

**CENTER ON
URBAN POVERTY
— AND —
SOCIAL CHANGE**

**Cuyahoga County
Early Childhood Initiative
Evaluation and Research Project
Interim Report
*Executive Summary***

November 2001

**Submitted by
Mandel School of Applied Social Sciences
Case Western Reserve University**

**With
Chapin Hall Center for Children
University of Chicago**

**and with consultants from
Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill**



CWRU

Contact Information: **Claudia Coulton, Ph.D.**
Center on Urban Poverty and Social Change
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7164
Phone: 216/368-6946 **Fax: 216/368-5158**
cxc10@po.cwru.edu <http://povertycenter.cwru.edu>

Acknowledgements

This interim report on the Cuyahoga County Early Childhood Initiative could not have been completed without the cooperation and commitment of numerous individuals and organizations. The funding for this research was provided through the ECI Partnership Committee, a group including the three Cuyahoga County Commissioners and leaders from the foundation community and the public and non-profit sectors, who have a shared vision about ensuring the well-being of young children and their families.

The authors would like to recognize in particular:

Molly Irwin, Evaluation Manager, Cuyahoga County Early Childhood Initiative, worked closely with the research team throughout the evaluation effort and provided substantial input to this report. Her work prior to the initiation of the evaluation contract laid the groundwork for the entire project.

Bette Meyer, the Deputy County Administrator for Health and Human Services, Cuyahoga County, has provided essential leadership, guidance, and support for the evaluation in her role as coordinator of the agencies implementing the Early Childhood Initiative.

Goldie Alvis, Senior Program Officer for Social Services, and Jay Talbot, Senior Program Officer for Civic Affairs and Manager of Special Projects, The Cleveland Foundation, have actively participated in the conceptualization of the evaluation and in the interpretation and communication of findings.

The directors of the program areas under study, Joe Gauntner, Director, Cuyahoga Health and Nutrition, Billie Osborne-Fears, Executive Director, Starting Point, and Melissa Manos, Director, Help Me Grow Collaborative of Cuyahoga County, have facilitated the work of the evaluation team and helped in problem solving when challenges have arisen. They and their key staff have contributed greatly to ensuring the accuracy and usefulness of this report.

In addition, three individuals serve as advisors to the ECI research team and have provided useful insights and counsel throughout the effort: Dr. Dennis Drotar, Department of Pediatrics, Rainbow Babies and Children's Hospital; Dr. Jill Korbin, Department of Anthropology, Case Western Reserve University; and, Dr. Phillip Safford, Interdisciplinary Program and Center, Case Western Reserve University. In addition, Dr. Deanna Gomby, a consultant to The Cleveland Foundation, has provided valuable comments on the evaluation analyses and findings.

Finally, the research team would like to recognize the input of the families served by the ECI and the direct-service providers who have participated in this research effort. Without their active participation, the evaluation would provide a far less comprehensive assessment of the accomplishments of the Initiative.

The Authors

Cuyahoga County Early Childhood Initiative Evaluation and Research Project Interim Report

Table of Contents

	<u>Page</u>
List of Tables	iv
List of Figures	vii
List of Timelines	ix
List of Appendices	ix
List of Contributors	x
1. Executive Summary	1-1
2. Early Childhood Social and Health Indicators <i>Claudia Coulton, Engel Polousky, & Cheehyung Kim</i>	2-1
3. Building System Change Through Public and Private Partnerships <i>Sharon Milligan, Susan Cole, Susan Allen, & Dionne Jones</i>	3-1
4. Welcome Home and Early Start: A Preliminary Assessment of Program Quality and Outcomes <i>Deborah Daro & Eboni Howard</i>	4-1
5. Family Child Care Homes <i>Sue Pearlmutter, Liane Grayson, Julia Withers, Ellen Peisner- Feinberg, & Donna Bryant</i>	5-1
6. Special Needs Child Care <i>Judith Simpson, Rob Fischer, Kathleen Quinn-Leering, Julia Withers, Donna Bryant, & Claudia Coulton</i>	6-1
7. Healthy Start/Medicaid Expansion <i>George Weiner & Claudia Coulton</i>	7-1
Listing of Full Research Team	

List of Tables		
Chapter	Title	Page Number
Chapter 2		
Table 2.1	Population Estimates of Children Under 6, Cuyahoga County, 1990-2000	2-6
Table 2.2	Trends in Births and Birth Characteristics, Cuyahoga County, 1990-1999	2-7
Table 2.3	Children Under 6 Receiving Cash Welfare: Cuyahoga County, 1992-2000	2-9
Table 2.4	Maltreatment of Children Under 6: Cuyahoga County, 1992-2000	2-12
Table 2.5	Percentage of Children Under 6 Who Have Experienced Maltreatment by Birth Cohort and Age at First Report (Hazard Rate)	2-13
Table 2.6	Percentage of Children Under 6 Experiencing a Second Incident of Child Maltreatment Within Two Years of the First by Birth Cohort and Age at First Incident: Cuyahoga County, 1992-1998	2-14
Table 2.7	Number and Percent of Children Under 6 with No Health Insurance Coverage, Cuyahoga County, 1998-2001	2-15
Table 2.8	Deaths of Children Under 6, Cuyahoga County, 1990-1999	2-16
Table 2.9	Number of Children Enrolled in Regulated Child Care by Age Group and Setting, Cuyahoga County, 1996, 1998, and 2000	2-17
Chapter 3		
Table 3.1	Mean Ratings of Key Informants of Sectors Involved in Planning the ECI	3-12
Chapter 4		
Table 4.1	Major Referral Sources into Early Start	4-17
Table 4.2	Proportion of Early Start Referrals Generated by Welcome Home Staff From Specific Medical Facilities by Quarter	4-18
Table 4.3	Referral Patterns Out To Early Start Providers	4-19
Table 4.4	Service Experiences for Three Early Start Cohorts	4-23
Table 4.5	Demographic Characteristics of Full Study Sample	4-25
Table 4.6	Demographic Characteristics of Study Participants by Sample Subgroups	4-27

Chapter	Title	Page Number
Table 4.7	First Time Mothers, Number of Children, and Mean Child Abuse Potential Inventory Scores for Study Participants by Sample Subgroup	4-31
Table 4.8	Comparison of Evaluation Sample to Overall Early Start Population on Selected Variables	4-32
Table 4.9	Statements Used to Measure Study Participant's Satisfaction of the Welcome Home Visit	4-33
Table 4.10	Descriptive Characteristics of Staff	4-36
Table 4.11	Prior Employment Experience and Current Training	4-39
Table 4.12	Program Experiences and Satisfaction	4-42
Table 4.13	Service Delivery Style: Percent Agreeing with Statement	4-45
Chapter 5		
Table 5.1	Number of Family Child Care Homes To Be Certified in Each of the Four Regions During Year One of ECI	5-10
Table 5.2	Certified Homes by Region – Years 1 and 2	5-14
Table 5.3	Providers Trained and/or Certified During the ECI by Quarter	5-15
Table 5.4	Average Number of Weeks Between Training and Certification Dates by Quarter for Providers Trained and Certified During ECI	5-17
Table 5.5	Visits to Care for Kids Participants and Non-participants	5-25
Table 5.6	Quality of Provider Interactions with Children Based on <i>The Caregiver Interaction Scale</i>	5-36
Chapter 6		
Table 6.1	Contracted Service Levels of Children with Special Needs by Community-based Agencies	6-7
Table 6.2	Demographic Data on Children with Special Needs Served	6-20
Table 6.3	Technical Assistance Visits Completed by Quarter	6-22
Table 6.4	Total Service by Technical Assistance Agencies, January 1, 2000–March 31, 2001	6-23
Table 6.5	Technical Assistance: Service and Child Characteristics by TA Agency, January 1, 2000–March 31, 2001	6-24

Chapter	Title	Page Number
Table 6.6	Requests for Placement: Reasons for Nonplacement	6-31
Table 6.7	Plans for Children with Special Needs	6-32
Table 6.8	Focus Group Participation Data	6-35
Chapter 7		
Table 7.1	Percentage of Children with Health Insurance by Age Group: Cuyahoga County, 1998 and 2001	7-11
Table 7.2	Percentage of Children, 18 and Under, with Health Insurance by Poverty Level: Cuyahoga County, 1998 and 2001	7-11
Table 7.3	Profile of Children Without Health Insurance, Cuyahoga County, 2001	7-13
Table 7.4	Medicaid Enrollment Changes by Category, Children Age Five Years and Under: October 1997 through June 2001	7-14
Table 7.5	Spells Beginning During Study Interval, Pre- and Post-ECI by Number of Spells, October 1997 through June 2001	7-18
Table 7.6	Medicaid Categorization Changes by Child's Age at Start, October 1997 through June 2001	7-19
Table 7.7	Race and Age at Enrollment. Births from October 1997 – June 2001 Before and After ECI (July 1999)	7-19
Table 7.8	Distribution of Enrollment Spells by Occurrence and Race, Children Born in October 1997 or Later	7-24
Table 7.9	Healthy Start Monthly Report	7-27

List of Figures

Chapter	Title	Page Number
Chapter 2		
Figure 2.1	Birth Cohorts Approach	2-5
Figure 2.2	Monthly Use of Child Care Vouchers, Children under 6, Cuyahoga County, 1997 to 2001	2-18
Figure 2.3	Enrollment of 3- and 4- Year Old Population in Preschool	2-19
Chapter 3		
Figure 3.1	Systems Change Logic Model	3-4
Chapter 4		
Figure 4.1	Welcome Home Logic Model	4-5
Figure 4.2	Early Start Logic Model	4-7
Chapter 5		
Figure 5.1	Family Child Care Homes Logic Model	5-7
Figure 5.2	Family Child Care Home Providers Certified During ECI, July 1, 1999-June 30, 2001	5-16
Figure 5.3	Quality Enhancement Visits Received by Providers Within 12 Months of Certification	5-21
Figure 5.4	Quality Enhancement Visits Received by Providers Within Six Months of Certification	5-22
Figure 5.5	Distribution of Baseline Quality Scores from Family Child Care Homes in Cuyahoga County	5-34
Chapter 6		
Figure 6.1	Special Needs Child Care Logic Model	6-4
Figure 6.2	Child Care Programs Served Through ECI Special Needs Training and Technical Assistance, January 1, 2000-March 31, 2001	6-18
Figure 6.3	Special Needs Types of Children Served by TA Agencies	6-25
Figure 6.4	Number of TA Visits Per Child Care Program	6-26
Figure 6.5	Number of TA Visits Per Special Needs Child	6-27
Figure 6.6	Number of Special Needs Children Per Child Care Program	6-27
Figure 6.7	Number of Trainings Attended by Child Care Providers	6-29

Chapter	Title	Page Number
Chapter 7		
Figure 7.1	Chronology of Programs Affecting Health Care Access for Children and Data Resources	7-4
Figure 7.2	Healthy Start Logic Model	7-6
Figure 7.3	Monthly Medicaid Enrollment, Children 5 Years and Under	7-14
Figure 7.4	Monthly Medicaid Enrollment, Children 6 through 18 Years	7-16
Figure 7.5	Medicaid Enrollment Spell Duration: ECI birth cohort vs. pre-ECI birth cohort	7-21
Figure 7.6	Medicaid Enrollment Termination Rates	7-22
Figure 7.7	Medicaid Enrollment Spell Duration: black, Hispanic/other, white	7-23
Figure 7.8	Healthy Start Hotline Calls Received by Month, January 2000 through May 2001	7-28
Figure 7.9	Healthy Start Applications Received by Month, January 2000 through May 2001	7-28
Figure 7.10	Potential Early Childhood Initiative Exposure and Encounter Data Availability by Birth Cohort, 1993-2001	7-30

List of Timelines

Chapter	Title	Page Number
Chapter 4		
Timeline 4.1	Home Visiting Policy Context	4-8
Chapter 5		
Timeline 5.1	Family Child Care Homes Policy Context	5-5
Chapter 6		
Timeline 6.1	Special Needs Child Care Policy Context	6-2
Chapter 7		
Timeline 7.1	Healthy Start/Medicaid Policy Context	7-3

List of Appendices

Chapter	Title	Page Number
Chapter 3		
Appendix 3.1	ECI Operations Management Committee	3-37
Appendix 3.2	ECI Partnership Committee	3-38
Appendix 3.3	Early Childhood Initiative Documents	3-39
Chapter 5		
Appendix 5.1	Total Technical Support Visits – Years One and Two	5-46
Appendix 5.2	Example of One Item From the <i>Family Day Care Rating Scale</i>	5-48
Appendix 5.3	Quality Ratings of a Sample of Family Child Care Homes based on the <i>Family Day Care Ratings Scale</i>	5-49

Contributors

<u>Contributor</u>	<u>Affiliation</u>
Susan Allen, M.A.	Graduate Assistant, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Donna Bryant, Ph.D.	Senior Scientist, Frank Porter Graham Child Development Center, & Research Professor of Education, University of North Carolina at Chapel Hill
Susan Cole, Ph.D.	Assistant Professor, School of Social Work, University of Illinois - Urbana-Champaign; formerly Research Assistant, Center on Urban Poverty & Social Change
Claudia J. Coulton, Ph.D.	Lillian Professor of Social Work & Co-Director, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Deborah Daro, Ph.D.	Research Fellow, The Chapin Hall Center for Children, University of Chicago
Robert L. Fischer, Ph.D.	Senior Research Associate, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Liane Grayson, Ph.D.	Research Assistant and Project Manager, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Eboni C. Howard, Ph.D.	Research Associate, The Chapin Hall Center for Children, University of Chicago
Dionne Jones, M.S.S.A.	Research Assistant, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Cheehyung Kim, M.S.	Graduate Assistant, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Sharon E. Milligan, Ph.D.	Associate Professor of Social Work and Co-Director, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
R. Sue Pearlmutter, Ph.D.	Assistant Professor and Faculty Associate, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Ellen S. Peisner-Feinberg, Ph.D.	Scientist, Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill
Engel Polousky, M.S.	Programmer/Analyst, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Kathleen Quinn-Leering, Ph.D.	Research Assistant, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University
Judith G. Simpson, M.A.	Consultant; Principal, TRANS.FORM, Inc., and Adjunct Instructor, Mandel School of Applied Social Sciences, Case Western Reserve University
George Weiner, Ph.D.	Consultant; Williamson Family Fellow for Applied Research, Federation for Community Planning
Julia Withers, B.A.	Programmer/Analyst, Center on Urban Poverty & Social Change, Mandel School of Applied Social Sciences, Case Western Reserve University

Cuyahoga County Early Childhood Initiative Evaluation and Research Project: Interim Report

Executive Summary

Synopsis

Investing in the well-being of its youngest children has become a top priority in Cuyahoga County, Ohio. As a result of a community-wide, multifaceted three-year initiative directed at children from birth to age 5 and the individuals who care for these children, an understanding about the critical importance of the early childhood years has been created at the highest levels of public and civic leadership in Cuyahoga County. The political will has been forged to meet the need for a universal and comprehensive approach for supporting families and young children.

In the two years since the Early Childhood Initiative was launched by a broad-based coalition of public and private partners brought together by County government, the programs have been woven into the fabric of local services and have met their target goals of numbers of clients served. Early indications are that the programs are producing the kinds of positive measurable changes in the community sought by the planners and funders. The ongoing emphasis of the Initiative is to continue to enhance the quality of those services, assess how they could be expanded or refined, and increase public awareness of the availability and importance of the efforts of the Initiative.

Impetus Behind the Early Childhood Initiative

Over the past several decades, researchers studying children's early development and brain functioning have been sharing new scientific findings with parents, teachers, and public officials which demonstrate indisputably that the foundations of social, emotional and intellectual development are laid early in the first decade of life. This broad array of research suggests that a child's potential is nearly boundless. Yet, the majority of parents may not always know exactly how to maximize the potential of their newborns and young children.

The Early Childhood Initiative has created an understanding about the critical importance of the early childhood years at the highest levels of public and civic leadership in Cuyahoga County.

The importance of this research was highlighted when President Bill Clinton convened a White House Conference on Early Childhood Development in April 1997, which was attended by a representative of Cuyahoga County government. This conference called attention to the challenges children face later in life when their early experiences are less than desirable, and stressed the need to take early action to support children and their families. Additionally, the County Commissioners were aware that, in their jurisdiction of Cleveland, Ohio, and its surrounding suburbs, increasing numbers of children were entering preschool and kindergarten with developmental delays, the inability to interact well with others, or otherwise not prepared or equipped to learn. Some reasons for this disturbing trend became clearer in 1999, when the Annie E. Casey Foundation released a study that showed that babies born in Cleveland are at a disadvantage on a number of fronts compared to babies born in most other metropolitan areas, thus putting them at higher risk for a number of negative outcomes later in life.

An Initiative of Unprecedented Scope and Ambition

In light of scientific research persuasively documenting the importance of early childhood interventions, the Cuyahoga Board of County Commissioners reached the conclusion that they were no longer willing to administer programs that attempt only to pick up the pieces of young lives broken by abuse, neglect, or other family problems. In June 1999 the Commissioners announced that Cuyahoga County was entering into a public-private partnership with more than 50 community service agencies, hospitals, private funders and departments of County, State and Federal government to launch a three-year, projected \$40-million Early Childhood Initiative (ECI). Inspired by recent scientific research demonstrating that the brains of children are shaped, for good or ill, by their earliest experiences, as well as by such sobering

data as the fact that two out of three students who enter the Cleveland public school system fail to graduate, the Early Childhood Initiative intended to create a new community-wide ethic. It was designed to help ensure that all children born in Cuyahoga County have every opportunity for a happy, safe, healthy start, so that they enter school capable of achieving their maximum potential.

Targeting children from birth through age 5, and their parents, guardians and care givers, the Early Childhood Initiative is centered on achieving three specific objectives:

- (1) To promote effective parenting;
- (2) To ensure children access to health care;
- (3) To guarantee the availability of quality child care.

Though the Initiative's objectives may be simply stated, they are of truly unprecedented ambition. In a population center of 1.3 million, the ECI Partnership has set out to measurably reduce the incidence of child abuse and neglect and reduce the number of child deaths, increase the proportion of economically self-sufficient families, increase the proportion of children with health insurance and access to health care, and increase the proportion of children enrolled in public pre-school, Head Start, or certified child care. In addition, the Partnership anticipates that the Initiative will drive systemic change, ultimately leading to public policies that are more supportive of children and families, a service delivery system that is more seamless and responsive, and a community that is more accepting of social responsibility for the well-being of young children.

In a population center of 1.3 million, the ECI Partnership has set out to measurably reduce the incidence of child abuse and neglect and the number of child deaths and to increase the proportion of children enrolled in health insurance programs and quality child care.

Components of the Initiative

From its inception, the ECI Partnership recognized that it could achieve its goals of effective parenting, health care for children, and high-quality, readily available child care only through the implementation of a wide range of coordinated strategies, supports and activities and through the engagement of a spectrum of public and private stakeholders. Thus, the Early Childhood Initiative is notable for its comprehensive approach, the inclusiveness of its governance structure and its broad base of community support and involvement. The ECI also stands out from other similarly themed initiatives undertaken elsewhere in that it is exceptional in its offering of assistance that is preventive, universally available, “at scale,” and community-based. While ECI services may be delivered in the informal settings in which children live or are cared for, its programs are driven by prior research-based findings. The Partnership examined a number of national models with the goal of learning from strategies that have proven successful in other places. The partners were particularly influenced by research that showed less favorable results for early childhood interventions built around a narrow focus.

Drawing on the results of these investigations, the ECI encompasses six interrelated efforts—some of which are new to Cuyahoga County, some of which represent expansions or modifications of existing programs. These programmatic components are: (1) Welcome Home—a one-time home visit by a nurse with all first-time or teen mothers and their newborns; (2) Early Start—intensive home visits with families whose children up to age 3 have been identified as facing greater challenges; (3) expansion and quality improvement of certified home-based child care; (4) training of child care providers to serve children with special needs; (5) expansion of government-subsidized health insurance coverage for children of low-income families through enrollment in Healthy Start and other Medicaid programs; and (6) an effort to

increase public awareness of the importance of a child's first few years of life. Upon the creation of such a comprehensive, community-based and integrated system of services, the ECI Partnership reasoned, it should become more difficult for at-risk children to slip through the cracks.

Insistence on Results

Another distinctive characteristic of the Early Childhood Initiative is that it provided for a rigorous external evaluation by nationally recognized researchers. From the beginning the ECI Partnership planned to measure the impact of the Initiative in a variety of ways. The partners wanted to understand the extent to which services were being implemented as planned, were reaching children and families in need, and were having the desired impact on children, families and the community at large. Not only would the knowledge gained from ongoing evaluation inform the continuation of the Initiative and allow for mid-course adjustments, such research would ensure thorough documentation of what ECI set out to do and what it accomplished. This detailed record of programmatic and policy challenges confronted and surmounted, would be invaluable to State and national policy makers and local government officials who might later want to look to the ECI as a replicable model of successful early childhood intervention. Beyond this, the ECI Partnership would have available a full accounting of the effective elements of the Initiative, as well as those areas facing ongoing challenges, to inform discussions of how to institutionalize services for children in Cuyahoga County.

The ECI Partnership built into the Initiative a rigorous external evaluation by nationally recognized researchers to allow for mid-course adjustments and ensure thorough documentation of programmatic and policy challenges confronted and surmounted.

It was important to the ECI Partnership that the evaluation of the Initiative build local capacity for conducting early childhood research. With all ECI program components in operation beginning with infants born in mid-1999, the Partnership selected Cleveland's Center on Urban Poverty and Social Change (at the Mandel School of Applied Social Sciences of Case Western Reserve University) to direct the evaluation and brought in national experts from the Chapin Hall Center for Children at the University of Chicago and the Frank Porter Graham Childhood Development Center at the University of North Carolina at Chapel Hill.

Evaluation Overview

The research and evaluation of the Early Childhood Initiative has been designed to capture the impact of the Initiative as a whole, as well as that of each of the programs. Covering all aspects of the Initiative, the evaluation effort itself has attracted national interest because of its extremely challenging nature. Evaluation research on large-scale community initiatives, such as ECI, is extremely rare, especially when an initiative has been taken to scale in such a short time. Each of the ECI's major programs are being studied to examine the degree to which they reach eligible families, children and providers, to assess whether and how the target populations are benefiting as a result, and to determine the extent to which children and families are served by more than one ECI program. The research team is also exploring how the ECI has affected the local context and systems for young children and their families. Specifically, the research and evaluation will document the role that the ECI is playing in changing the service delivery system, public policy and community supports for young children and their families.

A principal investigator with expertise in the area under study leads each of six sub-studies: a population trends study; a system change study; studies of the two home visitation

programs, Welcome Home and Early Start; a family child care homes study; a special needs child care study; and a study of the health care insurance coverage expansion through Healthy Start and other Medicaid efforts. Each study addresses specific questions related to the program under evaluation. Even though the program components are being considered individually, all the evaluations share an overarching concern: *Is the program, strategy or activity successful in helping to improve the lives of the children in Cuyahoga County?*

Evaluation Management and Administration

Because the ECI is complex, the evaluation effort brings together a multidisciplinary team of researchers from several institutions, with coordination provided by the Center on Urban Poverty and Social Change. Chapin Hall Center for Children has primary responsibility for the research and evaluation of the home visitation programs. The Center on Urban Poverty is conducting studies of the family child care homes and the expansion of child care for children with special needs in consultation with researchers from Frank Porter Graham Center at the University of North Carolina. The Center on Urban Poverty is conducting the Healthy Start/Medicaid study, the systems change study and tracking indicators of well-being of the ECI target populations (children from birth to 5 years of age and their families) to determine whether the Initiative is having a discernible effect on these markers.

Multiple data sources and methods are being combined to provide a holistic view of how each component of the ECI is working and how all of the parts connect. Among the research tools that are being used are longitudinal studies of families in their homes; telephone surveys of parents and service providers; qualitative interviews with key informants; observation of service quality; linkage and analysis of computerized administrative records; case record reviews; and

the calculation of population-based, County-level social indicators. The magnitude of the research and evaluation has required the research team to develop efficient systems of coordination and integration, as well close working relationships with representatives of the various stakeholder groups in the ECI Partnership.

The research and evaluation spans the period September 2000 through August 2002 and will be presented in full in a final report scheduled to be released in the fall of 2002. The purpose of this interim report is to provide a preliminary assessment of the Initiative's accomplishments during its first two years of operation. It is presented with the goal of helping the ECI Partnership identify ways to maximize the success of the Initiative's five major program components. (Note: The public awareness campaign is not within the purview of the evaluation.)

Given the Initiative's complexity and multiple objectives, neither report will result in a single, simplistic conclusion about the impact of ECI. Rather, each report will provide a detailed picture of the Initiative's progress, challenges and full array of outcomes, as identified through the various study components.

Findings on the ECI Programmatic Components

The evaluation of the Early Childhood Initiative involves six sub-studies that examine the various dimensions of the Initiative. The multiple studies in the evaluation have been designed to answer a number of important questions relevant to each program or dimension. Preliminary findings from the evaluation are presented in subsequent sections of the executive summary. It is important to note that, because this is an interim report and data collection and analysis are still underway, the progress that has been made toward achieving certain program objectives cannot yet be measured.

Greater detail on the findings to date of each sub-study is provided in the five chapters that follow. Some of the highlights include:

- The percent of uninsured children under 6 in Cuyahoga County decreased from 10 percent to 2 percent between 1998 and 2001.
- The number of children enrolled in Healthy Start and other Medicaid health coverage programs has increased by 6,300 since the start of ECI, with evidence that these children experience greater stability in their coverage.
- Enrollment of children under 3 in regulated child care has nearly doubled since the inception of the ECI, and 76 percent of 3 and 4 year-olds enrolled in some type of preschool in 2001.
- Since the start of ECI, Welcome Home visits have been made to nearly 14,000 new and teen parents, representing more than 88 percent of all those eligible for the service.
- The Early Start intensive home visits have been made available to more than 13,000 families with children under 3, many of whom are at-risk of child abuse or other negative outcomes.
- The Family Child Care Homes program led to the certification of 1,433 new home-based child care providers, representing nearly a 150 percent increase in the number of certified homes in Cuyahoga County. Nearly 85 percent of these new providers received technical support visits.
- The special needs child care program has delivered technical assistance to 435 individual child care providers caring for children with special needs, and there has been a notable increase in the number of child care programs willing to serve children with special needs. Two-thirds of the children served by providers receiving training exhibited behavioral problems, placing them at risk of experiencing difficulties in maintaining stable child care.
- The Initiative has begun to reshape the system and policy context for children from birth to age 5. Not-for-profit and private service providers have been linked, service delivery planning has been transformed to meet specific needs and engage in problem solving around how to integrate services for young children and families, and there have been some important changes in policy, such as an increase in the payment rates of family child care home providers who participate in ECI quality enhancement services.

Overall findings can be summarized as follows: Considerable progress has been made in building the new service delivery system. Programs that are clearly valuable are now in place

and many program refinements have been made. Although it is too early to assess the Initiative's full impact on the target populations, preliminary statistical indicators of the well being of young children are encouraging, and there is significant evidence of positive systemic change.

Interim Findings of the Population Indicators Study (Chapter 2)

Principal Investigator

Dr. Claudia Coulton, Mandel School of Applied Social Sciences

Evaluation Methodology

County-level indicators of the well being of children from birth to age five are being tracked over time, using a variety of administrative datasets.

Findings

Early trends of statistical indicators can be viewed as optimistic.

Abuse and neglect. Child abuse and neglect rates for children under 6 were consistent throughout the '90s. It is too early to observe any reduction in these rates as the ECI went into effect only in 1999. However, recent birth cohorts show a slightly lower chance of experiencing a second incident of maltreatment within two years, a trend that suggests, if it continues, the ECI may be having a preventative effect.

Health insurance coverage. A large improvement occurred in health insurance coverage, both privately and publicly funded, for young children between 1998 and 2001, with the estimated percent of uninsured children under age 6 falling markedly from 10.5 percent to 2.1 percent.

Poverty rate. Although 2000 Census data are not yet available, child poverty in Cuyahoga County is likely to have fallen slightly from the 1990 rate of 24 percent, consistent with national trends attributable to welfare reform and a strong economy during the period. The percentage of children under age 6 who were on cash welfare in the County fell from almost 40 percent in 1992 to 15 percent in 2000. Although most of these former welfare families have higher incomes than they did on welfare, more than half remain near the poverty line, and this economic reality is a reason the ECI is needed now more than ever.

Regulated child care. Enrollment of children under age 3 in regulated child care has nearly doubled since the inception of the ECI. About one-third of these children are subsidized by vouchers.

Preschool attendance. In 2001, 76 percent of 3 and 4 year-olds were enrolled in some type of preschool program, including Head Start, public preschool, private preschools or

combined child care and preschool programs. This is much higher than the national preschool enrollment rate of 57 percent.

Death rate. The number of deaths among children under age 6 continued to fall throughout the decade.

Other significant demographic trends. The persistence of high rates of low birth weight, despite the leveling of teen and out-of-wedlock births, supports the decision of the ECI to pilot a prenatal program.

Interim Findings of System & Policy Change Study (Chapter 3)

Principal Investigator

Dr. Sharon Milligan, Mandel School of Applied Social Sciences

Evaluation Methodology

Interviews with 34 key informants working at varying levels within the ECI were conducted and supplemented with archival data.

Findings

Numerous policies and structures were changed and implemented, leading to changes both within and outside the County in systems serving young children and their families.

Level of collaboration. New collaboration between private and public funders has led to a more unified vision for systemic change and the funding to sustain it; increased cooperation among program implementers has decreased service duplication and improved service integration and efficiency.

Policy development. Service delivery planning has been transformed to meet specific needs and engage in problem solving around how to integrate services for young children and families. The promise of the ECI has been recognized outside the County as well, and some programmatic components are in fact serving as a model for the State of Ohio. The ECI has also become a magnet for a variety of additional projects and resources that have the potential to further its aims and vision.

Needed system changes. Increased efforts are needed to raise public awareness about the ECI and to ensure that service providers can effectively communicate information about the system to parents. Internal communication among contractors and between contractors and the ECI could be improved. Attention to transitions between programs for birth and age 3, age 3 to 5, and kindergartners is needed. Key informants express the need to secure the financial, political and structural sustainability of the ECI.

Other Issues to be Addressed in the Final Report

The evaluation will provide data, to be presented in the final report, on other issues of interest, such as the percentage of the County's children who participate in one or multiple ECI programs.

Interim Findings of Home Visitation Studies (Chapter 4)

Program Description

The Welcome Home program of the Early Childhood Initiatives sends registered nurses to make home visits to every first-time and teen mother in Cuyahoga County. Ideally in the home within days of the birth, the nurse conducts a health check on the mother and baby, makes sure families are aware of various community supports available to them and links the family with any additional services that may be needed. The Early Start program of the Early Childhood Initiative sends home visitors into homes of new parents who need additional support, such as parenting education or developmental screening. In ongoing home visits to parents whose children up to age 3 are facing challenges, the home visitor assists the family in the development of individualized service plan, which lists goals for the parents and children and steps to meet the goals.

Principal Investigator

Dr. Deborah Daro, Chapin Hall Center for Children, with Dr. Eboni Howard, Chapin Hall Center for Children

Evaluation Methodology

500 Welcome Home/Early Start families and 300 Welcome Home-only families are being tracked via in-home assessments at baseline and at one year and via telephone interviews at three months.

Findings

Based upon numerous empirical studies, policy analyst and advocates have cited home visitation as offering a promising service delivery approach for educating parents and reducing the potential of child abuse and neglect. Preliminary analysis suggests that the home visitation programs have served a sizable and representative number of families in the County, and the staff of these programs are well educated and generally satisfied.

Service coverage. Since July 1999, Welcome Home visits have been provided to almost 14,000 new and teen parents, a number that represents more than 88 percent of all new and teen births in the County. Since July 1999, more than 13,000 families have been referred to Early Start.

Client satisfaction. More than 90 percent of Welcome Home participants responding to a County-administered consumer survey reported satisfaction with the home visiting service. Virtually all Welcome Home participants interviewed as part of the evaluation expressed high praise for the nurse visit and did not express unmet needs.

Types of families served. The evaluation sample mirrors the characteristics of the broad pool of families who are receiving both Welcome Home and Early Start visits in terms of problems presented, location of the home and source of referral. Families eligible for Early Start present a range of demographic, environmental, social and developmental risk factors that place their children at increased risk for abuse or other negative outcomes. In fact, families referred to Early Start from Welcome Home and Ohio Works First (the

County welfare program) have an elevated risk for maltreatment. Neither group appears to be at the highest end of the risk continuum, however.

Service delivery. Over time, it appears families are engaging in Early Start services closer to the birth of their children and receiving a higher proportion of planned services. However, as with other intensive home visitation services that have been studied nationally, families receive only about half of the intended service dosage.

Staff satisfaction and training. Home visitors and supervisors are well educated and generally satisfied with Early Start. More than 75 percent of staff were satisfied with their agency's management of Welcome Home and Early Start. A sizable proportion of home visitors (and supervisors) reported no prior experience in delivering home visitation services. This finding suggests that expanded training and support may be necessary to insure that the model is implemented as designed.

Other Issues to be Addressed in the Final Report

The evaluation will provide data, to be presented in the final report, on other issues of interest, such as the unmet needs expressed by Early Start parents and the improvement of outcomes of children served by Early Start.

Interim Findings of Family Child Care Homes Study (Chapter 5)

Program Description

The Family Child Care Homes program of the Early Childhood Initiative was designed to increase the number and improve the quality of home-based child care facilities in Cuyahoga County. Four regional organizations work with Starting Point, the County's child care resource and referral agency, to recruit, train, and deliver technical assistance to new family child care providers.

Principal Investigator

Dr. Sue Pearlmutter, Mandel School of Applied Social Sciences, with Dr. Ellen Peisner-Feinberg, Frank Porter Graham Child Development Center

Evaluation Methodology

Trained observers are conducting in-home assessments at baseline and 12 months to determine the changes in quality of care in a random sample of 100 newly recruited family child care providers.

Findings

Through two years of the Initiative, the regional recruitment system surpassed its goal for increasing capacity.

Service coverage. Since July 1999, 1,433 new family child care homes have been trained and certified, representing nearly a 150 percent increase in the number of certified child care homes in the County. (The number of certified homes as of June 30, 1999 was 963.) Approximately nine percent of these new providers have withdrawn from the service

network, a much lower rate of attrition than that found in other studies of family child care (30-40%).

Training provided. Of the homes that have been certified to date, 84 percent have received post-certification technical assistance and 56 percent have received visits related to quality enhancement.

Turnover rates. Of the 1,433 new homes certified under the ECI, 127 or 9 percent have left the program. This rate of turnover is one-half to one-third of that noted in other published studies of family child care providers.

Quality improvement. Quality improvement cannot be judged yet, since only baseline ratings have been made. Prior to receiving technical assistance (i.e., baseline), the new family child care homes fell into the poor range on the Family Day Care Rating Scale, suggesting that the ECI is potentially addressing an existing need for quality improvement.

Other Issues to be Addressed in the Final Report

The evaluation will provide data, to be presented in the final report, on other issues of interest, such as unmet needs expressed by new Family Child Care Homes providers and improvements in their business and professional practices.

Interim Findings of the Special Needs Child Care Study (Chapter 6)

Program Description

The Special Needs Child Care program of the Early Childhood Initiative works with community agencies to provide technical assistance, equipment, supplies and support to child care providers and to families to enable children with special physical, behavioral, mental, developmental or emotional needs to be accommodated in mainstream child care facilities.

Principal Investigator

Dr. Claudia Coulton, Mandel School of Applied Social Sciences, with Judy Simpson, TRANS.FORM, Inc., Dr. Rob Fischer, Mandel School of Applied Social Sciences, and Dr. Donna Bryant, Frank Porter Graham Child Development Center

Evaluation Methodology

Service usage is tracked through administrative datasets and the supply of special needs child care and training of providers is being assessed. Focus groups conducted with providers and parents document their experiences with the child care system.

Findings

The available data show that progress has been made in expanding and enhancing the network of child care providers serving special needs children in Cuyahoga County.

Increased capacity. An estimated 68 child care programs served children with special needs in the County before the ECI began; now there are an estimated 170 such

programs. In addition, between December 2000 and June 2001, the number of family child care homes providing care for a child with special needs increased from 27 to 36 homes. Additionally, the number of providers who expressed *willingness* to serve children with special needs increased from 256 to 339.

Training provided. In total, 429 individual child care providers made 717 requests for training on special needs, which were handled during the period of January 2000 to March 2001. There is no clear pattern over the five quarters examined, however, that providers are attending training sessions on a range of subjects related to special needs child care. Of the children on whose behalf technical assistance was delivered, seven visits were delivered on average per child and 21 visits per child care program.

Stabilization of care. The available data provides limited information about whether the ECI training program has stabilized care for the special needs children on behalf of whom it has been provided, although focus group attendees agreed that technical assistance can be an essential tool in helping them accommodate special needs children.

Client satisfaction. Providers and parents report that the technical assistance provided by community-based agencies made a substantial difference in the quality of care provided to special needs children. In addition, the views of focus group participants suggest that there are now an adequate number of child care spaces available for these children.

Unmet needs. Data from focus groups suggest the need for (1) enhancements in public welfare caseworkers' knowledge about children with special needs; (2) increases in the level of child care reimbursement for children with special needs; (3) a centralized source of information for families related to children with special needs; and (4) a mechanism for linking parents with providers who offer high-quality child care for children with special needs.

Other Issues to be Addressed in the Final Report

The evaluation will provide data, to be presented in the final report, on other issues of interest, such whether the ECI has increased the number of portals through which parents can access special needs child care.

Interim Findings of Healthy Start/Medicaid Expansion Study (Chapter 7)

Program Description

Healthy Start and other Medicaid programs provide free health insurance for children of low-income families. The aims of the Healthy Start/Medicaid program of the Early Childhood Initiative are to enroll children into State and Federally funded insurance programs, to connect children with a health care professional for well-child visits, and to identify children with developmental delays and disabilities and link them with needed services.

Principal Investigator

Dr. Claudia Coulton, Mandel School of Applied Social Sciences, with Dr. George Weiner, Federation of Community Planning

Evaluation Methodology

Data from two administrative datasets along with survey findings and other reports are being analyzed over time to assess both enrollment in Medicaid and the medical services received by children.

Findings

The objective of expanding access to health insurance and health care for all children in low-income families has been met. A large improvement in health insurance coverage for young children occurred in Cuyahoga County between 1998 and 2001.

Indicators of expanded coverage. The 1998 Ohio Family Health Survey found that 12.5 percent of children 18 years and under and 10.5 percent of those age 5 and under in Cuyahoga County lacked health insurance. A follow-up survey in 2001 found that the number of uninsured children 18 years and under in the County had declined to 7.4 percent. Only 2.1 percent of children age 5 and under were uninsured by 2001.

Medicaid enrollment and outreach. Analysis of Medicaid enrollment trends showed an almost uninterrupted increase in the enrollment of younger children since December 1999, with a dramatic increase beginning in September 2000. Enrollment for older children has increased substantially since September 2000, as well. Recent data from Cuyahoga Health & Nutrition (County department) show an increase in the average monthly call volume on the Healthy Start hotline since January 2000, as well as an increase in the average number of Medicaid applications received per month from all sources.

Stability of coverage. Preliminary analysis found that Medicaid enrollment began earlier and spells of uninterrupted eligibility increased in duration for children born after mid-1999 as compared to children born prior to mid-1999. This suggests a trend toward more stable coverage for young children.

Other Issues to be Addressed in the Final Report

The evaluation will provide data, to be presented in the final report, on other issues of interest, such as whether the ECI has increased the number of young children who have a regular medical provider and receive immunizations and well-child medical visits according to a recommended schedule and decreased their use of emergency medical services.

Challenges Facing the ECI

The ambitious effort to take the Initiative to scale in a short time period has been successful, although accompanied by a number of operational challenges, including the relatively short time the Initiative had to build the capacity of programs to meet the demand for services and the large number of data systems that had to be established to support the delivery of high-quality services. Preliminary recommendations for the ECI highlight several areas where the Initiative may now need to focus its efforts. These include:

1. Continue the use of effective outreach efforts in enrolling eligible children into Healthy Start/Medicaid;
2. Expand and enhance prenatal services, given the persistent trend of low birth weight babies in Cuyahoga County;
3. Increase public awareness of the ECI campaign and its components to encourage families to take advantage of its services and to engender broader public support of the Initiative;
4. Assess the degree to which the home visitation programs (Welcome Home and Early Start) are reaching those children and families most at risk;
5. Stress the area of basic care in quality enhancement visits to newly certified family child care homes;
6. Evaluate the different service delivery models being used to address child care for children with special needs to help tailor the ECI training to effectively meet the needs of children on whose behalf the training is provided;
7. Continue to build management information systems to support high-quality service delivery and ongoing evaluation activities.

Overall Assessment

The Early Childhood Initiative has greatly enhanced the system of caring for children in Cuyahoga County. More than 85 percent of eligible first-time and teen mothers have received a Welcome Home visit, more than 1,400 family child care homes have been certified, and expanded outreach for Healthy Start/Medicaid has resulted in 25 percent greater enrollment since

the start of the ECI. The County has convened and sustained a vital group of private and public collaborators to guide the Initiative, and these deliberations have changed the dialogue in the County regarding caring for all children.

This interim report provides an assessment of early implementation of the ECI against which future results can and should be measured. It also offers recommendations for refinements aimed at enhancing the effectiveness of this complex and visionary Initiative and to improve the ability of the ECI Partnership to evaluate its ongoing impact. Although it is too early to determine the degree to which the ECI has been successful in meeting the many objectives of the comprehensive package of programs and activities that have been undertaken, the currently available data do support optimism about the initial progress of the Initiative and the capacity of the ECI partnership to ultimately meet the commendable goals of healthy children, effective parents and quality child care.

Full Research Team

Component directors: Dr. Claudia Coulton, Principal Investigator; Dr. Deborah Daro, Co-Principal Investigator; Dr. Sharon Milligan, Co-Investigator; Dr. Sue Pearlmutter, Co-Investigator; Judy Simpson, Consultant; Dr. George Weiner, Consultant.

Senior staff: Dr. Gerald Mahoney, Motto Professor, MSASS; Dr. Rob Fischer, Senior Research Associate, MSASS; Dr. Susan Cole, Research Assistant, MSASS; Dr. Liane Grayson, Project Manager, MSASS; Dr. Eboni Howard, Research Associate, Chapin Hall.

Other members of the research team:

Mandel School of Applied Social Sciences –

Susan Allen, Graduate Assistant; Dionne Jones, Research Assistant; Cheehyung Kim, Graduate Assistant; Kristen Mikelbank, Research Assistant; Kate Offutt, Programmer/Analyst; Engel Polousky, Programmer/Analyst; Dr. Kathleen Quinn-Leering, Research Assistant; and, Julia Withers, Programmer/Analyst.

Chapin Hall Center for Children –

Allen Harden, Senior Research Associate; and from Westat – Dr. Crystal MacAllum, Senior Study Director; Jan Jones, the Field Director; and, Jayne Turner, Field Supervisor.

Other Mandel School staff that contributed to the project:

Richard Cole, Manager/Director, Research & Training; Jeff Hagan, Communications Specialist; Curtis O’Neal, Departmental Assistant.

Consultants to the project:

Donna Bryant, Senior Scientist, Frank Porter Graham Child Development Center; Ellen Peisner-Feinberg, Scientist, Frank Porter Graham Child Development Center.

*The Interim Report executive summary was prepared by
consultant, Diana Tittle and Dr. Rob Fischer.*

This executive summary as well as the full Interim Report is available in PDF format at <http://povertycenter.cwru.edu/> or by contacting:

The Center on Urban Poverty and Social Change
Mandel School of Applied Social Sciences
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7164
(216) 368-3801 voice
(216) 368-2295 fax