



Fiscal Year 2015-2016

Annual Report to the Board of County Commissioners Miami-Dade County December 2016

**CHARTING
THE COURSE
TO SUCCESS**

ANNUAL REPORT 2016



Because All Children Are Our Children

Introduction

We submit this annual report to the Board of County Commissioners of Miami-Dade County in order to summarize our goals and activities in accordance with Section 2-1525(e) of the Miami-Dade County Code and in the statutory format for Fiscal Year 2015-16. The programs, objectives and activities of The Children's Trust are consistent with the goals established by Section 125.901, Florida Statutes, to provide and maintain preventive, developmental and other services for all children's general welfare; to collect information and statistical data as well as to conduct research helpful to determining the needs of children in the county; and to consult and coordinate with other agencies dedicated to the welfare of children to prevent overlapping services and to fill critical gaps.

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.

This year marked the first full year of implementation of the board's strategic plan and funding guidance as adopted at the end of 2014, including priority investments made through 215 contracts with 128 agencies (see pages 29-31 for list of contracted service providers and map of service sites) in the areas of:

- Parenting
- Early Childhood Development
- Youth Development
- Health & Wellness
- Family & Neighborhood Supports
- Community Awareness & Advocacy
- Program & Professional Development

The main content of this document (pages 6-27) highlights our investments over the past year, including a description, rationale for investing and program results for each initiative. No organization that aims at the sort of results we do can succeed on its own (see our Headline Community Results on pages 5 and 30-32). Partnerships and collaborations are critical. No single strategy or program can be responsible for improving community-level indicators. Rather, the combined efforts of other funders, public and private children's agencies, faith-based communities, families, community stakeholders and residents are needed to effect community change. We fully understand this and work hard to collaborate with other funders and policymakers.

Spending over the past year has been in line with the board's priorities and the approved 2015-16 budget (see page 28), and thanks to additional revenues and the ongoing plan to draw down from the fund balance, we were able to invest in a number of new initiatives in the past year, including for example, a \$750,000 investment in summer youth internships in partnership with Miami-Dade County and the Miami-Dade County Public Schools, leveraging an additional \$1.7 million and providing paid work experience for more than 1,400 teens.

The Trust will continue to fund an expansive and high quality portfolio of prevention and early intervention programs for all children, and especially for those at greater risk due to family and community conditions. In the past year, through increased funding requirements in the new funding cycle, we have expanded our commitment, both in number and quality, to the full participation of children with special needs in all programs we fund. Over the past year, we have begun to learn more from and about the community by learning and partnering directly with residents through our community engagement team.

The Children's Trust Budget and Millage Rate for FY 2016-17

In the 2016-17 year, our proposed budget will expand as a consequence of an 8.97 percent increase in revenue, as well as because the board, following the recommendation of its finance and operations committee, has continued to authorize increased expenditures from The Trust's fund balance over the next two years. This is aligned with The Trust's intention to reduce its fund balance to more closely align with the best practice recommended by the Government Finance Officers' Association, which is to maintain two months' worth of expenditures as a fund balance. These increases will enable us to invest further in nearly all the priority areas within our strategic plan.

Last year we focused intently on decreasing The Trust's management expenses by more than \$470,000, despite increases in the Florida Retirement System and insurance costs, as well as budgeting for a two (2) percent staff merit increase, based primarily on a decrease in budgeted positions. For the first time in six years, The Trust's management expenses are only 8.4 percent of the total budget, leaving 87 percent dedicated to funding supports for children and families.

The Children's Trust reduced its management expenses to 8.4%, ensuring 87% of the annual budget is dedicated to programs for children and families.



The Trust is proud to offer this upcoming year's 2017 budget to our community, with total expenditures of approximately \$128.0 million and total ad valorem tax revenues of approximately \$120.3 million, which represent an increase of 7.6 percent and 8.9 percent when compared to the prior year, respectively. This increase includes approximately \$7.5 million, per year, to provide additional services to children.

Following the programmatic updates below, a detailed budget is presented for continuing activities, services and programs offered by The Children's Trust (see page 28). The board has maintained 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 in response to great community needs. The median taxable value for residential property with a \$50,000 homestead exemption for 2017 is associated with a related tax of \$41.06 versus \$38.84 in 2016, for an increase of \$2.22.

The Children's Trust 2016 Management Letter and Audited Financial Report will be submitted to the Board of County Commissioners upon completion, by April 2017.



Strategic Plan Priority Investments

Parenting (pp. 6-7)

- Group parenting & advocacy
- Home visitation & individual parenting

Early Childhood Development (pp. 8-10)

- Quality Counts child care quality improvement
- Early care & education slots
- Developmental screening, assessment & early intervention

Youth Development (pp. 11-13)

- After-school programs
- Summer camps & reading enhancements
- Youth enrichment, employment & supports

Health & Wellness (pp. 14-15)

- Comprehensive school-based health
- Other health programs: insurance enrollment, injury prevention education, food & nutrition

Family & Neighborhood Supports (pp. 16-18)

- Place-based service partnerships
- Countywide partnerships
- 211 Helpline

Community Awareness & Advocacy* (pp. 19-23)

- Promote public policy, advocacy & legislative agendas
- Public awareness & program promotion
- Promote citizen engagement & leadership
- Cross-funder collaboration of goals, strategies & resources

Program & Professional Development* (pp. 24-26)

- Supports for quality program implementation & fiscal/administrative functions
- Program evaluation & community research
- Innovation fund to pilot new strategies, methods, instruments & partnerships

Services for Special Populations* (p. 27)

Budget for The Children's Trust (p. 28)

Contracted Service Providers (pp. 29-30)

Map of Funded Service Sites (p. 31)

Headline Community Results Snapshot (pp. 32-34)

End Notes (pp. 35-37)

Headline Community Results Association with Investments

Family & Community Supports

| | | | | | |
|--|---|---|---|---|---|
| Children attend quality child care | | ● | | | |
| Children regularly access medical, dental & behavioral health care | | ● | ● | ● | |
| Children are supported by nurturing & involved parents | ● | ● | | | ● |

Child Well-Being

| | | | | | |
|---|---|---|---|---|---|
| Children are ready for kindergarten | ● | ● | | | |
| Students are succeeding academically | ● | | ● | ● | ● |
| Children meet recommended levels of physical activity | | | ● | ● | |
| Children behave appropriately in schools, homes & communities | ● | ● | ● | ● | ● |
| Youth successfully transition to adulthood | | | ● | | ● |

* * * Priority investments in the last three sections support all headline community results.

PARENTING

NUMBERS AT A GLANCE

\$5.1 million
in 2015-16 budget

127 sites
17 programs implementing 11 EBPs

2,909 families served

5,444 children supported

30% of families have children with disabilities

56% of families live in a high-poverty neighborhood

Group Parenting & Advocacy

Programs offer parents of children birth to 18 the opportunity to connect with and support each other, as they learn and practice new parenting skills through structured parent and parent-child activities. Session content includes strategies for effective communication, age-appropriate child development, behavior management, child safety and injury prevention.



Advocacy programs emphasize parent leadership development and civic involvement, allowing parents to become more engaged in child-serving systems and to advocate for their own child's success as well as for improved family-centered services.

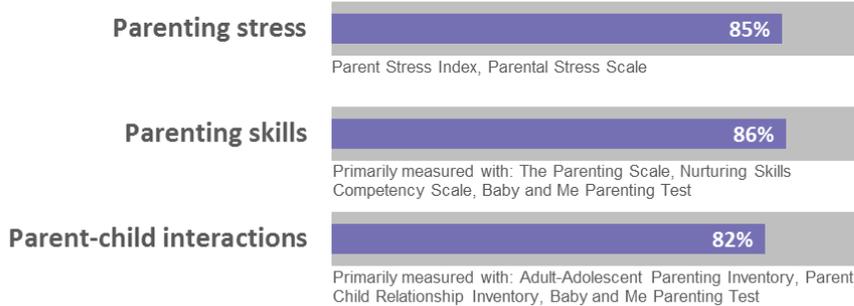
Why invest?

- All parents have questions and concerns about their children, but not everyone has trusted places for answers and support. Research shows high quality information for parents can make a difference for all families.¹
- Programs have documented a 3:1 return on investment, with a higher ratio of almost 6:1 for high-risk parents. Children of parents who participated in high quality, more intensive programs were as much as 22 percent less likely to later commit a crime.²

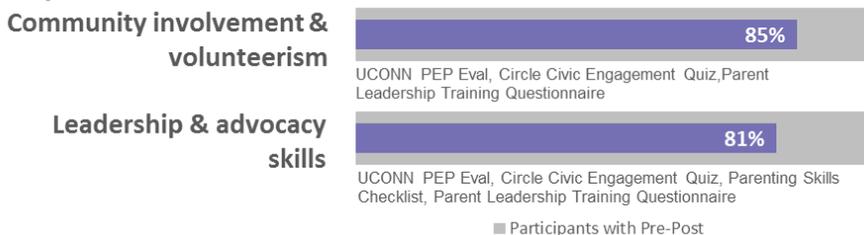
Initiative results:

Programs generally offer about 10 group sessions over a period of three to six months, with some programs offering individual sessions on an as-needed basis. On average this year, families attended nine sessions.

Families attending group parenting programs showed improvement on:



Participants attending advocacy programs showed improvement on:



PARENTING

Home Visitation & Individual Parenting

\$5.4 million
in 2015-16 budget

14
programs implementing 8 EBPs

1,750
families served

3,083
children supported

22%
of families have children with disabilities

55%
of families live in a high-poverty neighborhood

Evidence-based programs (EBPs) – implemented in homes, pediatric offices and other therapeutic settings – offer education and skills-building opportunities for parents of children ages birth to 5 years, with select programs serving parents with older children.

Programs focus on child health, development and school readiness through encouraging nurturing parent-child relationships and safe homes. Some programs serve the needs of specific at-risk subgroups and provide further individualized supports.

Additionally, through the use of developmental screenings, parents gain understanding of developmental milestones and are connected to additional resources and further assessment if risks are identified.



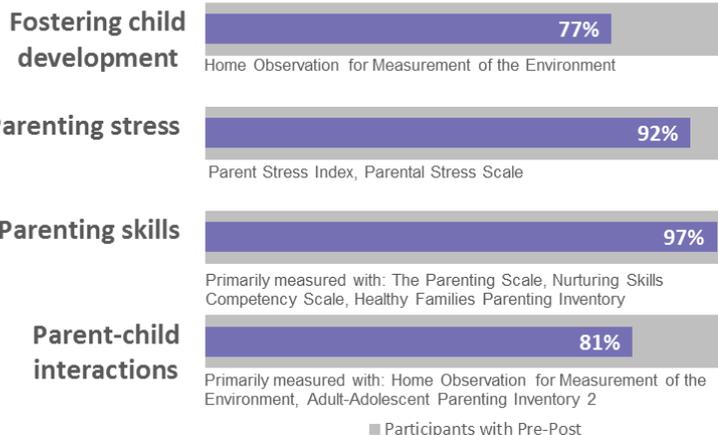
Why invest?

- Home visiting programs for high-risk or low-income families are especially effective. Well-established and -researched programs have been found to have a net benefit (to child and society) valued at \$21,000 per child served. Overall, home visiting programs for at-risk families offer an estimated 5-7 percent rate of return on investment.³
- Nurturing families are key to ensuring children are safe and thriving, yet more than 4,000 children were in the child welfare/dependency court system in 2014, primarily due to abandonment, abuse or neglect by parents/primary caregivers.⁴ The immediate and long-term annual cost of child abuse and neglect is estimated at \$64,000 per maltreated child⁵ or a lifetime cost of \$210,012 per maltreated child.⁶

Initiative results:

Families receive six months to five years of home visiting and individual services, with visit frequency – ranging from twice per week to once every other month – based on level of need and risk. On average this year, families received 13 visits.

Families showed improvement on:



EARLY CHILDHOOD DEVELOPMENT

NUMBERS AT A GLANCE

\$9.6 million
in 2015-16 budget

420
programs participating

1,433
hours of quality improvement supports provided

28,000
children supported

222
children received short-term behavioral intervention

45%
of programs located in a high-poverty neighborhood

Quality Counts Child Care Quality Improvement

Quality Counts is a communitywide initiative to improve the quality of Miami-Dade County's early care and education programs and professionalize the child care workforce. This voluntary quality rating and improvement system is based on nationally-recognized standards of quality and offers technical assistance and financial supports for programs, as well as ongoing, intentional professional development, career advising, scholarships and wage supplements to reduce teacher turnover. It also supports a community of practice model for directors and teachers.



Short-term behavioral interventions and consultation with parents and caregivers are also provided for identified children whose behavior requires additional supports.

Why invest?

- 1 in 3 young children in Miami-Dade arrive at kindergarten not ready to succeed in school.⁷
- High-quality early care and education programs combining evidence-based curricula with trained, qualified teachers and coaching supports produce positive effects across multiple school readiness domains, such as social-emotional, academic and health outcomes, well into adulthood.^{8, 9, 10, 11}
- Quality programs can yield a \$7 to \$17 return for every dollar invested in reduced costs to a myriad of social systems.^{12, 13, 14} Return on investment estimates for universal prekindergarten programs range from \$3 to \$5 for every dollar invested.¹⁵

Initiative results:



Since the inception of Quality Counts:

- 82 percent of teaching staff without a Florida Staff Credential now have one.
- 28 percent of directors without an Advanced Director Credential have attained one.
- Turnover amongst practitioners with wage supplements is 7 percent (vs. 20 percent for all Quality Counts programs and 30 percent industrywide).
- 64 percent of programs are Gold Seal Quality Care accredited.

Children receiving short-term behavioral intervention showed improvement on:



NUMBERS AT A GLANCE

\$2.5 million
in 2015-16 budget

2,502
children served through 1,430 contracted slots

47%
of programs are located in a high-poverty neighborhood

\$1.5 million
in 2015-16 budget

11
sites funded through six contracts in Summer 2016

523
children served for an average of 28 days of camp

56%
of children live in a high-poverty neighborhood

EARLY CHILDHOOD DEVELOPMENT

Early Care & Education Slots

Child Care Slots Match

The Trust leverages federal and state funding through match grants to community partners, including Early Head Start programs and the Child Care Executive Partnership fund that helps low-to-moderate wage-earning families and farmworkers with child care costs. All slots focus on children whose parents are economically disadvantaged, with priority for children with disabilities and those deemed at risk for neglect or abuse.



Why invest?

- 1 in 3 parents of young children in Miami-Dade report difficulty finding affordable, high-quality early care and education, a task even more difficult for low-income and single parents.¹⁶ Less than half of income-eligible children (birth to 5 below 150 percent of poverty level) have a school-readiness or Head Start/Early Head Start program available to them.
- Funding child care slots increases labor force participation for low-income workers as child care costs can be more expensive than college tuition.¹⁷

Early Intervention Summer Programs

Summer camp programs for young children with disabilities using evidence-based curricula promote school readiness through the development of literacy, numeracy, motor and social-emotional skills. These programs fill a gap in services during the summer months for children who receive school-year early intervention and special education programming. Some programs also offer parenting workshops and parent-child interaction therapy.

Why invest?

- Early intervention for young children at risk for developmental delays is positively associated with outcomes across developmental domains including health, language and communication, cognitive development and social-emotional development.¹⁸
- Positive early experiences for children with developmental delays and disabilities are critical for success in school, the workplace and the community.¹⁹ Families benefit by being able to better meet their children's special needs from an early age and throughout their lives.²⁰
- Benefits in children's development may also reduce the need for special education placements and remedial education, thereby lowering public school expenditures.²¹

Children maintained or showed improvement on:



EARLY CHILDHOOD DEVELOPMENT

NUMBERS AT A GLANCE

\$1.4 million
in 2015-16 budget

723
children with new cases opened that resulted in 417 new referrals

98
children assessed

470
children served for an average of 12 sessions

38%
of children live in a high-poverty neighborhood

Developmental Screening, Assessment & Early Intervention

Investments are focused along a continuum ranging from universal early screening to more thorough assessment and early intervention referrals and services when indicated.

Why invest?

Miami-Dade County has a higher prevalence of children birth to 5 with special needs than the state or nation.²² 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. Early detection of delays and intervention can ameliorate or prevent developmental problems, reduce later grade retention and educational costs, and improve parent-child and family relations.²³



Help Me Grow is a national initiative intended to identify children birth to 8 years who are at risk for developmental or behavioral disabilities, and connect them with community-based programs for health and developmental services.

Half of children screened yield concern:



Autism Spectrum Assessment includes psychoeducational/diagnostic evaluations for children ages 2 to 5 years who present with complex behavior suggestive of a possible autism spectrum disorder. Children are referred by Miami-Dade County Public Schools or Early Steps and receive thorough evaluations by highly specialized and experienced clinicians using gold-standard assessment measures. Upon completion of the evaluation, families receive detailed verbal and written feedback of their child's test results, diagnosis and recommended interventions, as well as connection to needed school and early intervention services.

Early Discovery provides assessment, care coordination and early intervention services to children birth to 5 who do not meet eligibility requirements for the Individuals with Disabilities Education Act, Parts B/C, but nonetheless have mild developmental delays (10-29 percent) and can benefit from intervention. Children are referred from Early Steps and Florida Diagnostic and Learning Resources System (FDLRS) when they do not meet state eligibility. Services include short-term speech/language, occupational, behavioral and/or developmental intervention in the child's home, early care and education program or provider's office.

Children showed improvement on:



■ Participants with Pre-Post

86% of Early Discovery participants currently enrolled in public schools do not need special education services

YOUTH DEVELOPMENT

NUMBERS AT A GLANCE

\$19.7 million
in 2015-16 budget

179
sites across 76 contracts

12,783
children and youth served through 10,951 contracted slots

142
days attended on average

18%
of children and youth served report living with disabilities

62%
of children and youth live in a high-poverty neighborhood

After-School Programs

Programs support and expand the school environment, providing elementary and middle school students with a valuable safety net of care during hours when many parents are working.

These programs stimulate academic, athletic, cultural and social learning in nurturing, supervised environments that implement evidence-based practices in reading/literacy, fitness, homework completion and social skills, as well as provide nutritious food and family involvement activities.



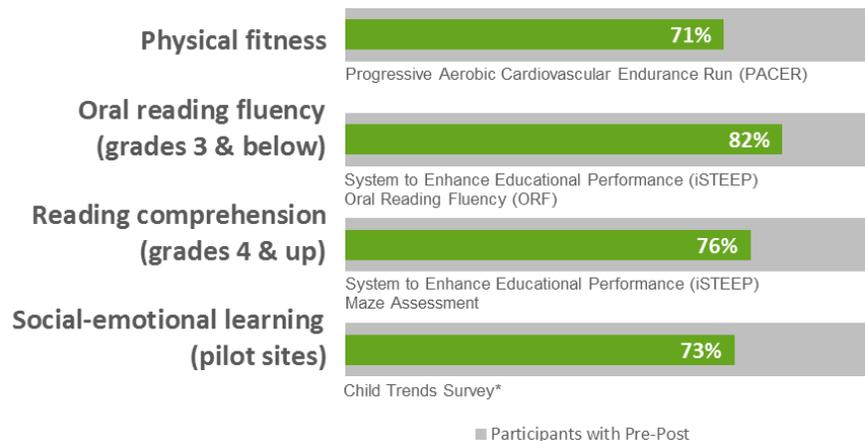
Why invest?

- After-school programs can reduce risk factors associated with high school dropout, such as academic and homework failure, high absenteeism and lack of school bonding. Just one high school dropout costs society \$390,000 to \$580,000.²⁴
- Children and youth in after-school programs can increase annual earned income by \$830 million, increase annual revenues by almost \$76 million, save more than \$12 billion in lifetime health costs and save more than \$63 million annually in crime-related costs.²⁵
- For every dollar invested in quality after-school programs, tax payers save approximately \$3. Additionally, benefits from crime reduction increase the savings from \$8 to \$12.²⁶

Initiative results:

- 87 percent of children and youth remained engaged in programs throughout the 180 day school year, with standard programming that included 30 minutes/day of fitness activities and 2.5 hours/week of reading supports.
- After-school programs assess fitness and literacy skills three times per year to identify children and youth who require additional supports, as well as track outcome achievement.
- For the 2015-16 contract year, the Child Trends Survey*, used to assess social-emotional learning, was piloted with several providers. Moving forward this will be the tool required for all after-school and summer programs.

Children showed improvement on:



YOUTH DEVELOPMENT

NUMBERS AT A GLANCE

\$13.3 million
in 2015-16 budget

153
sites across
84 contracts in
summer 2016

12,319
children and
youth served

33
days attended
on average

816
young struggling
readers received
additional small-
group reading
intervention

21%
of children and
youth served
report living with
disabilities

55%
of children and
youth live in a
high-poverty
neighborhood

Summer Camps & Reading Enhancements

Summer camps engage elementary and middle school children and youth in enriching, structured activities during a time when many students lose about two months of grade-level equivalency in math and reading.

Camps offer literacy, fitness, arts and social learning opportunities, while providing working parents a valuable safety net of care. Young children entering kindergarten, first and second grade identified as struggling readers receive small group reading intervention four days/week from the Summer Reading Explorers program.



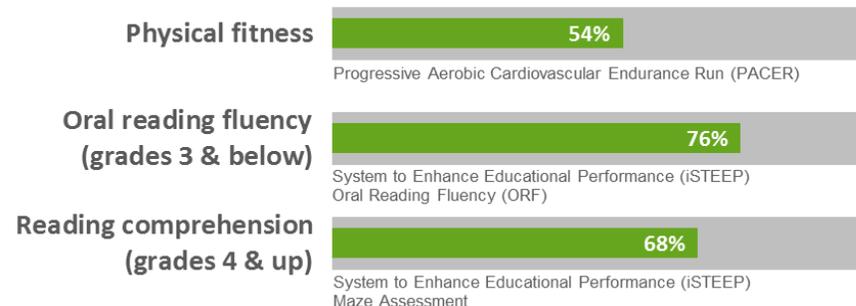
Why invest?

- Summer programs that include academic and other activities have the potential to close the achievement gap and improve academic and social outcomes for children who might not have access to educational, social and cultural resources.²⁷
- Summer learning losses when students are not engaged educationally over the summer typically require teachers to spend the first four to six weeks of a new school year re-teaching forgotten material.²⁸
- Two-thirds of the income-based achievement gap is attributed to summer learning loss by the start of high school.²⁹

Initiative results:

- The 2016 Summer Reading Explorers program assessed more than 1,600 rising kindergarten, first and second graders at 48 camp sites, identifying 816 as struggling readers who then received small group intervention for an average of 19 sessions over the summer:
 - Two-thirds increased reading levels or maintained at instructional level or higher.
 - Children ending the summer at frustrational levels were referred for continued reading intervention supports in school.
- Standard programming included an hour of fitness activities and an hour of reading supports daily for all children, typically over the course of a six-week program (30 days).
- Summer camps assess literacy and fitness skills twice during the summer to identify children and youth who require additional supports, as well as track outcome achievement.

Children & youth showed improvement on:



■ Participants with Pre-Post

YOUTH DEVELOPMENT

NUMBERS AT A GLANCE

\$8.4 million
in 2015-16 budget

62
sites across 29 contracts

2,258
youth served

213,000+
hours of programming received

23%
of youth served report living with disabilities

67%
of youth live in a high-poverty neighborhood

Youth Enrichment Programs

Programs offer disadvantaged middle- and high-school age youth (as well as young adults transitioning from the foster care system or living with disabilities) the ability to expand their horizons; develop important social, emotional, cognitive and physical skills; and explore opportunities that can lead them to develop lifelong interests and success.

Programs provide academic and social/life skills support while focusing on youth employment, arts, STEM, sports and/or service-learning programming.

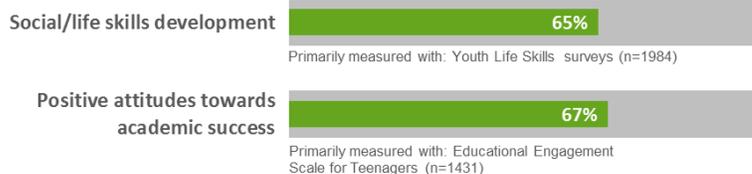


Why invest?

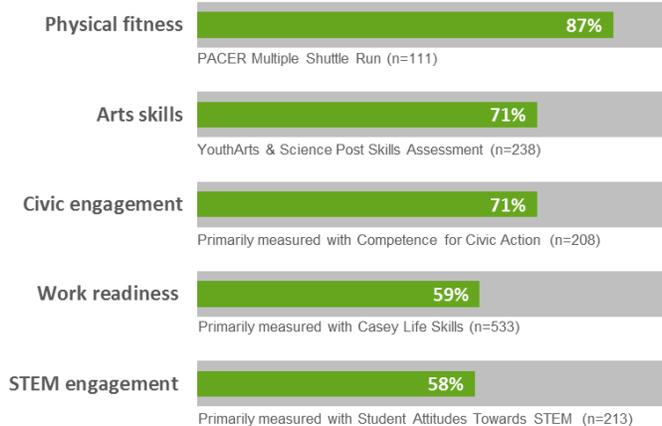
Research suggests that youth participating in enrichment activities³⁰ can: increase academic achievement and attachment to school and learning,³¹ decrease risky behaviors and delinquency,³² improve relationships with others,³³ improve growth in personal and physical development, and increase post-secondary preparation while successfully transitioning to adulthood.

Initiative results:

For the initiative required outcomes, youth showed improvement on:



Based on primary activity focus, youth showed improvement on:



■ Participants with Pre-Post

Partnering for Impact in Arts and Summer Youth Employment

The Trust has partnered with Miami-Dade County Public Schools, Miami-Dade County and its Department of Cultural Affairs to serve additional youth with leveraged funding:

- Our match funding of nearly \$1 million to Cultural Affairs has led to arts programming for more than 94,300 children and youth across the county.
- In 2016, summer youth employment match funding of \$750,000 resulted in 1,463 at-risk youth gaining paid employment – as well as high-school/college credit – opportunities across Miami-Dade County.

HEALTH & WELLNESS

NUMBERS AT A GLANCE

Comprehensive School-Based Health

\$14.1 million
in 2015-16 budget

145
public school sites across six contracts

95,206
unduplicated students served through 230,861 visits

81%
of students returned to class after receiving school health services

52%
of schools are located in high-poverty neighborhoods

This collaborative partnership between The Trust, Miami-Dade County Health Department and Miami-Dade County Public Schools provides nursing and social work services, as well as oral health training, vision screening and a comprehensive school health services reporting system.

The program is designed to improve access to quality health care through delivery of basic services in the school and appropriate referrals for community care.



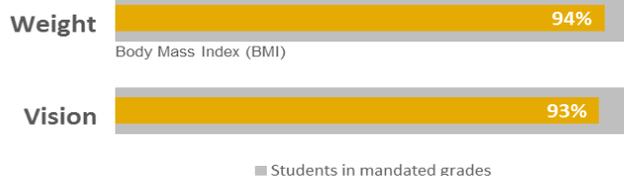
Why invest?

- Schools and students with access to school nurse services benefit in many ways, including: academic achievement (reduced absenteeism and early dismissals, better grades, better education outcomes),^{34,35,36} better health and education outcomes for students with special health needs,³⁷ reduced teacher time spent on student illness or injury,³⁸ early detection of potential vision deficits and appropriate referrals for treatment,³⁹ and reduced inappropriate use of emergency rooms.^{40,41}
- School-based health centers reduced 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, with an estimated Medicaid savings of about \$35 per student per year.⁴²
- More than 51 million school hours are lost each year due to dental-related illness.⁴³ One study found children with poor oral health status were nearly three times more likely than their counterparts to miss school as a result of dental pain, and absences caused by pain were associated with poorer school performance.⁴⁴

Initiative results:

- 16 percent (25,565) of school health visits resulted in a referral – most were to medical providers/primary care physicians (87 percent), with others to guidance counselors, dental care and mental health counseling.
- 196 school health staff were trained to conduct oral health assessments, screen for oral diseases, provide oral health education, apply fluoride varnishes and identify children requiring further assessment, resulting in 5,334 children screened for oral health and 986 children referred for further services.
- 6,686 financially-disadvantaged children received comprehensive eye exams, resulting in 4,089 receiving corrective eyeglasses.
- 38,096 students were screened for weight, and 9,089 children/youth were referred for further services.

Students screened for:



HEALTH & WELLNESS

Other Programs



\$1.8 million
in 2015-16 budget

The Trust funds other programs that support comprehensive health and wellness services for children and families through community partners. These programs work directly with families while also supporting service providers funded within other investment areas.

5,756
children enrolled in health insurance

Insurance Enrollment programs assist vulnerable and hard-to-reach families apply for public health insurance for their children. The initiative embeds culturally competent health navigators in local clinics to overcome barriers to care. Participants also receive assistance with applications for other benefits such as food stamps and temporary cash assistance.

3,882
adults approved for health insurance or other public benefits

Why invest?

- Health insurance increases access to preventive services, prescription benefits, and mental health and other services, impacting continuity of care.⁴⁵ Coverage improves access to care for children and youth with disabilities by ensuring a primary care provider, reducing unmet medical and oral health needs, and allowing access to specialty and ancillary services.⁴⁶
- About 48,000 Miami-Dade County children and youth under 18 lack health insurance coverage due to barriers such as unawareness, limited family literacy and English proficiency, differing family immigration statuses, excessive paperwork and other procedural hurdles.⁴⁷

1,031
individuals trained through 189 sessions on passenger, home, water & playground safety

Injury Prevention Education and resources for Trust-funded providers on motor vehicle, home and water safety, as well as a four-day car passenger safety certification course.

Why invest?

- In the U.S., childhood unintentional injuries are the leading cause of death among children ages 1 to 19, representing about 43 percent of all deaths. Each year, nearly 9.2 million children and youth are seen in emergency rooms for injuries – and 12,175 of them die.⁴⁸
- Injury treatment is the leading medical expense for children and youth. Unintentional injuries in the U.S. have an estimated cost of nearly \$300 billion per year.⁴⁹ In Miami-Dade County, drowning is the leading cause of death among children ages 1 to 5 years.⁵⁰

325
after-school staff and parents trained on healthy eating

Food & Nutrition are important for growth and development during childhood and adolescence. All after-school and summer programs provide nutritious snacks that meet the U.S. Department of Agriculture requirements. This program provides snacks and supper, including monitoring, food acquisition and distribution, meal planning and facilitation of applications to Florida Department of Health (DOH) for federally subsidized food. The annual investment of approximately \$900,000 leverages an additional \$531,000 in federal funding.

702,886
snacks distributed to 86 sites

Why invest?

Children whose basic nutritional and fitness needs are met attain higher levels of academic achievement.⁵¹

121,493
suppers distributed to 29 sites

Initiative results:

Sites approved for DOH funding:





FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$5.5 million
in 2015-16 budget

80
sites across 16 contracts

23
geographic areas served

4,289
participants, representing 2,673 families served

25%
of children/youth with disabilities served

80%
of participants live in a high-poverty neighborhood

Placed-Based Service Partnerships

Comprehensive programs are designed to address challenges associated with concentrated poverty at the neighborhood level, such as low educational achievement, high rates of youth violence and other harmful conditions that threaten individual and community health. Individualized, needs-based wraparound services are designed to stabilize the environments of high-risk children and their families.

Cross-sector collaborations are also established to assist families and communities in becoming more engaged, connected and resilient.



Why invest?

- Children growing up in high-poverty neighborhoods are much less likely to have access to high-quality schools, other public services and safe places to play that can help them thrive. Relatedly, they are more likely to have poor physical and mental health, cognitive delays, risky sexual behavior and delinquency.⁵²
- Children who reside in disadvantaged neighborhoods for sustained periods of time are less likely to achieve important adult milestones, such as graduating from high school and enrolling in and completing college.⁵³ Just one high school dropout costs society \$390,000 to \$580,000.⁵⁴

Initiative results:

- Geographic areas served: Allapattah, Brownsville, Coconut Grove, Cutler Bay, Flagami, Florida City, Goulds, Hialeah, Homestead, Leisure City, Liberty City, Little Haiti, Little Havana, Miami Beach, Miami Gardens, Naranja, North Miami, North Miami Beach, Opa-Locka, Overtown, South Perrine, Richmond Heights and West Little River.
- Families receive an average of six months of care coordination services that include engagement in family team meetings and communitywide events.

Families & children receiving care coordination:

Decreased parenting stress



Reduced child problem behavior



Passed school core courses



■ Participants with Pre-Post



FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$2.5 million
in 2015-16 budget

1,536
participants, representing 1,061 families served

63%
of participants live in a high-poverty neighborhood

Countywide Partnerships

Countywide partnerships aim to provide critical supports for children, youth and families facing specific challenging life experiences.

Programs focus on providing behavioral health interventions and parent education and support services for children exposed to intensive family conflict and domestic violence; strengthening parent-child relationships for children of incarcerated parents; increasing cultural competency and support for at-risk gay, lesbian, bisexual, transgender or questioning youth (GLBTQ); preparing foster youth involved in the child welfare system for successful transition into adulthood; and improving legal education and representation for undocumented children living alone in the United States.



Why invest?

Children Exposed to Family Conflict & Domestic Violence exhibit a host of behavioral and emotional problems. For most children, a strong relationship with a parent is a key factor in helping a child heal from the effects of domestic violence.⁵⁵

Children of Incarcerated Parents lack the opportunity to form or develop a strong parent-child bond. The trauma of being separated from a parent, along with a lack of sympathy or support from others, can increase children's mental health issues, such as depression and anxiety, and hamper educational achievement.⁵⁶

Gay, Lesbian, Bisexual, Transgender, Questioning (GLBTQ) Youth whose parents are supportive have better overall mental health and self-esteem, and are less likely to experience depression, use illegal drugs, or contemplate or attempt suicide.⁵⁷

Youth Involved in the Child Welfare System generally face life "on their own" and often confront the harsh realities of life as an adult without family relationships and resources to support them. Foster youth must be aware of their rights to successfully transition into adulthood.⁵⁸

Unaccompanied, Immigrant Minors have no legal rights and are not provided with legal representation unless voluntarily provided by social service agencies. Without legal representation, unaccompanied minors can spend months to years in detention, face a judge alone or be unjustly deported.⁵⁹

Initiative results:

Caregiver reduced risk associated with child abuse or neglect:

86%

Adult Adolescent Parenting Inventory (AAPI-2)

Children increased sense of attachment to incarcerated caregiver:

91%

Justice and Security Strategies Bonding Scale Matrix

Youth improved proactive coping skills:

83%

Proactive Coping Inventory

Youth increased knowledge of their legal rights:

94%

LFCA Youth Training Survey

Youth increased knowledge of their dependency legal rights:

97%

Dependency Rights Survey

■ Participants with Pre-Post



FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$1.3 million
in 2015-16 budget

46,300
callers assisted with 55,000 needs

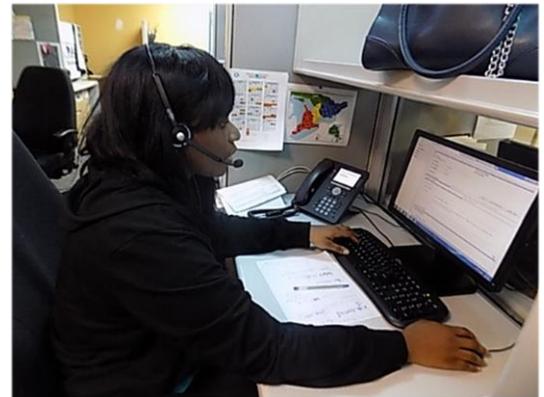
18,500
individuals making 47,000 total searches for services

4,000 resources &
9,400 services provided by
1,200 agencies listed in the online HELP Pages

55%
of callers live in a high-poverty ZIP code

211 Helpline

Miami-Dade County's 211 Helpline, fully funded by The Children's Trust, connects children and families to needed services by providing an efficient source of information and referrals for available health and human services programs. The Helpline is trilingual, available 24 hours a day, every day of the year and also offers crisis counseling. Trained counselors use a continuously updated resource directory, known as the online HELP Pages, to provide information and referrals. The HELP Pages information is also searchable by web-based users.



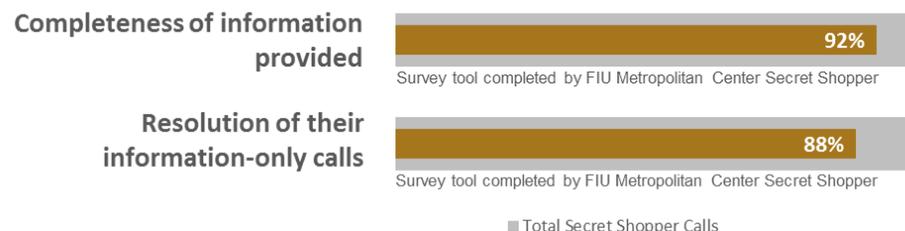
Why invest?

- The ability to link individuals in need to available information, resources and social services is the first step to providing access to services, and plays a crucial role during emergencies and natural disasters.
- A 2009 cost-benefit study identified a total social value associated with 211 services at 2.6 times their operational costs.⁶⁰

Initiative results:



211 Helpline callers satisfied with:





COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$0.2 million
in 2015-16
budget

Promote Public Policy, Advocacy & Legislative Agendas

The Trust plays a leading role in advocacy on behalf of Miami-Dade children, and continues to build a statewide coalition through legislative leadership with a number of statewide organizations and coalitions such as the Florida Children's Council, First 1,000 Days Coalition, Early Childhood Consortium, Florida Juvenile Justice Association, Florida Covering Kids and Families, United Way and The Florida Children's Movement.



The Trust also continues its legislative leadership and advocacy efforts at the local level with partners such as United Way of Miami-Dade County and the Early Learning Coalition of Miami-Dade/Monroe to continue the Miami-Dade Advocacy Institute (MDAI), which provides advocacy trainings to child care providers, parents and advocates. Additionally, The Trust produces the weekly newsletter *Capitol Connection* during the legislative session to keep the community informed about legislative progress and actions to take on behalf of children.

Why invest?

- Miami-Dade has great disparities, poverty and challenges in some communities. Laws and public policies that improve the lives of our children are greatly needed. In order to effectuate passage of these laws at the state, local and federal levels, it is necessary to advocate for child and family issues and to sensitize legislators to the needs of our community.

Initiative results:

This past session, the public policy team worked to secure funds and the passage of several bills for children in the areas of early learning and care, health, safety, child welfare and juvenile justice, including:

- A landmark KidCare bill for lawfully-residing immigrant children, making Florida the 31st state to undo the five-year ban for this population and cover an estimated 17,000 eligible, uninsured children from low-income families
- A bill expanding the Early Steps program for infants and toddlers with developmental delays
- A bill to expunge the records of juveniles for nonviolent/non-serious offenses so they can further their education and gain employment
- Along with Miami-Dade County Public Schools, supported the passage of the Value Adjustment Bill (VAB) bill that will provide greater budget certainty and additional local revenue
- The appropriation of increased funding for Early Learning, Healthy Start for prenatal care, Healthy Families to prevent child abuse and neglect, and other areas of the children's budget
- The defeat of harmful legislation, including language eliminating booster seat requirements for child care providers and an after-school bill that would weaken child care standards
- To raise awareness of the importance of early child development, the public policy team was part of a statewide group that convened a partners' roundtable, held a conference attended by 700 people and developed a website as part of the First 1,000 Days Coalition.



COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$3.0 million
in 2015-16 budget

820,000
Trust website views

5,139
average monthly searches in the Trust program directory

15,000
children, youth and families attended The Trust Family Expo

Public Awareness & Program Promotion

Communication and outreach efforts foster awareness, understanding and support for our many programs and services, all geared toward building stronger families and helping children reach their fullest potential. Through a focused, strategic approach, we utilize a full array of modern media in the three principle languages of our community – English, Spanish and Haitian Creole.



Efforts include the execution of signature events and sponsorships (Champions for Children, Family Expo and the Young Talent Big Dreams talent competition); grassroots community outreach; public awareness campaigns that utilize tools such as broadcast, digital and print advertising; a mobile app; media appearances; our own televised talk shows; printed resource materials; and print and e-newsletters. Our websites demonstrate substantially increased traffic, our email marketing list grows weekly, and The Trust has now established a presence and following on five social media networks – Facebook, Twitter, LinkedIn, Google+ and Instagram. These many vehicles help to advance The Trust's position as a recognized leader in planning, advocating for and funding quality services that improve the lives of children and families.

Initiative results:

- The new Children's Trust mobile app was downloaded by 5,111 users, supporting the findings in our 2016 survey which indicated that 54 percent of low-income blacks and Hispanics use apps on their cell phones.
- More than 25,000 copies of our monthly parenting newsletter, *Parenting Our Children* – published in English, Spanish and Haitian Creole – are printed and distributed each month; the e-version reaches roughly 20,000 subscribers in Spanish and more than 10,000 subscribers in English.
- Approximately 13,000 viewers on average tune in for each *Our Children* television show episode, broadcast five times a year on WSVN 7.
- The Children's Trust Facebook page closed the fiscal year with 7,966 page likes, a 25 percent increase over the previous 12 months. Our Facebook posts reached more than 1 million people; 728,494 organically and 281,514 paid (boosted), resulting in an average daily reach of nearly 3,000 people. Total spending on boosted posts saw a 58 percent decrease, while overall post reach experienced a nearly 4 percent increase.
- Each month, the Heart Gallery website registers 8,757 page views on average, for a total of 105,093 over the past 12 months. Since its launch in 2008, nearly 300 children have been featured; approximately half have been adopted or are in the process of being adopted.
- Membership in the Read to Learn Book Club is managed on The Children's Trust website. Strategic advertising, as well as grassroots community outreach, has resulted in a total of 18,434 members since the program was launched five years ago.

COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$1.7 million
in 2015-16 budget

98
sites across three contracts

18,434
members in Read to Learn Book Club

148,791
books distributed

207
public schools have participated

20,656
kindergartners with EDIs collected

Promote Citizen Engagement & Leadership

We aim to identify and strengthen community assets through citizen capacity building, neighborhood-based resident input through population data collection and analysis, and technical assistance to encourage creative strategies for addressing chronic community issues and improving child and family conditions.

Citizen capacity building may take the form of improving social networks, enhancing cooperative efforts and material resources, and facilitating discussion regarding educational and environmental outcomes. Empowered community residents, working in tandem with governments and organizations, are uniquely suited to generate solutions that align with their particular circumstances, culture and capacities.



Read to Learn increases citizen engagement around grade-level reading.

- Reach Out and Read is a national evidence-based model supporting medical providers in promoting early literacy and school readiness by giving new books to children and advice to parents about the importance of reading with their child.
- The Read to Learn Book Club distributes free books countywide in English, Spanish or Haitian Creole to approximately 3,143 3-year-old children each month, until they reach their fourth birthday. Age-appropriate books are accompanied with instructions for parents/caregivers on how to maximize learning with each book. The program also offers workshops to 100 families of 4-year-old children to support their emergent literacy.
- Miami Dade College implements the Read to Learn Books for Free program, an initiative designed to ensure that children and youth living in disadvantaged communities have access to books by maintaining 40 strategically placed public book shelves throughout the county where children can take home free books. Reading aloud activities occur at selected sites modeling to parents/caregivers early literacy development practices.

Early Development Instrument

Over the past four 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) which encourages collective responsibility for all children in the community to effect change in child outcomes.

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). Results are mapped to illustrate the children's developmental status in a specific geographic area and how this overlaps 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 and youth.

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.



COMMUNITY AWARENESS & ADVOCACY

Promote Citizen Engagement & Leadership

Community engagement is a catalyst to release and support the capacity for communities to find their own solutions to problems. Launched in fall 2015, our community engagement team was created with the understanding that no amount of funding will suffice if residents themselves do not participate in the effort, through decision-making and consultation, to improve the well-being of children and families. Team members work across the county – listening, connecting and engaging – supporting participatory decision-making and helping to reveal and mobilize community assets, strengths and resources.



One primary effort focuses on People Acting to Revitalize Community Space (PARCS), employing a collective impact model where community groups lead the way supported by a backbone organization that convenes and coordinates partners. Parks serve as the hub of any vibrant community and provide a means to advance the developmental foundations outlined in our strategic plan. With community support and working strategically, the team has identified parks in certain geographic areas and is working to revitalize underutilized community space. Additionally, team members regularly attend a range of meetings – municipal, community and organizational – where they serve as ambassadors for The Trust to listen and lend support in a multitude of ways, including leveraging resources from other partners. Trust presence at these meetings and events also helps build trust and support community goodwill.

Why invest?

The Trust is but one member of a larger community of supportive organizations and efforts, and, as such, must work alongside residents and other community members to provide the essential foundations to enable children to achieve their potential. By listening to, connecting with and engaging stakeholders to cooperate and coordinate, the community engagement team advances The Trust's mission and vision.

Initiative results:

Trust-building, community empowerment and collaboration are by nature more challenging to quantify than other components of The Trust's operation. That said, since its official launch, the community engagement team has made significant inroads and progress in these endeavors, including:

- At Riverside Park in East Little Havana, helped convene a series of ongoing work group meetings that have resulted in community and government action to provide new lighting, renovation of equipment and facilities, provision of fitness activities and facilitated funding support by partners. A particularly exciting development on this project is winning a public spaces challenge grant from the Miami Foundation, which will provide funding for four large-scale water-based events inclusive of a Snow Day.
- At Kiwanis Park in North Miami, empowered work groups to stage community events and connect with partners such as Florida International University and Kiwanis International toward providing parenting, early childhood development and quality after-school care and coaching, ultimately converting the park into a community hub.
- Similar community action spurred at Southridge Park in South Dade and underway at two parks in Liberty City.
- Convened meetings with representatives from local universities, faith-based organizations, civic and social institutions, businesses, entrepreneurs and residents, many establishing a first-time contact with The Trust.
- Expanded the Trust's Youth Advisory Committee (YAC) from one to three geographic areas, increasing access to more leadership development opportunities for youth in the North, Central and South regions of the county.



COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$3.7 million

in 2015-16 total budget for cross-strategy and cross-funder collaborations

\$24.1 million

in total leveraged funds

\$6.50

return on each Trust dollar invested

10

contracts

16+

collaborators

99,200

participants

Cross-Funder Collaboration of Goals, Strategies & Resources

Cross-funder collaboration takes the form of multiple funders acting as one to align purposes and interests, pool resources and knowledge, and fund organizations that address complex issues, resulting in more than can be accomplished alone. Collaboration also offers local match dollars to bring outside funding to Miami-Dade County.



Why invest?

Collaborating with other funders and providing match funding permits The Trust to: learn from other funders' experiences and make more effective investments; scale efforts to more efficiently use resources and provide greater community impact; strengthen and grow Miami-Dade's network regionally and nationally to attract external funds; and share responsibility for providing capacity building and technical assistance to local child-serving organizations.

Projects funded and results:

Three contracts are directly funded through this area; another seven contracts requiring match dollars are funded in other investment areas. Together the 10 contracts are yielding a 650 percent annual return on The Trust's total investment of \$3.7 million. Additionally, The Trust received a \$50,000 grant from Target to support after-school programs' fitness activities.

In this investment area The Trust supports:

- **Miami Children's Initiative (MCI)**, a large-scale social change effort in Liberty City with a cradle-to-career strategy to provide wraparound supports to children and families with the intent to break the cycle of poverty. The Trust's \$235,000 investment leveraged \$750,000 from other funders for a 319 percent return. There were over 400 participants in MCI's early childhood, after-school, summer and youth programs. School-age youth showed significant reductions in school absences and improvement in average academic grades.
- **Catalyst Miami's Public Allies** program, a leadership training program for youth and young adults interested in guiding positive community change, combines a \$100,000 Trust investment with AmeriCorps and multiple local nonprofits investing \$377,000 to provide 16 young adults with apprenticeships and leadership skills, yielding a 377 percent return.
- **Community-Based Care Alliance**, which guides the provision of Miami-Dade County's child welfare services with the Florida Department of Children and Families, is supported with a \$55,000 investment from The Trust.

The seven contracts funded within other investment areas include:

- Youth Development: \$750,000 towards **summer youth internships** in collaboration with Miami-Dade County and Miami-Dade County Public Schools (leveraging \$1,875,000), and \$995,000 towards **cultural arts programming** with Miami-Dade County Cultural Affairs (leveraging \$5.2 million in county and grantee match funding).
- Early Childhood Development: \$50,000 for **VPK reading tutors** with Miami-Dade County Public Schools, Miami-Dade County Head Start and Early Learning Coalition (leveraging \$588,000), and \$1,530,000 for **child care slots** for Early Head Start infants and toddlers, and preschool children with Early Learning Coalition, United Way and Redlands Christian Migrant Association (leveraging \$15,300,000).

PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$3.8 million
in 2015-16 budget

614
training sessions attended by
4,647
agency staff last year

74
agencies received
751
on-site coaching sessions

Supports for Quality Program Implementation & Fiscal/Administrative Functions

This investment enhances staff knowledge and skills to strengthen providers' abilities to effectively deliver services and manage operations. Services include training, coaching, networking and access to resources.



The aim is to support agencies to:

- Deliver evidence-based services with fidelity
- Practice strong administrative and fiscal management
- Engage in continuous learning and quality improvement
- Ensure financial sustainability and diverse revenues
- Advance parent and community engagement and resident advocacy

Why invest?

- The National Implementation Research Network notes factors such as staff competencies and organizational supports as critical to sustaining implementation of high quality programs.^{61,62}
- Staff benefit from individualized coaching when learning new skills or based on identified needs. This includes the opportunity for supportive, direct observation of staff service delivery, with real-time feedback, modeling and opportunity to practice skills.⁶³ This level of support improves implementation and increases job satisfaction.^{64, 65}
- Foundations and public agencies provide capacity building for funded providers as a means to improve contract performance, meet accountability requirements, efficiently use resources and contribute to public policy goals.^{66, 67, 68}

Initiative results:

Universal Supports:

- Evidence-based program training supports
- Inclusion of children/youth with disabilities
- Injury prevention education and resources
- Nutrition education for programs offering participant snacks/suppers
- Annual school health conference
- Access to and trainings on a national funder database through the Foundation Center
- Trust trainings around finance reporting, program implementation, grant writing, etc.

Targeted Supports:

- Peer mentoring pilot for fiscal and programmatic capacity building
- Accelerated Growth Nonprofit Forum, leadership development for executives of high-performing agencies
- On-site coaching around program delivery, inclusion of children/youth with disabilities, fiscal and contract management
- Funding and individualized supports for mall community-based organizations (CBOs)

Participants demonstrated knowledge or awareness on:



■ Participants with Pre-Post



PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$1.0 million
in 2015-16
budget

Program Evaluation & Community Research

The Trust leads on ensuring the availability of key data and information to inform policy decisions in support of children and families in Miami-Dade. As required by statute, research and evaluation take place at multiple levels – from county and subcounty community research to cross-site initiative-level program evaluation and individual contract-level performance monitoring and review.

There is an emphasis on applying lessons from the field to incorporate best practices in Trust-funded programming, as well as on evaluating and continuously learning from our efforts and disseminating that learning across the community.



Why invest?

- Knowing and understanding factors related to children’s well-being across Miami-Dade County’s distinct neighborhoods, from their strengths and assets to their disadvantages and needs, requires community research.
- Program evaluation helps us understand and strengthen initiative effectiveness, as well as improve performance. Evaluation is a powerful tool to inform how to optimize scarce resources for maximum impact.
- As a steward of public dollars, it is critical to ensure effective accountability processes and tools for monitoring contract performance, with an emphasis on continuous learning and improvement and connection to needed capacity development supports. The Trust’s success depends on the success of funded providers.

Current projects

- Sharing data and coordinating services to families in response to prolonged firearms violence in Miami-Dade County neighborhoods through ***Together for Children, a research-based coalition to address root causes of violence affecting our youth*** involving governmental organizations, educational institutions, law enforcement, the justice system and funding entities that are collectively leveraging resources to carry out intervention strategies that will be developed and implemented with members of the neighborhoods most impacted by youth violence.
- Assessing the **educational impact of Trust-funded programs** (attendance, behavior, academic achievement) to ensure alignment and efficiency of these services in coordination with M-DCPS.
- Creating an **integrated data system on early childhood education and transition to kindergarten** to inform school readiness practice and policies, through an Institute of Education Sciences researcher-practitioner partnership with University of Miami, M-DCPS, Early Learning Coalition and Miami-Dade County Head Start.
- Comparing and **piloting measurement tools with service providers** to identify those most appropriate for use.
- Developing a **comprehensive data strategy** to increase data quality, reduce data redundancy and create a more efficient reporting and analytics environment that provides timely access to relevant, consistent and accurate information. This includes updating the SAMIS provider data reporting system interface to improve usability.

Additionally, research and evaluation staff:

- Offer training and technical assistance on collection and use of performance measures for internal staff, service providers and the larger community.
- Provide assistance to community groups gathering and interpreting local neighborhood data.
- Present at local, state and national conferences.
- Manage the [KidStats & Maps website](#), a source of neighborhood-level data for Miami-Dade County.



PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$1.0 million
in 2015-16
budget

6 projects
funded

Innovation Fund to Pilot New Strategies, Methods, Instruments & Partnerships

The Innovation Fund seeds new ideas and pilots new program designs promoting the optimal development of children. These are ideas and programs that have not previously been developed or tested in our diverse community.

The Trust expects to build on existing community assets and encourage collaboration by offering community partners the opportunity to identify an issue, develop a potential solution or implement imaginative strategies. Not all ideas are expected to be successful, as greater discovery and insight often result from ideas or approaches that do not work as expected than from those that do.



Why invest?

- Innovation is a driver of economic growth and an important basis for developing solutions to persistent economic and social challenges. While evidence-based programs yield proven results when implemented with fidelity, there is also a need for practice-based innovations to identify and address new or evolving social problems.
- Social innovation “becomes an imperative when problems are getting worse, when systems are not working or when institutions reflect past rather than present problems.”⁶⁹ Thus, public investment in innovation is needed and justified when there is persistent “market failure,” meaning free-market actors fail to allocate resources so as to optimize social welfare.⁷⁰

Projects funded:

In 2015-16, innovative projects were funded with \$550,000 in innovation dollars. These initial projects included:

- **iMentor**, a technology-based youth mentoring model for high school through the first year of college.
- **ProjectED**, a micro-lending, entrepreneurship and life skills program for underemployed foster care youth and homeless young adults.
- **Museum-in-a-Box**, an interactive pop-up health and nutrition exhibit to be displayed in schools.
- **Miami Open211**, to create an API (application programming interface) that standardizes information in Miami-Dade County’s health and human services resource directory to make it easily accessible across web platforms.
- **Lessons in Jazz**, a musical interactive multimedia journey that teaches nonviolence and conflict resolution to participants interested in curbing community violence in their northern Miami-Dade community.
- **Shared Service Alliance**, to identify and launch community-based partnerships among early childhood education providers to share costs and deliver services in a more streamlined, efficient and high-quality way.

Future plans:

The second solicitation for the Innovation Fund was released on July 1, 2016, with 123 pre-applications vetted, of which 45 projects were invited to submit a full proposal; 40 applications were ultimately submitted, of which 13 projects were recommended and approved for \$900,000 funding in the 2016-17 fiscal year.



SERVICES FOR SPECIAL POPULATIONS

NUMBERS AT A GLANCE

\$30 million

invested across service areas for children and youth with disabilities in 2015-16

186

contracts served children and youth with disabilities

22,153

children and youth served who reported living with a disability

762

children and youth served who were reported to be in the dependency system

185

youth served who were reported to be in the delinquency system

Programs for Children & Youth with Special Needs

Removing barriers to services for children and youth with disabilities is a crosscutting strategy of The Children's Trust, with a significant commitment to include children, youth and families living with disabilities in all funded programs and services.

This involves programs designed specifically to support children and families with significant adaptive needs, as well as an emphasis on inclusive program practices. In support of the latter effort, a capacity building contract educates and supports all funded agencies in appropriately providing services that meet the needs of children and youth with disabilities.



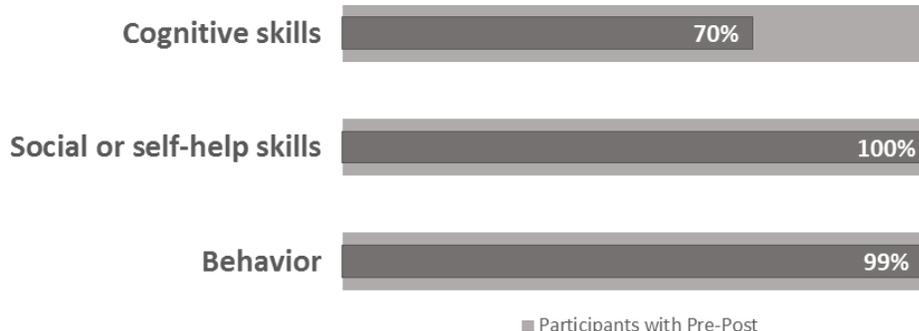
Why invest?

- Miami-Dade has a higher prevalence of children and youth with special needs than the state or nation – 16 percent (versus 12 and 11 percent, respectively).⁷¹
- The estimated average annual cost for a family with a child with a disability is \$30,500, including child care, reduced work hours or labor force participation, health care and other social program costs.⁷² More specifically, average expenditures for individuals with autism spectrum disorder are 4.1 to 6.2 times greater than for those without this condition.
- 10 percent of parents of adolescents with special health care needs spent 11 or more hours weekly providing, arranging or coordinating care for their adolescent, a figure that is even higher among families with lower incomes.⁷³
- Although children with disabilities make up a small percentage of the overall child population, they account for a higher share of health-related costs.⁷⁴

Initiative results:

- Trust-funded programs served 13 percent of children with disabilities across most initiatives.
- Most common disability types reported are problems with attention or hyperactivity (ADHD/ADD), learning disability, speech or language conditions, and medical conditions.

Children with disabilities showed improvement on:



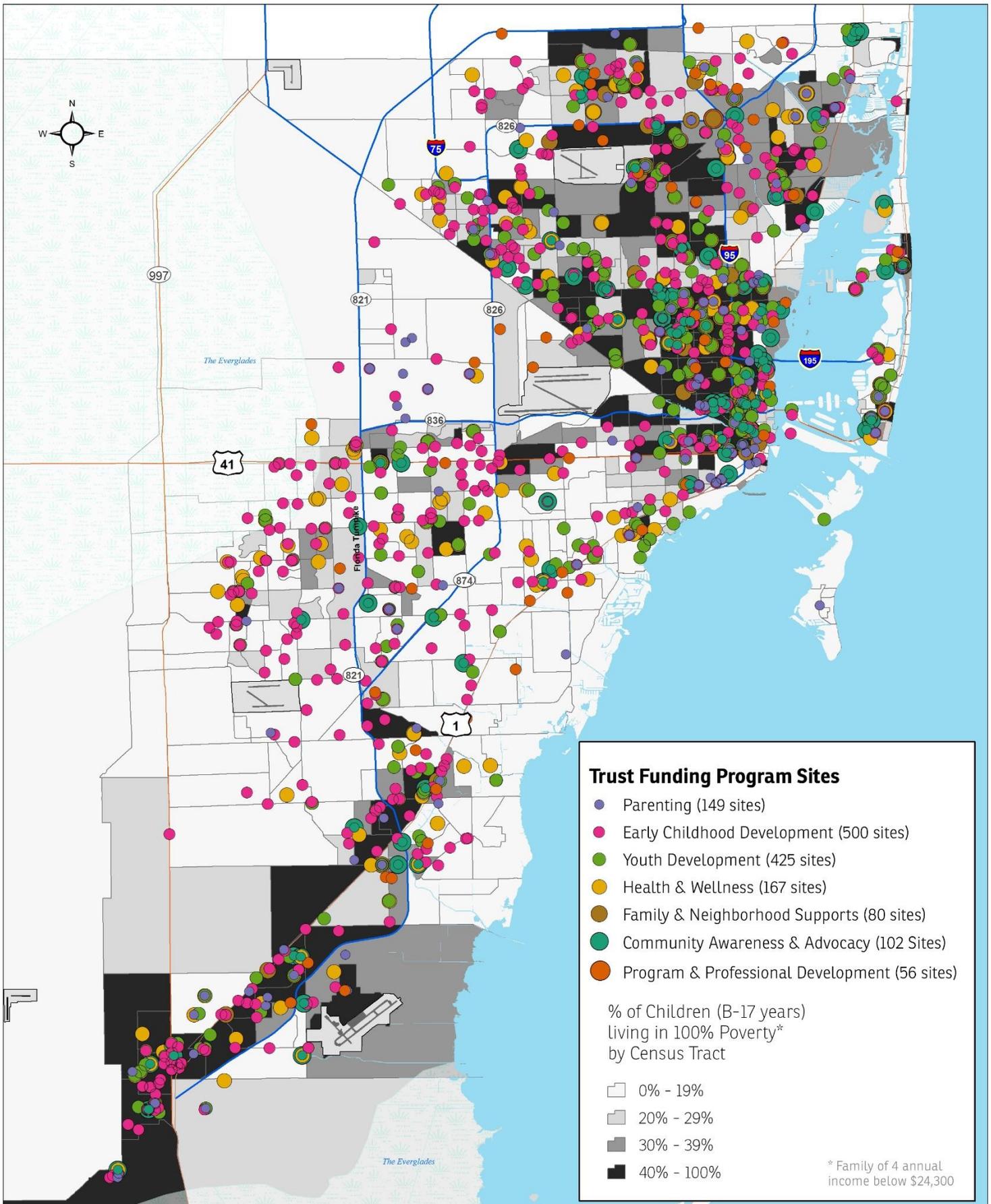
Budget for The Children's Trust

| Description | 2015-16 Budgeted Expenditures | 2016-17 Budgeted Expenditures | Dollar Difference | Percentage Difference |
|--|-------------------------------------|-------------------------------------|----------------------|--------------------------|
| SUSTAIN AND EXPAND DIRECT SERVICES | | | | |
| Parenting | 10,455,000 | 12,205,000 | 1,750,000 | 16.74% |
| Early childhood development | 15,000,000 | 16,750,000 | 1,750,000 | 11.67% |
| Youth development | 41,400,000 | 43,150,000 | 1,750,000 | 4.23% |
| Health and wellness | 15,400,000 | 15,900,000 | 500,000 | 3.25% |
| Family and neighborhood supports | 9,374,176 | 11,124,176 | 1,750,000 | 18.67% |
| Total sustain and expand direct services | 91,629,176 | 99,129,176 | 7,500,000 | 8.19% |
| COMMUNITY AWARENESS AND ADVOCACY | | | | |
| Promote public policy and legislative agendas | 215,300 | 215,300 | - | 0.00% |
| Public awareness and program promotion | 2,969,000 | 2,969,000 | - | 0.00% |
| Promote citizen engagement and leadership to improve child and family conditions | 1,700,000 | 1,700,000 | - | 0.00% |
| Cross-funder collaboration of goals, strategies and resources | 300,000 | 1,035,000 | 735,000 | 245.00% |
| Total community engagement and advocacy | 5,184,300 | 5,919,300 | 735,000 | 14.18% |
| PROGRAM AND PROFESSIONAL DEVELOPMENT | | | | |
| Supports for quality program implementation | 3,840,000 | 3,840,000 | - | 0.00% |
| Information technology | 800,000 | 800,000 | - | 0.00% |
| Program evaluation and community research | 1,000,000 | 1,000,000 | - | 0.00% |
| Innovation lab | 1,000,000 | 1,000,000 | - | 0.00% |
| Total program and professional development | 6,640,000 | 6,640,000 | - | 0.00% |
| ADMINISTRATION AND NON-OPERATING EXPENDITURES | | | | |
| Management of The Children's Trust | 11,206,045 | 10,735,888 | (470,157) | -4.20% |
| Non-operating expenditures | 4,419,279 | 5,673,352 | 1,254,073 | 28.38% |
| Total administration and non-operating expenditures | 15,625,324 | 16,409,240 | 783,916 | 5.02% |
| Total | 119,078,800 | 128,097,716 | 9,018,916 | 7.57% |

Contracted Service Providers

93rd St. Community Development Corp.
Abriendo Puertas
Abundant Living Citi Church
Actors' Playhouse
Adults Mankind Organization
Advocacy Network on Disabilities
Advocate Program
After-School Treatment Program/FIU
AileyCamp Miami/Adrienne Arsht Center for
the Performing Arts
Alhambra Music
Alliance for Musical Arts Production
American Children's Orchestras for Peace
Americans for Immigrant Justice
Amigos Together for Kids
Area Stage Company
ArtCenter/South Florida
Arts Ballet Theatre of Florida
Arts for Learning
ArtSouth
Ayuda
Bakehouse Art Complex
Barry University Summer Program
Be Strong International
Belafonte TACOLCY Center
Big Brothers Big Sisters of Miami
Borinquen Medical Centers of Miami-Dade
Boys & Girls Club of Miami-Dade
Branches
Breakthrough Miami
Buzzy Kids
Carlmar
Casa Valentina
Catalyst Miami
Catholic Charities of the Archdiocese of Miami
Center for Autism and Related Disabilities/UM and NSU
Center for Children and Families/FIU
Centro Cultural Español de Cooperación Iberoamericana
Centro Mater Childcare Services
Chabad Chayil
Childcare Scholarship Fund/WAGE\$
Children of Inmates
Children's Forum
Children's Home Society of Florida
Citrus Health Network
City of Hialeah youth programs
City of Homestead service partnership
City of Miami Beach children and family programming
City of Miami Gardens service partnership
City of North Bay Village out-of-school program
City Theatre
CMB Visions
Code Explorers
Codella
Colombian American Service Association (CASA)
Communities in Schools
Community Coalition
Community Health of South Florida
Concerned African Women
ConnectFamilias
Coral Gables Congregational Church
Dave and Mary Alper JCC
Debbie School/UM
Deco Echo Artists Delegation d/b/a Center for Folk and
Community Art
Disability Independence Group
Diva Arts & Entertainment
Dr. John T. McDonald Foundation School Health Initiative/UM
Dream in Green
Early Discovery/UM
Early Learning Coalition of Miami-Dade
Easter Seals South Florida
Educate Tomorrow
Empowering Youth
enFAMILIA
ENLACE Miami/FIU
FAB Sports
Fairchild Tropical Botanic Garden
Families First/City of Miami
Families First/UM Dept. of Pediatrics
Family Central
Family Resource Center of South Florida
Fanm Ayisyen Nan Miyami
Fantasy Theatre Factory
Fatherhood Task Force of South Florida
First Step Champions
Fit Kids America
FLIPANY
Florida Film Institute
Florida Grand Opera
FOCAL (Foundation of Community Assistance & Leadership)
Friends of the Bass Museum
Friendship Circle of Miami Beach and North Dade
GABLESTAGE
Gang Alternative
Goulds Coalition of Minister and Lay People
Grace Christian Ministries
Greater Miami Youth for Christ
Greater Miami Youth Symphony
Guitars Over Guns
Health Choice Network of Florida
Healthy Steps/UM
Historical Association of Southern Florida
Hope for Miami
I Have a Dream Overtown
Injury Free Coalition for Kids/
Jackson Health System
Institute for Child & Family Health
Jessie Trice Community Health Center
Judah Christian Ministries
Just Kids Centers
Karen Peterson Dancers
Kayleen's Learning Center
Kids Learning Center of South Dade
Kids Learning Center of South Dade, III
Kids Paradise Childcare & Learning Center

Kidworks USA
 Kingdom Academy
 Knowledge Builders of Florida
 La Viña del Señor/Kidz XL
 Lago Mar Preschool
 Latinos United in Action Center
 Lawyers for Children America
 Leadership Learning Center at St. John Bosco
 Linda Ray Intervention Center/UM
 Little Kingdom Academy
 Locust Projects
 Magic City Kids
 Mailman Center for Child Development/UM
 Managed Education
 Marjory Stoneman Douglas
 Biscayne Nature Center
 Mexican American Council
 MEYGA (Multi-Ethnic Youth Group Association)
 Miami Bethany Community Services
 Miami Children's Initiative
 Miami Children's Museum
 Miami City Ballet
 Miami Dade College School of Education
 Miami Dance Project
 Miami Light Project
 Miami Lighthouse for the Blind and Visually Impaired
 Miami Music Project
 Miami Short Film Festival
 Miami Theater Center
 Miami Wind Symphony
 Miami Youth Garden
 Miami-Dade County Department of Cultural Affairs
 Miami-Dade County Parks, Recreation and Open Spaces
 Miami-Dade County Summer Youth Internship Program
 Miami-Dade Family Learning Partnership
 Michael-Ann Russell JCC
 National Foundation for Advancement in the Arts
 Network for Teaching Entrepreneurship
 New Horizons Community Mental Health Center
 New Jerusalem Community Development Corp.
 New World Symphony
 Nicklaus Children's Hospital
 O'Farrill Learning Center
 Opa-Locka Community Development Corp.
 Open Arms Community Center Corp.
 Overtown Youth Center
 Parent to Parent of Miami
 Parent-Child Interaction Therapy/UM
 Parents as Teachers PAT 4U/FIU
 Patricia and Phillip Frost Museum of Science
 PATH: Preserving, Archiving & Teaching Hiphop
 PEACE Community Development & Better Outreach
 Pérez Art Museum Miami (PAMM)
 Playing the Game of Life
 Project Motherpath
 Project RISE/NSU
 Prosperity Social & Community Development Group
 Read to a Child
 Read to Learn Books for Free/MDC
 Reading Explorers/FIU
 ReCapturing the Vision International
 Redlands Christian Migrant Association
 Resource Room
 Richmond-Perrine Optimist Club
 Rise Up 4 Change
 Saint Martha Concerts and Cultural Affairs
 Sant La Haitian Neighborhood Center
 School Oral Health Program/NSU
 Shake-A-Leg Miami
 South Florida Youth Symphony
 Sunflowers Academy
 Sweet Vine
 Switchboard of Miami
 Teen Up-Ward Bound
 The Alliance for GLBTQ Youth
 The Arc of South Florida
 The Children's Bereavement Center
 The Children's Voice Chorus
 The Dance Now! Ensemble
 The Family Christian Association of America
 The Liberty City Optimist Club of Florida
 The Miami Symphony Orchestra
 The Motivational Edge
 The Murray Dranoff Foundation
 The Musical Arts Association of Miami
 The Paragon Partnership
 The Roxy Theatre Group
 The South Florida Boys Choir
 The Thinking Child Academy
 The Village Youth Services
 Thelma Gibson Health Initiative
 Thomas Armour Youth Ballet
 Thumbelina Learning Center
 Tiger & Dragon Group
 Tigertail Productions
 Touching Miami with Love Ministries
 Town of Cutler Bay out-of-school program
 Trinity Church
 Triple P LEAN/FIU
 United Cerebral Palsy of South Florida
 United Martial Arts Academy
 United Way of Miami-Dade
 Urban Promise Miami
 Urgent
 Vision Smart Kids
 WeCare of South Dade
 Whispering Manes Therapeutic Riding Center
 World Literacy Crusade of Florida
 YMCA of Greater Miami
 Young Parents Project of the 11th Judicial Circuit/FSU
 Youth Education Through Sports
 Youth Violence Prevention Coalition
 YWCA Miami



2015-16 Program Service Sites by Funding Area

Data Source:
 -The Children's Trust
 -US Census Bureau
 American Community Survey
 2010-14 5 year estimates

Location:
 Miami-Dade County,
 Florida

Created by
 Research &
 Evaluation Dept
 June 2016

The Children's Trust
 3150 SW Third Ave
 Miami, FL 33129
 www.thechildrenstrust.org



Headline Community Results and Indicators

| | Miami-Dade Previous Value (Year) | Miami-Dade Most Recent Value (Year) | Change Between Years | State of Florida Most Recent Value | National (US) Most Recent Value |
|--|--|---|----------------------------|--|---------------------------------------|
|--|--|---|----------------------------|--|---------------------------------------|

Family & Community Supports

Children attend quality child care

| | | | | | |
|---|----------------------------|----------------------------|---|----------------|----------------|
| Child care programs participating in Quality Counts ¹ | 200 programs 13% (2008) | 402 programs 26% (2016) | ↑ | not comparable | not comparable |
| Children attending Quality Counts child care programs ¹ | 11,500 (2008) | 24,800 (2016) | ↑ | not comparable | not comparable |
| Quality Counts early care and education staff with 60 credits / Associate's or higher degree ² | 704 staff 28% (2010) | 1,096 staff 33% (2015) | ↑ | 42% (2012) | 53% (2012) |

Children regularly access medical, dental and behavioral health care services

| | | | | | |
|--|---------------|------------|-----|-------------|-------------|
| Children who regularly access medical services ⁵ | 89% (2007) | 91% (2012) | ↑ | 86% (2012) | 88% (2012) |
| Children who regularly access dental services ⁵ | 66% (2007) | 76% (2012) | ↑ | 67% (2012) | 78% (2012) |
| Children who regularly access behavioral health services ⁵ | not available | 13% (2012) | N/A | 9.2% (2012) | 9.4% (2012) |
| Children who have health insurance ⁹ | 80% (2008) | 93% (2015) | ↑ | 93% (2015) | 95% (2015) |
| Children who have a medical home ⁵ (personal doctor or nurse) | 85% (2007) | 79% (2012) | ↓ | 87% (2012) | 90% (2012) |

Children are supported by nurturing and involved parents

| | | | | | |
|---|---------------|---------------|-----|----------------|----------------|
| Parents who access quality parenting programs ⁵ | not available | 26% (2012) | N/A | not available | not available |
| Parental involvement in schools ⁵ (volunteer at least monthly) | not available | 47% (2012) | N/A | not available | 42% (2012) |
| Children in households with secure parental employment ⁷ (children with at least one resident parent employed full-time) | 64% (2008) | 67% (2015) | ↑ | 69% (2015) | 71% (2015) |
| Parental expectations for child's academic attainment ⁵ (a four year college degree or higher) | not available | 89% (2012) | N/A | not comparable | not comparable |
| Children in families that eat meals together everyday ⁵ | not available | 51% (2012) | N/A | 44% (2012) | 47% (2012) |
| Children in food insecure households ³ | 30% (2009) | 22% (2014) | ↓ | 25% (2014) | 21% (2014) |
| Child maltreatment rate ⁶ (per 1,000 children) | 5.5 (2009-10) | 4.9 (2015-16) | ↓ | 10.4 (2015-16) | 9.4 (2013-14) |
| Unintentional child injuries resulting in hospitalization ⁷ (per 100,000) | 214 (2007) | 156 (2014) | ↓ | not available | 181 (2012) |
| Children living in safe neighborhoods ⁵ | 83% (2007) | 83% (2012) | ↔ | 86% (2012) | 87% (2012) |
| Children living in supportive neighborhoods ⁵ | 77% (2007) | 83% (2012) | ↑ | 84% (2012) | 88% (2012) |

Child Well-Being

Children are ready for kindergarten

| | | | | | |
|---|------------|------------|---|------------|----------------|
| Kindergarten students entering school at or above grade level ⁴ (FAIR-K) | 59% (2009) | 70% (2013) | ↑ | 73% (2013) | not comparable |
| Children under 6 who are read to at least 3 times per week at home ⁵ | 73% (2007) | 81% (2012) | ↑ | 80% (2012) | 82% (2012) |

Students are succeeding academically

| | | | | | |
|--|---------------|---------------|---|---------------|----------------|
| Elementary students attending school regularly ⁴ (< 10% absences annually) | 95% (2006-07) | 94% (2015-16) | ↓ | 95% (2011-12) | not available |
| Middle students attending school regularly ⁴ (< 10% absences annually) | 93% (2006-07) | 92% (2015-16) | ↓ | 91% (2011-12) | not available |
| High school students attending school regularly ⁴ (< 10% absences annually) | 86% (2006-07) | 87% (2015-16) | ↑ | 86% (2011-12) | not available |
| Third grade students reading at or above grade level ⁴ (FCAT 2.0 exam) | 52% (2011) | 56% (2014) | ↑ | 57% (2014) | not comparable |
| Tenth grade students reading at or above grade level ⁴ (FCAT 2.0 exam) | 51% (2011) | 52% (2014) | ↑ | 54% (2014) | not comparable |
| Third grade students doing math at or above grade level ⁴ (FCAT 2.0 exam) | 58% (2011) | 62% (2014) | ↑ | 58% (2014) | not comparable |
| Eighth grade students doing math at or above grade level ⁴ (FCAT 2.0 exam) | 54% (2011) | 33% (2014) | ↓ | 47% (2014) | not comparable |



Headline Community Results and Indicators

| | Miami-Dade Previous Value (Year) | Miami-Dade Most Recent Value (Year) | Change Between Years | State of Florida Most Recent Value | National (US) Most Recent Value |
|---|--|---|----------------------------|--|---------------------------------------|
| Children meet recommended levels of physical activity | | | | | |
| Middle school students describing themselves as being a healthy weight ⁸ | 78% (2007) | 74% (2015) | ↓ | 72% (2015) | not available |
| High school students describing themselves as being a healthy weight ⁸ | 75% (2007) | 70% (2015) | ↓ | 71% (2015) | 68% (2015) |
| Middle school students meeting recommended levels of physical activity ⁸ | 39% (2007) | 51% (2015) | ↑ | 49% (2015) | not available |
| High school students meeting recommended levels of physical activity ⁸ | 33% (2007) | 36% (2015) | ↑ | 24% (2015) | 49% (2015) |

| | | | | | |
|--|--------------|--------------|---|----------------|----------------|
| Children behave appropriately in schools, home and communities | | | | | |
| Children who have behavioral, social and/or emotional problems ⁵ | 6.8% (2007) | 7.7% (2012) | ↑ | 5.0% (2009/10) | 4.8% (2009/10) |
| Students engaging in disruptive behavior in school ⁴ (incidents per 1,000 students) | 34 (2007-08) | 22 (2014-15) | ↓ | 23 (2014-15) | not available |
| Youth arrested for crimes ¹⁰ (per 1,000 youth ages 10 to 17 years) | 28 (2009-10) | 10 (2015-16) | ↓ | 21 (2015-16) | 29 (2012) |

| | | | | | |
|--|---------------|---------------|---|---------------|---------------|
| Youth successfully transition to adulthood | | | | | |
| Teen birth rate ¹¹ (per 1,000 15-19 year old females) | 36 (2007) | 15 (2015) | ↓ | 20 (2015) | 29 (2012) |
| Youth who feel persistently sad ⁸ | 30% (2007) | 25% (2015) | ↓ | 26% (2015) | 30% (2015) |
| Students graduating within four years of entering 9th grade ⁴ | 61% (2007-08) | 80% (2015-16) | ↑ | 81% (2015-16) | 83% (2014-15) |
| Connected youth ⁹ (16-19 year olds who are in school and/or employed) | 92% (2006) | 92% (2015) | ↔ | 92% (2015) | 93% (2015) |

Data Development Agenda

- Children ages birth to 18 who are regularly screened for physical, developmental, social and behavioral concerns
- Children's hope, engagement and well-being index
- Substance-free youth
- Built environment index

Data Sources: ¹Web-based Early Learning System (WELS) for Miami-Dade County; ²Miami-Dade Quality Counts Workforce Study; ³Map the Meal Gap, FeedingAmerica.org; ⁴Florida Dept of Education and Miami-Dade County Public Schools; ⁵Child Health and Well-being in Miami-Dade County: Household Survey Results; ⁶Florida Dept of Children and Families, Child Welfare; ⁷Florida Dept of Health, Hospital Discharge Data; ⁸Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System; ⁹US Census Bureau, American Community Survey; ¹⁰Florida Dept of Juvenile Justice; ¹¹Florida Dept of Health, Office of Vital Statistics

| Crosscutting Factors (2015) | Miami-Dade | Florida | United States |
|---|-------------------|----------------|----------------------|
| Distribution of children by age - all children (birth-17 years) | 551,411 | 4,087,524 | 73,386,395 |
| Annual births | 32,432 | 224,273 | |
| Under 6 years | 34% | 32% | 32% |
| 6-11 years | 32% | 34% | 34% |
| 12-17 years | 33% | 34% | 34% |
| Diversity of children by race/ethnicity | | | |
| Hispanic | 62% | 30% | 25% |
| White, non-Hispanic | 15% | 43% | 51% |
| Black | 21% | 21% | 14% |
| All other | 2.3% | 5.6% | 10% |
| Children who are foreign born and/or with foreign-born parent(s) | | | |
| Child is foreign born | 13% | 5.2% | 3.3% |
| Child has one or two foreign-born parent | 54% | 29% | 23% |
| Primary home language competencies | | | |
| Children (ages 5-17) speak only English at home | 31% | 71% | 78% |
| Children (ages 5-17) speak Spanish at home | 60% | 22% | 16% |
| Family type | | | |
| Children in married-couple families | 58% | 60% | 66% |
| Children in female householder families | 33% | 30% | 26% |
| Children in male householder families | 8.2% | 8.7% | 7.9% |
| Family poverty status | | | |
| Children in families with income less than 100% poverty level | 27% | 22% | 20% |
| Children in families with income between 100-199% of poverty level | 28% | 26% | 22% |
| Children in families with income greater than 200% poverty level | 45% | 52% | 58% |
| Children with special health care needs/Children with disabilities | | | |
| Children with special health care needs | 16% | 20% | 20% |
| M-DCPS students with disabilities | 9.8% | | |

Data Sources: U.S. Census Bureau, American Community Survey 2015; Florida Department of Health, Office of Vital Statistics, 2015 births; Child Health and Well-being in Miami-Dade County: Parent Survey, 2012; National Survey of Children's Health, 2011/12; Miami-Dade County Public Schools, School Membership Oct 2016

End Notes

- ¹ Weiss, E., & Lee, G. (2009). Parenting education is economic development. Partnership for America's Economic Success, retrieved July 2016 from <http://cebcp.org/wp-content/CB20092/Piquero>.
- ² Piquero, A., Farrington, D., Welsh, B., Tremblay, R., & Jennings, W. (2008). Effects of early family/parent training programs on antisocial behavior and delinquency. Retrieved July 2016 from <https://www.ncjrs.gov/pdffiles1/nij/grants/224989.pdf>.
- ³ Washington State Institute for Public Policy (2014). Benefit-cost analysis for child welfare programs. Olympia, WA, retrieved June 2016 from http://www.wsipp.wa.gov/BenefitCost/WsippBenefitCost_AllPrograms.
- ⁴ Our Kids (2014) and Florida Department of Children and Families (2014). Retrieved May 2016 from <http://centerforchildwelfare.fmhi.usf.edu/dev/cir11/Intake%20YTD%20Report-%20June%202014.xlsx>.
- ⁵ Gelles, R.J., & Perlman, S. (2012). Estimated annual cost of child abuse and neglect. Chicago IL: Prevent Child Abuse America. Retrieved from http://www.preventchildabuse.org/images/research/pcaa_cost_report_2012_gelles_perlman.pdf.
- ⁶ Fang, X., Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165.
- ⁷ Florida Department of Education, & Miami-Dade County Public Schools (2013). Florida assessments for instruction in reading (FAIR-K).
- ⁸ Weiland, C., & Yoshikawa, H., (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130.
- ⁹ Campbell, F.A., Pungello, E.P., Kainz, K., Burchinal, M., Pan, Y., Wasik, B.H., & Ramey, C.T. (2012). Adult outcomes as a function of an early childhood educational program: An abecedarian project follow-up. *Developmental Psychology*, 48(4), 1033-1043. Retrieved from <http://doi.org/10.1037/a0026644>.
- ¹⁰ Reynolds, A.J., Temple, J.A., Ou, S., Robertson, D.L., Mersky, J.P., Topitzes, J.W., & Niles, M.D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatric and Adolescent Medicine*, 161(8), 730-739.
- ¹¹ Reynolds, A.J., & Ou, S.R. (2011). Paths of effects from preschool to adult well-being: A confirmatory analysis of the child-parent center program. *Child Development*, 82, 555-582.
- ¹² Heckman, J.J. (2015). Invest in early childhood development: Reduce deficits, strengthen Florida's economy. Retrieved July 2016 from <http://heckmanequation.org/content/resource/invest-early-childhood-development-means-deficit-reduction-florida>.
- ¹³ Karoly, L.A., Kilburn, R.M., & Cannon, J.S. (2005). Early childhood interventions: Proven results, future promise. RAND Corporation. Retrieved July 2016 from http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf.
- ¹⁴ Reynolds, A.J., Temple, J.A., White, B.A.B., Ou, S.R., & Robertson, D.L. (2011). Age 26 cost-benefit analysis of the child-parent center early education program. *Child Development*, 82, 379-404.
- ¹⁵ Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M.R., Espinosa, L.M., Gormley, W.T., & Zaslow, M.J. (2013). Investing in our future: The evidence base on preschool education. Society for Research in Child Development & Foundation for Child Development. Retrieved from <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>.
- ¹⁶ The Children's Trust (2012). Child Health and Well-being in Miami-Dade County: Parent Survey.
- ¹⁷ Gould, E., & Cooke, T., (2015). High quality child care is out of reach for working families. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/child-care-affordability>.
- ¹⁸ Goode, S., Diefendorf, M., & Colgan S. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. The National Early Childhood Technical Assistance Center (NECTAC). Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>.
- ¹⁹ Center on the Developing Child (2010). The foundations of lifelong health are built in early childhood. Retrieved from <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>.
- ²⁰ American Speech-Language-Hearing Association (2008). Roles and responsibilities of speech-language pathologists in early intervention: Technical report. Retrieved from <http://www.asha.org/policy/TR2008-00290/>.
- ²¹ Executive Office of the President of the United States (2014). The economics of early childhood investments. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf.
- ²² The Children's Trust (2012). Child Health and Well-being in Miami-Dade County: Parent Survey.
- ²³ Goode, S., Diefendorf, M., & Colgan S. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. The National Early Childhood Technical Assistance Center (NECTAC). Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>.
- ²⁴ Cohen, M., & Piquero, A. (2009). New evidence on the monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 25, 25-49.
- ²⁵ Oklahoma Afterschool Network (2011). Making the case for afterschool ROI: Economic return on investment for afterschool. Retrieved from <http://www.digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/97063>.
- ²⁶ Oklahoma Afterschool Network (2011). Making the case for afterschool ROI: Economic return on investment for afterschool. Retrieved from <http://www.digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/97063>.

- ²⁷ McCombs, J.S., Augustine, C.H., Schwartz, H.L., Bodilly, S.J., McInnis, B., Lichter, D.S., & Cross, A.B. (2011). Making summer count: How summer programs can boost children's learning. RAND Education. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG1120.pdf.
- ²⁸ National Summer Learning Association (2016). Smarter summers, brighter futures.
- ²⁹ National Summer Learning Association (2016). Smarter summers, brighter futures.
- ³⁰ Barber, B.L., Stone, M.R., & Eccles, J. S. (2005). Adolescent participation in organized activities. In *What Do Children Need to Flourish?* Springer US: pp. 133-146.
- ³¹ Moore, K.A., Caal, S., Carney, R., Lippman, L., Li, W., Muenks, K., Murphey, D., Princiotta, D., Ramirez, A.N., Rojas, A., Ryberg, R., Schmitz, H., Stratford, B., & Terzian, M.A. (2014). Making the grade: Assessing the evidence for integrated student supports. Washington, DC: Child Trends. Retrieved from <http://www.childtrends.org/?publications=making-the-grade-assessing-the-evidence-for-integrated-student-supports>.
- ³² Deschenes, S.N., Arbreton, A., Little, P.M., Herrera, C., Grossman, J.B., Weiss, H.B., & Lee, D. (2010). Engaging older youth: Program and city-level strategies to support sustained participation in out-of-school time. Cambridge, MA: Harvard Family Research Project. Retrieved from <http://www.hfrp.org/out-of-school-time/publications-resources/engaging-older-youth-program-and-city-level-strategies-to-support-sustained-participation-in-out-of-school-time>.
- ³³ The World Bank (2013). Life skills: What are they, why do they matter and how are they taught? Adolescent Girls Initiative Learning from Practice Series. Retrieved from http://www.worldbank.org/content/dam/Worldbank/document/Gender/1323447_AGI_LearningFromPracticeSeries.pdf.
- ³⁴ Pennington, N., & Delaney, E. (2008). The number of students sent home by school nurses compared to unlicensed personnel. *Journal of School Nursing*, 24 (5), 290-297.
- ³⁵ ASCD & Center for Disease Control and Prevention (2014). Whole school, whole community, whole child: A collaborative approach to learning and health. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsccl-a-collaborative-approach.pdf>.
- ³⁶ Weismuller, P.C., Grasska, M.A., Alexander, M., White, C.G., & Kramer, P. (2007). Elementary school nurse interventions: Attendance and health outcomes. *Journal of School Nursing*, 23 (2), 111-118.
- ³⁷ Forrest, C.B., Bevans, K.B., Riley, A.W., Crespo, R., & Louis, T.A. (2011). School outcomes of children with special health care needs. *Pediatrics*, 128 (2), 303-312.
- ³⁸ Hill, N.J., & Hollis, M. (2012). Teacher time spent on student health issues and school nurse presence. *Journal of School Nursing*, 28 (3), 181-186.
- ³⁹ Basch, C.E. (2011). Vision and the achievement gap among urban minority youth. *Journal of School Health*, 81 (10), 599-605.
- ⁴⁰ Guo, J.J., Jang, R., Keller, K.N., McCracken, A.L., Pan, W., & Cluxton, R.J. (2005). Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, 34 (4), 266-274.
- ⁴¹ Keeton, V., Soleimanpour, S., & Brindis, C.D. (2012). School-based health centers in an era of health care reform: Building on history. *Current Problems in Pediatric and Adolescent Health Care*, 42 (6), 132-158.
- ⁴² Guo, J.J., Wade, T.J., Pan, W., & Keller, K.N. (2010). School-based health centers: Cost-benefit analysis and impact on health care disparities. *American Journal of Public Health*, 100 (9), 1617-1623.
- ⁴³ U.S. Department of Health and Human Services (2000). Oral health in America: A report of the surgeon general – executive summary. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.
- ⁴⁴ Jackson, S.L., Vann Jr., W.F., Kotch, J.B., Pahel, B.T., & Lee, J.Y. (2011). Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*, 101 (10), 1900-1906.
- ⁴⁵ Bernstein, J., Chollet, D., & Peterson, S. (2010). How does insurance coverage improve health outcomes? Mathematica Policy Research, Issue Brief No. 1. Retrieved from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/how-does-insurance-coverage-improve-health-outcomes>.
- ⁴⁶ Szilagyi, P.G. (2012). Health insurance and children with disabilities. *The Future of Children*, 22 (1), 123-148.
- ⁴⁷ Dolatshahi, J., Hess, C., & Jee, J. (2013). Health care reform and children: Planning and design considerations for policymakers. National Academy for State Health Policy. Retrieved from http://www.nashp.org/sites/default/files/HCR.and_Children.revised.pdf.
- ⁴⁸ Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, & Web-based Injury Statistics Query and Reporting System (WISQARS) (2014).
- ⁴⁹ Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, & Web-based Injury Statistics Query and Reporting System (WISQARS) (2014).
- ⁵⁰ Florida Department of Health (2013). Special emphasis report: Infant and early childhood injury. Retrieved from <http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/documents/infant-and-child-emphasis-report-2013.pdf>.
- ⁵¹ Taras, H. (2005). Nutrition and student performance at school. *Journal of School Health*, 75(6), 199-213.
- ⁵² Popkin, S.J., Acs, G., Smith, R. (2010). Understanding how place matters for kids. *Community Reinvestments*, 22(1):23-26. Retrieved from www.frbsf.org/community-development/files/Spring_CI_2010a.pdf.
- ⁵³ Samuelson, K. (2015). Poverty and promise: Community revitalization with place-based initiatives. Retrieved from <https://publicpolicy.wharton.upenn.edu/live/news/462-poverty-and-promise-community-revitalization-with>.

- ⁵⁴ Cohen, M., & Piquero, A. (2009). New evidence on the monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 25, 25-49.
- ⁵⁵ Edleson, J.L. (1997). Problems associated with children's witnessing of domestic violence. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from http://www.vawnet.org/print-document.php?doc_id=392&find_type=web_sum_AR.
- ⁵⁶ Annie E. Casey Foundation (2016). A shared sentence: The devastating toll of parental incarceration on kids, families and communities. Retrieved from <http://www.aecf.org/resources/a-shared-sentence/>.
- ⁵⁷ Ryan, C., Huebner, D., Diaz, R.M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *American Academy of Pediatrics*, 123(1), 346-352.
- ⁵⁸ Child Welfare Information Gateway (2016). Rights of youth in foster care. Retrieved from <https://www.childwelfare.gov/topics/systemwide/youth/resourcesforyouth/rights-of-youth-in-foster-care/>.
- ⁵⁹ American Immigration Council (2015). A guide to children arriving at the border: Laws, policies and responses. Retrieved from <http://immigrationpolicy.org/special-reports/guide-children-arriving-border-laws-policies-and-responses>.
- ⁶⁰ Souke, J., Takenaka, A., Roberts, B., & Ng, C. (2009). Benefit/cost analysis of aloha united way's 211 program: Final report. Malama Consulting Group. Retrieved June 2016 from <http://www.211us.org/documents/MalamaConsultingFinalReportForAUW.pdf>.
- ⁶¹ Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Porte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- ⁶² Fixsen, D.L., Blase, K.A., Naoom, S.F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, 19(5), 531-540.
- ⁶³ Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.
- ⁶⁴ Aarons, G.A., Sommerfeld, D.H., Hecht, D.B., Silovsky, J.F., & Chaffin, M.J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology*, 77 (2), 270-280.
- ⁶⁵ Joyce, B.R. & Showers, B. (2002). *Student achievement through staff development* (3rd edition). New York: ASCD.
- ⁶⁶ Collins, C., Phields, M., & Duncan, T. (2007). An agency capacity model to facilitate implementation of evidence-based behavioral interventions by community-based organizations. *Journal of Public Health Management Practice*, January (Suppl), S16-S23.
- ⁶⁷ Yang, K., Hsieh, J.Y., & Li, T.S. (2009). Contracting capacity and perceived contracting performance: Nonlinear effects and the role of time. *Public Administration Review*, 69 (4), 681- 696.
- ⁶⁸ Grantmakers for Effective Organizations (2015). Strengthening nonprofit capacity. Retrieved from <http://www.geofunders.org/resource-library/all/record/a066000000IbGXCAA3>.
- ⁶⁹ Mulgan, G. (2007). *Social innovation: What it is, why it matters, and how it can be accelerated*. Oxford: Skoll Centre for Social Entrepreneurship, SAID Business School, Oxford (quote from page 9).
- ⁷⁰ Laranja, M., Uyerra, E., & Flanagan, K. (2008). Policies for science, technology and innovation: Translating rationales into regional policies in a multi-level setting. *Research Policy*, 37(5), 823-835.
- ⁷¹ For Miami-Dade: The Children's Trust (2012). *Child Health and Well-being in Miami-Dade County: Parent Survey*. For Florida & U.S.: 2011 National Survey of Children's Health.
- ⁷² Stabile, M., & Allin, S. (2012). The economic costs of childhood disability. *The Future of Children*, 22 (1), 65-96. Retrieved from <https://muse.jhu.edu/article/478965/pdf>.
- ⁷³ Park, M.J., Brindis, C.D., Vaughn, B., Barry, M., Guzman, L., & Berger, A. (2013). *Adolescent health highlight: Chronic conditions* (Publication #2013-08). Bethesda, MD: Child Trends and the National Adolescent and Young Adult Health Information Center at the University of California, San Francisco.
- ⁷⁴ Murphey, D., Cooper, M., & Moore, K.A. (2012). *Children with disabilities: State-level data from the American Community Survey* (Publication #2012-29). Child Trends Research Brief.