



2002 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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Winter 2004

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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 2002 Communities of Excellence included representatives from the following:

U. S. Department of Agriculture

Food and Nutrition Services

U. S. Department of Education

Office of Special Education Programs

U. S. Department of Health and Human Services

Administration on Developmental Disabilities

Center for Mental Health Services

Child Care Bureau

Head Start Bureau

Maternal and Child Health Bureau

Office of the Surgeon General

State Interagency Coordinating Councils

Families

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Photos of community teams by Lisa Helfert of Georgetown University.

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Contents

Introduction	1
Communities Can!	3
Who Can Join	3
How to Join	3
Recognizing Excellence	5
The Communities of Excellence Awards	5
<i>Nomination Process</i>	6
<i>Selection Criteria</i>	6
<i>Award Celebrations</i>	7
<i>The Communities of Excellence Nominees: 2002</i>	7
Meet the 2002 Communities of Excellence	9
Palm Beach County in Florida	10
Grand Traverse County in Michigan	16
Beaufort County in South Carolina	22
Williamsburg-James City County in Virginia	28
Nooksack Valley in Washington	34
The Quest for Further Improvement	41
Continuing Challenges to Integrated Services	41
How the FICC Can Support Communities	42
Appendix—More about the FICC	43



Introduction

HAVING A NEW BABY CAN BE EXHILARATING AND exhausting, stimulating and stressful, all at the same time because babies are entirely dependent upon their parents to grow and thrive. Many communities have realized that families may need support in order to raise their children to their highest potential. Families may need someone to teach them the importance of talking and reading to their baby. Families where parents work outside the home may need affordable, accessible, quality childcare. And all families need appropriate medical care for their children.

If the child has a disability or is at risk of developing a disability, the parents' needs may be even greater. They may require adaptive equipment, therapies, and someone to teach them how to integrate the specialized training for the child into the everyday routines of family life. Finding all these services and negotiating the paperwork necessary to secure them can be frustrating and so difficult that it takes months or even years for families to get what they need. And as the child's needs change, parents are forced to renew the search for the right combination of services. And when families are poor, these problems are further compounded.

This monograph focuses on five communities where families who need services get them, without hassles and without a long search. These trailblazing communities do things differently. They focus on families and design programs and policies around their strengths and needs, rather than asking families to fit into already existing programmatic categories. Our award winning communities identify gaps in their service systems and fund services to fill them. They use local dollars to pull down every possible state and federal dollar and seek special grants to implement and evaluate innovative promising practices.

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) statute. 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 support to young children and their families, minimize duplication and identify gaps in programs and services, ensure coordination of technical assistance activities 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 began honoring 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, youth, 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 2002 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 202-687-8784 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 Center for Child and Human Development and directed by federal agencies dedicated to serving and supporting children, youth, 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! Simply 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: gucchd.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 four or five communities each year that have demonstrated an effective way to blend various resources from key federal public programs (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 (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 to educate and share their successful strategies. 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.

2002 Communities of Excellence Award Nominees

Riverside County, California	Milford, Massachusetts
Denver, Colorado	Grand Traverse, Michigan
Gainesville and Ocala, Florida	Breckenridge and Campbell, Minnesota
Palm Beach County in Florida	Freeborn County in Minnesota
Athens/Clarke Counties in Georgia	McCook, Nebraska
DeKalb County in Georgia	Douglas County in Oregon
Griffin/Spaulding/Pike Counties in Georgia	Wasco County in Oregon
Statesboro/Bulloch Counties in Georgia	Beaufort, South Carolina
Valdosta/Lowndes Counties in Georgia	Jackson, Tennessee
Region V Infant Toddler Program in Idaho	Williamsburg-James City County in Virginia
DeKalb County in Indiana	Montello, Wisconsin
Cass, Mills, and Montgomery Counties in Iowa	Nooksack Valley in Washington
Garden City, Kansas	Pullman, Washington
Green River ADD in Kentucky	Whitman County in Washington
Greater Boston MA/Healthy Foundations EIP in Massachusetts	



Meet the 2002 Communities of Excellence

2002 Award Winners

Palm Beach County in Florida

Grand Traverse County in Michigan

Beaufort County in South Carolina

Williamsburg-James City County in Virginia

Nooksack Valley in Washington

IN THE FOLLOWING PAGES, EACH OF THE FIVE 2002 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

Palm Beach County, Florida



An independent special taxing district helps fund integrated, comprehensive service delivery systems

PALM BEACH COUNTY HAS MILES OF white sandy beaches and endless first class hotels and resorts. Its wealthiest citizens live in opulent mansions that line the glistening beachfront along the Atlantic Ocean. This extreme wealth contrasts sharply with pockets of profound poverty.

Of the 1.1 million residents of Palm Beach County, one out of every seven children lives in poverty; almost half of the children in the public school system are enrolled in the free/reduced lunch program. The county's citizens are also as diverse as any in the country, with 105 languages and dialects spoken in the schools. Like much of South Florida, Palm Beach County is a favored destination for many legal and undocumented immigrants, bringing great diversity to the area. African-Americans comprise 14 percent of the population; while another 12 percent is Hispanic. These groups are further divided into ethno-cultural minorities, including recent immigrants from Haiti and Mayan descendants from Guatemala.

Many young families have recently moved to the county, leaving their children without the warm and caring support of grandparents, aunts, uncles, and other extended family members. County agencies are challenged to set up services to counteract this absence of strong family ties. Knowing that lack of family planning, poor prenatal care, limited health care, inconsistent family support, poor family environments, lack of access to quality preschool education and school-age child care, coupled with poverty, contribute to poor outcomes for children, Palm Beach County leaders in 1986 decided to change things.

Seventeen years later, the county has some of the best services for children and families in the country. Through self-imposed local taxes, county leaders match federal and state funds so that families in every part of the county have access to early care and education, family support networks, maternal and child health services, and youth development programs.

What is Happening in Palm Beach County?

- **A special tax base funds early childhood programs and family support**
Legislated by the state and approved by local referendum, Palm Beach County's special taxing district provides funds to support young children and their families. The program is administered by The Children's Services Council (the Council) which has 10 members, set by Florida statute. The Council includes the superintendent of schools, a juvenile court judge, the district administrator of the Department of Children and Families, a school board member, a county commissioner, and five members appointed by the governor to four-year terms. The Council provides a constant funding stream for serving children of Palm Beach County.

The mission of the Palm Beach County Children's Services Council is "to enhance the lives of Palm Beach County's children and their families and enable them to attain their full potential." Leaders determined that the best use of precious local tax dollars was to fund prevention and early intervention programs and demonstrate that they save lives and money. The availability and wise use of flexible funds have made Palm Beach County an innovative leader in children's services.

Driven by research that shows that quality early childhood programs, after-school programs, home visiting, mentoring, parenting, and youth leadership can help prevent many serious problems and contribute to a child's success in school and adult life, the Children's Services Council has focused on the following:

- Ensuring that the child is healthy from the start by obtaining quality health care prior to conception, during pregnancy, and during the child's lifetime.
- Providing quality early education and child care to ensure that children are ready for school by nurturing and developing their cognitive skills from birth.
- Ensuring that the child lives in a safe, healthy, nurturing environment. This includes not only the child's physical surroundings, but also the dynamics that influence family and the community.

In each area, the Council has pioneered new methods of serving children and families and has worked collaboratively with the school district, health department, and other family-serving agencies to maximize services, leverage additional resources through national grants, and pull down every state and federal dollar possible. The Council's investments are beginning to pay off.

- **A funding bank to meet individual needs**
Even with the well-planned systems, gaps occur. The Children's Services Council planned for these gaps by creating special funding "banks," which receive funds from multiple organizations.

What is Special About Palm Beach County?

An independent special taxing district helps fund integrated, comprehensive service delivery systems

Palm Beach County residents realize that today's children are tomorrow's leaders. Rather than wait for more state or federal funding to help them address the multiple needs of the influx of poor immigrants, residents decided to help them and help themselves. Local taxing districts are unique to Florida. State law enabled Palm Beach County to seek local voter approval through referendum to create a Children's Services Council and grant it taxing authority. The Children's Services Council uses those revenues to plan, coordinate, fund, and evaluate services for children. The county also raises funds through a similar taxing scheme to administer and fund local health programs for the needy through the Health Care District of Palm Beach County. Palm Beach County is one of only a handful of counties that has created local taxing entities for children's needs and for local health programs. The availability of substantial local, flexible funding has enabled multiple innovative partnerships and prompted the development of unique and effective systems of care for children and families.

Palm Beach County, Florida

The banks ensure that families and children receive all the services they require through a system in which “the money follows the child.” For example, if a child needs several services, some of which the family’s insurance will cover and others which it won’t, the child is ensured of receiving all the services through access to the “bank.” In one instance one family was able to get additional mental health services. Another family was able to get substance abuse treatment.

- **A focus on results**

The Children’s Services Council believes that, in order to make the best investments of their community’s resources, they must constantly measure their own success. By gathering annual outcome indicators on the status of child and maternal health, early education, the quality of child care, and others, leaders can determine what is working and what is not. Early indicators are already pointing to the success of the money invested. Some positive signs that children and families are benefiting include:

- The infant mortality rate has continued to decline and is below the state’s rate.
- The number of teen births is also down and well below the state’s rate.
- Juvenile delinquency rates have declined for the second year—down 15 percent below the 2000 rate.

- **Local funder ensures access to health care**

Most Palm Beach County citizens are able to receive medical care when they need it. The county has established a taxing district which raises revenues to develop, fund, and administer local health programs for medically needy of all ages. Called the Health Care District of Palm Beach County, this is a self-governing, special taxing district established in 1988 to maximize the health and well being of Palm Beach County residents. The Health Care District provides a source of funding for low-income residents to gain access to health care coverage and maintains a comprehensive trauma system in Palm Beach County.

Children in Palm Beach County have particularly benefited from the services provided by the Health Care District and its collaborating organizations. The four major services touching children include:

- Health insurance for more than 89,000 children,
- Health care services provided by a registered nurse to more than 165,000 children in every public school in the county,
- A specialist in behavioral health in schools to provide prevention, early assessment, and early intervention services to more than 25,000 children in kindergarten through third grade.

The Health Care District has blended local, state, and federal dollars to expand access to health insurance for all children in families below 200 percent of the poverty level. Low-income children who are not eligible for Medicaid or the Children’s Health Insurance Program (CHIP) have access to health insurance through Coordinated Care, a local program created to fill the gaps not filled by the state/federal programs. Coordinated Care provides primary care, specialty and emergency care, hospitalization, and prescription drugs to Palm Beach County children and adults who meet basic income and asset requirements. No co-payments are assessed. Families whose incomes are too high to qualify for Coordinated Care, Medicaid, or CHIP can purchase health insurance for their children through Florida KidCare, a statewide, comprehensive health insurance program for children, ages birth to 18. KidCare provides doctor services, hospital services, emergency services, vision care, prescriptions, surgery, and more.

- **County sets up State Mandated School Readiness Coalition**

In 1999 the Florida Legislature passed one of Governor Bush’s key bills requiring each region of the state to set up a School Readiness Coalition to implement and evaluate an integrated, quality, seamless service

IN THE BEGINNING

In Florida, a special taxing district must be authorized by state law and then voted on by the citizens of a county. Palm Beach is one of only eight counties in Florida that have created this special taxing authority. In 1986 Palm Beach County leaders asked then-Senator Harry A. Johnston II, a strong child advocate and president of the Florida Senate, and Senator Eleanor Weinstock, another strong child advocate, to sponsor authorizing legislation to give the county the ability to create, by citizen referendum, a special taxing district to fund services for children and families. The proposed legislation was based on a similar initiative that created the Juvenile Welfare Board in Pinellas County, 40 years earlier. The legislation to create a special tax district for Palm Beach County defied the odds; the bill passed the legislature with only one dissenting vote.

In order to get a referendum passed by the voters, Palm Beach County leaders organized and launched a full fledged political campaign, with a single candidate—the county’s children. A Political Action Committee built support among community leaders, politicians, local government officials, civic organizations, educators, the faith community, and the media. Everyone was asked to endorse the referendum, contribute money for the campaign, and influence friends. This extensive outreach effort was highly successful, with over 45 of the county’s major civic organizations endorsing the referendum. A local attorney wrote an endorsement letter stating that the extra tax would provide millions of dollars in new revenue to assist Palm Beach County’s youngsters in need of child care, drug treatment programs, health care, assistance for emotional problems, support to stay in school, and more. Members of the steering committee wrote a letter to the Palm Beach County Bar Association. A sentence in this letter became the Children’s Services Council’s campaign slogan: “Protect our future; protect our children; protect your investment in Palm Beach County by voting Yes for the Children’s Services Council Referendum.”

An advertising committee recruited the advertising co-chair for WPEC-TV and another highly creative individual to design a voter education strategy. They created mailings and printed materials to promote the referendum throughout the county. Volunteers conducted surveys at key locations to measure community awareness and opinions and to provide a research base for the marketing campaign. Because time was short, television was the primary communication medium. A 30-second spot featured respected people from across the community delivering strong testimonials about how passage of the referendum could positively impact children and families. Flyers featuring a striking graphic using the campaign slogan and mirroring ideas from the TV commercials were distributed at community drops, used as speeches, and enclosed in mailings. Radio and print media broadcast public service announcements on children’s issues and the need for the referendum. Parents were given campaign materials to use in one-on-one and small group discussions. The Political Action Committee prepared question and answer fact sheets, formed a speaker’s bureau, developed targeted mail pieces, and organized a voter education forum. The Chamber of Commerce led the fund-raising effort, pulling in \$30,000 to use on the grassroots effort.

With the full support of businesses, media, social services, and the public, the referendum, which had been put on the ballot just months after state-authorizing legislation passed, was approved by a 70% to 30% margin, receiving a majority vote in every precinct in the county. The referendum led to the establishment of the Children’s Services Council of Palm Beach County (the Council), which was authorized to tax property owners up to one-half mill (50 cents per \$1,000 of taxable property value).

In November 2000 another campaign was launched to increase taxing rate. No change in state law was required. A full campaign was again waged but this time the Council had 14 years of facts and figures about its successes in reducing infant mortality and improving school readiness. All of the organizations that endorsed the effort in 1986 also supported the 2000 campaign, with the additional support of the Economic Council of Palm Beach County. The 2000 referendum passed by a 68% to 32% margin—a major success in a political climate completely different from that in 1986 when the first tax was passed and the Children’s Services Council established.

delivery system for early care and education for children birth to age five. The Council took the lead in getting the School Readiness Coalition in the county started. Palm Beach County was able to quickly move forward to design and implement a comprehensive, integrated system built on the programs already in place because the members of the School Readiness Coalition and its mission complimented those of the Council.

The coalition has built on existing services and worked cooperatively with other programs for young children to achieve efficiency, accountability, and effectiveness. All programs that are part of the system must be developmentally appropriate, research-based, involve parents as their child's first teacher, and focus on measures that will help prevent school failure, enhance children's educational readiness, and educate families.

The School Readiness Coalition is developing a system of comprehensive services to ensure that children are ready to learn when they enter kindergarten and experience academic success throughout their school careers. The system includes information and referral, accessibility, quality, and mentoring components. The Council funds parts of the plan to enhance quality of care and to give children a quick start to kindergarten.

The Picower Foundation, the Council, and United Way partner to provide funds to targeted child care centers so that they can improve their buildings, buy extra equipment, provide extra staff development, and make other quality improvements. Comprehensive services by a multidisciplinary team are also provided to the families. The children in these centers will be followed into elementary school to determine if these quality enhancements improve child outcomes. As a result of this program's success, comprehensive services are now provided for children and families in subsidized child care settings throughout Palm Beach County.

Meeting New Challenges

The Council is known for its efforts to continually improve services and find more efficient and effective ways to do things. Next steps in this process of continual improvement are:

- Ensuring access to culturally competent information and services;
- Building the capacity of professionals and agencies to do the level and caliber of work that is needed;
- Maintaining consistency, partnerships, and services—even with changes in directors and/or board members and federal and state cuts to children's programs;
- Developing integrated database systems and effective evaluation models.

family Story

MS. L, A HAITIAN WHO SPEAKS MOSTLY CREOLE, WAS REFERRED TO THE Healthy Families Program in Palm Beach County in September 1999 because of a high-risk pregnancy. At the time, Ms. L was married, seven months pregnant, and suffering from severe anemia. She had been hospitalized many times for blood infusions. She delivered a baby boy at seven months gestation because of her own health complications.

During her participation in the Healthy Families program, the family suffered a terrible tragedy. Though the story is too painful for the mother to tell, she agreed that we could include it with her story.

In March of 2001 Ms. L and her husband traveled to Haiti seeking medical treatment for her blood disorder. In Haiti robbers attacked the cab they were in and killed her husband and another passenger who was riding with them. Ms. L was beaten and tied up. The next day someone found her near death and took her to the hospital. The robbers took all her money, her passport, her green card, and all her identification papers, leaving her unable to return to the United States and to her children. The Healthy Families staff took care of her children and replaced her stolen documents so that she could return to Florida.

“I really like the program a lot. It has really helped me. Ms. J [the first home visitor] came to my home every week to talk to me about my children and to check on my health. When I was not feeling well, I would lie on the sofa, and we would talk. Sometimes my husband would sit and talk with us. Ms. J. helped make sure I got to my doctor’s appointments, and sometimes she would translate for me. She helped me apply for Medicaid and food stamps.”

“It is really too painful for me to talk about what happened in Haiti. When I went to Haiti, I left the children behind. When I was able to return, Ms. G [director of the Healthy Families Program] sent me a letter and lots of paperwork so I could get a visa. When I was in Haiti, the program helped my children. Ms. J bought clothes for the children at Wal-Mart. She checked on the children at school. She made sure their immunizations were up to date.”

“When I came back from Haiti, Ms. J always visited me. One time I had an emergency, and Ms. J paid two months of the light bills for me. She helped me get some food and diapers for the baby. When I have a doctor’s appointment, sometimes Ms. J takes me and sometime she gives me a bus pass. When I needed help with child care, Ms. K [the second home visitor] got me the paperwork and helped me fill it out.”

“I don’t like the job I am doing. I don’t have another choice. I had surgery and my side hurts when I come home from working in the cornfield. I really like the people at Healthy Families. They still help me a whole lot with my kids, teaching me about how to keep them safe and how to be a better mother.”

Grand Traverse County, Michigan



Every door is the right door for families

LOCATED IN THE NORTHWESTERN part of Michigan's lower peninsula, Grand Traverse County got its name from early French fur traders, who called this nine-mile walk across the foot of the bay "La Grande Traverse" or "the long distance." The county features Traverse City, the county seat and population center, with 16,000 people, and two small towns, Kingsley and Fife Lake. The total county population is 77,654. A favored tourist spot and popular retirement community, the Grand Traverse area is the largest producer of sweet and tart cherries in the world and is home to several award-winning wineries. The economy depends upon two major sectors, agriculture and tourism; less important are plastics manufacturing, woodworking, food processing, and medical technology.

The beauty of the area and its reputation as a tourist spot and retirement community disguise the economic problems of many in the county. The high incomes of a few citizens contrast sharply with the poverty of many who work in seasonal tourist jobs without benefits. Exorbitant land values are forcing farmers off the land and making affordable housing difficult to find.

The Grand Traverse County population is about 97 percent white; the largest minority, about 2 percent, is the Ottawa and Chippewa Indians, who receive most of their human services from their tribal organizations. Agriculture attracts migrant laborers and seasonal farm workers, some of whom have chosen to stay. A new and growing linguistic and cultural group of Ukrainians, sponsored by a local church, are making Grand Traverse their home.

Of the total children birth to 19 years (21,721), 10,162 are under 10 years old. Twenty-eight percent of the approximately 1,000 births in 2000 were Medicaid. Teen births have declined steadily in the past ten years from 41.2/1000 to 32.3/1000. Although most Kids Count indicators, from the Annie Casey Foundation annual reports about the well-being of children, have improved, over 20 percent of births still lack adequate prenatal care, almost 6 percent are low birth-weight babies, and infant mortality

is still 5.9/1000 births. Although the number of children living below the federal poverty level declined significantly between 1990 and 2000, the exorbitant increase in the cost of housing consumed any gain for most families.

Grand Traverse, like all communities, has its challenges in ensuring that all children enter school ready to learn.

What is Happening in Grand Traverse County?

- **Multiple programs offer families choices during and after pregnancy**

Pregnant women can select which of a number of programs can best support them during their pregnancy and during the first months of their child's life. Healthy Futures offers support and information to all pregnant women in the county. Obstetricians, midwives, public health nurses, or the Munson Medical Center refer expectant mothers to Healthy Futures as early as possible during the pregnancy. A public health nurse assesses the family's needs at a home visit, provides regular phone support and information, and links the mother to needed health, mental health, or social services. After the baby's birth, families receive at least one postpartum home visit and a regular newsletter with developmental and parenting information until the child turns five.

A sister system, the Doula Teen Parent Program, provides teenage parents and other high risk, first-time mothers support, information, and assistance from a volunteer during pregnancy, delivery, and until the baby reaches two. Many Doula volunteers develop long-term relationships with their families, who become friends or even like extended family members. The outcome data for this 25-year-old program are excellent: participating teens have increased high school completion rates, longer spacing between pregnancies, positive birth outcomes, and increased economic self-sufficiency.

The Grand Traverse County Health Department also has a program that provides support, including transportation, to high-risk pregnant women to ensure adequate prenatal care and reduce risk behaviors such as smoking and alcohol use to promote positive birth outcomes. Public health

IN THE BEGINNING

In 1987, believing that collaboration among agencies could improve services and efficiency and produce better outcomes for children and families, county leaders formed the Grand Traverse Human Services Coordinating Council (Coordinating Council). The Coordinating Council membership includes health, mental health, the courts, education, and social services. In the beginning the Coordinating Council focused primarily on prevention services. However, as the economy worsened in the early 1990s, the Coordinating Council expanded to include all human services. Rather than make all the decisions themselves, the Coordinating Council created workgroups focused on specific populations to develop action plans with recommended funding priorities and new initiatives. One of these groups, the Prenatal to Six Work Group, was created in 1996 to focus specifically on the needs of young children and their families. The workgroup studied the multiple systems serving children and families and developed an action plan for improving the well being of the county's children. Originally charged to ensure that "all children enter school ready to learn," the workgroup soon asked the Coordinating Council to broaden their scope to "establishing a system of care" for children and families.

Rather than eliminating duplicative services, the workgroup promoted continuity among providers and encouraged multiple programs in order to give families choices. For example, the workgroup wanted to facilitate family movement among services without losing continuity in programming. All home-based programs agreed to use the Parents as Teachers curriculum as the foundation of their parent education. Head Start and Early Head Start, which have a collaborative initiative with child care providers, also agreed to use the curriculum as the core of their parent education.

The Prenatal to Six Work Group adopted the guiding principle that "every door is the right door." Over the years, public and private agencies, public officials and private citizens have worked together in Grand Traverse to support, coordinate, create, and jointly fund a wide array of health, education, mental health, and support services to meet individual child and family needs and to give families choices.

What is Special about Grand Traverse?

Every door is the right door

In Grand Traverse County “every door is the right door” to services for families. When parents seek help for their children or themselves, regardless of where they start their search, they get what they need. Schools, child care centers, public health clinics, and other community agencies and providers offer services and refer parents to the many other programs that might meet their needs. The area is small enough that service providers know each other and share a common understanding about the problems families face. When families need services, providers can just pick up the phone and call other agencies to determine if they have openings and if the family meets the eligibility criteria.

Healthy Futures and Way to Grow, the two major county prevention programs created by the Prenatal to Six Work Group try to reach all families and link them to other services when needed. Third Level Crisis Center is another door to service many families use. A long standing organization respected for its efficient services and lack of bureaucratic barriers, it provides phone and walk-in information, referral, and crisis counseling 24 hours a day. Because service providers meet regularly and know each other's eligibility guidelines, families are always quickly linked with the appropriate and desired services or supports.

nurses provide the bulk of the education, and support and services continue after the birth of the child. This program works with the Doula program to offer home-based counseling support to families who request it.

- **Programs get children ready for school**

Way to Grow is one of two prevention programs originally created by the Prenatal to Six Work Group. Launched as a collaboration between the Traverse Bay Area Intermediate School District and agencies across five counties, budget constraints and the challenges inherent in collaboratives are taxing partner involvement. Way to Grow School Readiness Coordinators, housed in each local elementary school, identify families when a child is born or when a family with preschool-aged children moves into the neighborhood. The coordinators offer multiple services designed to enrich the preschool years and promote school readiness:

- Activities for families
- Home visits
- Groups for parent education and support
- Parenting information
- Preschool information
- “Parents as Teachers” curriculum
- Health, vision, hearing, and development screenings; immunizations

Because Way to Grow is located in the public schools, the transition of children to kindergarten is smooth. Before a child begins school, the kindergarten teacher visits every family at home, and a literacy consultant works with kindergartens and preschools to align the curricula and help ensure children receive a strong foundation in literacy.

- **Mental health needs of children and parents are addressed**

A number of programs offer an array of mental health services for children and for parents. Early On, the federally funded Part C program, provides early intervention services, including mental health services, for Grand Traverse County's youngest children with disabilities or developmental delays. Families, through inclusion in the Individual Family Service Plan, can get help directly from Early On or from a referral to another agency. Northwest Michigan Child Guidance Center, the parent agency of the Doula Teen Parent Program and Infant Mental Health Services, provides early intervention and a day treatment program for children three to six.

Way to Grow, the neighborhood-based program for all families, also has a project known as BEARS (Behavioral/Emotional and Resiliency Skills). BEARS was originally funded as a pilot collaborative program through community mental health and child care resource and referral

funds. Child Care Connections, the child care resource and referral agency, offers training in identification of mental health issues to child care providers. Through BEARS all preschool providers can request an assessment, parent and provider consultation, or referral to treatment resources, if needed. Since the pilot project ended, BEARS has been piecing together funding from Way to Grow and other sources.

A local agency that offers infant mental health services offers intensive in-home therapy by certified specialists for young mothers with mental health needs. Like all parent education, it uses Parents as Teachers as its primary base and shares the belief that healthy families produce healthy children.

One final program, a new, residential substance abuse program for women with their children, recently opened for mothers in need of intensive, residential treatment. In addition to providing addiction treatment for the mothers, this program aims to break the intergenerational nature of substance abuse and provide preventive interventions for the children.

- **Parents are included**

Stipends are provided to help families participate in governance, planning, and advisory roles. Parents participate as full members of the Coordinating Council Board of Directors, boards of directors and advisory councils of individual agencies, members of workgroups and collaborative initiatives, and as a part of evaluation committees.

Orientation and training for these roles are provided to ensure full participation. Family members receive stipends to cover child care and to recognize the value of their time.

Meeting New Challenges

The Prenatal to Six Work Group is beginning to establish countywide evaluation tools across agencies and programs. For example, a parent skills assessment tool is now in use for all programs offering early childhood parent education, especially Parents as Teachers. The drive toward program evaluation has offered an additional means of collaboration. A number of programs are using the same evaluator and the same people (faculty at Michigan State University) to develop indicators and tools for measuring program outcomes.

Recently, leaders from the Prenatal to Six Work Group worked with others to form the Traverse Bay Region Early Childhood Consortium, with membership from five counties. The consortium will initially address regional issues such as advocacy with state legislators, more regional grant writing, public awareness of the critical nature of early childhood, and increased coordination and collaboration across county lines. It will also serve as an advisory council to other initiatives, such as Early On and Way to Grow.

The new governor has announced a “Great Start Initiative,” a statewide system of early childhood care. Grand Traverse leaders are active in this planning and expect many of their “lessons learned” may inform the model. They also hope that the governor’s recognition of the importance of early childhood as a critical time in a child’s development will lessen the impact of the severe state budget shortfall on these services.

The Prenatal to Six Work Group has applied to become a research project participant in Kellogg Pathways to Collaboration. This project will study various successful collaborative systems to learn: What has helped the collaborative succeed? What lessons have they learned? What worked? What were the major barriers? How were people most affected by the problem brought to the table as equal partners?

family Story

ROSS AND LUANN'S INFANT DAUGHTER BEGAN HAVING seizures after an accidental injury to her head. They turned to Grand Traverse County for help.

“Our family first became involved with Early On shortly after our fourth child was struck in the head with a baseball at the age of three months. She sustained three skull fractures. During the week she was in pediatric intensive care, she began to have seizures and exhibited paralysis. We knew our daughter would require some long-term services.

“Having a special education background, we have many professional acquaintances within the field and knew who to call. We found these connections especially beneficial because our situation was traumatic enough without having to discuss plans of service for our baby with strangers. We knew what to expect from services providers. In the beginning, it was not easy being on the receiving side, as it would not be for any parent. But we can say now that our own personal experience is that families who are referred in our county are quickly directed to appropriate programs.

“Early On evaluated our daughter and recommended the kinds of services she needed. We wrote an Individual Family Service Plan (IFSP). Early On referred us to Children with Special Health Care Needs to get equipment and told us about support groups for parents of children with seizures and head injuries. They gave us lots of resources and asked if they could provide more. Early On also offered a playgroup once a week.

“Our daughter began and continued to receive physical therapy for the first year after her injury. Then, when she began walking without problems, we decided that the service was no longer necessary. But as that milestone was reached, we noticed delayed speech problems, so she began getting speech therapy. At the same time, I got involved in the Parents as Teachers (PAT) program through Michigan State University. It is a great program. The PAT home visitor came to our

home once a month, provided information about child development, behavior, and growth and helped us to recognize our daughter's milestones. The PAT home visitor always brought activities for both my older daughter as well as the baby. They also offered playgroups in the community.

“During this time, we began participating in the Way to Grow Program. They offer playgroups at our neighborhood school, which is great when you have a big, busy family like ours. Way to Grow also offers small parent education seminars in the community. We could choose which activities to attend, according to our family's schedule. Because we already had a caseworker through PAT, we weren't assigned one through Way to Grow. Our other children have also benefited from services offered in the community. Our older daughter has just finished the Ready Four School program. Ready Four's purpose is to help get children ready and excited about school and learning. It meets four days a week and includes transportation. Our two boys have ADHD, and we have been involved in some support groups and seminars for them.

“Way To Grow and PAT, through our intermediate school district and Munson Medical Center, have led seminars for parents on special topics such as children with seizures, ADHD, autism, and general parenting skills. All of these different support groups have offered us many choices on a plethora of topics.”

Beaufort County, South Carolina



Every child has a medical home which provides consistent care

BEAUFORT COUNTY LIES IN THE South Carolina low country at the southeastern tip of the state. The county encompasses one of the largest and most beautiful natural harbors on the Atlantic coast, which centuries ago attracted Spanish and French explorers. When they sailed up the sound in the 1520s, they found a land inhabited by many small tribes of Native Americans and a magnificent bay.

The harbor and the natural beauty of this region are still attracting people today. At the last census Beaufort County had a population of just over 125,000 residents; 24 percent are African American and almost 7 percent are of Hispanic or Latino origin. The population grew 31 percent from 1990 to 2000. Racial diversity is accompanied by economic disparity. Poorer families and new immigrants reside primarily at the northern end of the county. As income levels rise, families tilt to the southern end in or around the affluent community of Hilton Head. The county's school district serves approximately 17,000 students, half of whom qualify for free and reduced price lunches.

The most recent data from Kids Count indicates definite areas of need: 27 percent of children live in single-parent families; 16 percent of the children live in poverty; 39 percent drop out before high school graduation; 45 percent of high school students use alcohol; and 23 percent use drugs each month. The report suggests that too many children are at risk of not growing up to become self-supporting adults and contributing members of the community.

The recent growth in population and the extreme disparity in incomes in the county present unique challenges in addressing the needs of families. Fortunately service providers have found a solution that works: collaboration. With increasing frequency and success, county leaders have woven resources together

to create an organized and effective system that families can access with ease, without stigma, where they are, and as they need them. Collaboration has created multiple webs of care for children within the family, school, and community.

What Is Happening In Beaufort County?

- **Families have multiple ways to access services**
Multiple avenues are set up to ensure families find services and services find families, as quickly and as early as possible in a child's life. A registered nurse from the local health department provides home visits to all high-risk families after the baby's birth in order to determine if the family needs help and to offer support and information. Referrals come from the community's pediatric practitioners, physicians, school nurses who work with pregnant students, agencies such as Women's Infant Nutrition (WIC), and the Department of Social Services.

The school system helps find families and children through regular Child Find screenings held in convenient, non-threatening, accessible community locations. Staffed by volunteers, many of whom are retired health care professionals or persons who are bilingual or both, the screenings are widely publicized and provide an important entry point for linking children to a medical home and families to home-visiting services.

County leaders have also made it easy for families to telephone for help. Informational brochures featuring a phone number that families can call are widely distributed. Every family with a newborn is visited in the hospital to tell them about services in the community and to determine any needs the family may have. Then anytime during the child's early years, the family can be referred for services by the health department, pediatricians, family physicians, or other service providers.

- **Home visitors impart parenting information and provide support**
Every family with a newborn is eligible for one of the many home-visiting programs that teach parents skills, help arrange medical care, and link families to other needed services. The multiple agencies that provide

What Is Special About Beaufort County?

All children are connected to a medical home

The county is weaving its extensive array of medical services into a comprehensive system that offers every child a medical home—an ongoing source of primary health care that helps link them with the broad array of community services.

Beaufort Pediatrics, the largest private pediatric practice in the county, offers family-centered, comprehensive care 24 hours a day, every day of the year. Approximately 40 percent of the patients served through this practice are insured through Medicaid. Beaufort Pediatrics practitioners have participated in medical home- and family-focused care training offered through the American Academy of Pediatrics. In collaboration with the other health serving agencies, Beaufort Pediatrics provides clinics for children with special health care needs and children with sickle cell disease.

Woven into this web is Beaufort's other major medical home, Beaufort-Jasper-Hampton Comprehensive Health Services, a federally qualified health center that, in addition to providing its own set of coordinated services, now staffs two school health clinics. The Healthy Communities program at Beaufort Memorial Hospital has contributed additional resources.

Because community leaders know the key role regular preventive medical care plays in ensuring children are healthy and developing optimally, the county applied for and received a grant to implement and evaluate a collaborative program called Well Baby Plus. This project offers well-child visits to small groups of same-age young children and their families at a local elementary school on a regular basis. Staff talks with families about child health and development, links children who need referrals with appropriate services, and ensures follow-up medical care for both parents and children, as needed. Seeing families in groups saves the valuable time of the physicians and creates a natural family support group. Young parents, who begin to participate when their children are born, later become mentors for a new group of first-time parents.

IN THE BEGINNING

The community's first focused collaborative work for young children and their families began with the creation of the Well Baby Plus program. Public and private health practitioners and early childhood educators voluntarily joined efforts to provide group well-child visits. They saw this as a novel but sensible, efficient way to stretch limited dollars to meet the complex needs of families. As the Well Baby Plus program took off, it attracted financial support from the Duke Endowment through Beaufort Memorial Hospital and technical support from the University of South Carolina. Healthy Families America then joined as an active partner and funder. More recently, funding has also been provided through South Carolina First Steps to School Readiness (First Steps), a comprehensive, results-oriented statewide education initiative to help prepare children to reach first grade healthy and ready to succeed. Signed into law in June 1999 by Governor Hodges, First Steps is for children pre-first grade and their families. Public and private support are combined through county partnerships to enable individual communities to address the unmet needs of young children and their families.

Well Baby Plus has now grown into a new and promising way to ensure every child has a medical home and every family has the information and support they need to raise competent children. It has spurred other innovative collaborative efforts.

Despite success, collaboration has not been easy. It has demanded unflagging commitment, careful planning, inclusiveness, and continued communication. As services have evolved and grown, leaders have had to remain flexible and open to change. Originally, the Well Baby Plus Board was comprised primarily of staff persons who were actually delivering the services or working in sister organizations that served children and families. Later this board transformed itself into the Healthy Families America Board, expanding to become the major coordinator for many other early childhood services within the community and composed of a broad array of community members.

home visits work to ensure that each family is connected to the best home program for that family's needs. Although the programs differ in duration, frequency of visits, program components, and materials used, they all include a parent educational element and link families to other services as needed.

Home-visiting staff from across agencies meet regularly to discuss cases, prevent duplicative services, and identify resources for families across programs.

Early Head Start provides home visits in two areas of the county. In other areas Parents as Teachers (PAT), operated by the Beaufort County School District, provides monthly home visits to families of young children to promote early learning and pre-literacy skills, address family concerns, and connect families with services and supports. Home visits are augmented by several parent-child centers, which offer a comprehensive array of center-based parenting programs and supports. A traveling Preschool Bus, staffed by certified parent educators, provides outreach to rural areas. Parents as Teachers also provides high-quality child care for parents pursuing formal education and spearheads a number of family-focused literacy efforts.

Another home visiting program that reaches many families is Healthy Families America. Beaufort County was selected as one of five Healthy Families America sites in the state. In Beaufort County, Healthy Families America provides weekly home visits and referrals to other services to high-risk families, who voluntarily participate. One mother, who has a six-months-old son, reported that her home visitor connected her with a pediatrician, provided parenting information on child development, and helped her enroll in college (she wants to be a lawyer and will major in criminal justice).

• Creative use of state initiatives

Beaufort County, like all of South Carolina, has benefited from an exciting, results-oriented, statewide early childhood initiative called First Steps (First Steps to School Readiness). Signed into law in June 1999 by Governor Hodges, First Steps is for children pre-first grade and their families. Public and private support are combined through county partnerships to enable individual communities to address the unmet needs of young children and their families. The goal of First Steps is to ensure

that all of South Carolina's children arrive at first grade healthy and ready to succeed. The initiative seeks to improve efficiency and coordination of existing services to children birth to age five and their families. It also provides some funding for new services to fill identified gaps.

The First Steps legislation requires that each county form a partnership to carry out a comprehensive needs assessment for its children. In Beaufort County parents and staff from the health department, PAT, Head Start, Beaufort-Jasper-Hampton Comprehensive Health, Beaufort Pediatrics, Healthy Families America, and other organizations became part of the First Steps initiative and directed the county's needs assessment. The boards are directed to assess county needs and resources and develop strategic plans to address what their young children and their families most need.

Based on results of the needs assessment, Beaufort County leaders decided to use First Steps funds to:

- Improve and expand high quality child care services through a mini-grant incentive program—30 center classrooms and 35 child care homes;
- Establish three family learning centers to serve over 90 families;
- Hire two child care health consultants to deliver education services on health and safety issues and to provide technical assistance to child care providers, parent educators, parents, and children.

- **Universal Staffing teams ensure comprehensive coordinated services**

Multiple agencies meet regularly to discuss new referrals and ensure that families end up in the right program with the best services for their particular needs. These meetings are called Universal Staffing. The team discusses each family's situation and decides which agency will be responsible for case management and which agencies will provide resources. Eight organizations participate in these meetings, including the local health department, Healthy Families America, First Steps, the school district, Early Head Start, the teen parent program, the Human Development Center, and Even Start.

Families experience these various programs as a comprehensive web of early childhood and family supports and services. For example, Parents as Teachers, Healthy Families America, and Early Head Start work together to ensure a unified approach for home visiting. Health care services are also collaboratively funded: Title V dollars, Medicaid, private fees, Section 330 funds, and grant dollars ensure all children are connected to a medical home.

- **Serving diverse families**

Beaufort County agencies make a concerted effort to ensure that service providers come from backgrounds representative of the communities they serve. Responding to recent growth in the Hispanic population, most programs have increasingly diversified their staff and volunteers. Both Parents as Teachers and Healthy Families America have bilingual home visitors; Beaufort-Jasper-Hampton Comprehensive Health Services employs translators. Beaufort Pediatrics and the Beaufort

School District are increasing the Spanish language capabilities of their staff. All services provide materials in Spanish.

- In addition, the county offers programs specifically for certain ethnic populations. The Beaufort County school district provides a summer Migrant Head Start Program to assist seasonal farm workers who have young children. An International Resource Center on the Hilton Head Elementary School campus assists parents of other nationalities in accessing services in local agencies. The family assistance center on Lady's Island supports Hispanic families to learn English and to become more proficient readers.

Meeting New Challenges

Because many of the services provided for children are health-related or medical in nature, county leaders are interested in using Medicaid for reimbursement for those who qualify. However navigating the complex maze of Medicaid billing and filing and ensuring compliance with complex rules and regulations has made becoming a designated Medicaid provider arduous. Beaufort County has just begun using Medicaid as an important source of funding for services and will work to streamline billing procedures and use of this system.

family Story

MARY (NOT HER REAL NAME) IS A TEEN MOM WHO IS fortunate to have been enrolled in Healthy Families America when she became a parent in March 2002. Mary's story is a compelling reminder of how the people who deliver services are more than service providers—they change lives.

"Let me start with how I got pregnant. I was living with my mom on the island. We have always lived together, and I got pregnant. She didn't know about it, and she threw me out of my house because of an argument that I had with her boyfriend. I had no place to go, so I went to live with my boyfriend. I didn't tell him I was pregnant until we went to the hospital. My mom always said when you get pregnant your boyfriend will leave you, so I didn't know what to expect. When I told him, he was happy.

"I had my baby. Me and my boyfriend didn't have any money, and we tried to do whatever we could with the little we had. At the hospital a lady helped me with supplies and some of the stuff you need to get started. She also told me about the Healthy Families program and asked if I would like to join. Not knowing about babies and not having my mom to help, I said yes.

“Jody comes to my apartment once a week, but sometimes because of my schedule she just calls. She helps me a lot with the baby. I was afraid to give my baby food. I wouldn’t have known anything like when my baby should sit or crawl or walk. Jody helped me not get mad and helped me learn to understand my baby. With Jody’s help my baby will grow up right.”

“Jody helped me and my baby sign up for Medicaid. She also got me an appointment at WIC to get my baby milk and food. When I had my surgery, she got me a stroller so I wouldn’t have to lift the baby.”

“During the first year I was in and out of the hospital for three months. I was really sick, but I had Jody there to visit me and see if I needed anything. She checked up on my boyfriend and the baby. My boyfriend fell behind on rent and needed milk for the baby. Jody helped with the rent and helped get the baby some milk. I didn’t have to worry about my family because Jody was helping.”

“I work at the pantry at a gasoline store. I have been working there for three or four weeks. I work a lot. I go in at 3:00 p.m. and get off at 1:00 a.m. in morning. My baby sitter and my boyfriend take care of my baby. Most days my boyfriend leaves at 6:00 a.m., and we don’t see each other until midnight. The lady at the pantry wants to train me to be an assistant manager. I have to do this.”

“I didn’t have anyone to talk to about my problems. I felt bad that my mom wasn’t talking to me. I didn’t have anybody to celebrate the baby’s birth with me. I am able to talk to Jody. I can tell her everything that is going on. I was young and didn’t know anything. Jody has helped me grow up. Jody made me feel like a good person. I am able to do what I want to do. Jody is a friend to talk to. She makes you feel better about yourself and helps you get through your life. Everybody needs to have someone to talk to.”

Williamsburg-James City County, Virginia



Strategic planning creates consolidated service delivery and captures private funding

THINK OF WILLIAMSBURG AND images of colonial life in America appear. And no wonder—every year nearly 4,000,000 visitors explore this charming, 18th century restored national treasure. But there's a lot more to Williamsburg-James City County than history. This community has an exceptional system for meeting the needs of its youngest children and their families.

Williamsburg and James City County encompass 144 square miles in southeast Virginia. Compared to many parts of the country, and even parts of Virginia, the population is more homogenous, well educated, and affluent. Over the last three decades the county's population has doubled in size; however James City County has become less, rather than more, racially diverse. Whereas minorities accounted for 35 percent of the population in 1970, they constituted only 17 percent in 2000. Among minority populations in the county, approximately 15 percent are African American, and almost 2 percent are Hispanic. The median household income in 1990 of \$39,785 reached \$55,594 in 2000, surpassing both state and local median income levels.

Demographics indicate a growing disparity between new, wealthier members of the community and those living in poverty. While the community is perceived as having considerable resources and employment, many jobs come from seasonal tourism and related services industries. A report by the National Priorities Project found that nearly 45 percent of the jobs in Virginia pay below the poverty guidelines. Workers in an estimated 10,000 local jobs do not receive health insurance and other benefits. The economy and a dwindling number of affordable houses have increased challenges for low-income families. One in four students is eligible for free or reduced price meals in local public schools in both Williamsburg and James City County.

What is Happening in Williamsburg-James City County?

- **Families with young children have one number to call for help.**

Establishing a single phone number to call for help was an important early step that helped build strong interagency working relationships and the trust necessary for future collaboration among agencies serving infants and toddlers. The phone number (566-TOTS) links parents of young children to services based on their needs and interests. Originally funded through a grant, the TOTS line is now supported through a combination of public and private funds, including local tax dollars. Families are linked to publicly funded early childhood programs and other community resources for a variety of services such as:

- A “welcome baby” home visit for new parents,
- Information and answers to questions about child growth and development,
- A formal screening for developmental delays to determine if the child might need other services,
- Referrals to community resources, and
- Temporary service coordination until the linkage to other services is complete.

The TOTS line receives about 500 calls annually. Follow-up surveys have found that 100 percent of the callers received the assistance needed. Approximately 25 percent of the calls resulted in referrals to early childhood special education or to early intervention (Part C) services for infants and toddlers with disabilities.

- **A strong county planning process drives expenditures and service systems**

Williamsburg-James City County uses a community-wide strategic planning process to direct and coordinate funding and services for all children and youth. Anthony Conyers, Community Services Manager, said the vision is that “all children are an asset, and every child will grow up healthy, safe, and prepared for the future.” Through the strategic planning process local government inventories all programs and resources and determines need and capacity. By funding only providers who collaborate with one another, redundant overhead costs have been reduced and the savings invested back into direct services for children and families. The Preschool Task Force’s success in blending services for infants and toddlers, described elsewhere, is a result of the strategic planning process.

What is Special?

Making Services More Efficient, Accessible and Comprehensive

In Williamsburg and James City County the Preschool Task Force has worked to make services for infants and toddlers and their families more efficient, accessible, and comprehensive. A major task force recommendation was that a single agency, Child Development Resources (CDR), a private, nonprofit group, should administer and coordinate all services for children birth to three, while the public schools should assume responsibility for services for preschoolers. This recommendation corresponds with the way services under the Individuals with Disabilities Education Act (IDEA) are provided. As a result, in July of 2001, three separate infant/toddler services—Early Head Start, serving income eligible children; Bright Beginnings, serving children at risk; and Part C services for children with developmental delays or disabilities—were gathered under the CDR umbrella. This merger established a central point of entry and standardized time limits for responding to referrals. Families are now linked to services based on their needs, and the dollars follow the child.

Playgroups across programs administered by CDR were also consolidated, so that children with disabilities can attend early childhood programs with their peers, and families have more choices. Instead of having one playgroup, families have a variety of times and locations to accommodate busy schedules. Parent groups are held concurrently with the playgroups so that mothers and fathers can get support from other parents while the children are learning new skills and playing with others.

The three programs also merged their transportation and procurement systems. Costs are assigned based on the number of children served through each source of funds. CDR has streamlined forms, policies, and procedures so that the same forms are used for all infant/toddler services. By consolidating all child services under one agency, the Preschool Task Force has designed a seamless service system for children, birth to age three, in which all families can easily obtain the services they need for their children.

A recommendation to similarly consolidate services for three- and four-year-old children has not yet been adopted.

IN THE BEGINNING

In 1996, concerned with fragmentation and duplication in services and the large unmet needs of young children and their families, the county governing bodies and school boards appointed a Preschool Task Force to take action. The task force was asked to create a plan to develop, fund, and coordinate services for young children and their families. Members of the Preschool Task Force included parents and decision makers for publicly funded medical, mental health, education, social service, and early childhood intervention agencies.

The process toward a more coordinated, cohesive, and collaborative system was long and sometimes painful. Some task force recommendations resulted in important changes and improvements; others were rejected. Despite the many challenges, the Preschool Task Force developed an exciting plan that addressed the needs of all children, not just those who are low-income, at-risk, developmentally delayed, or have disabilities. And many of these recommendations are already beginning to improve children's lives.

A Funders Forum composed of members from private foundations, United Way, and local government has followed the lead for distributing funds. Members of the Funders Forum have agreed to invest their public and private dollars only in efforts that are collaborative, coordinated, and meet identified community needs.

- **Public and private funds provide an array of services**

Community leaders, through recommendations of the Preschool Task Force, have strategically used collaborative funding and local dollars to leverage federal dollars and eliminate duplication and waste. The collaboration among agencies serving young children and their families provides a concrete example of how community leaders maximize the use of fiscal, personnel, and facility resources. When Early Head Start and Bright Beginnings blended their funds under Child Development Resources (CDR), 30 children served by Bright Beginnings were enrolled in the more comprehensive services of Early Head Start, with local dollars supporting their services and leveraging additional federal funds to serve 50 more children. Thirty other children who were not income eligible for Early Head Start remained in Bright Beginnings.

CDR uses local tax dollars, United Way support, and private philanthropy (individuals, corporations and local, state, and national foundations) to fill service gaps and to leverage state and federal dollars. For example, Rosie O'Donnell's FOR ALL KIDS foundation provides scholarships for low-income children to attend CDR's child care centers. Two of these centers are located in the public high schools and serve as early childhood learning laboratories for high school students enrolled in the Family and Consumer Sciences Program.

CDR has also successfully secured a number of innovative federal grants. One project called Special Care, funded through the U.S. Department of Education's Office of Special Education Programs, developed a model for teaching caregivers how to serve children with disabilities in community child care settings. Most of the center- and many home-based caregivers in the community have received Special Care training and now welcome children with disabilities into their care.

- **Family members are an integral part of the system.**

Williamsburg-James City County has made family participation a key "best" practice. They use both Head Start and early intervention parent participation guidelines so that families serve on the governing councils and have multiple ways to be involved in their child's education. Parents were at the table when the Preschool Task Force discussed the integration of the infants and toddlers services. Families were at the table to help develop the plans for the single point of entry, for timelines for screening and assessment, and for blending playgroups.

Community leaders have been sensitive to the recent influx of families whose primary language is Spanish. Agencies have hired bilingual staff and worked with the foreign language faculty at the College of William and Mary to ensure translators are available when needed. Planning

and governance groups reflecting the diversity of the community ensure that services are culturally and linguistically competent and appropriate to the needs of all families.

- **All children are connected to a consistent source of health care, a medical home.**

Two initiatives ensure that all children are connected to a medical home. Low-income children who do not have a private physician are served through the private, nonprofit Olde Towne Medical Center. The medical center provides health services, including prescriptions, and serves as the children's medical home. The second initiative provides home visits and health education. The Comprehensive Health Investment Program(CHIP) uses a combination of public and private, state and local funds to provide home visits to low-income families of children ages birth to six. Beginning July 1, 2003, CHIP has become the fourth program added to the community system of blended services. The program has been successful in increasing the rate of fully immunized children and decreasing emergency room use for health care services.

- **Families receive support in their parenting role.**

The community has a number of excellent initiatives that provide families the supports and services they need to be their child's first teacher. Home visits, parent groups, mental health services, service coordination, respite care, and parent training are provided through a number of family friendly agencies. Most parents are able to access what they need through one of the following services:

- CDR, in addition to services for children, offers an array of family support services, such as home visits, parent groups, parent education, and help securing other needed services. CDR initially secured a grant to teach families of children with disabilities, birth to eighteen, how to find and train their own respite providers. Called Partners, this training has been continued with local funds after the grant ended.
- A faith-based community project provides respite for families with children who are at-risk for abuse or neglect.
- Mental Retardation and Substance Abuse Services; the public preschool program; the child care resource and referral agency; and The Colonial Service Board (CSB), the local affiliate of the state Department of Mental Health—all offer parent education sessions collaboratively or individually.

- **Mental health services are provided.**

The community has a number of exciting initiatives and programs that offer family support and mental health services to children and families. Most parents are able to access what they need through one of the following services:

- The Colonial Community Mental Health/Mental Retardation/Substance Abuse Services Board (CSB) provides community mental health services to families of any child enrolled in services for infants and toddlers.
- The CSB also supports Family Focus, a parent education program for children ages three to five and their families. The purpose of the program, which is open to all families of children at risk, is to model activities that parents can do at home to encourage their child's growth and development.

- A grant from the Williamsburg Community Health Foundation funds on-site mental health consultation and training for early childhood educators who serve children birth to age five.
 - Another grant for substance abuse prevention has trained parents and early childhood professionals in the use of “Al’s Pals,” a curriculum for preschoolers that builds resilience and teaches non-violent conflict resolution.

Meeting New Challenges

Members of the Preschool Task Force are constantly searching for ways to make services more efficient and accountable. Next steps include the following:

- Refining a single data system that addresses the reporting needs of a wide variety of funding sources.
- Developing shared outcome measures related to child development, determining which goals in the Individualized Family Service Plans (IFSP) are achieved, and measuring consumer satisfaction.
- Making additional organizational changes to support supervision of services and streamlining administrative costs.
- Creating a single “passport” which families will use to gain entry into all community services.

family Story

JUANITA (NOT HER REAL NAME), NOW 5 YEARS OLD, WAS referred for services within days of her birth. She was born in the community hospital and immediately transported to the regional NICU because of oxygen deprivation, damage to the central nervous system and visual cortex, and seizures. Her pediatrician immediately spoke to her parents about early intervention services.

“We weren’t really sure why Juanita needed any special services. We were devastated when they told us about her seizures. She looked fine to us, and we just wanted to take her home. We loved our baby girl just the way she was, but they told us her muscles would be weak and she might not see too well. I went home and began reading books from the library and asking the doctors lots of questions.”

“We were scared to begin early intervention services, but the assessment team at Child Development Resources (CDR) focused on all the things that Juanita could do and gave us ideas about how to help her move around more and begin to communicate. They invited Juanita to a playgroup with lots of other

children and gave me a chance to talk to other parents. The team helped us to get her vision tested through the Virginia Department for the Visually Handicapped and offered us an appointment with CDR's pediatric neurologist. Our service coordinator, Anne, who was an occupational therapist, came to our house every week to work with me, Juanita's dad, her grandmother, and our other children to help us play with Juanita and strengthen her muscles.

"We also asked for help in finding child care so my husband could go back to work. He stayed home to take care of Juanita. Anne told us about another program offered by CDR called Early Head Start. Early Head Start [EHS] had an opening in one of their full-day, year round child care classrooms that would welcome Juanita. We were offered an EHS Family Consultant, Karin, who arranged for us to visit, meet the staff, and arrange for the bus to pick up Juanita. We came up with a plan for Anne to visit in the classroom each week to give the teachers ideas for working with Juanita. Karin helped us apply to the department of social services to help us pay for her child care. She and Anne also registered Juanita with the Colonial Community Services Board for long-term case management services after Juanita left early intervention. She also told us about respite services if we ever needed them. I even figured out how to apply for SSI!

"Juanita loved the Early Head Start classroom. Her teachers worked on all the things that Juanita needed, and Anne came to visit her every week. When I could not get off from work, I would meet Anne there; other times Anne would come to my house. I always looked forward to the smiles of everyone who worked with our family and with Juanita. Whenever we had a meeting to update Juanita's IFSP, Karin and the teachers were there. When Juanita was about two, we began to plan for the services that Juanita would receive from the public schools and how I would find child care for her in the afternoons. The preschool teacher from the public schools came to Juanita's last CDR assessment so she could begin to get to know her and our family. We also began to talk about getting a wheelchair for Juanita. CDR's physical therapist helped to measure her for the right fit and to work with Medicaid to purchase her new wheelchair. Her grandmother did not like the idea of her having a wheelchair, but we knew that it would help her when she went to preschool.

"When she began going to her half-day preschool special education class at the public school, she made the transition to one of CDR's child care classrooms for preschool children for her afternoon child care. We arranged for the public schools to drop her off at her new child care classroom, and Anne went to meet with the teachers to help them with activities for Juanita. Anne also helped the teachers coordinate with Juanita's new preschool special education teachers to be sure her transition from her morning class to child care worked smoothly. Even though Juanita wasn't in early intervention any more, Anne continued to help us until everything was set.

"When Juanita's little brother, Gregory, was born, I knew I wanted him to go to the same Early Head Start classroom that Juanita loved so much. He started there when he was five months old and is still there. Juanita will start kindergarten this fall. We are looking at all the possibilities."

Nooksack Valley, Washington



Rural community emphasis is on strengthening the family

THE NOOKSACK VALLEY IN RURAL northeastern Washington State is nestled between the Canadian border and the foothills of the Cascade Mountains. The valley includes the Nooksack Indian Reservation and three small communities: Everson (population 1,800), Sumas (880), and Nooksack (825). Despite its idyllic setting,

young children birth to five are at great risk for child abuse and neglect, developmental delays, and other issues. Rural and remote, Nooksack Valley families have limited public transportation options to access the nearest services, which are 30 to 40 miles away.

Much has changed in the Nooksack Valley over the past few generations. Traditional livelihoods of logging, farming, and fishing, which don't require a high school diploma, are declining. Unemployment is rising. The student population has grown over the past 10 years, stabilizing at around 1,800 students. Two of the three elementary schools qualify as "severe need" because over half their children are eligible for free and reduced lunches. A study done in 1998 found that a high number of parents don't have high school diplomas.

Nooksack Valley is becoming more racially, ethnically, and linguistically diverse. Currently, diverse students make up approximately 25 percent of the student population. While the Native American population is stable, many Hispanic families who came to the valley for seasonal work are staying and making the valley their home. Russian and Punjabi families also have settled in the valley. Language and cultural issues press schools to find ways to effectively engage these students in learning, help their families access support services, and encourage families to support their children's learning. In addition, Nooksack has 13 percent to 15 percent of its student population qualifying for special education services, well above the state average of 10 percent.

Whatcom County, in which Nooksack Valley resides, has an excellent County Health Indicator Report 2002, Community Counts. Pete Kremen, County Executive, writes, "Community indicators don't just measure

progress; they help make it happen.” County leaders hope that the report will promote community discussion, planning, and action. According to data in this report and in the Kids Count Data, the children in Whatcom County are faring well compared to children across the state and country. For example, throughout the 1990s Whatcom County had a lower percentage of low-weight births than the statewide average and a significantly lower rate than the national average. The percentage of fully immunized two-year-olds in Whatcom County (72 percent) increased between 1999 and 2000 and is similar to state and national rates. And finally, compared to the state as a whole, Whatcom County students consistently tested above average in math and reading, and scores have improved over the last three years. However, these results are inconsistent across race and ethnic lines.

What Is Happening In Nooksack Valley?

- **Shared outreach helps families find services easily**

Over the past eight years, The Nooksack Valley Center for Children and Families (The Center) has become the hub for all services for children and families. As a nuclear organization, it has spun off smaller, strategic collaboratives to address specific issues. For example, some community agencies that serve families of young children formed a collaborative to share information about early childhood services and discuss ways to increase access and reduce barriers to family participation. The Collaboration Team, as it is called, includes members from the following agencies: the public health department, the school district, the local Community Action Agency, the local early intervention program, the resource and referral agency, Sexual Assault and Domestic Violence Survivors, the local university and Northwest Indian College, the local child abuse prevention agency, Head Start and Early Head Start, and Sea Mar Health Clinic.

The team uses Child Find, a federal mandate available in every state, to identify children who have disabilities or developmental delays, as well as to find families and children that could benefit from other services. Families are invited to bring their children to The Center for one of the monthly developmental screenings. While at The Center, parents learn about other services that can help them in their role as parents or help them build their own skills. Family members learn about adult basic

What Is Special About Nooksack Valley?

Families are included

Families are included in all aspects of the Nooksack Valley Center for Children and Families (The Center), which adheres to this guiding tenet: “nothing about me...without me!” The Center and its collaborating agencies recognize that programs are better when families are full partners in planning, decision making, program evaluation, and program development. Similar to the model of family involvement in Head Start and Early Intervention, the programs offered by Nooksack Valley provide a continuum of family engagement strategies, and parents are invited to get involved at whatever level and in whatever ways they prefer. Parents help with health promotion and receive stipends for attendance at local and state workshops, and reimbursement for child care and transportation costs. The Center offers traditional parent education and support groups to help families help their children. Families have the opportunity to participate in the classroom, serve on a board, assist in the development of parent programs and family events, help with program evaluation, and more.

This year a number of programs decided to develop a more formal “cooperative compact” with families, putting into writing what had been done informally before. The program staff discusses all the options for family engagement and then both the staff and the parents sign an actual written agreement. This “compact” helps families see how much their help at home with their children and in the program is valued.

In addition to asking families to support their child’s education, The Center helps parents find ways to improve their own futures. The Center offers adult education/GED completion and classes for learning English. The Center staff in Nooksack Valley believes that genuine and on-going relationships are the best vehicle for hearing from and involving a diverse group of parents.

Therefore every encounter is an opportunity to engage parents both formally and informally in program improvement and decision making and to support them in their parenting role.

In Nooksack Valley, family engagement is primary. Collaborating agencies and The Center share the desire to build family leadership. Parents are going back to school, taking classes, taking charge of their lives and those of their children. Family members are participating in leadership development classes and then trying out their skills by serving on boards and attending monthly parent board meetings to plan the next round of family engagement activities and strategies.

IN THE BEGINNING

Eight years ago, the Superintendent for Nooksack Valley Schools, interested citizens, and representatives from community agencies gathered to fight mounting social problems. The group developed a vision of wrapping families in the Nooksack Valley with education and support services to enable them to be the best resource possible for their children. From this vision grew The Nooksack Valley Center for Children and Families (The Center), a school-based, community-linked family resource center.

The Center, located on the campus of the high school, is in a centralized location for easy access. Its mission is to support the development of healthy families so that all children can be successful in school. A strong and consistent administrative team, in place since The Center's inception, has pulled together collaborative efforts around both early childhood and adult education. Since the beginning, the focus has been on what can be done to help Nooksack Valley children succeed, with a special focus on health and literacy.

Even though Nooksack Valley Schools serve more low-income children than any other school district in the county, early on people asked, "Why is the school district involved in social services?" But community leaders clearly understood that it takes more than a good teacher and a great school for a child to succeed. It takes wise allocation of resources and everyone in the community working together to support all families.

education classes, traditional and bi-lingual preschools, child care, family literacy programs, parent education classes, and parent support groups. In May 2002 The Center held its first annual family services fair at which agencies from across the county provided information about services for children, as well as affordable housing, employment opportunities, and health resources.

Collaborative efforts to increase efficiency and effectiveness continue to spin off established programs. For example all health providers recently agreed to use The Ages and Stages Questionnaire, a developmental screening tool for children.

Neighbors, relatives, and friends have spread the word about their positive experiences at The Center. The breadth of services provided has led families to see The Center as a place where they can find programs and services for their children, as well as to continue their own education or get help finding a job. The Collaboration Team has found that by working together, agencies are better able to meet families' needs.

- **Children are connected with a medical home**

Nooksack Valley understands the link between health care and a child's success in school. The community has a number of innovative health initiatives in place, many of which grew out of a project called Bright Futures.

From 2000 to 2003 Nooksack Valley was a pilot site for Bright Futures, a national initiative to promote the health and well being of infants, children, adolescents, families, and communities. Bright Futures is dedicated to the principle that every child deserves to be healthy and that optimal health involves a trusting relationship between health care professionals, the child, the family, and the community. Bright Futures provides early childhood and home visiting staff with a set of professional guidelines for providing health supervision for children of all ages, from birth through adolescence.

As a Bright Futures' pilot site, health care staff received special training regarding Medicaid outreach strategies, ways to link families to health care services, on-site health insurance enrollment, instruction in tracking well-child visits, and methods for teaching parents how to prioritize their concerns at doctor visits. Through Bright Futures, all staff began to see themselves as "health promoters."

Connections between the educational and the medical communities were strengthened as each learned to value the role of the other.

All of these efforts have continued and others have emerged since the end of the pilot project. The public health department has teamed up with St. Joseph Hospital's Community Outreach Program to ensure that every child in the county is insured, has a medical home, is current on immunizations and well-child exams, and is being seen by a

dentist. The Center houses an on-site Health Resource Center and an on-site Mobile Dental Clinic. A local pediatrician is at The Center one day a week to consult with teachers and families and to link children to needed health services. All families are given a health organizer, a book that provides information about the child's health needs, a place to record immunizations and developmental milestones, and a system for tracking child health data. Many parents have attended "Doc Talk" sessions, where The Center physician discusses such topics as ADD, common childhood illnesses, allergies, nutrition, general child development, the importance of setting families health goals, and the like.

This intense focus on health is producing results. All of children in The Center are up to date on immunizations; well over 50 families have been connected with health insurance, and the community has a system in place to track health exams.

- **Blended funding increases quality and quantity of services**

Collaborative relationships have become strong and programs continue to be integrated because agencies have focused on providing as many children and families as possible with the highest quality services available. Rather than worrying about turf and dollars, each agency has found ways to provide valuable in-kind and direct support for shared programs. Some agencies offer space, others provide funding, and others have shifted their services to The Center to allow families better access and to facilitate collaboration. Some excellent examples of collaboration follow:

- Nooksack Valley Schools provides approximately 10,000 square feet of rent-free space to Head Start, Early Head Start, adult basic education classes, child care for children birth to five, a preschool program, and office space for The Center. The school district also covers the cost of custodial support, utilities, and maintenance.
- Nooksack Valley Schools funds and facilitates a support group for parents who have children with special needs.
- Nooksack Valley Title I funds some early childhood educators' salaries and some preschool tuition for low-income families who do not meet Head Start eligibility criteria.
- Nooksack Valley Indian Education and Migrant/Bi-lingual staff assists with cultural issues and serve as translators when needed.
- Whatcom Community College provides instructors for Adult Basic Education and English as a Second Language classes at The Center.
- Domestic Violence/Sexual Assault Survivors' agency provides a facilitator for a weekly parent education class on domestic violence, family management, and access to community resources.
- Whatcom County Health and Human Services provides public health nurses to consult with staff and provide home visits to parents.
- Even Start Family Literacy provides a full-time coordinator for The Center.

- Brigid Collins, the local child abuse prevention program coordinator, funds facilitators for both a parent and child weekly support groups.

Agencies have worked together to solicit funds for The Center and for joint projects. For example, two federal grants—one from the Washington Council for the Prevention of Child Abuse and Neglect for the development of family resource centers, and the other, a Developmental Disabilities grant to increase services to children birth to three in rural areas—help fund The Center. Other smaller grants from a local community foundation, the local hospital, and a service club have supported specific projects.

- **A commitment to diversity from the beginning**

Leaders in the Nooksack Valley understand that diversity is a strength to be nurtured and celebrated. The approach to diversity is multifaceted and broad, touching all program staff. Agencies have diversified their staff through hiring practices. One agency hired two Hispanic women who, as mothers, had participated in the family literacy program, completed their GEDs, and gone on for early childhood training at the local community/technical college. Agencies use translators and bilingual materials so that language is not a barrier to services or to understanding. Monthly staff meetings are used to examine cultural and bilingual issues and to teach cultural sensitivity. Collaborative teams include tribal members, Hispanic service providers, and other ethnic groups to help members address diversity issues in context as they are raised. Staff is taught that one of the best ways to remain responsive to the needs of all families is to listen. As staff listen and reflect with families, and with the culturally diverse team, about family strengths and needs, they are continually learning and growing. This commitment to diversity is also reflected in efforts to ensure that families from all cultural backgrounds are represented in parent groups and are an integral part of program decision making and evaluation.

Meeting New Challenges

Sustainability, particularly during economic downturns such as the one this country is now experiencing, is a major focus. How can The Center continue its good work if state and federal funds decrease and the local community is not able to replace them? The Center leaders are pondering this question as our nation faces growing deficits and states are experiencing their greatest fiscal crisis in 50 years. Knowing that tough times likely lay ahead, The Center is developing a system for resource allocation and coordination. They are working to prevent falling into a crisis mode.

The Center is also addressing the growing interest in accountability. Legislators, citizens, and communities now expect providers of services, supports, and education to be accountable for achieving the results that citizens value. Nooksack Valley is determined not only to document their outcomes, but to do it in ways that not only reflect their broad-based approach but also captures the amazing changes that families are making in their own lives and those of their children.

family Story

THE STORY BELOW, TOLD BY A PARTICIPANT IN THE NOOKSACK VALLEY CENTER for Children and Families, indicates how programs, agencies, and staff in Nooksack Valley set aside territorial and turf battles to serve families.

“I was 15, pregnant, and married when I was referred to Even Start by my gynecologist. I didn’t want to quit school, but in my family we all married young and worked in labor jobs. My gynecologist was determined to see me get my high school diploma or GED. His determination soon became my dreams and goals for a better future. It wasn’t easy to practice taking a test with a six-month-old on my lap; I felt it gave me more of a challenge. In December 1996, at age sixteen, I was an official Even Start graduate who successfully obtained her GED.”

“I was 17 and working as an Interpreter for the Nooksack Valley School District when I was surprised with my second pregnancy. My son, Saul, was 18 months and was being screened for disabilities through Child Find. The school district Family Resource Specialist had referred him. He was placed in the early learning program to receive speech therapy, and my daughter, Sabrina, was born soon after in September that same year. I can’t emphasize how much the program helped me with Saul during my pregnancy and how wonderful the staff was. Having someone to help in difficult times is great, and they made my life a lot easier by giving me the support I needed by helping my son.”

“Seven years later, I’ve had to put aside my goals for continuing school. I’ve worked in odd jobs, from feeding baby cows to cleaning hospital rooms, working as a night stocker at Safeway to tutoring children as a para-educator. In October 2002 I became aware of a volunteer position at The Center through AmeriCorps for full-time work as a computer lab administrator and program coordinator. My duties were to recruit, train, and supervise volunteers and guests using the computers. Although the salary was a small living allowance, I would be eligible to receive an educational award at the end of my service. I was interested in the position because I was hoping I could prove my knowledge and passion for computers, as well as enroll in college soon after.”

“I have been working as a volunteer at The Center throughout these past six months. A lot of great things have happened. My daughter, Sabrina, is now attending the program. Although she has no disabilities, her time in school has made her aware of the special children around her. That, I feel, has made and will make her a better person in the future, and the staff is helping her acquire more skills for kindergarten. I’ve learned how to communicate better with others and have lost my self-consciousness about what others might think of me. This experience has made me aware of how much I love to help others. Along with the career path I’ve chosen, I want to continue being a role model to others. ‘Sometimes it’s better to wait than to rush,’ my mom always said to me as a child. Now I understand what she meant, but later is sooner than never, and if all goes as planned—Here I come, world! Soon, I will commence the graphic design program at the community college.”

“The Nooksack Valley Center for Children and Families is not just a place for children or adults. It is also a place for families to come together and learn how to love each other. My experience has been wonderful, and I want others to know it is there to support them too.”



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.