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**Cuyahoga County
Early Childhood Initiative
Evaluation: Phase I Final Report**
Executive Summary

February 2003

**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
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Cuyahoga County Early Childhood Initiative Evaluation: Phase I Final Report

Executive Summary

Synopsis

In Cuyahoga County, Ohio, a community-wide, multifaceted initiative directed at children from birth through age 5 has been forged to meet the need for a universal and comprehensive approach for supporting all families with young children. In its first three years (July 1999 - June 2002), the Early Childhood Initiative (ECI) was launched by a broad-based coalition of public and private partners brought together by County government. The programs of the ECI have been woven into the fabric of local services and have met their target goals of numbers of clients served. Indications are that the majority of 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 refined and expanded, and increase public awareness of the availability and importance of the efforts of the Initiative.

The Building of the ECI

Early in 1999, the Cuyahoga Board of County Commissioners announced that Cuyahoga County was entering into a public/private partnership focused on early childhood. The three-year Early Childhood Initiative involved securing an estimated \$40-million in funding and brought together more than 50 community service agencies, hospitals, private funders and departments of County, State and Federal government. By July 1, 1999, the Early Childhood Initiative was officially in operation and all program components were available to serve all infants born in 2000. The Center on Urban Poverty and Social Change, Case Western Reserve University was requested to lead an evaluation of the Initiative, involving researchers from the Chapin Hall Center for Children at The University of Chicago and the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

Targeting children from birth through age five, and their parents, guardians and caregivers, the Early Childhood Initiative is centered on achieving three specific goals:

- To promote effective parenting;
- To provide children access to health care; and
- To assure the availability of quality child care.

To address these goals, the ECI encompasses five interrelated efforts: (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 developmental challenges due to family and environmental characteristics; (3) expansion and quality improvement of certified home-based child care; (4) training of child care providers to serve children with special needs; and (5) outreach and expansion of

government-subsidized health insurance coverage for children of low-income families through enrollment in Healthy Start and other Medicaid programs.

The Distinguishing Features of the ECI

The Cuyahoga County Early Childhood Initiative is a community-wide undertaking, distinguished by a number of key characteristics. These aspects set the Initiative apart from other early child-focused efforts that emerged during the same period around the country. These characteristics include:

The scope of the public/private partnership – Many efforts have merged public and private funds but no other example exhibited a funding partnership that included numerous private sector funders and agencies, and County government. Similarly, the operational structure of the Initiative represents an integrated service delivery approach, involving public and private sector elements.

The effective and simultaneous use of universal and targeted services across multiple program domains – Most other efforts focusing on newborns and their parents tried to implement either home visitation efforts or center-based reform. Few other efforts have drawn together home visitation, child care, and health care all within a single package in the way the ECI has. This multi-sector approach, drawing on models of prevention and intervention, successfully wove together a diverse set of threads into a conceptually strong Initiative.

The commitment to evaluation – Most other community-wide efforts have used administrative data to track changes or conducted experimental pilot studies. Few have invested in meaningful, ongoing evaluation studies to assess implementation and outcomes for the purpose of making programmatic improvements at the scale ECI has.

The continuous adaptability of the County to changes in state and federal policy directives – During difficult economic and political times, the ECI has demonstrated considerable flexibility in adapting the components of the Initiative. These adaptations have included altering child care reimbursement rates, expansion of training programs, moving to establish quality assurance standards, dealing with management information systems challenges, and developing a pre-natal expansion of the home visiting component. Throughout the first three-year phase, the ECI leadership has faced and responded to the dilemmas inherent in implementing a complex initiative.

The governance structure – The developers of the ECI sought to innovate by basing the operational structure of the Initiative within County government, while also establishing input and oversight from private sector funders through the formation of the ECI Partnership Committee.

Findings on Years 1 through 3 of the ECI

This report is the product of over two years of research on the early years of the Early Childhood Initiative, and follows on the findings of the Interim Report released in November

2001.¹ The evaluation of the ECI involved six sub-studies that examined the various dimensions of the Initiative. The multiple studies in the evaluation were designed to answer a number of important questions relevant to each program or dimension. Currently, some data collection and analysis activities are still ongoing and, as such, some outcomes and findings will be expanded in subsequent reports.

Greater detail on the findings to date of each sub-study is provided in the full report. Some of the overall highlights of the report include:

Capacity and Systems Findings:

- In 2.5 years of operation, the ECI reached nearly 83,000 Cuyahoga County children (prenatal through five years of age), and approximately 68% of children born since the start of ECI have received one or more ECI services.
- Since the start of ECI, Welcome Home visits have been made to over 19,700 new and teen parents, representing 86 percent of all those eligible for the service.
- Since the launch of ECI, 15,441 children, 69% under six months of age, have been referred for Early Start services.
- The Family Child Care Homes program led to the certification of 1,499 new home-based child care providers, a 150% increase since the start of the Initiative, and 74% of these providers received technical support visits.
- The Special Needs Child Care program has delivered technical assistance on behalf of nearly 1,200 children with special needs [based on data from families that consented to participate in the evaluation], trained over 900 providers, and helped more than 250 families through placement assistance.
- From the perspective of a sample of key informants, the Initiative has facilitated a cultural shift among the organizations involved to create a coordinated response to children's needs, established formal, structured collaborations that did not previously exist, facilitated cross-system referrals, and developed new linkages between community-based agencies and families across the County.
- From the perspective of a sample of key informants, however, some barriers remain, including concerns about long-term political support, long-term funding, and the availability of a sufficient and qualified labor pool.

Service Provision and Quality Findings:

- Infants are being served earlier in life as the Initiative progresses, with 63% of infants being served by three months of age in the most recent birth cohorts.
- More children born in 2000 were identified as needing Early Intervention services and were identified at an earlier age than prior to the Initiative.

¹ See Coulton, C. and colleagues. (2001). *Cuyahoga County Early Childhood Initiative evaluation and research project, interim report*. Cleveland, OH: Case Western Reserve University, Center on Urban Poverty and Social Change, Mandel School of Applied Social Sciences. (Available at <http://povertycenter.cwru.edu/>)

- Similarly, Early Start home visits are being delivered much earlier in infants' lives, such that infants referred for service before their 6-month birthday receive an initial home visit within the first month of life.
- Early Start referrals with the highest level of risk are twice as likely to receive an initial home visit and engage in the program as those referrals with fewer presenting problems.
- On average, over a 9-month period Early Start families received 11.3 visits, approximately half the number of intended home visits, comparable to service levels achieved in similar early intervention programs.
- Improving the quality of care in family child care homes proved difficult. Over a 12-month period, the overall quality of care remained poor in a sample of family child care homes. However, the retention of quality was found to be correlated with factors that could be influenced by policymakers: a greater number of technical assistance visits, seeking providers with limited child caregiving experience pre-certification, and fewer children in care.
- During ECI, the percentage of children enrolling in Medicaid during the first month of life increased from 45% to 62%, and the percentage disenrolling within 13 months after initial enrollment decreased from 36% to 25%.

Outcome Findings:

- Enrollment of children under age 3 in regulated child care increased by 25% since the inception of the ECI, and 76% of 3- and 4-year-olds were enrolled in some type of preschool in 2001, compared to 57% nationally.
- Welcome Home visits provided participants useful information in identifying health and related resources for their children and in offering guidance in basic child care strategies.
- A greater number of Early Start services had modest predictive ability in explaining a participant's reduced risk for physical abuse and increased sense of competence and comfort in caring for her child.
- Over the three years, family child care provider income increased 58%, on average, and the mean number of children in care increased by 53% (from 3.0 to 4.6 children).
- The receipt of TA and training related to caring for children with special needs was found to be associated with a greater willingness to care for children with special needs.
- Eighty percent of children with special needs whose caregivers received TA remained in their child care placement for six months or more.
- The percent of medically uninsured children under age 6 in Cuyahoga County decreased from 10 percent to 2 percent between 1998 and 2001 (latest data available).
- The proportion of infants enrolled in Medicaid who received a well-baby visit within the first month of life increased from 30% to 43% between 1998 and 2001, and the proportion receiving the intended five visits during the first year of life nearly doubled (from 11% to 21%).

Underlying Themes Identified in the Evaluation

Beyond specific program and system-level findings, five cross-cutting themes emerged through the study of the ECI that offer a broader understanding of the results. These themes include: (1) expanding capacity and going to scale, (2) leadership and collaboration, (3) targeting and outreach, (4) attaining and maintaining quality, and (5) policy context and external factors. The themes involve both positive aspects of developing and implementing the Initiative, as well as barriers and challenges that have emerged. Each theme is discussed in turn.

1. Taking the Initiative to scale and expanding capacity

Throughout the research on the Initiative, a consistent theme was the dramatic scale of the undertaking. In practice, “going to scale” could include strategies both to expand the breadth or coverage of programs and to deepen or strengthen the connections among local service providers. In the case of ECI, both strategies were employed. The developers of the ECI opted early on to fashion an Initiative that would be taken to scale quickly, rather than beginning with small pilot work touching only a few children, families, and caregivers. This ambitious goal of beginning programs on a broad scale grew out of the developers’ understanding that access to health care, quality child care, and early home visiting had proven positive impacts. Their desire was to immediately reach many families with identified needs throughout the County, and improve health and social indicators for the entire population of young children.

An important feature of the ECI stems from the decision to deliver the comprehensive array of services, not by creating a new institutional structure, but by building upon existing community based agencies and local service providers. Taking the Initiative to scale included both building on the capacity of existing programs coupled with greatly expanding services to new target populations. The strategies for implementing on a broad scale involved developing program capacities to effectively handle requests from families and providers, and expanding outreach and recruitment activities to attract participants to the programs and services. The Initiative’s need to work with numerous service providers across various program areas to effect change, meant that the objective of going did involve some operational challenges.

A review of the available evidence reveals that the scale of the ECI programs grew rapidly after the Initiative was launched in July 1999. At least one program of the ECI is now reaching the vast majority of newborns and their families and, as intended, the reach is simultaneously broad and focused. This is reflected in the fact that in its first 2.5 years, the ECI reached nearly 83,000 Cuyahoga County children prenatal through five years of age. Furthermore, approximately 68 percent of children born since July 1999 have received one or more ECI services. The majority of families avail themselves of only one ECI service but others, especially families in poor neighborhoods, are involved with several components of the ECI along with other public programs. This pattern of service is consistent with a model system that is universal but also intensive for challenged families and vulnerable children.

2. Collaboration and leadership

A second theme that emerged relates closely to the effective implementation of a broad scale initiative such as the ECI. To take the Initiative to scale quickly required marked collaboration among the numerous implementing agencies, as well as key leadership at the funder, County, and agency-level. The developers of the Initiative quickly instituted the ECI

Partnership Committee to provide leadership at the funder level, and created the ECI Operations Management Committee to manage ongoing implementation of the Initiative through a collaborative team approach.

One area in which there is clear evidence of leadership and collaboration is in how the Initiative has responded to challenges identified through the evaluation process. The Interim Evaluation Report suggested three areas for improvement. For this report an assessment was made of the extent to which actions had been taken to deal with the issues since late 2001.

- *Smoothing transitions for children between programs that serve children ages birth to three and three to five, and between three to five and kindergarten.* For a truly integrated system of care for young children, transitions among programs must be seamless for these groups of children and their parents. The Help Me Grow collaborative provided leadership on this issue for the ECI and altered its mission to reflect an expanded target population of children prenatal to age five. Actions on this front included the formulation of a comprehensive transition planning strategy, encompassing services from prenatal care through the kindergarten transition working closely with representatives of local school districts, Head Start, Early Head Start, Starting Point, hospitals, and social service agencies.
- *Improving communication among the Initiative's components, between the ECI and the funders and representatives of the business community, and between the Initiative and the general public.* These multiple dimensions of communication were addressed in a variety of ways. Communication within the Initiative and among its collaborating agencies continues to improve at multiple levels. Currently, there is evidence that internal communication has improved at the level of the ECI Operations Committee, among senior staff of the three principal implementing agencies, and between line staff across the three principal agencies. The ECI's communication with community service providers and business and civic leadership outside the Initiative, though improving, continues to be perceived as somewhat inadequate. The current name of the Initiative and the marketing linkage among its programs are seen as continuing barriers to expanded community recognition of the Initiative.
- *Assuring political and economic sustainability for the Early Childhood Initiative.* In response to this concern the core leadership of the ECI undertook to solidify funder and community support for the Initiative. To date, the financial stability of the Initiative has been assured in the short-term due to multi-year commitments of \$8 million from the Cuyahoga Board of County Commissioners and over \$5.2 million in private sector funding. The willingness of the County Commissioners to allocate significant resources to the Initiative in the midst of County and State budgetary difficulties can be seen as a clear indication that the ECI enjoys political support. Questions do remain, however, about how to sustain the ECI's existing programs on a long-term basis, as well as the ability of the ECI to add complementary service enhancements in future years.

3. Targeting and outreach

In the development of a community-wide initiative such as the ECI, issues of programmatic targeting and participant outreach must be addressed on multiple levels. In particular, one of ECI's exemplary strategies was its implicit attempt to embed more intensive services for those with the greatest need within the context of universal services designed to reach the full population of families with children birth through age 5. As such, under ECI all first time and teen parents received a Welcome Home visit and all lower-income children were

ensured access to health care and a medical home. In addition to providing important supports for all children, this strategy had the added benefit of identifying, in a more systematic manner, those children in need of additional support, health care, or child care services. Evidence from the evaluation suggests that ECI made marked progress in accomplishing both its universal and targeting missions.

The overriding emphasis of the Initiative is on improving the well-being of young children and their families. To do this, strategies were targeted to various caregiving dimensions, recognizing that all services must be tailored within the context of the child's family and community. In operation, this means that services were targeted principally to the child's parents, other caregivers, and the institutions that shape the daily lives of children. So, for example, the quality child care components of the ECI focused on improving the care experiences of children in family child homes and in centers. This approach required recruiting individuals to become home-based care providers and delivering in-home quality enhancement services to certified providers. In regard to improving services for children with special needs, the targeting of services focused on individual children by providing technical assistance and training to the child care staff caring for those children. Regardless of the focal point of the service provision, however, the end goal was to benefit the well-being of the children.

Decisions about the targeting of services were driven both by beliefs about the logic of prevention and intervention activities, as well as resource and capacity levels. Although ECI is universal in many respects, there was awareness that children and families at-risk must be provided services and supports that reduce their chances of negative outcomes. These at-risk children were the children who were most likely to benefit from receipt of several ECI services. The research found that, among those children served by ECI, approximately one-quarter of all children under age 6 and 34% of infants under age one received services from more than one ECI component. The most frequent combination of services was Welcome Home and Healthy Start/Medicaid. ECI families also relied on a number of other public services, such as Food Stamps. Children that received multiple and intensive ECI services were concentrated in low-income neighborhoods within the City of Cleveland where the need is greatest. Although there are many entry points into ECI, the first contact for recent birth cohorts was often Welcome Home. Ideally, Welcome Home identifies needs and links families to Early Start, Medicaid/Healthy Start, child care or other early childhood programs. Welcome Home targets first time and teen mothers with a visit just after they return home with their newborn, and approximately 40 percent of births in 2000 were eligible for a Welcome Home visit.

With respect to outreach to participants, the ECI needed to engage families in services such as home visiting and public health insurance coverage, and recruit qualified individuals to become home-based child care providers. The challenges of doing each required the use of tailored marketing strategies, training of program staff, the establishment of client-friendly access points (e.g., Hotline service), and efficient referral networks among agencies. The success of these strategies was demonstrated, in part, by the rising levels of participation in ECI programs over the first three years. A remaining challenge, however, is continuing to assess the extent to which those families that used ECI services were the families who could benefit the most from the services. On outreach to providers, the challenge was in attracting individuals

who would be successful as home-based child care providers given the kinds of supports provided through the ECI.

4. Attaining and maintaining quality

In launching a set of complementary community programs on a broad scale, a major challenge is to balance the goal of increasing service capacity with the goal of providing high quality services. For the ECI, the majority of service targets that had been established at the outset were reached in the Initiative's second year. Comparatively, in this early period less emphasis was placed on refining and adapting program services, a process that was more fully engaged in 2001.

It bears noting that an overarching challenge on this front was to understand the varying perspectives on how to define quality. Delivering a high quality program can be determined by consistency in content and structure (e.g., extent to which program implementation adheres to the model or to best practice guidelines); agency or institutional standards (e.g., smoothness of organizational functioning and management, effective and efficient use of funds); or participant satisfaction and outcomes. The available evidence from the study of ECI showed that the parent/family perspective on quality differed from program staff, directors, and funders. Beyond this, State/County certification requirements and national standards (e.g., accreditation) for programs provide an additional lens for quantifying and judging quality.

Across the ECI programs, the goal of establishing and maintaining high quality services faced a variety of issues. These challenges included variation in the implementation of program models, variation in the skill levels among service providers, balancing the role of quality assurance and compliance activities, and handling differences among client and staff expectations about program objectives. Data from the evaluation show that in terms of some measures of process quality (i.e., how well programs were implemented), there were marked improvements over the first three years of the Initiative. In general, programs reached more children at younger ages, reduced wait times for referral and contact, and delivered more program services in shorter times as the Initiative developed over the first three years. These improvements suggest more efficient outreach to families and handling of requests for service.

Due to the need to examine trends over time, there are limited data as yet on the extent to which the ECI programs directly benefit participants. The data available for this report do show that the Initiative has made considerable progress on the quality front in many areas, but that work remains to be done. For example, several community-level indicators have made notable positive improvements (e.g., health insurance coverage, family economic self-sufficiency, enrollment of children in regulated child care). Parent report data on satisfaction with home visiting are overwhelmingly positive and some subgroups of at-risk families showed noteworthy benefits at 11-month follow-up. Parents of children with special needs also reported that services for their children were beneficial and, regarding the stability of their care, 80% reported that the child had stayed in the same child care program for six months or longer. However, objective assessments of care quality among a sample of home-based providers showed most had not improved over one year, though retention of quality was found to be greatest among specific categories of providers. Further, no improvements have occurred in some community-level measures such as the incidence of low birth weight births and child maltreatment rates.

5. Policy context and external factors

As a community-wide undertaking, the ECI was launched and implemented within a broader social and political context. To examine the ECI in isolation from the major external forces that have impacted it, is misguided and fails to address the totality of the Initiative's existence. These external forces have influenced the scope, scale, and ongoing implementation of the ECI programs and impacted the children and families of Cuyahoga County. These major factors included the implementation of welfare reform, the State budgetary situation and the economy, State policies relating to some ECI programs (e.g., certification, program eligibility and coverage, reimbursement rates), and general labor market characteristics.

A significant influencing factor for the ECI was welfare reform in Ohio, implemented in October 1997. Known as Ohio Works First (OWF), it required that parents receiving welfare assistance participate in work and it limited receipt of cash assistance to 36 months. The number of children under 6 on OWF fell from approximately 32,000 in 1997 to 12,000 in 2001. Welfare reform had many ramifications for young families and for early childhood programs, notable among them the large increase in demand for child care. To meet this need, the County more than doubled the number of child care vouchers that it provided to the welfare and working poor. Early on, many families were referred to Early Start as part of their OWF self-sufficiency plan, but as welfare caseloads fell rapidly, OWF became a much less central referral source for ECI programs. Another important policy aspect of welfare reform was that falling caseloads freed up TANF funds to be used for other non-assistance purposes. The ECI benefited from these flexible dollars in many of its programs, specifically the quality child care efforts.

In regard to the State economic context, the ECI has relied on several key funding streams to support its programs. During the initial phase of the ECI, the northeast Ohio region and the nation as a whole experienced the greatest, sustained economic growth period in recent times. In Cuyahoga County, most people who left welfare were able to get jobs and earned more than they had received on welfare. The poverty rate for families with children under 5 headed by females fell by 10 percentage points. Nevertheless, the typical single female-headed family only earned enough to live at or near the poverty line (approximately \$14,000 for a family of three). In late 2002, the nation and the region entered a recessionary period and some of these gains have begun to erode. The State of Ohio's fiscal crisis led to reduced funding availability for ECI programs beginning in 2002. In addition, the State's decision to withhold a large amount of TANF funding that had been designated for Cuyahoga County led to further difficulties in guaranteeing County-level funds for the Initiative.

As with all program initiatives, the ECI has been impacted by policies and requirements that originate from outside its structure. Over the course of the first three years, eligibility rules (e.g., Medicaid expansion; frequency of eligibility redetermination), and service coverage/reimbursement rates (e.g., child care per diem) have changed, affecting the agencies implementing ECI's programs and the client families themselves. In a climate of reduced funding availability from governmental sources, this largely translated into greater restrictions on programs, service reductions, and further limitation on available resources.

Recommendations

The ambitious effort associated with taking the ECI to scale in a relatively short time period, though remarkably successful, was accompanied by a number of operational challenges. The ECI leadership launched efforts to address many of these issues in 2002 and some remain to be fully investigated. As of the conclusion of first phase of the ECI, the following recommendations are offered as areas where the Initiative may need to focus its efforts as it enters its next two-year phase. These include:

1. Continue quality assurance and improvement activities in the ECI programs, to ensure clarity of purpose, adequate staff training, and effective use of program resources.
2. Carefully monitor the expansion and enhancement of prenatal services underway through the Initiative and its impact on program content, staff qualifications, and participant outreach.
3. Examine the participant characteristics and contextual barriers that limit access to key ECI services by all those identified as in need of additional assistance.
4. Monitor the effectiveness of the outreach efforts for enrolling eligible children and families into ECI programs, and assess the relationship between outreach and targeting of services.
5. Continue to work to increase public awareness of the ECI campaign and its components to encourage families to make use of its services and to engender broader public support of the Initiative.
6. Continue to foster collaboration among all ECI providers through both County-level efforts to remove institutional barriers to data sharing, and joint case planning and community-level efforts to enhance resource sharing.
7. Continue to support the effective use of evaluation data for programmatic improvement, through refining and improving data systems and promoting a collaborative relationship between program staff and the evaluation team.

Overall Assessment

The Early Childhood Initiative has greatly enhanced the system of caring for children in Cuyahoga County. The County has convened and sustained a vital group of private and public collaborators to guide the Initiative, and these deliberations have changed the system in the County regarding caring for all children.

This Phase I Final Report provides an assessment of 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. The ECI has been successful in meeting many of the objectives of the comprehensive package of programs and activities that have been undertaken and continues to pursue the commendable goals of healthy children, effective parenting, and quality child care in Cuyahoga County.

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*The Phase I Final Report executive summary was prepared by
Dr. Rob Fischer with the participation of the entire research team.*