



2001 Communities of Excellence



In recognition of outstanding communities nationwide, for their success in serving all their community's children, including those with disabilities, and their families.



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August 2002

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September 2002

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Bobbi Stettner-Eaton, *Executive Director, Federal Interagency Coordinating Council*
Bonnie Strickland, *Chair, Integrated Services Committee*

Integrated Services Committee members who selected the 2001 Communities of Excellence included representatives from the following:

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Food and Nutrition Services

U. S. Department of Education

Office of Special Education Programs

U. S. Department of Health and Human Services

Center for Mental Health Services

Child Care Bureau

Head Start Bureau

Maternal and Child Health Bureau

State Interagency Coordinating Councils

Families

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Photos of community teams by Lisa Helfert of Georgetown University.

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Introduction



ALL CHILDREN—INCLUDING THOSE WITH OR AT risk for developing disabilities—are more likely to reach their full potential with the help of others who care about their development, particularly their parents, other relatives, and community members. Children also require services and supports that meet their individual needs, such as early intervention and preschool services. Creating a community with high-quality, comprehensive services and supports for its children and families, however, is a challenge. The effort requires the commitment of dedicated leaders with an expertise in a number of areas, continuous funding, and many other resources.

In 1991, Congress recognized the importance of providing supports and services for young children with disabilities and their families and established the Federal Interagency Coordinating Council (FICC) under the Individuals with Disabilities Education Act (IDEA). The FICC unites federal agencies with shared goals and encourages federal interagency collaboration to help states coordinate and strengthen their service systems for young children with or at risk for developing disabilities and their families.

The FICC is administered by the U.S. Department of Education, through the Office of Special Education and Rehabilitative Services. The FICC meets regularly to ensure the provision of services and supports to children and their families, minimize duplication and identify gaps in programs and services, ensure coordination of technical assistance across agencies, and identify barriers to cross-agency coordination of services.

FICC members, who are appointed by the Secretary of Education, include representatives from the following agencies: Education, Health and Human Services, Agriculture, Defense, and Interior, as well as the Social Security Administration. Members also include representatives from state agencies that serve young children under IDEA, as well as parents of children with disabilities.

Vision for Communities

In 1997, the FICC endorsed a vision of how communities should support children and families. According to that vision, communities should have these key qualities:

- **Family-Centered**—Communities should know that the meaning of “support” is defined by each family, respond when families reveal a problem, and recognize that a family is the center of a child’s life.
- **Culturally Competent**—Communities should provide services and supports, and organize their efforts in ways that respect each family’s culture, values, and beliefs.
- **Inclusive**—Communities should make adaptations and provide accommodations and supports to enable all children and their families to participate fully in community life.
- **Self-Evaluative**—Communities should show how the supports and services they provide improve the lives of children and their families.

Rewarding Communities That Excel

Beginning in 1999, the FICC honored five communities each year that excel in developing and maintaining effective supports and services for children, including those with disabilities, and their families. Top communities were honored as “Communities of Excellence” in a recognition awards program of Communities Can!, which is supported by the FICC.

Communities Can!, initiated by the Maternal and Child Health Bureau in the Department of Health and Human Services, is coordinated by the Georgetown University Center for Child and Human Development. It is directed by federal agencies dedicated to serving and supporting children, youths, and families.

This booklet focuses on the efforts of the FICC and Communities Can! to reinforce the collaborative efforts in communities nationwide. In addition, the booklet features each of the 2001 Communities of Excellence. Each feature story describes how, through their will and perseverance, the members of these communities made great progress to improve the service delivery for children and their families.

For information on starting a community improvement initiative or preparing to become a Community of Excellence Award winner, call or contact Communities Can! at 202-687-5095 or through e-mail at communities@georgetown.edu.



Communities Can!



COMMUNITIES CAN! SUPPORTS A NETWORK OF COMMUNITIES committed to comprehensive, coordinated systems of services and supports for all children, including those with or at risk for disabilities and their families. The Communities Can! Recognition Program is coordinated by the Center for Child Health and Mental Health Policy of the Georgetown University Child Development Center and directed by federal agencies dedicated to serving and supporting children, youths, and families. It is designed to do the following:

- Link communities with other communities to learn from their experiences.
- Connect communities with information about how to serve and support all families better.
- Help communities develop community leadership.
- Give communities a voice in policy decisions at all levels.
- Work with local governments and national organizations to recognize and publicize the achievements of member communities.

Who Can Join

Community Groups (e.g., councils, task forces, committees, interagency groups) that are developing a comprehensive, family-centered, integrated way to provide services and supports for all children and families in their communities may join Communities Can! Also *individuals* who are interested in supporting and encouraging communities to serve all families and children, including those with or at risk for disabilities, may join. All individual members are encouraged to develop skills to make their communities successful examples of Communities Can!

How to Join

Communities and individuals can learn more about Communities Can! by mail, phone, or e-mail (see below).

The program's Web site also offers an extensive amount of information. There is no cost to join Communities Can! One simply needs to contact the membership coordinator in one of the following ways.



Address: Communities Can!
3307 M Street, NW, Suite 401
Washington, DC 20007
Phone: 202-687-8784
E-mail: communities@georgetown.edu
Web site: gucdc.georgetown.edu/commcan.html

Recognizing Excellence



IN 1999, THE FICC WORKED THROUGH COMMUNITIES CAN! TO CREATE an approach to recognizing communities that were doing an exemplary job of serving children and their families.

Developing community-based service delivery systems for young children and their families is hard work. It takes focused commitments from a wide array of local talent, from business leaders and government officials to families and service providers. Those communities that reached their goal to develop an integrated, coordinated system of care for all children, including those with or at risk for disabilities and their families, were recognized for their accomplishment. This formal recognition shows other communities that are just beginning their process of systems development that others have succeeded and may have wisdom to share.

The Communities of Excellence Awards

The purpose of the Communities of Excellence Awards is as follows:

- To identify five communities each year that have demonstrated an effective way to blend various resources from key federal public programs for serving young children and their families (e.g., education, early intervention, health, mental health, child care, Head Start, and developmental disabilities) to build an integrated set of services and supports that work for families and children (from birth through age 8). These services and supports should be family-centered, culturally competent, and coordinated; they should include all children and families as valued members of community life.
- To create a meeting that will bring the identified communities together to share and learn from one another and to focus on issues of leadership that are needed to continue to build an effective set of services and supports in their communities.
- To bring these communities together with federal representatives of the FICC to discuss how federal statutes and regulations affect a community's ability to use the resources of federal programs effectively to build an integrated set of services and supports for children and their families.
- To recognize the accomplishments of these five communities and to use them as the basis of a monograph and other forms of communication that will help other Communities Can! members to more effectively use public programs to serve and support young children and their families.
- To provide chosen communities with recognition and public relations mechanisms within their states and with national leaders to honor their achievements.

Nomination Process

Nominations were sought from the following sources:

- Federal member agencies of the FICC
- State Interagency Coordinating Councils
- National family support and advocacy organizations and their regional/state groups
- Communities Can! member nominations
- Self-nominations

Communities defined themselves. Thus, some nominated communities were a neighborhood in a large city, some were a town or small city, others were a county, and still others identified themselves by function rather than geography or location.

Selection Criteria

Communities chosen for the Communities of Excellence Awards have effectively woven together public programs and other local resources to create a fabric of integrated services and supports for young children and their families. The community, not individual families, does the complex work of interweaving a comprehensive and integrated set of services and supports. The community integrates the complex array of public programs with multiple eligibility requirements, funding approaches, and types of services to address the following goals:

- All children and their family members who need services and supports are identified early and easily brought into the community's system for delivering services and supports.
- All children and their families receive the regular, ongoing, and comprehensive services and supports they need.
- There is a way to fund the services and supports that children and their families need.
 - Services and supports for young children and their families are organized in ways that families can use them easily.
 - Families participate in decision-making at all levels and find the services they receive beneficial.
 - Communities demonstrate the infusion of cultural and linguistic competence into policies, practices and structures of the service delivery system.

Communities must also demonstrate that they have created effective approaches to achieving these goals in a way that supports the FICC's vision of integrated services for young children in their communities.



The Award Celebrations

Each year, recognized communities attend a special meeting in late spring in Washington, D.C. Each community brings a delegation of at least five key members of its community team, including at least one family member. The first day of the meeting introduces community representatives to leadership concepts and skills. On the second day, community representatives meet federal representatives from FICC member agencies to discuss issues related to federal policy and community systems development. The third day features a celebration of the Communities of Excellence at the U.S. Capitol building. There, community representatives first meet with their representative or senator. A ceremony follows, which includes the presentation of the Communities Can! Communities of Excellence Awards by a member of Congress representing each community. Remarks by their own Congressional members and other noted members of Congress highlight the achievements of these communities. They also are included in a four-day Leadership Academy sponsored by Communities Can! and designed to build the skills needed to enhance community collaboration and development on behalf of children and their families.



2001 Communities of Excellence Award Nominees

Tucson, Ariz.	Dawes, Sioux, Box Butte and Sheridan Counties in Neb.	Wolf Creek, Ore.
Chico, Calif.	Fairberg, Neb.	Harrisonburg, Pa.
Denver, Colo.	Portsmouth, N.H.	Franklin Heights Housing Project in Murfreesboro, Tenn.
Tampa, Fla.	Irvington, N.J.	El Paso County in Texas
Lewiston, Idaho	West New York, N.J.	Bayfield, Wis.
Vermillion County in Ill.	Orange County in N.J.	Chippewa County in Wis.
Glenwood, Iowa	Perth Amboy, N.J.	Dane County in Wis.
Scott County in Iowa	Torrance County in N.M.	Eau Claire County in Wis.
Sioux City, Iowa	Anson, N.C.	Fond du Lac, Wis.
Van Buren and Lee Counties in Iowa	Smokey Mountain Region in N.C.	Holmen, Wis.
Garden City, Kan.	Triangle Community in N.C.	Ozaukee County in Wis.
Hays, Kan.	Cuyahoga County in Ohio	Prairie du Chien, Wis.
Salina, Kan.	Lawton-Fort Sill, Okla.	Rhineland, Wis.
Wichita, Kan.	Tulsa, Okla.	St. Francis, Cudahy, South Milwaukee and Oak Creek, Wis.
Wyandotte County in Kan.	Clackamas County in Ore.	Sun Prairie, Wis.
Lowell, Mass.	Deschutes County in Ore.	Campbell County in Wyo.
Jefferson County in Mo.	Hood River County in Ore.	Gillette, Wyo.
Kansas City, Mo.	Lane County in Ore.	
Glasgow, Mont.	Multnomah County in Ore.	

Meet the 2001 Communities of Excellence



2001 Award Winners

Salina, Kansas

Lowell, Massachusetts

Cuyahoga County in Ohio

Wolf Creek, Oregon

Franklin Heights Housing Project in Murfreesboro, Tennessee

IN THE FOLLOWING PAGES, EACH OF THE FIVE 2001 COMMUNITIES OF EXCELLENCE IS highlighted. While it is impossible to share all of the ways these communities are serving and supporting the young children and families in their localities, this document presents key information on each award winner. Each community has developed a unique approach to meeting the needs of its children and their families based on the resources, history, and nature of the community. The approaches they have developed and the processes they have used can be resources to other communities seeking to excel in serving their children and families.

Presented here are examples of how the recognized communities plan, develop, and implement services and supports; how they deliver those services; what types of services they offer; how they involve families in the process; and how state, federal, and private sector initiatives support the communities in their efforts. The section on each community honored includes the following information:

- A brief community description
- Highlights of unique or innovative approaches to serving and supporting young children and their families
 - A description of how each community began its path to excellence
 - The new challenges each community faced and how the community addressed new challenges with its community-wide process
 - Family stories, or how each community works from a family perspective



Salina, Kansas

Collaboration and strong family voices create effective services.

SALINA, A TOWN OF ABOUT 45,000, IS LOCATED IN Saline County, a rural area in central Kansas. The closest large city is Wichita, 60 miles to the south.

Most of the families in Salina have lived there for generations. The town's businesses include local government services because Salina serves as the county seat, a lighting company, and some small food service businesses. Wages are usually low, and most jobs offer neither a 40-hour workweek nor benefits. To survive, many young families work two or three jobs. Twenty percent of the population lives below the federal poverty level; many families earn less than \$15,000 a year. Although Salina is proud of the fact that there are no "slums," low-income housing is scattered across the town and its suburbs.



Twelve years ago Salina's population was almost 100 percent Caucasian; people from other ethnic groups made up only 3 percent of the population. By 2001, however, this number had grown to 10 percent, with the largest influx being Hispanics (6 percent), African Americans (2 to 3 percent), and Asians (1 percent). With demographics changing rapidly, Salina is playing catch-up in its efforts to deliver culturally competent services, especially to the Hispanic community.

In the mid-1990s, the State of Kansas initiated massive reforms in its foster care, adoption, juvenile justice, and public assistance programs. Each of these initiatives conveyed the message that early education and prevention efforts are critical. Salina responded by forming the Heartland Programs. Although Heartland is based in the city of Salina, it also serves Saline, Dickinson, and Ellsworth Counties. Heartland, a collaborative, was formed to connect various early childhood services and programs to create a comprehensive network of supports to families.

What is happening in Salina?

- **Young children needing early intervention services are quickly identified and followed.** Open to all families who are experiencing severe stress and crisis in their lives, Salina's agencies that are collaborating through the Heartland Programs work together to make sure that no infant or young child falls through the cracks. Heartland focuses much of its attention on: teenage parents and their babies, low-income families and their children, and families that—for whatever reason—are stretched and strained to the breaking point.

What is special about Salina?

Salina's Heartland Programs, serving children and their families from just before the child is born through kindergarten, is at the center of the community's response to very young children and their families. Heartland is a collaborative organization that combines as partners: Head Start, local and state health departments, the Central Kansas Cooperative in Education (IDEA Part B), and 17 child care sites (both centers and homes). Between care coordination, weekly visits to families by skilled professionals, and child care providers who are invested in systemic approaches, families find what they need to help their young children grow.

Heartland sponsors programs in three areas critical to young children and their families: health, education, and child care.

- **Heartland Healthy Families**, a multi-agency effort, offers intensive, weekly home visits to families who are at risk due to multiple stressors from the time their baby is born until the child turns 3. This program prefers to accept families with children younger than 3 months; staff finds that the greatest impact on a family is made when the mother is pregnant or the baby is very young. Families receive information on child development, parenting skills, mental health and behavioral issues, local social services, and health. Families also are connected to child care and to Head Start.
- **Heartland Early Education Program** is a collaboration between the county's special education programs and Head Start. Children with disabilities ages 3 through 5 are fully included in the classroom and, through the Central Kansas Cooperative in Education, receive special education and related services such as speech, occupational, and physical therapies. Care coordination is offered by the lead professional supporting a child. Every child is assigned a "family consultant" who offers monthly home visits and helps at times of extra need.
- **Heartland Child Care Partnerships** is a partnership among child care centers, child care homes, and Head Start projects in the three-county area. This partnership is designed to provide child care to low-income families who are working at least 30 hours a week or who are attending school full time. Serving children from birth to school age, these centers provide full-day, full-year Head Start educational services to eligible families. Teachers are trained and credentialed, and ongoing training is required.

The different centers also receive supplies and equipment to upgrade their facility, reimbursement for staff time spent in training, coverage for the costs of home visits and times spent in parent-teacher conferences, and ongoing technical assistance from Heartland.

Once referred to Heartland, families are connected not only to early intervention services but also to free health clinics, housing, food banks, and welfare services.

From the time they are born until they turn 3, infants and young children are closely monitored through Heartland's various initiatives:

- *At birth*—At the local hospital, each child is screened to determine whether or not early intervention services are needed. Those who are identified as needing such services are referred to Heartland.
- *Upon arriving home*—Twenty-four to 48 hours after parents take their newborn home, all families in Salina and the surrounding counties are offered a home visit by an assessment nurse.
- *After one week*—Every family with a newborn can also ask that a Healthy Start visit take place a week after their child comes home. During these visits, nurses screen both the baby and the mother for their physical health, and if the family needs any special assistance in caring for their infant. Referrals to various supports stem from these visits.
- *From birth to age 3*—Heartland Programs helps families access various early intervention services including Early Head Start, regular coaching through a Parents as Teachers program, and other supports that give families extra help in guiding their child's development.

- **Families lead the way.** Parents, including teenage mothers, have a majority voice on the Policy Council of the Heartland Programs. They make up at least 51 percent of the board. The Policy Council is also connected to a larger local planning council that works on children's issues for the Saline County region. Through these councils, families help shape community-wide early intervention and family-support efforts, while at the same time building their leadership skills.

- **Families create "partnership agreements" as a way of setting family goals.** Heartland's philosophy is for families to be able to nurture their children at home and to provide leadership in their communities, they must first have the basics of life securely in place. This means that they must have a house to live in, skills they need to read, write, and compute, and transportation that gets them to their jobs.

To achieve this, Heartland Programs has developed a "Family Partnership Agreement" with each family,

which puts in writing the goals each family sets for itself and identifies the steps each family decides it wants to take to achieve those goals. Parents do the goal-setting work, and they take the actual steps—with professional support.

- **Agencies sign formal, written agreements to cement their collaboration.** Salina decided that looking across all the federal and other funding streams that support services for young children and families in the community, local planners should be able to see gaps in services and funding. Funds from Head Start, Central Kansas Cooperative in Education (CKCIE) program (Part B under the Individuals With Disabilities Education Act (IDEA)), Infant and Child Development (Part C under IDEA), the Department of Agriculture's Women's, Infants and Children's (WIC) program, both local and state health program funds, and local child care monies are all utilized. The agencies involved then develop formal partnership agreements that specify exactly how, within their budgets, they can collaborate in delivering services to families.

Heartland Programs staff learned that the key to success in meeting community-wide, collaborative goals was tapping the specialized skills and unique resources of each agency. The health department, for example, gives flu shots to all the staff in Heartland's collaborating agencies. Early Head Start offers space to the program's secretarial staff. Head Start provides home visitors to help families work on family goals, and the CKCIE program provides special education services within Head Start classrooms. Every agency does what it does best. In any Heartland Programs publicity, all the partner agencies are given equal billing.

- **National training seminars are used to build local skills.** Salina's Heartland Programs staff has taken good advantage of national training offered by the U.S. Department of Health and Human Service's Head Start Bureau. For each of the past four years, Heartland employees have traveled once a year to Chicago to be trained on effective approaches to integrating children with disabilities from birth to age 3 in all community settings. The Heartland Programs director credits this federally funded training with building local-level skills and strengthening local collaborations.
- **A single family record is kept by multiple agency staff.** Many of Salina's early intervention programs work through home visits. Heartland Programs has each family keep a single notebook in which all agency staff write down their observations and recommendations. Since this notebook remains with the family, they can add to it handouts, relevant materials, records of appointments, and their own perceptions.

Meeting New Challenges

A challenge to any community is identifying a shared vision that helps many different people move in one direction. Several years ago, the Salina area school district decided to ask community members to pinpoint the issues they felt to be most important. In the first phase of this "Creating a Future Initiative," community members (families, child care providers, teachers, members of the business community, retirees, and social service and health providers) decided to focus on building new schools for their children. As important as meeting this specific goal, however, was the collaborative planning experience. People talked with each other; information was shared; assessments occurred; and priorities were set.

Eighteen months after the first consensus effort, the school district again asked area residents about the future they now wanted to create. This time those involved chose early childhood services as their first priority. The second priority was recruiting and retaining teachers in the Salina area. By the time this second community-

planning effort took place, community members were accustomed to working with each other, and several things beyond priority setting resulted. Information gathered during the second “Creating the Future” decision-making process was turned into a grant application for more infant child care at one of the local high schools. People who had worked together on recreation issues decided to continue working together in order to turn an abandoned school into a community resource center, which is to be completed by 2003. Another recommendation of the planning group was that child care salaries needed to be higher; the regional hospital is spearheading an effort with the business community to study ways to make this happen. All of these outcomes sprang from a community’s joint effort to envision its future.

ONE family’s Story

Ms. S. is a single mother whose daughter, now 5, was diagnosed with cerebral palsy when she was 6 months old. From that moment on, this family has accessed a broad array of Salina’s early intervention services.

IN THE BEGINNING

Working to include children with disabilities leads to a broader community vision.

The first steps towards what has become Salina’s collaborative early childhood initiative began in 1994 when the federal Head Start program and the Central Kansas Educational Cooperative began working to include all preschool children with disabilities in Head Start classrooms. This initiative, based in Salina and serving nearby areas, became known as the Heartland Early Education Program. The program soon discovered that many parents need more than one or two home visits to help them understand nurturing approaches to raising their children. In the late 1990s, both Heartland Healthy Families and Heartland Child Care Partnerships were formed. When these two programs were added to the early education effort, Heartland Programs was born.

Before Heartland Programs began, Salina’s families with infants were not receiving systematic, long-term information and assistance in caring for their young children. By 2001, Heartland was serving 500 families with small children in Salina and surrounding counties.

“From the beginning it’s been just me and my daughter figuring things out as we go along, with help from a whole lot of different service providers along the way.

Shortly after my little girl was born, I noticed that she wasn’t developing as she was supposed to. She couldn’t grab her rattle or hold onto her bottle. She didn’t track objects with her eyes. She couldn’t use toys for kids her age. She just wasn’t progressing. When I took my daughter to our general practitioner, he could find nothing wrong. When I took her to the emergency room for another look-see, they too couldn’t put their finger on a specific problem. But I knew things just weren’t right. Finally I located a pediatrician who agreed to do a CT scan. It showed that my little girl had extra fluid on her brain. This doctor then hooked us up with a neurologist in Wichita, and he finally gave us the diagnosis of cerebral palsy.

“Immediately we took steps to help my daughter cope better. We got glasses to correct her vision, and she and I began

working with our community's Infant Child Development (ICD) program, which provides Part C services. Between that program and various doctors' appointments, I think we were at the hospital on the average of 10 times a month. As I look back on it, I don't know how I survived. What helped most was the staff of the ICD program, which works closely with Heartland Programs. Some of the services we needed even came to us in our home. My daughter got both physical and occupational therapies from ICD staff on the floor of our living room. Because the staff also taught me what to do, I can now handle many of her therapies. Staff members also visited my daughter's day care provider to show what could be done there to help her gain strength. And staff has helped us, too, by lending us toys that encourage my daughter's development.

“When my little girl turned 3, I worked with this staff to transition her into Heartland's Head Start inclusive preschool program. About three of the kids in her class get extra services—physical, occupational, and speech therapy, but the other children don't need that kind of help. Through Head Start my daughter also gets some of the additional testing she needs, such as for her hearing. The Central Kansas Cooperative in Education Program (Part B), another of Heartland's partners, coordinates my daughter's various therapies.

“I'm not saying it's been easy. I've had to drop out of nursing school at times to make sure my daughter gets what she needs, but I feel like I'm working hand in hand with the others who are involved with my daughter's care. Together we are connecting the pieces of the puzzle—my daughter's various therapies, the different services she is getting through her school, and even once-a-year respite care so I can keep my head together. The bottom line is that my daughter is now growing up well. She really likes her school, she loves riding the bus, and she is making friends.”

Lowell, Massachusetts

A system is created to meet the needs of culturally diverse families.

LOWELL IS LOCATED ABOUT 30 MILES northwest of Boston. It was the first industrial city in the U.S.; immigrants were drawn there in the 1800s to work in the factories powered by the waters of the Concord and Merrimack rivers. When these industries began to fail in the following century, large parts of the city were abandoned. Only in the past 30 years has there been a revival. Old mills have been turned into museums displaying this country's Industrial Revolution. While recent industries have focused on high-tech and software products, there is a high level of poverty, with many people lacking the skills they need to work in these fields.



With a history of welcoming new immigrant groups, over half of the 100,000 people who now live in Lowell are from diverse racial and ethnic groups. Cambodians and Hispanics form the largest ethnic populations (the Cambodian community is the second largest in the U.S.). Other immigrants come from Portugal, Brazil, Vietnam, Laos, and from those parts of India that speak Gujarati. Over 50 percent of the children in the community learn English as a second language. Limited English language ability has resulted in low academic test scores in the schools. Sixty-two percent of the student population is eligible for free or reduced lunch. One-third of the adults in the city lack a high school diploma.

What is happening in Lowell?

- **A Family Literacy Center offers multiple services to children and families.** The Lowell Family Literacy Center, built in the late 1990s, serves as the central point for the city's coalition of agencies focused on early childhood literacy and education. It also provides a broad range of direct services to young children and their families.

The center offers a diverse program of bilingual services. It has flexible hours and a comfortable, family-friendly environment that welcomes children and parents to participate in onsite activities. In this setting, parents receive reinforcement about the importance of their role as their children's first teacher as well as guidance on ways to promote their children's language development. Preschool playgroups, Even Start, family social events, parent meetings, referral mechanisms to health and social services, and adult education courses (ESOL, GED preparation, and skill training) are all available *at no cost* at this center.

Starting with literacy and moving quickly to other services that support families, the center has become home base for Lowell's community-wide effort focusing on young children and their families.

- **Agencies collaborate in providing services.** Lowell's public schools and its Community Partnership for Children Council have nurtured collaboration among the city agencies that serve young children with special needs in order to make the most of every resource that is available.

For very young children (birth to age 3) with disabilities, the public schools' early childhood department offers a weekly collaborative playgroup. This group is co-facilitated by a developmental educator from Lowell's early intervention services and by the public schools' parent liaison. Through this collaboration, staff costs are shared, free space is obtained in the community, and children turning 3 who need continued services are helped to transition smoothly into the public school system.

At Head Start's centralized site in Lowell, the public schools' special education department funds staff to provide onsite therapies (speech, occupational, physical) and academic supports. Public school teachers team-teach with Head Start personnel to ensure that a child's Individualized Education Program (IEP) is implemented and that its goals are reinforced within the general curriculum.

The public schools' early childhood department bases its entire staff at the Family Literacy Center. From there it oversees the placement of children with special needs in appropriate programs across the city; more than 90 percent of Lowell's children with disabilities are in inclusive programs.

What is special about Lowell?

A needs assessment conducted in the late 1990s showed that over half of Lowell's citizens did not have English as their first language. The early childhood community decided that supporting children's language and pre-literacy development had to be a major priority within the city. This focus on literacy can now be seen across the city in the following ways:

- A research-based **Building Language for Literacy** curriculum is used in nearly **every** preschool classroom in the city (including preschools located in public schools, in child care settings, and in Head Start).
- Children's literacy bags and books are given to preschoolers at child care programs, in pediatricians' and WIC offices, and through various social service agencies.
- A five-week summer school program has been set up aimed at reading readiness for children entering kindergarten who have not previously been to preschool.
- A citywide literacy conference was held for staff involved with young children.
- Three tutors have been hired to work with children in the city's shelters for homeless families.

The Lowell Family Literacy Center has been built in the community to serve as the center for the city's literacy efforts focused on both children and adults. Literacy is the touch point that draws families into services.

- **A career ladder is developed for early childhood professionals.** Preschool teachers and child care providers are critical nurturers of the young children in their care. Yet often these professionals are poorly paid and have few opportunities for professional advancement. Lowell's IDEAL (Individual Design for Educational Achievement and Leadership) program has committed itself to advancing the education levels of early childhood staff within the city. To do this, Lowell's Community Partnership for Children Council developed a training program to meet the needs of preschool teachers and family child care providers. Funds from several sources (Head Start, the school system's early childhood programs, and the Massachusetts Department of Education) were combined to make this happen. IDEAL is *free* to all individuals working with preschool children in a variety of child care settings.

IDEAL's career ladder has three tracks:

- A Child Development Associate program that gives a credential to caregivers working with children from birth to age 5 who, through both coursework and job experience, demonstrate

their ability to nurture children's physical, social, emotional, and intellectual growth in family child care or preschool settings.

- An associate degree in early childhood education is now offered through Lowell's Middlesex Community College.
- A Bachelor of Science degree can be obtained for students specializing in early childhood education from Salem State College.

One of IDEAL's major accomplishments has been to broker an agreement between the two colleges. They now accept each other's programs and students, and community agencies are providing classroom space to Salem State College in Lowell so that students from the city don't have to travel very far to courses.

Mentors from the Lowell community are coaching and encouraging IDEAL students working their way up this career ladder and are also helping them prepare for the Massachusetts teachers examination. In 2001, Lowell's IDEAL program had 145 students.

- **The mental health needs of children are addressed.** Lowell's Community Partnership for Children program has put in place Children's Support Services (CSS), a range of subsidized family support, mental health, and consultation services for the city's child care programs. CSS is a family support project. CSS staff partner with parents, include them in team decisions, and link them with appropriate resources. CSS provides support for staff in child care settings through consultation from early childhood health and mental health specialists. It also provides training for child care staff on issues such as behavior management, successful transitions, children and aggression, children and trauma, supportive classroom environments and attachment.

CSS sponsors bimonthly case management meetings to review the development and functioning of young children with significant social, emotional, and behavioral concerns. Each meeting, which includes the child care director, social workers, public school facilitators, and a behavioral specialist, focuses on the needs of one child. Individualized interventions for children considered to be "at risk" are recommended. Parent training and consultation from specialists, resource and referral information and advocacy services are available to families of the children served.

Key to CSS' support to child care providers is its Behavioral Resource and Training Team, which is made up of two behavioral specialists and several paraprofessional assistants. These specialists go to child care sites to observe children, to develop behavioral plans, and to consult with staff and parents. If a child's behavior seems to present a serious safety issue, an additional paraprofessional is funded for the classroom to help ensure one-to-one supervision for the child and to assist the teaching team in implementing that child's individualized behavioral plan. When children transition from preschool into the public school, CSS follows them to help the child, the new teachers, and the family make this transition a positive one.

- **Creating methods to connect with diverse communities.** Because over half of Lowell's families come from different cultures, one of the major challenges is helping these families understand the services and supports that are available to them and their children. Many different approaches are used. Advisors from the various cultures serve on the Community Partnership for Children's board. An East-West Medical Center offers health and mental health services that include traditional healing approaches for the Cambodian population. Bilingual staff (especially those who speak Cambodian, Spanish, and Portuguese) work at the Literacy Center and provide home visits. Materials are translated into several languages, and information on programs

IN THE BEGINNING

A multi-agency summit leads to strategic planning and systems building.

During the 1990s, although the public school system in Lowell as well as many service agencies were involved with young children and their families, there was no systemic, overall plan to address community needs. In 1999, service providers in Lowell decided to hold an Early Childhood Summit. This decision was triggered in part by the expansion of early childhood grant funds coming into the city, particularly the Community Partnerships for Children state grant that mandated collaborative decision making. To avoid developing a patchwork of unrelated early childhood projects, community leaders agreed that a strategic planning process was critical.

Participants at the summit included individuals from over 30 agencies—public school staff and child care and human services personnel—as well as family members of children receiving services. Lowell's mayor and the Superintendent of Schools opened the gathering. Together, Summit participants examined the myriad of socio-economic, linguistic, academic, health and mental health challenges confronting Lowell's young children and families. The summit began a strategic planning process that connected multiple agencies, ensured collaborative decision making, and provided a framework for fiscal planning and management. From this point on, everything Lowell has done related to children has focused on coordination of systems.

The Lowell Community Partnerships for Children implemented the vision from this summit. The partnership is a collaboration of agencies and individuals involved with young children. In addition to family members, it includes people from the public schools, early intervention programs, Head Start, child care and family day care programs, the public libraries, mental health and public health agencies, parent resources centers, and social service agencies. The Community Partnership Council of 25 to 30 people meets monthly and is open to all members of the community who are involved with or concerned about early care and education. Council members revisit the overview established at the 1999 summit with its identification of needs and priorities; they share information about current services; they look at benchmarks being reached and those that need more work; and they make decisions about which grants to go for and how to expend grant funds. The Lowell Family Literacy hosts partnership meetings. Staff for this partnership comes from the Early Childhood Department of Lowell's public schools.

administered from the Family Literacy Center is placed in the local ethnic supermarkets. In the summer of 2001, the city even sent a delegation of 22 people to Cambodia to learn more about the country of origin of many of Lowell's residents.

Meeting New Challenges

According to the coordinator of early childhood programs for the public schools, the major challenge for Lowell is institutionalizing many of the collaborative programs that have been developed. The strategic plan is now in its third year. Close to 30 agencies have been willing to continue to commit resources to sustain the partnership, coordinate services, and accomplish its systems-oriented goals. In the short term, the coordination among players stemmed from a desire to jointly plan the use of grant funds. In the long term, the collaborative is working to find ongoing resources that will sustain their system of care.

Key people in Lowell, says the early childhood director, are developing a strategic plan focused on obtaining continued funding for many of the collaborative initiatives that have received state and federal recognition.

The Lowell Public Schools' Early Childhood Department, the lead agency for the Community Partnerships for Children project, has also been chosen by Brown University to receive technical assistance for the next two years to improve its capacity for urban collaborative leadership. One tactic they are using is to consciously capitalize on the publicity and awards their collaboration is receiving. Winning awards, presenting at conferences, and being highlighted in some state and national publications has given Lowell opportunities to showcase its collaborative to various state agencies, to the state legislature, to its United States senator, and to both public and private funding sources. All may be strategic targets in Lowell's ongoing search for ways to strengthen and sustain its community partnership for children.

ONE family's Story

In order to get help for both of her young daughters who have speech delays, Ms. K has taken advantage of several of Lowell's early intervention programs—one-on-one therapy, a weekly playgroup, and an inclusive preschool.

“My son is a straight A student, but both of my little girls had trouble with their speech. I first noticed it with my eldest when she was about two. She was so quiet. Instead of saying what she wanted, she would point. And when she spoke, I couldn't always understand what she said. Since my son, who was our first child, had no problems, I really didn't know where to turn.

“Then I saw an article in Lowell's newspaper about the Anne Sullivan Center. I contacted the center and told them that I was worried about my little girl. She was a little over 2 at the time. Three people from the center—a social worker, a speech therapist, and a case manager—came to my home to test my daughter's development. They were so very nice and made my little girl feel comfortable. They tested her on the floor of our living room, asking her about colors, playing little games, getting her to skip. Everything was fine except her speech. She was even ahead of other kids her age in some areas. But in speech, she had a real developmental gap. So, for much of that year, she got speech services through the center. The services came to us. A speech therapist showed up once a week to work with my daughter for almost an hour. My daughter enjoyed it, and I could see that she was learning.

“Shortly after her third birthday, I got a call from the center asking if I'd like to have my little girl join a weekly playgroup for 3- and 4-year-olds. Although this playgroup met just once a week, it kept us going both in terms of friendships and therapies. There were 10 kids, just 3 of whom had special needs, but I wasn't even sure who they were because their problems weren't obvious. Three teachers worked with the group—a speech therapist from the Anne Sullivan Center, a social worker, and a wonderful woman from the local public schools. While my daughter was still going to the playgroup, she also got speech therapy at our local school two mornings a week. The school even offered to take us to there by bus, but I didn't need that because we live nearby. None of this cost me anything. My daughter's individualized therapy continued when she began preschool (which is part of our public school system). She is now in kindergarten and is doing very well.

“My second daughter, who is two years younger, followed the exact same pattern as her older sister. At age 2 she barely talked. This time I knew where to look for help. By that time the Anne Sullivan Center's playgroup was housed at Lowell's Family Literacy Center. It's a brand new, open, bright, welcoming place. Lots of things go on there—music, puppet shows, and classes of all kinds for both kids and family members.

“The early intervention services our family received gave me peace of mind that my girls would do just as well as other children their ages. Never did my daughters feel singled out; they thought they were just having fun with friends. These services, and now the Family Literacy Center, are wonderful assets to the families that live in our community.”

Cuyahoga County in Ohio

A private-public partnership enriches the service delivery system for young children and their families.

PERCHED ON THE SHORES OF LAKE Erie, Cuyahoga County surrounds the industrial city of Cleveland, population 500,000, and includes its suburbs. Waterways built in the 1800s connected Ohio to the commerce of the east coast and drew immigrant laborers to the Greater Cleveland Area. Almost one and a half million culturally and economically diverse people now live in the county, including Hispanic and Russian immigrants who are among the more recent arrivals.



In the early twentieth century, the State of Ohio, including Cleveland, was an industrial giant (iron, steel, rubber, automobiles, chemicals, and plastics), with rural areas being rich in corn, hay, soybeans, and wheat. The region's economy is still primarily based on manufacturing and service industries; however the area is trying to strengthen its high-tech and biotech industries as well. Recessions in many industries in the late 1990s have challenged both urban and rural service delivery systems. A quarter of the children in the Greater Cleveland Area now live below the poverty level; in some schools 70 percent of the students qualify for free lunches.

What is happening in Cuyahoga County?

- **Both public and private dollars are on the table.** The Cuyahoga County Early Childhood Initiative (ECI), which began in 1999, is a three-year, \$40-million dollar initiative with \$30 million coming from county, state, and federal sources and \$10 million coming from 23 foundations, corporations, and philanthropic and other organizations, including United Way Services. This is an unprecedented combination of resources and a first-time alliance of diverse partners.

The public and private funders, along with all three of Cuyahoga County's commissioners, plus representatives from the Ohio Department of Job and Family Services form the ECI Partnership Committee. This committee meets quarterly to provide oversight for the initiative, to make sure its resources are effectively focused on early assessment and intervention efforts, to seek additional funding, and to learn from the results of its evaluation.

What is special about Cuyahoga County?

Cuyahoga County's Early Childhood Initiative is being used as a model both within Ohio and in other states. Its strongest feature is its public-private partnerships at multiple levels. Politicians, businesses, foundations and philanthropic organizations, state and local providers, and family members are all at the table, and all have agreed on their three-part shared vision of effective parenting, healthy children, and quality child care. This vision, the result of community-wide planning supported by funding from multiple sources, is to achieve:

- **Effective Parenting:** To build strong families, ECI recognized that parents must easily be able to find information and services that help them and their children become the best they can be. Welcome Home sends registered nurses to visit every first-time and teen mother in the county.

In homes where additional help may be needed to build strong families, Early Start provides regular visits that include parenting education, developmental screening, the creation of an IFSP, and information about specialized services.

A countywide Early Childhood Awareness Campaign also was created. Its motto, "My first years last forever," stresses the importance of early childhood experiences and points families towards resources they may need. Its tools are coloring books, radio spots, a family help line, bus placards, and television ads.

- **Healthy Children:** ECI believes that children, in order to be and stay healthy, must have a medical home, a place where they receive quality, consistent, and appropriate health care, including developmental screening.
- **Quality Child Care:** In order for parents to be able work at jobs to support their families, good, individualized child care must be available for their children, including those with special needs. Cuyahoga County's Family Child Care Home Network focuses on developing a home-based child care system by recruiting, training, and supporting new providers. Special effort has been put into training child care providers for children with special needs. (In the second year, technical assistance was provided to child care centers and homes on behalf of 650 children with special needs.)

Within the context of Cuyahoga County's three-part vision for children and families, its Early Childhood Initiative has created a web of information, supports, and services that is collaborative, vibrant, and (according to current evaluation results) effective in reaching the county's youngest citizens and their families.

- **Services are built from existing structures within each neighborhood.** To reach families in every neighborhood in the Greater Cleveland Area, the ECI identified existing community-based providers of services such as day care and other early childhood programs and invited them into the initiative. This means that ECI is building on the expertise of local programs. The director of the Help Me Grow collaborative, which oversees the implementation of two ECI program strategies, says, "Amazingly, we do not have turf issues. We are building on the services that are already out there."

- **Public and private providers work together to deliver services.** Another example of building from what already exists (and creating partnerships in the process) is ECI's combining both public and non-profit agencies to accomplish its three goals of promoting effective parenting, healthy children, and quality child care. The county's Help Me Grow Collaborative oversees the Effective Parenting component. The Cuyahoga County Department of Health and Nutrition oversees the Healthy Children component, and Starting Point, the county's child care resource and referral agency, oversees the Quality Child Care component. These public and private agencies are combining their planning and service delivery abilities to achieve agreed-upon goals.

A second example of building public-private partnerships among existing service providers is ECI's use of all 13 of Cuyahoga County's public and private birthing hospitals, especially the three that have Neonatal Intensive Care Units, to offer Welcome Home visits to all first-time and teen moms. Welcome Home contracts with the nurses at these hospitals to make home visits for \$100 per family. These nurses use a checklist that includes the criteria for many community-based early childhood programs such as Early Start. The nurses become more aware of the broad array of neighborhood-based public and private early intervention services and programs.

The State of Ohio has recognized the value of mixing public and private services for children from the time they are born to age 3 and is now asking all other counties in the state to follow this model.

- **A pilot project develops mental health services for young children.** Every community across the country has struggled—mostly unsuccessfully—to put in place mental health services for very young children. Reports of disruptive behavior in child care

settings and schools, and difficulties or depression at home are rarely responded to well. To address this need, Cuyahoga County's United Way Services directed some of its Success by Six program funds into a pilot effort focused on responding to the mental health and behavioral problems of children ages birth to 3. Through this pilot, three family-serving organizations are now offering mental health services to infants and toddlers with social/emotional delays. The diagnostic tool they are using is the Diagnostic Classification for Infants and Toddlers: 0-3, and each child's mental health and other needs are described in an Individualized Family Service Plan (IFSP). An advisory group of parents, educators, mental health providers and agencies, early intervention specialists, and United Way staff guide this effort.

Information from the evaluation of this pilot will be shared with the state legislature in an effort to improve policies so that more resources can be allocated to providing mental health services for young children.

Meeting new challenges

“What faces us now is the quality piece,” says the director of the Help Me Grow Collaborative. “During our first two years we were so big on output. We're now reaching our targeted numbers in terms of home visits, children referred, services linked, and funding found. What we need to do now is to go back and make sure that we're doing what we say we are doing, and that we're doing it well.”

This challenge is being met in part through a huge investment in a comprehensive evaluation program. From the start, ECI's leaders felt strongly that evaluation needed to be woven into every program activity. After a number of national models were examined, Cuyahoga County's early childhood planners developed an approach that would capture both the overall impact of the initiative and the outcomes from each of its program strategies.

These same early planners also decided that evaluating the ECI initiative offered Cuyahoga a wonderful opportunity to build local capacity in the area of early childhood research. To do this, the planners established a locally led evaluation team that brought together national experts. This multidisciplinary team of researchers is coordinated by the Center on Urban Poverty and Social Change of the Mandel School of Applied Social Sciences at Case Western Reserve University in Cleveland. Within the team, experts from the Chapin Hall Center for Children at the University of Chicago are responsible for the evaluation of Welcome Home and Early Start, while consultants from the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill are responsible for measuring the quality of child care homes as well as the expansion of child care for special needs children. Local evaluators are both contributing to and learning from this team.

Local families helped design the evaluation, are critical informants, and are leading voices in presenting its findings. As a matter of principle and ethics, the ECI did not leave any family without services, there was no control group. While this situation posed a difficult challenge to the evaluators, they found ways to measure change that didn't involve withholding services from any child.

Since 1999, several million dollars have been invested in Cuyahoga County's evaluation effort. An interim evaluation report was released in November 2001; the final evaluation report will be released in September 2002. The data demonstrate the concrete, positive difference early intervention and family-support services are making. With this information in hand, issues of both the quality of the programs and ways to sustain them can be addressed.

ONE family's Story

“What a change there has been in terms of supports to families since my first daughter was born 10 years ago! She was delivered at 24 weeks, weighed 1 pound, 9 ounces, and was the size of my hand. Tiny as she was, her Apgar scores were 9 and 9. The people in the delivery room burst out laughing when they saw those good numbers on such a little baby. In spite of her scores, our daughter was almost too small to make it. Plus I was septic. They told my husband that he might lose us both.

“The first year and a half with our little girl was brutal. My husband and I really had to go it alone. We needed to feed her every single hour around the clock. Neither family nor friends felt they could help because they were afraid she might die on them. It was completely up to us to try to manage. And she screamed *all* the time. The pediatrician told us that we just needed to hang in there. Alone, my husband and I had all the responsibility and little of the information we needed. I thought we'd go crazy.

“Finally when she was several months old, I took the baby to an infant massage class on the off chance that it might calm her, but the lights and noise completely set her off. The pediatric occupational therapist that ran the class, however, saved us. She saw that we were desperate, offered to come to our home to do a complete assessment, and then determined that our little girl had hypersensitivity. The therapist also noticed that our daughter's toes were stiff and curled under, a sign of additional neurological problems.

“When our daughter turned 1, we saw a neurologist who diagnosed her with cerebral palsy. She then began getting physical therapy weekly as well as speech therapy once a month because she wasn't saying any words. At 19 months our daughter suddenly started speaking in sentences, and on her second birthday she began reading the boxes her toys came in. By two and a half, however, her behavior started becoming stranger and stranger. Finally, I took her back to our pediatrician with a list of her symptoms. He told us he thought she might have pervasive developmental disorder, which is within the autism

IN THE BEGINNING

Creating a shared vision.

In 1987, the State of Ohio gave Cuyahoga County a \$10,000 grant to establish a collaborative group that would oversee the delivery of mandated federal early intervention services. This was the beginning of the Early Intervention Collaborative.

Around that same time, leaders from the top 50 businesses in Cleveland came together to revitalize the infrastructure of their city, which was suffering from neglect due to recessions in several industries. This public-private partnership, called [Cleveland Tomorrow](#), reversed the city's decline. One of the CEOs involved in this partnership then suggested that cross-city collaboration of this same nature might also be a way to revamp human services as well. With strong leadership provided by the county's three elected commissioners and support offered by the Cleveland Foundation as well as by the State of Ohio, the Cuyahoga County's Early Childhood Initiative was born in the late 1990s.

spectrum. A full neuropsychological exam later confirmed that our daughter had high-functioning autism.

“Our second daughter was born two years after the first. As our second daughter grew, it became clear that she, too, has autism spectrum disorder. Her full diagnosis came at age five: autism spectrum disorder-Asperger’s syndrome with attention deficit-hyperactivity disorder (ADHD). My husband and I never thought that lightning could strike twice.

“What is different today is that there is so much outreach. And I am a part of that, as Cuyahoga County’s Early Childhood Initiative has hired me to be a Parent Partner. I go to the same hospital where I delivered my girls, and I talk to parents of preemies. I tell them about occupational and physical therapies and about the critical importance of assessments. I throw out that lifeline to people who are in the same boat I was. Now, local early childhood programs do outreach in many different ways. Our county’s Early Childhood Initiative Collaborative has developed good relationships with the social workers at the various hospitals. Welcome Home nurses visit new parents and teen moms. Early Start offers ongoing visits to families at risk. Early Intervention offers services to children who are at risk or have identified disabilities. The really great thing is that we have all these programs under the same roof, and we talk to each other and move families around among the programs to serve them the best ways possible. I tell families they should feel surrounded by our support and never feel alone when they need help.

“I can’t really remember much of the first 10 years of my girls’ lives. For a great deal of that time I felt as if my husband and I were out there on our own. This is why I’m so glad that there’s been such progress and that early childhood programs are now found in lots of places across the county.”

Wolf Creek, Oregon

A remote and poor rural community develops a wealth of supports for children and families.

WOLF CREEK IS A TINY, RURAL, ISOLATED community of 1,600 people located in the picturesque Rogue River Valley of southern Oregon between two Siskiyou mountain passes. With the failure of much of the timber industry in recent years, Wolf Creek has become one of the poorest communities in the Pacific Northwest. It is located in Josephine County, the only county in Oregon designated in the early 1990s as a Rural Enterprise Community. Because of this designation, funds and supports have been available for a 10-year period to help jump-start community activities. Wisely, community leaders have used these resources to attract additional funds, grants, and special project dollars.



Unemployment in the Wolf Creek area is more than double the state average, and the average per capita income is three-fifths that of others who live in Oregon. Many families live in homes without indoor plumbing or electricity; when unemployment is at its worst, some resort to living in tents or cars. By federal standards, 86 to 98 percent of the community's children qualify for free or reduced-price lunches at school. Thirty three percent of the population is considered homeless. In addition, families are often isolated from one another and from the closest towns.

There is little ethnic diversity in Wolf Creek. Only 9 percent of its school children are ethnically diverse, primarily American Indian and Hispanic. Diversity is seen more in terms of people with alternative, counter-culture lifestyles who have chosen to come to Wolf Creek because of its remoteness in a beautiful area, in spite of its poverty. One of the challenges is to encourage families who don't necessarily trust public programs to take advantage of the services and supports available to them and their children.

What is happening in Wolf Creek?

- **The elementary school has become the hub of the community.** Over the past six years, Wolf Creek Elementary has become the core not just of the community but of the near-by area as well. Its 130 students (kindergarten through fifth grade) receive a very individualized education, *plus* the school offers social services to community members of all ages and adult education programs throughout the year. Wolf Creek

Elementary's principal says, "I believe that a community's school should be the centerpiece of activities from sunrise to end of day, 12 months a year." With the help of parents and providers from all parts of the community and in collaboration with the Oregon Parent Center, which is its next-door neighbor, Wolf Creek's school is just that.

In spite of the many social problems noted above, between 1996 and 2001 Wolf Creek's elementary school students raised their scores on statewide assessment tests in both math and reading from the 30th percentile to the 90th percentile. And the school has been awarded a 21st Century Community Learning Center grant that helps it provide a program that integrates academics, health, social services, recreation, and culture.

- **Services are co-located.** Across the elementary school's playground is the Oregon Parent Center, one of the Parent Information and Resource Centers funded by the U.S. Department of Education. This center targets children from the time they are born to age 5, as well as their parents. It also provides early intervention and special education supports to children with disabilities.

When the community was awarded this grant in the late 1990s, Wolf Creek families got together to assess their main needs. What were the most important gaps in services for them and their children?

Not surprisingly for people living in a rural area, they overwhelmingly agreed that they wanted a place where children and families could socialize. As a result, the Sunny Wolf Community Response Team bought a run-down house next to the school to fix up. Using a general contractor and volunteers by scrounging and scraping together, the resources now support programs of all kinds at this center year round. Young children go there for assessments, for the development of strength-based service plans, and for early intervention services or preschool. Parents go there to meet other parents and to get training (GED courses, parenting workshops, and skill training). There is a clothing bank and food in the icebox for those who need it. There's also a washer and dryer for families who don't have running water. And a child care cooperative offers both respite care and socialization opportunities for both children and their families.

Between the parent center and the school, young children and their families in Wolf Creek can find multiple services in adjacent buildings. Collocated services include: health (through Healthy Start, WIC, and the services of a public health nurse who comes on a regular basis); counseling services (workshops on children's conflict management and on how to parent teens, as well as a parent-support group); and, training (courses that teach literacy, job skills, and family planning). The parent center also offers families access to computers, fax machines, and phones. Most of these services are provided onsite. When a need arises for a service not available within the community, parent center staff refer families to services in larger towns nearby, and a small bus bought by the community can transport families who don't have a car.

What is special about Wolf Creek?

Leadership within Wolf Creek is shared, as witnessed by the rotating leadership of the 34-member family coalition, and participation of community members in the various programs and activities is broad. There is a vivid sense of "can do." Social gatherings and school and community events pull the community together. Because it is a small community, changes make an impact and people can see what they have accomplished. Given the local economy, people turned to barn raising when the Oregon Parent Center house was bought in 1998 to renovate the building. Utilizing funding from small grants, community members with carpentry skills went to work, children painted walls, mothers hammered and sewed, electricians fixed lights, and handymen became plumbers. As a result, the center belongs to everyone.

- **Thirty-four service agencies have a single annual work plan.** In 1993, the Oregon Department of Human Services designated the Sunny Wolf Family Coalition to be an Integrated Social Services Site and gave the community a small amount of funds to integrate the services being provided within the community. At the outset, three agencies collaborated. Now, eight years later, 34 agencies have joined the coalition and work together as an interagency service team. Their signature achievement is an agreement to develop—and follow—a single, shared, annual work plan. This plan, hammered out once a year and revised monthly as needed, allows the various agencies to weave their resources together to create near-seamless supports for Wolf Creek’s children and their families. It took all of those eight years—and a large amount of cross-training—to develop the trust that made it possible for such different programs to buy in to common goals and benchmarks, and to agree that there was value in sharing their resources. In 2001, for example, coalition members agreed to the following goals: 1) improved access to health care for everyone living in the community; 2) a decrease in people dependent on public assistance benefits; and, 3) an increase in readiness of young and old to learn.

Leadership of this coalition rotates. The family coalition staff provides support. Through this coalition, Wolf Creek has been able to create one door to services for its children and families.

Meeting New Challenges

Providing supports in a poor community requires ingenuity. In Wolf Creek, community members worked with the Bureau of Land Management, the largest public property owner in the area, to get woodcutting permits for families who had lost their jobs in the lumber industry. These permits allow family members to cut wood both to warm their homes and to sell on the open market, replacing at least some of their earnings lost when the jobs disappeared. For families that don’t have cars, the community bought and repainted an old 15-passenger bus to take children and parents to services in nearby, larger towns. To teach stewardship and the importance of reforestation, community workers created a children’s interpretive forest in the hills nearby. To help families trying to get off welfare who don’t have driver’s licenses, community leaders persuaded staff of the Oregon Department of Motor Vehicles to come to Wolf Creek on a regular basis so that people can get the license they need to drive to work. In Wolf Creek, ingenuity and elbow grease go a long way.

ONE family’s Story

Ms. C. notes that there are many ways in which children and families need support from communities.

“In our community, every child has a special need because of poverty. My son is not disabled, but he has emotional needs. Most of the kids here are like that.

“The beauty of this area and the smallness of the Wolf Creek community drew my husband and me here in 1997 from California. Our son was preschool age at the time. We lived far enough outside of town that there were few neighbors in easy reach, even though I had a car,

Wolf Creek, Oregon

which many here don't. Right away I was told about the Oregon Parent Center. That one place has made all the difference to my son and me. There he found preschool playmates. I found other parents to talk to, a safe place to be, nurturing space, and finally a whole new independent life.

“At age 4 my son was terribly shy and withdrawn. He didn't talk much and was frightened a great deal of the time. Things were not right at home in our family, and I think he was trying to make things better. All this was too much for a little kid. He clung to me; for the first year in preschool he wouldn't let me leave the classroom. Slowly he became more comfortable. When he moved up to kindergarten, it turned out to be in the same space as the preschool had been, and he felt at home. By the time my son was in first grade, the Parent Center had moved next door to the school, and he just had to walk across the playground to get to class. During all this time, the center's staff never stopped encouraging my son both in his work at school and through the center's many year-round programs.

“And the staff (and other parents) encouraged me as well. This growing sense of worth helped me see that I was not in a healthy relationship, so I've changed things. Though this change has been hard on my son, he's getting better about it. He's now in third grade and continues to grow in independence. He stays for Boys and Girls Club after school and is involved in the school's music program. Last week he sang alone in front of his classmates. Several years ago I would not have believed that he would ever do such a thing. His special need was for a community that was consistent, nurturing, and supportive—one that praised him regularly. The Oregon Parent Center became this place for him. He is now mentoring other, younger kids. And this is wonderful—for him to be able to help other kids.

“It is critical for parents to have a strong community network—others in your child's life who give positive feedback to your child. Because of the support and the strength both my son and I have gotten from the Parent Center and from others in the Wolf Creek community, we are going to be healthy emotionally and spiritually, and as a family. We will be models for others in Wolf Creek.”

IN THE BEGINNING

Using a vision to attract new resources.

Leaders in Wolf Creek have sought—and have successfully obtained—a mix of public and private funding. Each small grant they got built on the others and reinforced the value and vision of collaboration. State Department of Human Services funds pressed the community to work towards service integration. A 21st Century Community Learning Center award to the elementary school offered incentives and mechanisms that helped move families toward self-sufficiency. Private foundation dollars support Boys and Girls Club activities. Oregon Museum of Science and Industry funds help Wolf Creek's children attend a high-desert science camp. Ford Foundation funds were found to refurbish the house where the Parent Center is located. Any one of these grants or funding opportunities might have been awarded on its own merits, but certainly funders have been drawn to Wolf Creek because of its coalition approach.

Franklin Heights Housing Project

Murfreesboro, Tennessee

Family needs drive the system.

MURFREESBORO IS A CITY OF 70,000 people located in the very center of Tennessee. In the first half of the twentieth century, a system of dams built by the Tennessee Valley Authority spurred navigation that attracted commerce, flood control that attracted residents, cheap electricity that lured industry, and man-made lakes that sparked tourism. Murfreesboro has been and still is a manufacturing city with a strong economy; Pillsbury and Nissan are major employers. The city also hosts the second largest university in the state.



The Franklin Heights Public Housing Project in Murfreesboro is 140 brick apartments built in a row a half century ago, mostly to house welfare families. By the early 1990s, crime was rampant in the housing project: young children were running drugs; residents were jobless; the elderly couldn't get to their homes safely. Newspaper stories were consistently negative. A public-private partnership begun in the late 1990s, however, has dramatically changed Franklin Heights.

What is happening in the Franklin Heights Housing Project?

- **A multidisciplinary Family Resource Center connects residents to services.** A major step forward early on in Murfreesboro's effort to try new approaches in Franklin Heights came when the public school system put a Family Resource Center into two adjoining empty apartments in the housing project. This center was tasked with connecting residents to both public and private support services and programs they needed to be more successful. And, located as it was right in the heart of the community, it began to do just that.

Because the school system was a major backer, there came to be an easy connection with both Part C and Part B services for young children. Center services now include a Parents as Teachers program and an Even Start Family Literacy program, both of which serve children birth to age 5. These programs work to quickly identify children needing special support services.

What is special about Franklin Heights Housing Project?

What works in Murfreesboro's Franklin Heights housing project is less a result of the large number of public and private agencies involved than it is the philosophy those agencies share. From the beginning of the city's effort to turn Franklin Heights around, the partner agencies agreed that the families living in the housing project had to be at the center of the action. They were the ones called on to identify the services they needed, to fine-tune supports as they evolved, and to measure the usefulness of programs. Starting at the beginning of the collaborative effort—and continuing now—even policemen go door to door to ask residents what can be done to help them feel safe. These surveys have resulted in surveillance cameras that watch for illicit activities, increased lighting, protective fencing, and the clearing of dark paths to promote safety.

The Murfreesboro Housing Authority's activities coordinator holds regular monthly meetings with residents. All residents are encouraged to attend so that they can contribute their input about services and participate in decisions about what services they want or need. Then representatives from that citizens group meet regularly with representatives from service-providing agencies to refine existing activities or to develop new plans.

A young mother who lives in Franklin Heights said, "All of us need to be looking at the whole child and family. This is the key to collaboration, and the way turf disappears. When families and service providers come to the table with this in mind, we move mountains."

Murfreesboro's partnership in Franklin Heights has received international, national, and local awards. The International City Management Association gave it a Best Practices Award. The U.S. Department of Housing and Urban Development twice noted its exemplary practices, and the authority received an Award of Merit from the National Association of Housing and Redevelopment officials. The National School Boards Association gave it a Leadership in Learning Award for urban communities. The State of Tennessee gave it a Healthy Kids award. And the Tennessee School Boards Association gave it an Excellence in Education award.

The lessons learned at Franklin Heights are now being applied to other areas of Murfreesboro as well as elsewhere in the state and region.

The first year the center was open, the number of children in both child care and preschool doubled. To meet this evident interest in nearby services for young children, at the beginning of the second year the school system opened another preschool in Franklin Heights. Young children needing complex health supports are bused to a specialized school program nearby, where about half the students have special needs. An example of interagency teamwork is that the van that provides transportation to and from this program is leased to the Murfreesboro City Schools by the city's housing authority for one dollar a year.

Beyond the programs focused on young children, the Family Resource Center connects parents to services such as job training and supports, a food bank, mental health services, and transportation to both health clinics and social service sites outside the neighborhood. Franklin Heights' Family Resource Center has been pivotal in bringing positive change to the housing project.

- **Communication is the key.** Starting in the late 1990s, several agencies (both public and private) chose to follow the example of locating services *within* the housing complex and moved staff into additional empty apartments in Franklin Heights. One result of neighboring offices is that staffs began to talk to each other on a daily basis. And as they began regularly to refer residents to each other's services, they also began jointly to address problems that needed solving. Co-location prompted communication.

This talking and joint problem solving has been mirrored in the city government. City agencies collaborating on the Franklin Heights project have developed a strong team. The head of the housing authority regularly talks to her partner in education, who talks frequently to the police officers on the Franklin Heights beat, who work closely with the deputy director of parks and recreation. If a problem (a security issue, a resident's job at risk, an unusual kind of early intervention service needed by a child) can't be solved by one agency, a partner agency is pulled in to help figure out a solution. Or a novel approach is created with shared resources.

- **Health and mental health supports are offered within the immediate community.** An array of public and private health and mental health services has been collected within the housing project. All children

in Franklin Heights are eligible for TennCare (Tennessee's answer to Medicaid), a managed care plan that gives each child an ongoing primary care provider. The community's bus takes children to secondary and tertiary clinics and hospitals for more serious interventions. For adults, Access Med Plus provides free health checks on a monthly basis and health education programs in the neighborhood. County health department seminars also are given in the project on healthy living, cooking and eating, breast health, lice prevention, and family planning. WIC services (nutrition, supplemental food, and referrals for postpartum women) are made available through the Family Resource Center for very young children and their mothers.

In the field of mental health, the community's guidance center provides outpatient therapy and counseling to children with emotional disturbances and their families. Fees for these services are based on a sliding scale. A domestic violence program provides workshops and information to residents as well as free home-based counseling to adults and children. The Exchange Club Family Center offers in-home intervention services. Project BASIC, through a social worker at the public school attended by Franklin Heights students, targets children with symptoms of mental illness and offers individual and small-group therapy to them and their families. A family case manager from the Department of Children's Services is onsite to guide families and help them obtain TennCare.

- **A wide spectrum of services supports the whole family unit.** The public-private partnership behind Franklin Heights can be seen through the broad range of family support services that are now available within the community. City domestic violence workers offer workshops to residents, counseling to children and/or adults, and have set up secure, confidential housing for individuals in need. The Lions Club provides glasses for children who need them. The Salvation Army and Room in the Inn offer housing for families who are homeless until there is an opening in the project. Saint Mark's Methodist Church provides furniture and household needs. Food and clothing come from other public and private city programs. Business connections help the consortium acquire formula, diapers, and other basic supplies needed by families. Counselors from local schools teach Franklin Heights' adolescents that parenting is a responsibility. During a prescribed day of the year, single mothers can get their car's oil changed and their family's bicycles fixed for free. The Parks and Recreation Department's Project Go!, an after-school program for adolescents and teenagers, regularly takes participants to parks and recreation areas, offering them safe and constructive after-school activities. Project YIELD (Youth Involvement in Life's Decisions) helps young adults learn independent living skills by bringing in bankers to help families learn how to do budgets, deal with credit, handle real estate, and understand interest and insurance issues.

Other organizations offering services include the Rutherford County Health Department, the local Rotary Club, area churches, the Junior League, the YMCA, and employment agencies. Three VISTA workers assist families who are learning English and lead reading and mentoring programs in the schools that the project's children attend. Funds from a state grant support two educators who run a "Parents as Teachers" program that works with families who have children from birth to age 3. An Early Childhood Education grant has made it possible to add another preschool. An after-school tutoring program has been set up for K-6 students. A 21st Century Community Learning grant has expanded child care services both before and after school and during the summer. Another state grant provides a Parent-to-Parent program as well as a family mentoring initiative. A local psychologist leads a Woman-to-Woman mentoring program for single mothers. And a guidance center offers drug and alcohol abuse counseling.

IN THE BEGINNING

Community problems lead to collaboration.

Although the living environment within the Franklin Heights Public Housing Project may have been state-of-the-art when the 140 brick row-house apartments were built a little after World War II, as with many public housing ventures across the country, it quickly deteriorated. By 1990, crime and drug use in the project were frightening enough that hearses would not enter it at night to pick up a dead body. "We had big-city problems in our small town," said the Executive Director of the city's housing authority; something had to be done.

Drug elimination grants allowed the Murfreesboro Housing Authority to hire off-duty police officers for additional security and to begin an after-school program for young adolescents and high school students. By the mid-1990s, using a U.S. Department of Justice grant, the police department literally moved in and set up a police precinct in a vacant apartment. Police began regularly to patrol the project and to get to know residents. The COPS program hired two full-time bicycle officers and one full-time detective. With residents' support, the housing authority installed surveillance cameras to look for drug dealers and watch for crime. Instead of seeing these cameras as infringing on their privacy, the people who lived there said they were glad to have them because they enhanced their safety. Today, officers are on or near the premises 24 hours a day, 7 days a week.

In 1998, the Murfreesboro city school system put two preschools in the center of the apartment complex, using Title I and Even Start funds. Next door, a four-bedroom apartment became a family education center, downstairs housed a child care center, and upstairs adults could get GED instruction and job skill enhancement training. The public school system turned two additional apartments into a Family Resource Center, funded by a grant from the state. The collaborative efforts among agencies and families have grown from these beginnings.

In terms of jobs for residents, local businesses and industries began holding job fairs within Franklin Heights. Job application and retention skills are taught in one of the converted apartments. A Dress for Success effort helps project families find clothes appropriate for professional work. And the regional Transit Authority provides transportation to residents' jobs through a funded partnership with the housing authority.

- **The numbers show progress is being made.** The spirit of family members in Franklin Heights and of the program partners from the city of Murfreesboro is unmistakable. Family members have traveled to national meetings to describe the changes that have taken place in their community. The public and private program partners speak with enthusiasm of their shared work and tout each other's inventive approaches to issues in this community. Some hard numbers back up this enthusiasm. During the 2000-2001 school year:

- The Brigance Academic Readiness test administered at the beginning and the end of the school year showed 3-year-old Franklin Heights' preschoolers gaining 22.2 points. The 4-year-olds in the housing project gained 31.9 points.
- The 10 graduates from Franklin Heights' preschool who moved into the public school kindergarten that serves their community attended an average of 172 out of a possible 180 days (in spite of the usual illnesses that beset kindergartners). At the end of the school year, all 10 of these youngsters were promoted to first grade.
- Of the 20 Franklin Heights' students in the Family Resource Center's GED program, nine found jobs while they were working on their GED, two who completed the program are now attending universities, and one was hired as the Family Resource Center Coordinator in a housing project on the other side of town.

Meeting New Challenges

The challenge in the Franklin Heights community is to continue to stand by its family-centered philosophy, to fine-tune its consortium, and to stay alert to new ways of doing business because each family presents a unique challenge.

The consortium brings resources to the table. As it grows and expands, the trick is to keep the one-by-one focus on families. Two factors help avoid a "one size

fits all” mode. The Family Resource Center Coordinator is committed to individualizing services, and the Murfreesboro team of partnering agencies takes inordinate pride in coming up with inventive solutions that respond uniquely to a family’s need. The one-by-one philosophy exists at both levels.

Pushed by local and national recognition of its “success” in Franklin Heights, Murfreesboro is expanding its collaborating-agency approach both within the city limits and beyond. The two other public housing projects in Murfreesboro, Mercury Court and Highland Heights, are now establishing similar public-private consortiums, learning from Franklin Heights’ experience. Ashland City, 20 miles northwest of Nashville, is beginning a Parents as Teachers program modeled on the one in Franklin Heights, and Franklin Heights’ Even Start program is currently mentoring a similar program in South Carolina.

ONE family’s Story

The mission of the Family Resource Center in Franklin Heights, as described by its director, is to connect people to services that get them on their feet and moving forward. In the case of Ms. M., the center offered support to her and her two children for just 12 months, but it made the difference between dependence and independence.

“A year ago when I moved to Franklin Heights, I was homeless, pregnant with my fifth child, and living on disability because I have Multiple Sclerosis. Only my oldest girl, who is 17, was with me; my 13-year-old, who has Down syndrome, and the two other kids stayed with my husband, though I want to have them come live with me as soon as possible.

“When my little girl was born, I could tell right away that she had problems—microcephaly. It was so clear that she would be delayed. For the first six months at home with the baby, I just hid. I didn’t connect with the people around me or even look for help. Finally, I decided to pay attention to one of the flyers at the door of my apartment that said there was a Family Resource Center nearby. So I went, and from then on I got help putting the pieces of my life together.

“The director herself drove me to Special Kids, a program that includes young children who have a lot of health and developmental needs. It has physical and occupational therapy and, when kids are old enough, speech therapy. My little girl began there when she was 6 months old. She needed lots of extra care because of problems with her eyes and ears, and sometimes with her breathing. Pretty soon she’s going to need a couple of operations. But right now she’s a year old and doing great.

“The center really changed our lives. My teenage daughter is now working there on her GED. I’ve improved my skills through the center’s adult education program, and I’m about to start a job. The staff showed me how to apply for Section 8 subsidized housing, and through that program I have a new apartment.

“I’m almost 36 years old, and I’m finally getting my life together. I was married for 15 years and relied on my husband. Now, with help from the resources at Franklin Heights I’m standing by myself. I’ve got a good preschool for my baby, training for my teenager, our own home together, and now a job for me. The center has made all the difference.”

The Quest for Further Improvement

Continuing Challenges to Integrated Services

The Communities of Excellence have worked hard to provide an integrated, comprehensive, and accessible set of services and supports for all young children and their families. Yet all the communities want to accomplish much more, and all report that maintaining the gains they have made and continuing to progress requires constant effort. A number of challenges makes serving all young children and their families particularly difficult. With the FICC's help, however, communities continue to address the following challenges:

- Funding from federal and state programs is often complex and targeted to serve only specific children and families or to address only specific needs. Communities must become very sophisticated at braiding this array of resources to create a system of services and supports for all children and families.
- Providing services and supports to young children and families is difficult when so many programs focus on the disability issues or income levels of those to be served. Creating approaches that include all children and that make support for families a positive, normative approach rather than a way to address problems is a challenge.
 - There are few consistent, ongoing sources of funding to foster communitywide efforts to serve all children and their families. Even fewer funding sources are available to support the infrastructure—such as community planning and governance bodies—to create the effective approaches implemented by the award-winning communities. Too often, communities use time-limited grant funds to provide services and to build an infrastructure that needs to be permanent.
 - The requirements of federal and state programs for reporting data on services and programs are often duplicative. Also, these reporting requirements do not necessarily lead to communities collecting and analyzing the data and information they need to continue to improve services and supports to families.
 - Community members may not have the skills to identify, plan, fund, implement, and evaluate services and supports in a collaborative way that involves significant input from families at all levels of the process. As a result, a community may need many years to develop the





collaborative skills and infrastructure to achieve the level of success of the Communities of Excellence. Many federal and state training and technical assistance efforts focus on improving a particular system or service, but may not emphasize building the capacity to excel. In addition, professional pre-service and in-service training programs tend to neglect certain critical skills.

These challenges can be addressed only through a considered and collaborative effort at the federal, state, and community levels. The FICC promotes the collaboration that is needed to enhance the lives of all children and families in their communities.

How the FICC Can Support Communities

The FICC comprises various federal member agencies that work with families, representatives of state early intervention (Part C) and preschool education (Part B) programs, and other program representatives. The FICC addresses the challenges faced by communities that seek to create integrated, comprehensive and effective services and supports for young children and their families in many ways.

- **Policy forums**—A policy forum is part of each quarterly FICC meeting. They are a vehicle to educate all members about issues that are affected by federal policy and about the various services for young children and their families. Presentations include federal, state, community and family perspectives. The FICC committees use recommendations generated during these policy forums to further address the policy issues. The following policy forums have been held: Care Coordination in the Community, Coordination of Child and Family Assessments, the Role of the Medical Home in Serving Young Children, Serving Children Whose Families are Homeless and Outcome Measures for Young Children with Disabilities and Their Families.
- **FICC Web site**—To assist families, providers, policy makers and communities throughout the country, the FICC Web site provides information about the activities of the FICC and its participating federal agencies, and the support of young children and their families. The Web site address is <http://www.fed-icc.org>.
- **Coordination of federal training and technical assistance efforts**—The Integrated Services Committee of the FICC has studied the array of training and technical assistance services provided by its member agencies. They found that, while agencies devote extensive resources to training and technical assistance, effective coordination of those efforts is lacking. Also, none of these efforts includes a component that emphasizes collaborating with other programs and services for young children and their families. To fill this gap, the FICC has brought together the major federally funded training and technical assistance grantees from member agencies on several occasions. Two of the areas that these meetings highlighted were interagency technical assistance and ways to improve cultural competence in technical assistance.

APPENDIX

More about the FICC



Vision Statement

The FICC will assure that all children ages birth to age 8 with or at risk for developing disabilities and their families benefit from an integrated, seamless system of services and supports that is family-centered, community-based, and culturally competent. As a result of this system, children with disabilities will have their physical, mental, health, developmental, and learning needs met in order to reach their full potential.

Mission Statement

The FICC facilitates successful outcomes for young children with disabilities and young children at risk for developing disabilities and their families through the following actions:

- Developing effective federal interagency policies
- Identifying and recommending strategies for the coordination of federal programs and fiscal resources
- Minimizing fragmentation and duplication of programs and activities at the federal level
- Developing strategies for the coordination of the provision of federal technical assistance and support activities
- Exemplifying partnerships across federal programs
- Ensuring that all supports and services are designed and implemented in a culturally competent, appropriate, and respectful manner
- Ensuring that all children, regardless of culture, have maximum access to the full range of supports and services that are due them by federal law

Guiding Principles

- We will accurately identify the needs of young children with and at risk for disabilities and the needs of their families and work energetically with all in an open process for policies addressing those needs.
- We will seek to maximize available fiscal resources for all children and particularly for young children with and at risk for disabilities and their families.
- We will constantly seek the best information about the existing system of services. We will identify an overarching framework of children's and families' services, with all its component parts. We will make the framework a reality for young children with and at risk for developing disabilities and their families.
- We will work to coordinate excellent, comprehensive technical assistance and support for the states as they identify issues, trends, and needs in providing services to young children with and at risk for disabilities and their families.
- We will honor the contributions of all colleagues, programs, and services and respect their place in an overarching framework of children's and families' services.