., 2010](#)).
- The 2012 American Community Survey estimates 13.5% of Miami Dade County children are uninsured. The [Children's Trust 2007 Parent Survey](#) revealed 1 in 4 Miami-Dade children are not fully insured—they either currently lack insurance, or lacked it at some time in the past year. Many are potentially eligible; however, families are not accessing the benefits due to enrollment barriers such as lack of awareness, family literacy level, language, excessive paperwork and other procedural hurdles. Insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care ([Mathematica Policy Research, Inc. 2010](#)).
- In the US, childhood unintentional injuries are the leading cause of death among children ages 1 to 19, representing nearly 40 percent of all deaths. Each year, 8.7 million children and teens are treated in emergency rooms for unintentional injuries and more than 9,000 die as a result of their injuries—one every hour. Common causes include: drowning, falls, fires or burns, poisoning, suffocation, weapons and transportation-related injuries. While tragic, many of these injuries are predictable and preventable (National Center for Injury Prevention and Control, 2012).

Population-Specific Services/ Community Partnerships

Investment Briefing

While The Trust primarily funds programs within traditional investment areas, the program portfolio also includes population-specific services, place-based partnerships and countywide services like the 211 Helpline. Programs serving children with special needs are funded within all investment areas. While The Trust promotes inclusion of all children in general programs, a number of programs are designed specifically to support children and families with significant adaptive needs. Service partnerships provide a system of care through coordination of community-based services to address the needs of at-risk families and children. Families work with a care coordinator to develop a care plan that identifies their needs and the resources and supports to address them. Care plans coordinate parenting and clinical services; establish therapeutic goals; address safety issues; and create a system of support involving all family members, natural helpers and direct service staff.



Because All Children Are Our Children



Programs for children with special needs

- \$8.1 million is invested in 24 programs exclusively focused on children with special needs, not inclusive of investments in general programs serving children with disabilities in inclusive settings (estimated at an additional \$5.9 million)
- In 2014-15, 5,540 children with special needs were served, approximately 11% of all children served
- The most common disabilities served in the past year are: learning disabilities (23%), speech/language impairment (19%), and emotional and/or behavioral disorders (18%)

Placed-based service partnerships

- \$5.9 million invested in 16 contracts
- In 2014-15, the second year of the current funding cycle, 3,532 families were served
- Host agency works with community partners within challenged neighborhoods to better coordinate services to meet the needs of families experiencing challenges related to risk for child maltreatment, chronic absenteeism and/or disruptive child behavior
- Includes services in Allapattah North/Liberty City, Allapattah South/Little Havana, Brownsville, Coconut Grove, Florida City/Homestead, Goulds, Little Haiti, Opa-Locka, North Miami/North Miami Beach, Miami Gardens, Perrine/Richmond Heights, and West Little River/Arcola Lakes

Countywide service partnerships

- \$2.5 million invested in four contracts
- In 2014-15, served 386 parents and 1,176 children
- Focused on the needs of special populations, including: children of incarcerated parents; undocumented children residing alone in the U.S.; children exposed to high family conflict and domestic violence; and gay, lesbian, bisexual, transgender or questioning youth (GLBTQ)

211 Helpline

- \$1.2 million invested in one contract with Switchboard of Miami
- 41,150 callers were assisted in the first 10 months of the 2014-15 contract year, through immediate access to trilingual (English, Spanish and Haitian-Creole) telephone counseling services - including crisis intervention and information/referral – available 24-hours a day, seven days a week, 365 days a year
- An additional 15,000 inquiries were handled through the Online HELP Pages
- Trained counselors utilize a continually updated database on 1,068 agencies offering 4,257 different resources and programs throughout Miami-Dade County (also available via online, searchable resource directory), resulting in improved access to needed community services

Selected Program Results

Programs for children with special needs

- 98% (569 of 582) of children with disabilities improved social or self-help skills
- 94% (1,977 of 2,110) of children with disabilities improved cognitive skills (including measures of reading fluency, cognitive skills, communication, speech/language and general comprehension)
- 91% (679 of 743) of parents/caregivers of children with disabilities reported feeling increased support as a result of program involvement

Place-based service partnerships

- 88% of parents (74 of 85) increased involvement in their child’s school
- 81% of parents (1,215 of 1,499) reduced stress related to parenting
- 73% of children (245 of 335) did not fail a core grade (Math, English, Social Studies, or Science)
- 71% of parents (969 of 1,374) reported a decrease in their child’s problem behavior
- 51% of parents (214 of 422) increased positive parent/child or family interactions

Countywide service partnerships

- 99% of community members (1,377 of 1,389) willing to provide support and resources for GLBTQ youth
- 88% of unaccompanied immigrant minors (229 of 260) learned of their legal rights
- 88% of children (102 of 116) reported a sense of attachment/bonding with their incarcerated parent
- 83% of parents (89 of 107) reduced risk associated with child abuse or neglect
- 66% of children (47 of 71) decreased antisocial behaviors
- 63% of children (201 of 319) reported reduced feelings of PTSD, depression, and/or anxiety

211 Helpline

- 89% of 2-1-1 Helpline callers (secret shoppers) satisfied with completeness of information provided
- 87% of 2-1-1 Helpline callers (secret shoppers) said their information-only call was resolved

% of all calls	Problems/Needs of 2-1-1 Helpline Callers (for 2014-15 contract year: October 2014–July 2015: 41,154 problems/needs identified)
36%	Housing/Utilities/Food & Meals
10%	Mental Health/Substance Abuse
10%	Information Services (for information only handled by 2-1-1 counselor, or 3-1-1 for government)
8%	Individual, Child, Family, Community Support (parenting, family support, afterschool, youth dev)
8%	Health Care (includes insurance, screenings, immunizations, school health, maternal/infant)
6%	Education (including early childhood education, tutoring, special education, truancy counseling)
5%	Arts, Culture and Recreation (includes summer camps)
6%	Legal, Consumer and Public Safety
4%	Income Support/Assistance
7%	All Other

Need, Rationale and Return on Investment Highlights

- Children who receive early treatment for developmental delays are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency and violent crime. The researchers calculate these positive outcomes result in a savings to society of \$30,000 to \$100,000 per child (Glascoe & Shapiro, 2004).
- Situations such as excessive school absences, risky behavior and poor family safety are risks that frequently lead to larger community problems. They may inhibit children from developing into contributing adults, and leave them at greater risk for negative consequences, such as involvement in crime, lack of education, and unemployment. These community problems result in a much greater cost to society than preventive measures.
- Approximately 15,000 Miami-Dade children have incarcerated parents. Many experience the trauma of sudden separation from their caregiver, and most are vulnerable to feelings of fear, anxiety, anger, sadness, and guilt. They may be moved from caretaker to caretaker. The behavioral consequences can be severe, absent positive intervention—emotional withdrawal, school failure, delinquency and risk of intergenerational incarceration (Wear Simmons, 2000).
- Many unaccompanied immigrant children have been victims in their home countries and travel to the U.S. in the hopes of finding personal safety and making better lives for themselves (US Conference of Catholic Bishops, 2006). At least 65% of these children are ultimately placed with a sponsor living in the U.S. (Byrne & Miller, 2012).
- According to the Florida Department of Law Enforcement (2011), a total of 776 children in Miami-Dade County witnessed domestic violence. Additionally, in 80 percent of all domestic violence cases nationwide, children directly witness the abuse (SafeSpace Foundation).
- The effects of social prejudice may make GLBTQ youth more vulnerable to mental health problems such as depression, anxiety, substance abuse and suicide (D’Augelli, 2002). GLBTQ youth may face familial disapproval and rejection, victimization/bullying by peers, and physical danger (Kitts, 2005). In a national study, 22% of GLBT students reported not feeling safe at school, 90% reported being harassed or assaulted during the past year, and 25% reported missing school in the past 30 days due to fear (Harris Interactive and GLSE, 2005).
- A 2009 cost-benefit study identified a total social value associated with 211 services at 2.6 times their operational costs (Malama Consulting Group, 2009).

Community Engagement and Advocacy

Investment Briefing

A child's healthy development across their lifespan depends on the social, educational, economic and environmental health of the communities in which they and their families live and work. Through community engagement and advocacy efforts, The Trust is expanding its commitment to partner with citizens, stakeholders and institutions to increase and improve foundational resources for all children, and especially for children who live in communities that suffer inequitable disadvantage. By listening, connecting and engaging more directly with community partners, The Trust seeks to inspire citizen action and mobilization on behalf of children, and thereby to bolster its impact as an agent of well-being and social change. Through a range of skill-building approaches, these investments will increase genuine dialogue with, leadership from, and support for parents and community members to improve neighborhood conditions and support for children and families. This effort complements our service partnerships that target prevention of specific negative outcomes, our community mobilization effort aims to address the root causes that nearly all these adverse outcomes have in common before they result in unhealthy conditions, unhealthy communities and unhealthy children.



Because All Children Are Our Children



Promote public policy, advocacy and legislative agendas

- \$0.2 million invested to continue The Trust's presence at the state and federal levels advocating for child and family issues
- This past legislative session, The Trust's public policy team continued to offer advocacy trainings to child care and health care advocates and providers as part of its Miami-Dade Advocacy Institute in partnership with United Way of Miami-Dade
- Although a number of bills died during the last week of the legislative session because of the impasse between the House and Senate over Medicaid expansion, The Trust was actively engaged in the passage of several funding increases for children's programs during the Special Session on the budget, including:
 - \$13 million in increased funding for Early Steps to help infants and toddlers with developmental delays;
 - \$4 million for Healthy Families to expand home visiting services for expectant and new parents whose children are at risk for abuse and neglect; and
 - \$5 million for the School Readiness program which provides subsidized child care for working families to target children up to age 5 on the wait list
- The Trust was instrumental in the creation of a cross systems statewide collaborative entitled The First 1,000 Days to ensure that young children receive all the supports needed during this critical period of their lives to lead healthy and productive lives
- At the federal level The Trust was instrumental in the passage of a bill to continue critical funding for the Children's Health Insurance Program (CHIP) and the Maternal Infant Early Childhood Home Visitation (MIECHV) program

Public awareness and program promotion

- \$2.9 million dedicated to a comprehensive, multi-media, multi-layered, trilingual communications approach that supports The Children’s Trust’s overall strategic plan by raising awareness among parents and the public at large about our primary investment areas and initiatives, goals and objectives, funded services and provider agencies, advocacy issues, and community collaborations. This is achieved through the following primary activities:
 - Advertising – Executing paid media campaigns in English, Spanish and Creole on television, radio, electronic and print media involving commercials, sponsored talk show segments, our own Children’s Trust talk show, and article placements
 - Public Relations – Generating publicity from traditional news sources
 - Community Outreach – Disseminating information to the public at a more grassroots level through one-on-one interactions in places of worship, at community events and through our own signature events utilizing primarily printed materials such as resource guides, program brochures, and parenting newsletters in English, Spanish and Creole

Cross-funder collaboration of goals, strategies and resources

- Currently, five contracts for \$1.5 million leverage other funding valued at more than \$15 million, ranging from arts programming to early care and education slots
- Increase alignment with other local funders through regular joint planning and improved understanding of one another’s strategic priorities, with the ultimate goal of attracting coordinated investments by regional and national funders in Miami-Dade County
- A number of community data-sharing partnerships are in development focused on shared research and evaluation agendas to improve programs and results for children
- Work toward funders holding themselves accountable to a common set of indicators and outcomes of evidence for neighborhood change and child outcomes

Promote citizen engagement and leadership to improve child and family conditions

- Identify and strengthen community assets through citizen capacity-building, geographically-based population data collection and analysis, and technical assistance to encourage and support creative strategies for addressing chronic disadvantage
 - Citizen capacity-building may take the form of improving social networks, enhancing cooperative efforts, material resources and guided discussion regarding educational and environmental outcomes
- Read to Learn can increase citizen engagement around grade-level reading
 - In addition to increasing summer reading supports and services to reduce absenteeism, we emphasize enhancing access to books in high need communities
 - Our Books for Free program and the universal Book Club distributed a total of 190,623 books during 2014-15
 - Book Club membership has reached 15,413 children since program inception
- Over the past three years, The Trust has partnered with Miami-Dade County Public Schools to initiate the Transforming Early Childhood Community Systems (TECCS) collection of community data using the Early Development Instrument (EDI)
 - The EDI measures the percentage of kindergartners in a school and a neighborhood who are on track or vulnerable in five developmental domains (without identifying individual children)
 - In the last three years, 12,483 EDI surveys have been collected from 148 elementary schools
 - TECCS citizen engagement encourages collective responsibility for all children in the neighborhood or school to effect community change in child outcomes

- Results are mapped to illustrate the location of children and their developmental status and how they overlap with community resources, issues and conditions, investigating issues residents believe might influence children's health, development and educational trajectories
- A pilot using the TECCS EDI approach is underway in Liberty City, where results are being shared with families, residents, businesses and school personnel who hold a stake in the healthy development and school performance of children
- As more data become available, TECCS will support neighborhood-led problem-solving to design interventions, mobilize collective action and assess progress toward goals in other communities in the county
- A match partnership of \$45,000 with The Children's Movement of Florida, and with support from the University of Miami, created and supported five Parent Action Groups (PAGs), engagement and leadership efforts guided by parent interests and concerns in several historically under-served neighborhoods around the county
 - As part of the pilot program project in 2014-15, the PAGs met for 8-10 sessions and independently developed an action item or project.
 - Lessons learned include:
 - Value of ongoing organizational support to help groups continue to coalesce, increase their impact and take actions;
 - Parent facilitators need more training and ongoing support; and
 - Groups may need infusion of information to move to a higher level of understanding

Program and Professional Development

Investment Briefing

Program development is a critical support for every other investment, focused on identifying, funding and supporting quality programs to address the needs and improve the outcomes of Miami-Dade's children and families. Learning through innovation and pilots is a small but powerful tool for such development. Sound program evaluation and community research ground this work, informing program development and helping determine the value and impact of investments. A number of specific quality supports are currently in place, such as Project RISE supporting youth programs, and the All Children Together resource network supporting inclusion of children with disabilities across all programs.



Because All Children Are Our Children



Innovation fund to pilot new strategies, methods, instruments and partnerships

- This is a new investment area in 2014-15, based on the assumption that problems cannot be solved using the same methods that created them
- Communities, along with the organizations that invest in their health, growth, development and sustained success, need to design and test new strategies that address the foundations of children's healthy development, start early before trajectories deviate from optimal courses, put the wisdom of lived experience in the driver's seat of program strategies and operate from the understanding that best outcomes result when resources and efforts are coordinated across systems
- Innovation fund will encourage and support non-recurring collaborative community development ventures, creative interventions to solve persistently poor child, family or community outcomes and pilot programs to test how to assess and/or improve child, family or community problems in the domains of social, education, economic or environmental health
- The first funded project, started last year, is the early care and education Shared Services Alliance, a community-based partnership model comprised of centers working together to share costs and deliver high quality services in a more streamlined and efficient way
 - Presently, two geographic-based Hubs have agreed to function as coordinators of the programs' shared services within their low-income neighborhoods
 - Under the guidance of the consultant, they are engaging in a business planning process and cost-modeling exercise to determine feasibility of full implementation and sustainability of the model

Program evaluation and community research

- \$0.8 million invested in external contracts and other activities directly conducted by Trust staff
- A required function of The Trust is to collect statistical data and conduct research that informs the public and policymakers about the needs of children in the county
- The [KidStats and Maps](#) website aids in comparing children's well-being across neighborhoods and in relation to the state and nation; the site also identifies areas of success and challenge, helping to guide data-informed decisions and investments
- Continuous quality improvement through regularly reflecting on program implementation, quality and participant outcomes data
- Regular input collected from parents, participants, providers and staff informs operational and process improvements to procurement, contracting and capacity-building efforts

Supports for quality program implementation and fiscal/administrative functions

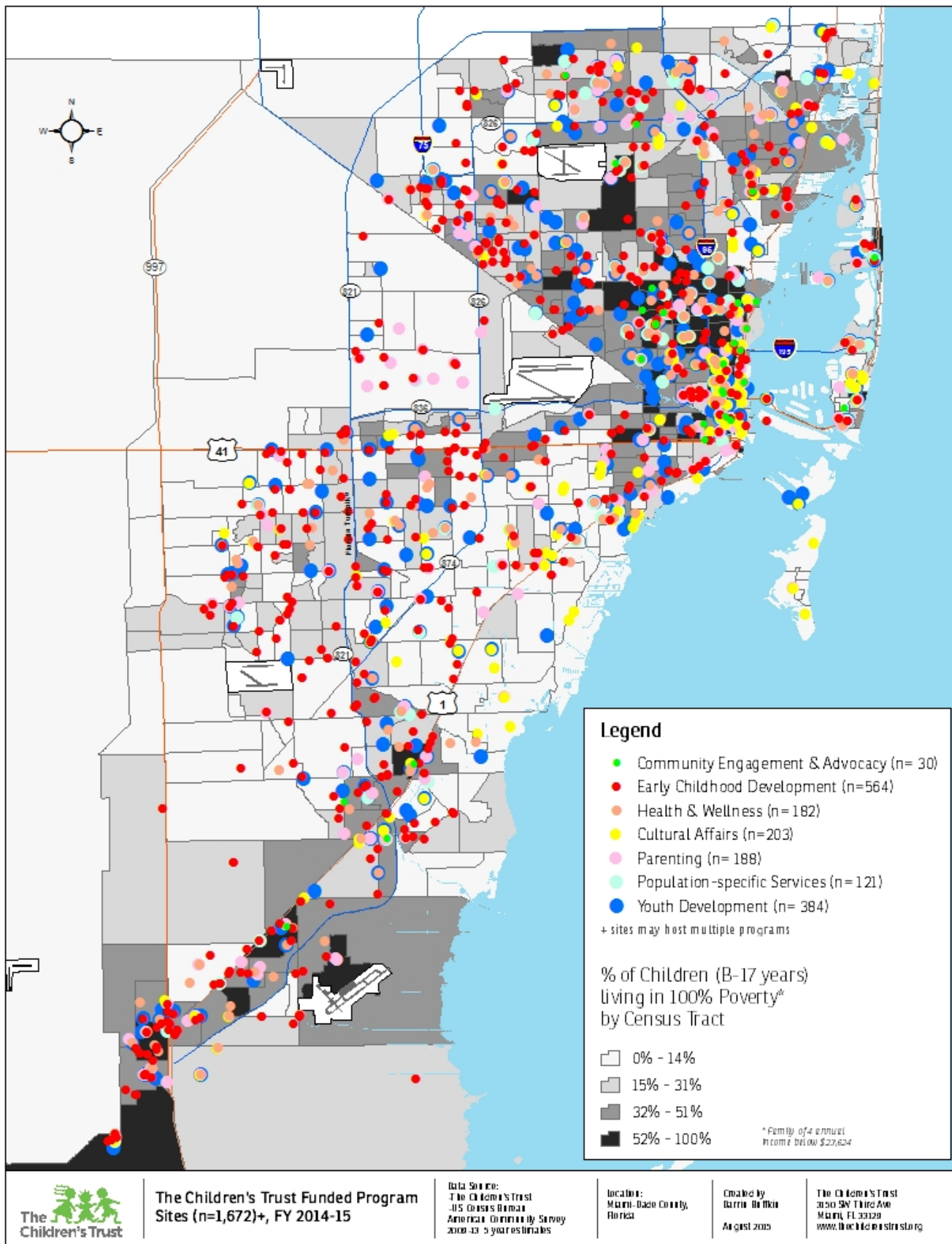
- Supporting and building the capacity of service providers to implement quality programs with fidelity through continuous improvement processes, as well as to function responsibly fiscally and administratively
- \$2.5 million invested in two external contracts and in other capacity building activities directly implemented or sponsored by The Trust
 - \$0.6 million supports the All Children Together resource network, which provides training, hands-on assistance, advocacy and promotion of best practices for inclusion of children with disabilities and their families
 - \$0.5 million supports Project RISE (Research, Inspiration, Support and Evaluation), which provides supports for afterschool and summer camps to improve program quality and performance measures
- Direct capacity building activities provided by Trust staff include:
 - specific trainings on Trust-related programmatic, administrative and fiscal processes
 - opportunities for peer networking and learning with other providers
 - sponsorship of professional conferences and e-learning modules
 - individualized technical assistance

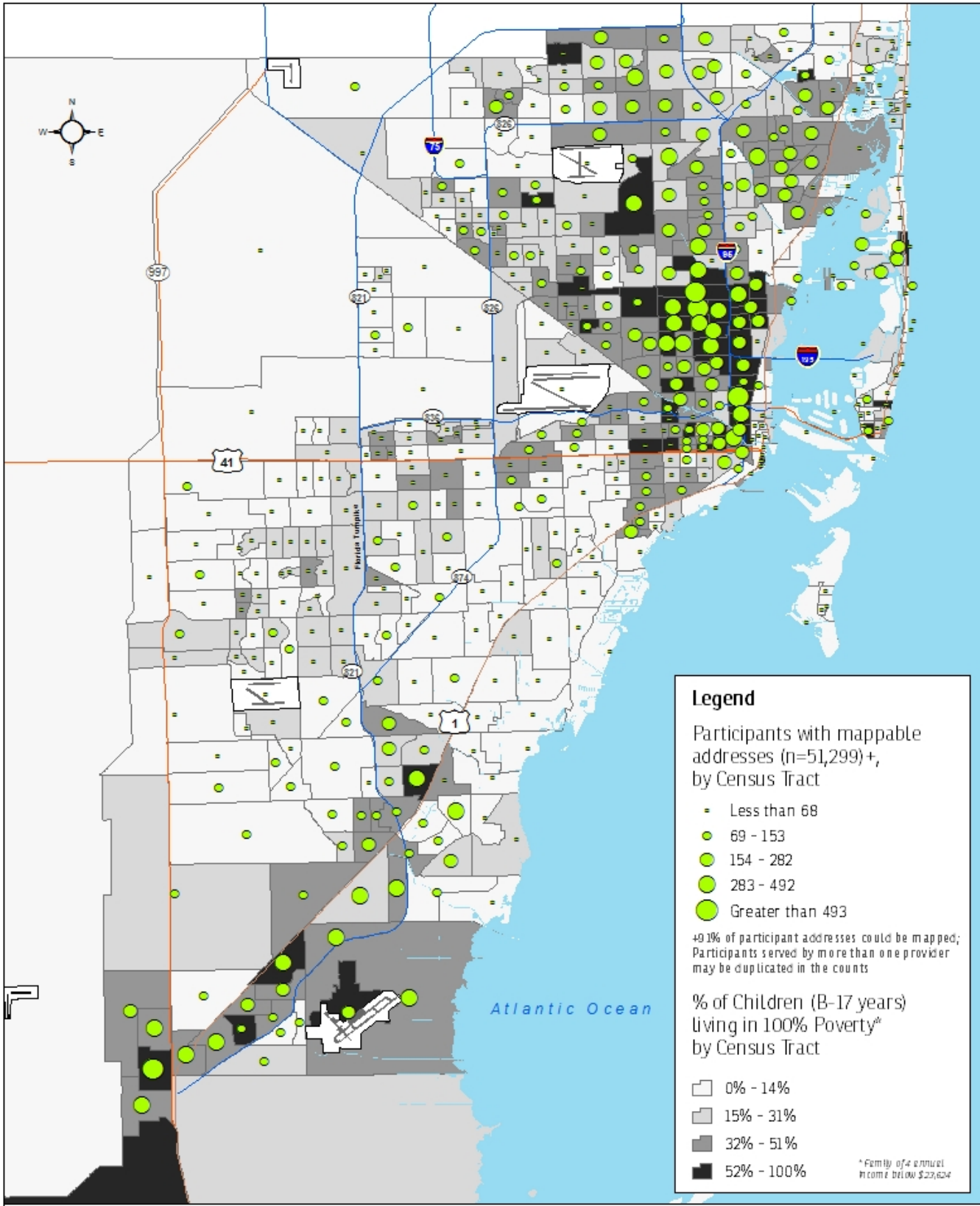
Selected Program Results

- 2,222 provider staff trained on children with disabilities, behavior management, classroom improvement, reading fluency, assessment and social skills through 118 trainings
- 97% of ACT participants demonstrated knowledge of training module related to children with disabilities; 90% of agencies (36) achieved the goals from their Individual Program Inclusion Plans
- Project RISE assisted 61 providers through 363 contacts/sessions totaling 273 hours
- 95% of RISE quality improvement trainees (908) improved knowledge and skills acquisition

Need, Rationale and Return on Investment Highlights

- The National Implementation Research Network has found factors such as staff competencies and organizational supports to be critical to sustaining implementation of high quality programs (Fixen & Blase, 2007; Fixen et al., 2005).
- Staff need individualized technical assistance or coaching when new skills are taught or based on needs. This includes the opportunity for supportive, direct observation of staff as they deliver program services, with real-time feedback, modeling and opportunity to practice relevant skills (Spouse, 2001). This level of support not only improves implementation, but is also associated with increased job satisfaction (Aarons et al., 2009; Joyce & Showers, 2002).





Legend

Participants with mappable addresses (n=51,299)+, by Census Tract

- Less than 68
- 69 - 153
- 154 - 282
- 283 - 492
- Greater than 493

+9.1% of participant addresses could be mapped; Participants served by more than one provider may be duplicated in the counts

% of Children (B-17 years) living in 100% Poverty* by Census Tract

- 0% - 14%
- 15% - 31%
- 32% - 51%
- 52% - 100%

* Family of 4 annual income below \$23,624