In recognition of outstanding communities nationwide, for their success in serving all their community’s children, including those with disabilities, and their families.
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August 2004

Author
Libby Doggett
Georgetown University Center for Child and Human Development

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James Button, Acting Executive Director, Federal Interagency Coordinating Council

Federal Interagency Coordinating Council members who selected the 2003 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
  Center for Mental Health Services
  Child Care Bureau
  Head Start Bureau
  Maternal and Child Health Bureau

State Interagency Coordinating Councils

Families

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To Order Copies
Contact Communities Can!
Address: Georgetown University Center for Child and Human Development
3307 M Street, NW, Suite 401
Washington, DC 20007
Fax: 202-687-8899
E-mail: communities@georgetown.edu
Web site: http://gucchd.georgetown.edu/commcan.html (This document is available in PDF format)
Phone: 202-687-5000
Those who use a telecommunications device for the deaf (TDD) or a teletypewriter (TTY) should call 202-687-5503.

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EVERY NEWBORN IS A TREASURE. SHE IS A TREASURE for her family and a treasure for her community. With each new birth, parents and grandparents, siblings, friends, and neighbors experience renewed hope for the future and dream about the potential in that new life. Sometimes, that focus on the potential of each child is recognized by leaders in the community. Other times, raising a child is left up to individual families, with communities assuming a limited role.

Just as children are born into families with differing assets, children are born into communities with differing commitments to their children. Some children are born into communities that realize that each child is tomorrow’s mayor, teacher, fire fighter, or entrepreneur. That community acts on the worn but true statement, “our children are our tomorrow.” Other communities say they value children, but the commitment of their leaders and the dollars it takes to ensure every child has the services he needs and every family is supported in the important role of raising a child are placed elsewhere.

Because raising a child with a disability can be especially challenging, many communities have pioneered changes to the social service systems that serve children with disabilities and their families. Community leaders have listened to family stories about how difficult it is to find and coordinate the multiple services a child with a disability may need: affordable, accessible quality child care; both regular and specialty medical care; adaptive equipment and therapy; and parent training in how to integrate a child with a disability into the everyday routines of family life and in how to gain enough confidence to raise a fragile child.

This monograph focuses on four exemplary communities where leaders have decided to make a tangible commitment to their children’s futures. Community leaders and leaders of family service agencies have come together with clear goals and have inspired others to join in their work to make human service systems better. Many efforts for change create a flurry of possibilities, but bring few changes that make widespread or lasting improvements. These communities, however, have made deep, broad, and lasting reforms that will live long after the founding leaders have left. Our award-winning communities identify gaps in their service systems and fund services to fill them. They use local dollars to draw down every possible state and federal dollar and seek special grants to implement and evaluate innovative, promising practices.
In 1991, Congress, recognizing the importance of providing supports and services for young children with disabilities and their families, 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 disabilities and their families. The U.S. Department of Education, through the Office of Special Education and Rehabilitative Services, administers the FICC. This council also meets regularly to ensure the provision of services and supports to young children and their families, to minimize duplication of efforts and identify gaps in programs and services, to ensure coordination of technical assistance activities across agencies, and to 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. FICC 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, should respond when families reveal a problem, and should recognize that a family is the center of a child’s life.

- **Culturally Competent**—Communities should provide services and supports and should organize their efforts in ways that respect each family’s culture, values, and beliefs.

- **Inclusive**—Communities should make adaptations and should 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 has honored as many as 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 are 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 U.S. Department of Health and Human Services, is coordinated by the Georgetown University Center for Child and Human Development. Communities are chosen by representatives to the FICC from 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 2003 Communities of Excellence. Each feature story describes how the members of these communities, through their dedication, skill, and perseverance, made great progress to improve the service delivery for young children and their families.

For information on starting a community improvement initiative or on preparing to become a Community of Excellence Award winner, call or contact Communities Can! at (202) 687-5000 or through e-mail at communities@georgetown.edu.
COMMUNITIES CAN! SUPPORTS A NETWORK OF communities committed to comprehensive, coordinated systems of services and supports for all children, including those with or at risk for disabilities and their families. The Communities Can! Recognition Program is coordinated by the Center for Child Health and Mental Health Policy of the Georgetown University Child Development Center and directed by federal agencies dedicated to serving and supporting children, 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, and
• 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, and interagency groups) who 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, telephone, or e-mail (see below). The program’s Web site also offers an extensive amount of information. There is no cost to join Communities Can! One simply needs to contact the membership coordinator in one of the following ways:

ADDRESS: Communities Can! • 3307 M Street, NW, Suite 401 • Washington, DC 20007
PHONE: 202-687-5000 • E-MAIL: communities@georgetown.edu
WEB SITE: gucchd.georgetown.edu/commcan.html
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, that is, 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 as many as five communities each year that have demonstrated an effective way to blend various resources from key federal public programs for serving young children and their families (e.g., education, early intervention, health, mental health, child care, Head Start, and developmental disabilities) to build an integrated set of services and supports that work for families and children (from birth through age 8). These services and supports should be family centered, culturally competent, and coordinated; they should include all children and families as valued members of community life.

- To create a meeting that will bring the identified communities together to share and learn from one another and to focus on issues of leadership that are needed to continue to build an effective set of services and supports in their communities.
• To bring these communities together with federal representatives of the FICC to discuss how federal statutes and regulations affect a community's ability to use the resources of federal programs effectively to build an integrated set of services and supports for children and their families.

• To recognize the accomplishments of these five communities and to use them as the basis of a monograph and other forms of communication that will help other Communities Can! members to use more effectively 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 by 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 held in Washington, D.C. Each community brings a delegation of up to five 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 representatives or senators to educate them about the community’s accomplishments. 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.

2003 Communities of Excellence Award Nominees

Abilene Independent School District (AISD)  
Head Start and Early Head Start, Abilene, Texas

Baby Steps Program, Raymond, New Hampshire

Child’s Way and the Transition Infant Care  
Programs of the Children’s Home of Pittsburgh’s programs in collaboration with the community’s  
“Every Child” program, Pittsburgh, Pennsylvania

CHILDlink, Philadelphia, Pennsylvania

Clallam County, Washington

Community Action Council for Lexington-  
Fayette, Bourbon, Harrison, and Nicholas  
Counties, Kentucky

Cookeville, Tennessee

Davis County, Utah

Dutchess County, New York

Facilitating Leadership in Youth Program,  
Washington, D.C.

Flathead Reservation, Montana

Fond du Lac County, Wisconsin

Fruit Valley Community Learning Center,  
Vancouver, Washington

Kansas City and Jackson County, Kansas

Ko ‘olau Loa, Hawaii

Lakes Area Decategorization/Empowerment, Iowa

McLean County, Illinois

Misawa Air Base, Japan

Montgomery County, Maryland

Mothers & Daughters: A Journey Together,  
Washington, D.C.

Port Huron Area School District, Michigan

Region IX Education Cooperative, Ruidoso,  
New Mexico

Shawnee County and Topeka, Kansas

State of New Mexico

Tyler, Texas

U.S. Air Force Educational and Developmental  
Intervention Service (EDIS) Clinic at  
Spangdahlem Air Base, Germany

Washington County, Vermont

WE CAN Program, Washington, D.C.

Wyandotte County, Kansas

Wyoming Valley Children’s Association, Wilkes  
Barre, Pennsylvania
IN THE FOLLOWING PAGES, EACH OF THE FOUR 2003 Communities of Excellence is highlighted. Although it is impossible to share all 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 them with its community-wide process; and
- Family stories, or how each community works, from a family perspective.

2003 Award Winners
McLean County, Illinois
Shawnee County and Topeka, Kansas
Kansas City and Jackson County, Missouri
Washington County, Vermont
The county has a wealth of resources to meet family needs

MCLEAN COUNTY, LOCATED IN THE middle of Illinois, 130 miles southwest of Chicago, is an energetic community that has developed multiple solutions for every problem families face. The county has large numbers of families on both ends of the economic spectrum. On one end of the spectrum are the corporate executives and their well-paid middle- and upper-management professionals. On the other end are thousands of retail and restaurant workers who head families with low incomes. Although McLean’s unemployment rate has remained lower than that of the rest of the state, jobs are often part-time and low paying. Thus, amid affluence, many county families have multiple needs.

Of the 154,000 people living in McLean County, nearly 74 percent live in the twin cities of Bloomington and Normal. A 16.5 percent growth in population since 1990 has spawned rich diversity in culture, ethnicity, and race. For example, the Black community grew more than 67 percent in 10 years. McLean County’s Hispanic/Latino community more than doubled from 1,671 people in 1990 to 3,833 in 2000. The schools are beginning to serve large numbers of Spanish-speaking children from Mexico, El Salvador, and Guatemala.

McLean County, like all communities, is challenged with ensuring that all children enter school ready to learn, and it is meeting this challenge head on.

What Is Happening in McLean County, Illinois?

PATH’s help-line is a helpful voice 24 hours a day

For families in McLean County, help is just a phone call away. PATH (Providing Access To Help) operates a 24-hour help-line answering more than 10,000 calls a year. Caller questions range from family services and legal and health issues, to elimination of bats from the attic. Anyone needing help can call and find a friendly ear, trained in crisis prevention and intervention and ready to problem-solve solutions with the caller.
Many local service agencies use PATH volunteers to provide telephone coverage in the evenings and on weekends. For example, PATH volunteers take calls 24 hours a day, 7 days a week, for a teen run-away program, a local shelter, and the food pantry. PATH screens crisis calls for the local mental health agency and pages on-call agency workers when the caller needs more help than a volunteer is able to provide.

PATH operators have access to a comprehensive database with information about all local health and human services. This database ensures that all callers get up-to-date information and do not have to make multiple calls. It is kept current through an annual agency survey and through immediate updates for changes in services, hours, or locations when they occur.

PATH also publishes, on demand, a Human Resource Directory with the information from its massive database. Most organizations that serve children and families keep a copy of the directory on hand to make proper referrals. This information is now also available for purchase on CD-ROM.

Additionally, PATH works with a number of organizations to publish mini-directories with such family-focused information as rural services, children’s services, and employment-related human resources/family resources.

**Early, ongoing screenings help identify infants’ problems**

All children in the county are screened at birth and during their first few years to identify problems early and to ensure appropriate referrals. All infants born at the two area hospitals receive both hearing and blood screenings for 38 congenital disorders. Physicians or the McLean County Health Department, or both, are notified of the screening results and are asked to follow up with the family. Such follow-ups ensure that the parents understand the screening results and then seek appropriate care for their infant.

The McLean County Local Interagency Council works with local agencies to coordinate Child Find developmental screenings across the county. Child Find is a federally mandated organization whose services are available in every state. This organization identifies children who have disabilities or developmental delays and finds families and children who could benefit from other services. All school systems work with Child Find to offer birth-to-three developmental screenings once a year. Screenings are also offered by appointment either at a Child Find member agency or in the family’s home.

In addition to planned screenings, agencies work together on doing outreach, on providing information about child development, and on answering questions about available services at community events.
The county integrates services for children and families who are homeless

The county’s comprehensive services and low unemployment rate attract families with many service needs from Chicago, St. Louis, and other parts of the region. Outreach workers search for families, often walking the streets in areas where families who are homeless are known to seek shelter. When found, children and families who are homeless find connections to an array of supportive services, shelters, and warm meals. Two shelters are open year-round and separately address the unique needs of families and individuals. Several agencies offer transitional housing. School-aged children in families who are homeless are assigned their own case manager to provide extra support and to encourage the children to stay in school. Younger children are connected to nutrition and other services as needed. Agencies that serve the homeless meet monthly to update one another on services and caseloads, to plan ways to improve services, and to address unmet needs.

A comprehensive web of healthcare providers offers supports and services

Families are able to choose their medical home because of the variety of medical professionals offering supports and services. For families with health insurance coverage, that medical home is likely to be their pediatrician’s office. Many Spanish-speaking families use the Health Department, where interpreters ensure quality care and provide referrals to other services when needed. Families with a child who has a disability often select their special needs provider to serve as their medical home and to help them negotiate the system of services.

Most pediatricians and family practice physicians participate in a program that assigns, by rotation, children enrolled in KidCare, the Illinois children’s healthcare program. Pregnant mothers are assigned a physician for their expected newborns when they enroll in Women, Infants and Children (WIC) or other social services. Families who were not enrolled prenatally are referred to pediatricians and family practice physicians participating in the rotation program.

What Is Special About McLean County?

The community dedicates its wealth of resources to children and families

The list of community resources in McLean County goes on for pages and pages because when someone in the community documents a need, the government, a non-profit organization, a private business, or an individual responds.

Most of the county’s large national and international companies give back to the community by providing small and large grants to diverse projects and by matching donations made by their employees. Family-serving agencies actively raise thousands of dollars to ensure that services for children and families are able to meet the growing needs. For example, Easter Seals-United Cerebral Palsy raises more than a million dollars a year through an annual Central Illinois Telethon to serve both children and adults with disabilities. United Way of McLean County has raised more than $3 million a year for the past 5 years to help families who do not qualify for government subsidies pay for child care.

Other organizations sponsor walks, runs, galas, special shopping, and tasting events, with much of the money going to serve children and families in need. United Way funds, and other contributions from area businesses, keep many local agencies operating beyond tax-dollar limits and ensure families have the support they need to raise their children.
A community health clinic serves as the county’s healthcare safety net. It treats both adults and children who are uninsured and ineligible for public insurance programs because of immigration status. Both area hospitals and the John M. Scott Health Center jointly sponsor this clinic. Private funding and donations pay for the physical space, limited equipment, and limited staff. When patients need a specialist, referrals are made to volunteer specialty physicians who see patients in their own offices, writing off the charges. Similarly, both area hospitals treat patients directly referred from the clinic without charge. The clinic has a pharmacy that dispenses sample medications donated by local physicians.

McLean County has a long history of compassion for families. As managed care changes the healthcare system, the county’s healthcare providers work together to wrap their families in some sort of care.

**Common-sense solutions solve transportation problems**

Public transportation issues have become a major public concern as Bloomington and Normal expand beyond the bus service area. Large employers have moved to bigger facilities on the outskirts of town, but the lack of public bus service has made it more difficult to keep a stable workforce. Other employers require workers to be on duty during hours when buses are not in operation.

Recognizing this need for more versatile transportation, the YMCA and other agencies secured a small grant and launched Wheels to Work. This national program uses the same vans that transport children during the day to transport workers in the evening from 6:00 p.m. to 1:00 a.m., when bus service ends. Riders call the day before to schedule a ride and pay about the same fee charged by the bus system. Ridership and funding for Wheels to Work have increased over the past few years of the program. In 2002, funding was secured for the purchase of a new bus, and more recently, federal and state transportation funds have been secured.

Scott Health Center recognized another unmet transportation need. A shuttle bus staffed by volunteers now transports mothers and children and patients who have cancer to their medical appointments and ongoing cancer treatments.

A final transportation solution is the SHOW Bus, which provides transportation in rural McLean County.

**Leadership is a key to a better tomorrow**

McLean County has realized that leadership is a key to a better tomorrow for its children and families. Rather than waiting for leaders to emerge, McLean cultivates and nurtures leadership. Leadership McLean County is a unique civic, advocacy, and leadership-training program developed and implemented by the McLean County Chamber of Commerce and the University of Illinois Cooperative Extension Office. Any adult in McLean County may apply to participate in the year-long program. Thirty participants are chosen to spend 2 days a month learning about McLean County history; touring factories, businesses, and local landmarks; spending a day on a farm operating its equipment; and meeting with non-profit organizations. Participants are divided into small groups, which work on a project with one of the county’s non-profit organizations to gain a sense of the value of volunteering and a better understanding of the organization that they are helping. The program is “growing” civic leaders from all walks of life across the county.

**Meeting New Challenges**

McLean County is a community in which leaders and agencies respond when human needs are identified. Three very different examples prove this point.

1. After a 1995 Community Assessment of Needs for McLean County identified child abuse and neglect as a major concern of area citizens, a crisis nursery was opened. The nursery offers childcare assistance for up to 72 hours, to help when a parent has surgery, is too ill to care for a child, has a family emergency, or feels the need to have a break from parenting responsibilities to avert a crisis. Parents who are at risk for domestic violence problems are encouraged to use the nursery as a preventive measure.
2. In 1999, the Health Department task force studying infant mortality identified childhood safety as a concern after several infants had died from preventable injuries. The task force formed a subcommittee which worked to establish a local SafeKids Coalition. Each year, the coalition grows and provides more safety education to area residents.

3. Finally, to better serve the growing Latino community, a Bienvenidos Neighbors (Welcome Neighbors) task force is helping all sectors reevaluate services to assist immigrants and undocumented residents in assimilating into the community. The task force is examining transportation, living issues, governmental policy, and such employment needs as Social Security regulations for immigrants and overtime issues.

McLean is indeed a community that understands that it takes a community pulling together to support families and raise children.

Family Story

Michael and Austin, our twin boys, were born by emergency C-section when Austin began having congestive heart failure. After spending several weeks at Riley’s Children’s Hospital before coming home, they both developed quite typically for the first year and a half, eating, sleeping, walking, talking, and playing together. Then Austin began to change. He slowly stopped responding to directions, or even acknowledging that someone was talking. He began playing with toys in his “own” way and refused to eat things he’d always eaten.

Our local pediatrician told us not to worry, and only after much persistence were we finally referred for an evaluation and given the diagnosis of developmental delay.

Shortly after that, my husband’s job forced our family to move to Bloomington, Illinois, which was a wonderful twist of fate. An agency in Iowa referred us to S.P.I.C.E., an early intervention program that provided a team of people to work with our son and us. But even with this intense help, Austin regressed. Another evaluation by a developmental pediatrician finally produced the diagnosis of autism.

Sitting in the car, I held in my hand the one piece of information that the doctor had given us, a brochure for the Autism Society of America. This little brochure was the beginning of our search for answers: We searched the Web, read, studied, and attended every conference within driving distance.

Working with the S.P.I.C.E. team, we taught Austin to communicate with us and began unlocking some doors. When Austin was ready for school, S.P.I.C.E. helped provide a seamless transition.

Following other advice from the pediatrician, I found a support group and met other parents who had children with autism. Though I connected with this group, I felt a sense of urgency to do more. I worried that other families would lose valuable time searching for information and resources that were difficult to find, so I began developing a resource list and networking with service providers. I met key people through Illinois State University who shared my interest in autism. I also contacted a group called All Our Kids: Birth to Three Network, which encouraged my information gathering and provided me with even more resources.
Eventually, I had developed a 60-page manual on how to navigate the services in McLean County. The first manual was distributed to nearly 500 families, teachers, developmental pediatricians, and local service providers. Since its inception, the manual has grown to nearly 90 pages and been distributed to more than 3,000 local and international agencies and individuals.

My family lives in an influential community, known for its networking and collaboration. But for families who have children with autism, many supports were missing. So we started the Autism Society of McLean County, which has grown from a dedicated group of 27 to nearly 200 members.

My family’s journey has been amazing, at times plagued with difficulty, setbacks, and frustration, as well as moments of great happiness and pride. With the support of so many exceptional people, Austin has made extraordinary progress. Now 7 years old, he participates in league bowling, orders his own meals at restaurants, and has a circle of real friends. Those who have helped us walk this extraordinary path have enriched our family. But our main rewards have been Austin’s articulate “Good morning, Mom, good morning, Dad,” each morning, and his goodnight hug and an “I Love You” every evening.
SHAWNEE COUNTY IS LOCATED IN EASTERN Kansas, where the Kansas River threads through the rolling prairie. The county’s main population center is Topeka, which has Indian origins. Topeka is a Kaw word, meaning “wild potato.” Shawnee County’s population of 169,871 has experienced several decades of outmigration of middle- and upper-income households, leaving many residents who are low income, elderly, and minority. About 30 percent of schoolchildren qualify for free school meals, a percentage that has increased over the past few years. Non-Whites and Hispanics have accounted for 67 percent of the total county population growth since 1990 and make up 17 percent of the total year 2000 population. Shawnee County is a community that is able to identify its strengths and manage its resources to support young children and their families.

SHAWNEE COUNTY & Topeka, Kansas

What Is Happening in Shawnee County and Topeka, Kansas?

Three large coalitions address needs of citizens through their life span

A critical feature of the county’s success is three large coalitions convened by United Way of Greater Topeka: Success By 6®, Bridges to Success®, and Success 4 Life®. These coalitions are both population and issue based. Each large coalition is subdivided into specific action teams that track community issues, promote systematic change, and provide the larger coalition and the central planning team with alternative strategies based on community strengths and needs. Each action team works toward achieving targeted outcomes that produce measurable results so that funds and other resources can make an impact.

Established in 1993, Success By 6 brings together human service providers, businesses, government agencies, and educators to make sure that every child is born healthy, grows up strong, and is nurtured by informed parents and caregivers. Efforts are focused on children 0 through 6 years old. The coalition
includes more than 90 different organizations, and its mission is to create a community where every child has the keys to success by age 6. The coalition has seven action teams focused on the following issues:

1. Early Childhood Education,
2. Nutrition,
3. Parent Support and Home Visits,
4. Preventive Health Care,
5. Safety,
6. Diversity, and
7. Fatherhood.

Established in 2001, Bridges to Success focuses on children 6 through 18 years old. Its goal is to make sure that every youth grows up to be a caring, competent, and community-minded adult.

Established in 2001, Success 4 Life is a collaboration of non-profit, private, and public organizations and community members, whose purpose is to improve the quality of life for adults in Shawnee County. Efforts are focused on all adults, ranging from 18 years old through seniors. Both Bridges to Success and Success 4 Life have action teams focused on the most important issues for the target population.

Success by 6 coalition works to meet the needs of the youngest children

For over 10 years, the Success By 6 coalition has worked to improve the outcomes of the county’s youngest citizens. This large coalition has used the four-step COMPASS II process to identify needs, to use data to document the extent of the need, to create a strategy to address the need, and to evaluate the results. To achieve its goal that “all children reach school healthy, well nurtured, and prepared to succeed in school,” the coalition has limited its activities to a few intermediate outcomes for each action team. Nineteen action teams meet monthly and are led by community volunteers. They report to the larger coalition that is responsible to the community planning team that, in turn, is ultimately responsible to the citizens of Shawnee County.

The coalition set goals based on specific data identifying the problem, as well as on smart strategies for achieving reasonable outcomes. For example, community members identified child abuse and neglect as a significant community problem. They also learned that by using the Kempe Family Checklist for screening, experts can predict, with 85 percent reliability, which children will be abused and neglected in the first 2 years because of the stressors facing their families. So, beginning in January 2002, the community began screening all families of newborns using this checklist. To develop a system of home visiting, the community convened 17 home visitation programs and asked them to identify existing services and gaps. Working together, they have been able to increase funding for identified strategies and services. Success By 6 now offers monthly professional training and networking opportunities for all home visitors. In addition, all high risk families are now referred to appropriate home visitation programs through a single point of entry.

IN THE BEGINNING

Volunteers from United Way of Greater Topeka attended a United Way of America Volunteer/Staff Conference in 1993 and heard an inspiring presentation by United Way of Minneapolis describing the great strides the community had made in services for children. The community changed from single agencies doing their work to numerous agencies working together collaboratively. The effort was called Success By 6® and had been so successful that United Way of America was helping this program obtain replication rights. United Way of Greater Topeka Board Chair, Maynard Oliverius (Executive Director of Stormont-Vail Regional Health Center), and the Executive Director, Nancy Perry, came back to Topeka and said, “Make it happen!”

Oliverius and Perry pulled together various agencies and provided the vision, training, and support to bring about meaningful change in services for children and their families. Eleven years later, Success by 6 and two other United Way collaborative initiatives are thriving and have changed the way human services are delivered in Shawnee County and Topeka, Kansas.
Innovative evaluation strategies
The community has worked with the experts at the University of Kansas (KU) to pilot an Internet-based support and evaluation system that is customized and integrated. For over 25 years, KU specialists have focused on defining, tracking, and analyzing community change and improvement. In collaboration with the community planning team, KU experts have developed a customized support system and infrastructure that are accessible at varying levels to everyone in the community. The primary level of access provides information, resources, and materials to a wide range of community users. The more advanced levels of access document community change by enabling the 19 action teams to post critical issues independently, to track outcomes, to communicate within teams, and to disseminate resources. This Internet support and evaluation system also provides data analysis of the community agenda by comparing community changes with identified community-level indicators.

What Is Special About Shawnee County and Topeka, Kansas?
Measurable outcomes drive community systems building
For years, community leaders have worked together to develop and refine a systematic, inclusive community planning structure that allows hundreds of organizations to participate. Over the past few years, the planning process has been improved and refined significantly through use of a new tool. United Way of Greater Topeka used COMPASS II, a research-based approach from United Way of America, for completing a community needs assessment. This instrument has allowed the community to develop a measurable, outcome-based community agenda, based directly on identified and agreed-on priority issues for specific populations.

The COMPASS II process has four major components:
1. Identification of system-level needs;
2. Documentation of needs through qualitative and quantitative data;
3. Creation of a system-level strategy to impact the need effectively; and
4. Monitoring, evaluation, and communication of community-level changes.

Four appointed conveners lead the community planning team: the Mayor of Topeka, the President of United Way, the Chair of the Shawnee County Commissioners, and a local judge. This forum allows participants from three community coalitions to hear from one another quarterly. In addition, the planning team’s executive committee includes numerous other top-level community decision makers such as the school superintendents, the police chief, state agency directors, and local business leaders.

A critical, often overlooked feature in other community planning efforts is the community grant-writing team. In Shawnee County and Topeka, these ad hoc teams convene after the plan is developed to find the resources needed to carry out the goals and strategies created. Working together, this team brings partners to the table to jointly seek funds. For example, the team successfully leveraged more than $149,000 of Medicaid funding for home visitation services for families at high risk in 2002. These funds were the maximum amount allowed by state formula. These and other funds from the First Congregational Church ($35,000 over 2 years), the Children’s Trust Fund, private donors, and state and federal grants have improved significantly the quality and capacity of Shawnee County’s home visitation system. However, without a focused community-based planning process, these funds would not have been targeted strategically toward community priorities—and the outcomes would have been lost.
Family Story

On Sunday, October 27, 2002, our daughter Olivia became a big sister to brother, Jadyn Bryce. Little did we know that we had a roller coaster ride ahead. Everything was fine for the first 12 hours. During the middle of the night, our son was having some problems with his bowels. His little tummy just kept getting bigger and bigger. On Monday, we were transferred to another hospital that had a Neonatal Intensive Care Unit. On Tuesday, we were transferred to Children’s Mercy Hospital, where neonatal specialists followed his condition closely. Jadyn was diagnosed with Down Syndrome and Hirschprung’s Disease, which meant he couldn’t pass stools on his own, so he had a colostomy bag for 3 months. During Jadyn’s first year, my husband, a union pipe fitter, was working out of state and away from the home 6 days a week. So, just me and the kids were at home.

Success By 6 supports our family with a team of professionals who provide coordinated home-based services. We have TARC (formerly known as the Topeka Association for Retarded Citizens), support from an occupational therapist, a physical therapist, a speech therapist, and a parent educator. We also have support from Bright Beginnings/Healthy Futures, which provides a nurse, Marla, and a Parents As Teachers educator, Mary.

In the beginning, Marla would come once a week. Jadyn was having difficulty gaining weight, so instead of going to the doctor’s office, Marla would come to our home and weigh him, and then call the doctor’s office to report the results. As time went on, the visits would be less frequent, depending on how he was developing. When Jadyn was learning how to crawl, he was having a very hard time keeping his head up. The Bright Beginnings home-visiting team would show me how to work with Jadyn and help him learn to do the things other babies his age were doing. Now, we are working on walking, and they have advised me on which shoes to buy and about how to help him keep his balance. When Jadyn was in the hospital for a week with pneumonia, these professionals came to see him.

Mary comes to the house every 6 weeks. She even comes on Sundays, so I do not have to take time off from work. My daughter Olivia looks forward to the visits. I don’t know who is more excited—Olivia or me. Mary’s visits are extremely helpful. She relates to me as a parent and understands the day-to-day challenges parenting brings.

Marla comes every 3 weeks now, and I am back to work as a receptionist in an eye doctor’s office. We will have all these services until Jadyn is 3, and by that time he will be in a regular preschool environment.

I have greatly appreciated everyone who comes to my house and teaches me how to work with my son. If it weren’t for them, I wouldn’t have the confidence that I have now as a parent of a child with special needs.
Kansas City & Jackson County, Missouri

Citizen volunteers shape human services to address neighborhood challenges

KANSAS CITY, ONCE A HUMBLE TRADING post, is the nation’s 36th largest city, with 1.8 million people living in the “Heart of America.” This vibrant city straddles the Missouri-Kansas state line and, on the Missouri side, takes in parts of four counties—Jackson, Platte, Clay, and Cass—and 15 school districts. Kansas City boasts more fountains than any city except Rome and more boulevards than any city except Paris. Numerous barbeque cook-offs have given the city its reputation as the nation’s barbecue capital. Kansas City is also a hotbed of jazz and the headquarters of many worldwide corporations such as Hallmark Cards, U.S. Sprint, Farmland Industries, Hoechst Marion Roussel Pharmaceuticals, Russell Stover Candies, Yellow Freight, and H&R Block.

Despite its vibrancy, Kansas City, like other U.S. cities, is experiencing urban sprawl and a loss in its urban core. In 1960, 48 percent of the metropolitan population lived in the bi-state urban core, which declined to 21 percent by 2000. Locally, the loss of population, jobs, and services is described as the “hole in the doughnut.”

What Is Happening in Kansas City and Surrounding Jackson County?

Community citizen volunteers design the service system

At the center of Kansas City and Jackson County’s success is a non profit called the Local Investment Commission (LINC) which is responsible for coordinating most human services for families. LINC’s core is composed of 1,500 citizen volunteers drawn from business, labor, neighborhood, religious, parent, youth, and civic organizations. These citizen volunteers sit on 65 site-based councils in neighborhood schools to design strategies to address neighborhood challenges. The area’s business, religious, civic, and labor leaders, all volunteers, who have no personal connection, oversee
the budget and distribution of funds that support those locally determined strategies. The families and their neighbors determine the services they need. The neighborhood councils create the services if they are not available, and if such services do not produce results, these councils can change them.

Citizen participation did not just happen on its own. Nationally, increasing mobility and rapid social and economic changes have created immense pressures on families and have caused a decline in citizen participation. But not in Kansas City and Jackson County. Here, citizens have real power, and their expertise is needed to make the system run effectively. Together, volunteers and service providers have rebuilt parental involvement in schools, have improved student academic achievement, have increased citizen decision making, and have responded to school and community needs.

Data drive decisions
Such active community involvement, as that described previously, demands accurate data and evaluation.

LINC has learned that to make good decisions, citizens must have comprehensive data presented in a user-friendly manner. To provide information to the commission and its 1,500 volunteers, LINC built a community data warehouse. Now, these citizen leaders can make sound decisions based on their community knowledge about what is needed, what works, and what will make a difference. They can also base decisions on good social service data on their neighborhoods.

In addition, citizen leaders are able to use data to evaluate results, for example:

- LINC gathered state data on academic testing and sent its findings back to local neighborhoods and schools. In this way, site councils could track their progress. They also could identify other schools that might have successful practices they could explore while planning strategies for their schools.
- LINC also has analyzed and compared existing state and local data in the areas of child welfare, employment, emergency assistance, and other factors by zip code to better understand the challenges surrounding Caring Communities school sites.

IN THE BEGINNING

In 1992, John Ashcroft, Missouri’s Governor, Gary Stangler, Director of Missouri’s Department of Social Services, and Bert Berkley, a Kansas City business and civic leader, decided to build a new structure to coordinate human services and to address growing social problems. To bypass the inefficiencies of state social service agencies, they created an accessible non-profit organization.

This new body, the Local Investment Commission (known as LINC), comprises a 36-member board with representatives from all major segments of the community such as business, labor, neighborhood representatives, religious leaders, and welfare recipients. LINC is responsible for coordinating human services and ensuring that all federal and state monies coming into Kansas City for Temporary Assistance to Needy Families (TANF), Medicaid, child care, and food stamps are spent effectively.

The LINC governing body set individual self-sufficiency within a healthy community as the primary goal and selected seven areas of concentration: children and families, the aging, health care, housing and safety, school-linked clinics, welfare reform, and economic development.

LINC and its many community partners have made significant accomplishments in providing regular, ongoing, and comprehensive services and supports to improve the lives of children and families in Kansas City and surrounding Jackson County, Missouri. The changes have occurred in several major ways:

- Significant reforms in how the state delivers services that are cost effective and that enhance local control of programs;
- Improvements in schools and neighborhoods; and
- Most important, improvements in the individual lives of children and families.

John Gardner, founder of Common Cause, a weekly newspaper, said that the change brought by LINC “ranks as a major breakthrough in American governance.”
In the welfare-to-work effort, LINC created a tracking system that delves more deeply than the typical job placement numbers into more substantive data mining: researching those that have been able to not just get a job but keep a job, and replicating their successes, as well as tracking wage rates.

Also in the welfare-to-work effort, LINC Caring Communities school sites were provided with data on the number of welfare participants who lived within a half-mile, mile, or 2-mile radius of their school. These data helped the site councils understand the extent of the need for services that existed in their neighborhoods. With this information, a number of sites developed ongoing job training, adult education, computer classes, and family literacy activities in the neighborhood school rather than in some distant state office building.

A strong planning process
LINC works with the Midwest Center for Non-Profit Leadership in its planning process. The center uses Mark Friedman’s Results-Based Accountability Model for site and community planning.

The center ensures that community plans are not only consistent but also emphasize performance measurement. This preliminary work results in better plans and accurate measurement of success.

Multiple sources of data are used to evaluate how well community plans are working:

What Is Special About Kansas City and Surrounding Jackson County?

Neighborhood based site councils direct social services

Missouri leaders strongly believed that, if empowered, local citizens could make better decisions about government expenditures than state or local leaders could. Acting on this belief, a few leaders created the state chartered, non-profit Local Investment Commission (LINC) and charged it with restructuring and reforming the delivery of human services in Kansas City and surrounding Jackson County. They also believed their action would improve results for children and families.

At the state level, LINC has a 36-member board that is responsible for social service expenditures of the state government. Commissioners are disinterested volunteers, that is, business leaders, labor leaders, civic leaders, with voting authority on and approval of LINC’s initiatives. Outside professionals in the social service field and the LINC staff serve the commission as advisors, with no voting authority.

At the heart of LINC’s reform of social services are neighborhood-based, citizen-led site councils, composed of volunteer parents and neighborhood residents. The councils together decide how state social service dollars are to be spent in their neighborhoods. LINC works closely with 65 schools in low-income, working-poor neighborhoods in five different school districts: Kansas City, Independence, North Kansas City, Hickman Mills, and Fort Osage.

One major strategy for improving social services is the placement of a Caring Communities facility in neighborhood schools in economically depressed areas within Kansas City and surrounding Jackson County. This facility is a school-based source for diversified social service supports. Teachers, parents, administrators, and staff work daily with a Caring Communities site coordinator to identify problems, to make proper referrals, and to provide early intervention when needed. Everyone in the school looks for signs of children in need, because they share a common belief that academic achievement is improved if students’ other needs are met. Delivering services where families can access them easily has greatly improved results for children and families.

Each site has a LINC-funded coordinator who provides data, maps, and information, for example, about how many people are on welfare, the number of food stamp cases, school academic performance, the number of substantiated child abuse cases, and more. As a result, local citizens have information for deciding what issues or problems to tackle and what opportunities to consider. The site council identifies partners and other resources, recruits volunteers, and makes things happen.
• Benchmark data are collected and analyzed quarterly.
• Performance data, tracked by site and by initiative, are reported to LINC quarterly.
• Process assessments record citizen participation and decision making in all LINC initiatives.
• Demographic/encounter data on the number of children and families that receive services are used to assess results at all before- and after-school program sites.

LINC’s process attracts new funding
Volunteer efforts and fund leveraging have multiplied the state’s investment. Every $1 LINC receives in the state’s Caring Communities appropriations, leverages at least $10 in other resources (in-kind, community, foundation, state, and federal funds). Businesses, labor organizations, and foundations have backed this initiative. Their support has allowed maximum use of limited state funds and has ensured the community can draw down every possible state and federal dollar.

An example of how LINC funds have been used to bring in other funds occurred in the Van Horn Caring Communities site. The site, which has an annual LINC budget of $225,000, has been able to leverage more than $6 million in other investments over the past 4 years. As a result, the neighborhood has a new community center, a community action center staffed with police, and a $4.5 million senior housing project.

Numbers tell the story
Most important, Kansas City’s and Jackson County’s quiet revolution in the administration of social services has had startling results improving lives of young children and families, one at a time:

• LINC’s Educare initiative provides training to home-based and family-based childcare providers. As a result, the number of licensed Jackson County childcare providers has increased from 1,468 to 1,505 since 1996.
• Welfare rolls in Jackson County have been reduced from 12,000 (in 1996) to 6,000 (in 2001), with fewer than 250 people facing the loss of welfare benefits at the 5-year limit in July 2002. The local recidivism rate (the number who return to welfare rolls) is 16.7 percent in Jackson County, compared to 48 percent statewide.
• LINC has led community outreach efforts to get children in the MC+ for Kids state health insurance program. Children covered by Medicaid in Jackson County have increased from 48,058 to 56,291, by 17 percent, since August 1998.
• Parent-teacher conference attendance at the original six Caring Communities sites increased the past five years from an average of 55.2 percent in 1996—1997 to 81.2 percent in 2000-2001.
• Four Independence School District elementary schools with the highest free and reduced lunch rates also had the highest Missouri Assessment Program reading scores in the district (in 2001).

The focus is on people, not programs
LINC members ensure integrated services by looking at problems holistically rather than narrowly. They focus on people’s lives rather than on rules and regulations. For example, early on LINC recognized that TANF participants with young children needed more than good job skills. These participants needed help developing the childcare, transportation, housing, healthcare, and social adaptation skills required for long-term employment.

In response to these diverse needs, LINC created the Educare initiative to develop geographically dispersed, quality-driven urban childcare facilities. LINC helped create new urban-suburban transportation options and helped TANF participants sign up their children for no-cost children’s health insurance. LINC helped bring services to those being served in several ways: by placing social workers from the Division of Family Service in the offices of the job-training LINC grantees and (2) by placing LINC grantees in some offices of the Division of Family Service. LINC encourages its Caring Communities sites, located in area schools, to be used as neighborhood meeting places for TANF participants attending seminars and workshops, English as a Second Language (ESL) classes, and peer-to-peer counseling sessions.
Kansas City and Jackson County clearly have come a long way. They have progressed from the downtown state government building directing overly narrow, inflexible responses to diverse and complex needs, to a geographically dispersed service network that addresses the wide range of needs more holistically.

**Meeting New Challenges**

One challenge LINC is currently facing and is likely to be facing, at least in the near term, centers on depleted resources. This challenge focuses on remaining true to the core belief of neighborhood decision making that gets real results, while creatively seeking new sources of funding and volunteer resources. Despite diminished resources from state and philanthropic sources, no LINC Caring Communities sites have been closed, although some services have been reduced.

LINC also will continue to expend significant effort to ensure that neighborhoods are supported by data and that their unique challenges are addressed in times when the tendency may be to focus narrowly on the “hot issue of the day.” Such a focus might miss broader priorities that will likely have a lasting impact on the quality of life for children, families, and individuals in the area.

Additionally, LINC will continue to work with neighborhood volunteers to meet increased social service demands. By doing so, LINC will foster the creation of new Caring Communities sites based on the increasing needs of the local population.

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**Family Story**

Boots stained with paint from his construction job, José sits in a sparsely furnished house in northeast Kansas City, describing the challenges of immigrating to the United States. José, his wife, Manuela, and their seven children, ages 5 to 15, came to the United States 20 months earlier to seek better opportunities for their children and themselves. Although he holds a degree in Civil Engineering, José is forced to work as a day laborer in his new country.

“Immigrants with professional backgrounds have a difficult time entering the U.S. workforce,” José says through a translator. “People with technical training, mechanical training, have it much easier than professionals. Teachers, lawyers, civil engineers like me, we find it difficult.”

José and Manuela have many fears. A minor traffic violation could turn into a deportation. They live in a low-income neighborhood, where their children’s safety is an issue. How will their children adapt to their new school?

LINC stepped in to help. By providing funding and leadership for a highly effective program called Families and Schools Together (FAST), LINC brings families like José’s together in the evenings at their local school to share their hopes, fears, and dreams. Thus, LINC is building the infrastructure of a closely knit neighborhood from the ground up. The FAST program is implemented in partnership with the Mattie Rhodes Center, a community-based youth development and mental health organization. FAST expands the reach of the existing LINC-sponsored after-school program for middle and high school students to include the entire family.
FAST helps family members communicate more effectively with one another. This program also develops powerful bonds and social networks between families, across ethnic, socioeconomic, and even language barriers. FAST training involves immigrant families from not only Mexico, but also Somalia and Sudan.

“Despite the cultural differences, the FAST families all want the same things—stable neighborhoods and a good education for our children,” Jose said. “FAST is about building relationships and recognizing our shared interests—the similarities that hold us together. The FAST program helps us all communicate better within the family and across cultures as well. We have learned how to listen better and say what needs to be said.”

This support network helps families deal with isolation, overcome stressful life events, and maintain strong parent/child relationships through times of growth and change. It also positions parents to become more involved in the school life of their children.

Jose and his family got a better understanding of just how much their neighbors care for them. When an electrical fire burned their rented home to the ground, Jose and Manuela lost everything—clothing, furniture, family treasures, even the car Jose used to get to and from his construction jobs.

The day after the fire, Marisela Cuevas, an immigrant parent hired by LINC to work with families involved in FAST, summoned LINC community organizer Lee Bohannon and together they visited the family. The family received help from social service agencies and schools, combined with the outpouring of support from their neighbors, particularly those involved in the FAST program. Their overwhelming response provided a tightly knit array of support services that helped Jose and Manuela overcome this devastating event.

“So many people helped us after the fire. The Red Cross offered the main assistance, but they all mobilized very quickly,” said Jose. “It was our neighbors, the FAST families, and the teachers from the after-school program, making very modest contributions to our welfare, who touched our hearts.”

The support they received has motivated Jose and Manuela to seek out other families who need help and to reach out to them in concert with their neighbors. “This is a moral obligation for our family,” said Jose, “to help those in our neighborhood, to improve the lives of those around us.”
Washington County, Vermont

United Way’s Success by 6® sparks community collaboration

Washington County covers 689 square miles in central Vermont, an area rich in history and culture. The region is featured as a Historic Travel Itinerary at the national Register of Historical Places, along with such cities as Chicago, Seattle, and Baltimore. Numerous museums, historical buildings, galleries, and festivals highlight central Vermont’s interesting history. Washington County, with 58,500 people, 3,121 of whom are under age 5, includes 22 small towns like Montpelier and Barre sprinkled among hills, mountains, and valleys.

Like much of Vermont, Washington County is 97 percent White, although about 6 percent of the families speak a language besides English at home. Many of these people are part of the Vermont Refugee Resettlement Program, which has resettled more than 4,000 individuals in Vermont since 1980.

Only 8 percent of the population in Washington County lives under the poverty level; however, for families with children under age five, that number rises to nearly 12 percent. In Vermont, 80 percent of all children from birth to 5 have working mothers, one of the highest rates in the nation. Preschool-aged children in full-time care spend an average of 50 hours a week in child care.

In this rural area, transportation represents a major challenge for families. More than 8 percent of households report that they do not own a car and that public transportation is virtually non-existent.

What is Happening in Washington County, Vermont?

Welcome baby program

Prompted by Success by 6, the major funding source for the Early Childhood Council, local teams are charged with designing programs to prevent problems and intervene early when problems occur. A major prevention initiative is the Welcome Baby Program, which offers home visits and a packet of information to
IN THE BEGINNING

In 1994, spurred by new grant funds from the Vermont Agency of Human Services, Washington County leaders formed the Central Vermont Early Childhood Council (known as the Early Childhood Council). Its purpose was to administer the distribution of Success by 6 funds to member agencies and to evaluate the programs funded by that grant. Since that time, the Early Childhood Council mission, membership, and funding base have expanded.

The Early Childhood Council seeks to create a community in which all young children and their families thrive. Its mission states:

Families, schools, agencies, and the community at large will work in collaboration to develop and implement a comprehensive, coordinated system of maternal and child health and nutrition services, family support services, and developmental services for children that empowers families and meets children’s needs to ensure they will be open to learning.

To address regional variations and ensure all views are heard, the Early Childhood Council formed seven local teams. Team leaders and members are recruited from the community, with a heavy emphasis on including family members. In 2002, 30 parents participated in the governance of these local teams; in 2003, parents of young children led five of the seven teams. Each team has a local liaison who aids teams in event planning, budget management, meeting facilitation, and other skills needed for the teams to function efficiently and effectively.

The local teams’ mission is to:
1. Assess community strengths and needs; and
2. Plan local activities for young children and their families, including family events, parent education opportunities, playgroups, and family literacy activities.

The Early Childhood Council comprises a representative from each of the seven local teams, many of whom are parents, and from all organizations with which they contract, including:
- Parents of young children, including teen parents;
- Childcare providers, both home and center based;
- Public school teachers and administrators;
- Staff of human service agencies;
- Librarians;
- Pediatricians/healthcare providers;
- Representatives of the business and faith communities;
- Representatives from local or state government;
- Representatives of parent support organizations;
- Citizens interested in the well-being of young children; and
- Local legislators.

New members to the Early Childhood Council receive an orientation and a new member packet, listing the council’s mission statement, vision, role in the community, working principles, and decision-making strategies. The packet also includes an introduction to the role of the local teams and a resource guide detailing the programs available for young children and their families in the Washington County area. This resource guide includes a description of the service, contact information, and criteria for eligibility so that new members can feel comfortable with the early childhood systems and resources and can make family referrals as necessary.

In their 2002 planning process, the Early Childhood Council developed a 5-year plan with long-term goals for children and families. Community forums gave citizens throughout the catchment area an opportunity to comment on the plan and to learn about the council. More than 70 people participated in these forums, and almost 20 percent of them were family members. Each goal in the new strategic plan is tied to one of the Vermont Agency of Human Services desired outcomes for families and individuals.
every family with a newborn or adopted child. The program is operated collaboratively by three agencies: Central Vermont Home Health and Hospice, Barre Town Elementary School, and The Family Center of Washington County. In fiscal year 2002, the Welcome Baby Program served 553 families.

The Welcome Baby home packet includes information on community resources, parenting tips, a children’s board book, and other materials for the baby. Each of the seven local teams has supplemented the packets with a variety of other helpful materials such as baby toothbrushes, rattles, and magnets that remind parents of local playgroup times and places.

**Playgroups connect families to one another and the community**

Another way that Washington County service agencies reach families early is through regional playgroups. Thirteen free, weekly playgroups offer parents, especially those in rural areas, the opportunity to observe typical child development, to network with other parents, and to connect with the larger community. Playgroups provide children

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**What Is Special About Washington County, Vermont?**

**A formal collaborative helps agencies efficiently meet the needs of families**

To integrate, organize, and efficiently deliver services and supports to families of young children in this rural area, community leaders established a formal collaboration, the Early Childhood Council.

The Early Childhood Council works to:
1. Develop appropriate goals, strategies, and activities that address improved outcomes for young children and families;
2. Oversee and manage activities, evaluations, funding, and development of reports;
3. Identify regional perspectives and provide a place where diverse issues, needs, and plans may be discussed;
4. Collect and share information about regional issues affecting young children and families;
5. Assess regional capacity and foster collaboration among agencies and/or organizations to address the needs of young children and their families;
6. Develop cooperative service agreements to create increased access to services and decrease duplication of services;
7. Blend current and potential funding and other resources to support regional needs;
8. Provide technical assistance to local communities, regional agencies, and statewide projects; and
9. Act in an advisory capacity for some of the early childhood programs in the region.

The Early Childhood Council meets as a full committee six to eight times a year. Each member also participates in subcommittees that meet at least four to six times a year. In addition, each member is responsible for defining specific tasks and timelines to accomplish goals set by the full council and outlined in the strategic plan. Current subcommittees include Steering, Finance, Service Integration, Children’s Upstream Services, Child Care, Public Relations, and Early Childhood Alcohol, Tobacco, and Other Drug Prevention.

A community organizer provides technical assistance and support to the Early Childhood Council and acts as a liaison between the Early Childhood Council, the Central Vermont Community Partnership, funding sources, and the broader community. The community organizer also evaluates and reports to the council and the community on all Success by 6-funded programs quarterly and annually.

The Early Childhood Council must approve new initiatives and programs. When a grant is needed, volunteers and major stakeholders develop the concepts and write the grants.
with rich learning opportunities that help prepare them socially, emotionally, and cognitively for school. Local playgroup leaders also make referrals for families needing other services. In addition to helping sponsor the playgroups, local teams also sponsor numerous other family and community events. These events include a safety day, family theater, art shows, family fun days, parent literacy training sessions, drug and alcohol support groups, and transition services for new preschool and kindergarten students.

**A common application**

To streamline community outreach and referral, community organizations have developed a common application for families with multiple needs. By completing this application, available in a variety of convenient sites such as the bookmobile, families can access multiple services at once without having to contact each agency or program separately. Examples of services that families can access with this one application are The Family, Infant, and Toddler Program (Vermont’s version of Part C of the Individuals with Disabilities Education Act, or IDEA); childcare support services; and immediate assistance with food, shelter, and home-heating fuel.

**Parents take an active role in defining the services and supports needed**

Families actively participate in the governance and planning sessions of the Early Childhood Council as well as on the seven local teams. Parents are at the table when major funding decisions are made and action plans are developed. The dynamic parent role arises as a result of creative recruitment, clear messages that family participation is important, provision of stipends, and reimbursement for childcare expenses incurred from meeting attendance. As mentioned previously, new members to the Early Childhood Council, including parents, receive training in its governance and early childhood community resources. Through this training, they all know what to expect and how to make informed decisions.

Other community agencies follow this best practice of actively involving families and supporting parent decision making for their families. Head Start relies heavily on the participation and input of parents. The Head Start Policy Council is an active group of parents and community members who make major policy decisions on program operations. Policy Council members participate in and approve an annual program self-assessment and program policies. Local Head Start parent groups, who often collaborate with the local Success by 6 teams, provide opportunities for parents to share and learn from one another. Parents also are closely involved in the assessment process for Head Start, at the time when the child enters the program and several times throughout the year. Parental observations are a critical component of the child’s development plan.

The Family, Infant, and Toddler Program also incorporates families into the assessment and service delivery models for children with special needs. Families are an integral part of all planning meetings, and their feedback is crucial in any review process. Before implementation, the family must approve the final Individualized Family Service Plan (IFSP).

On a broader level, community agencies and the Early Childhood Council provide training sessions, support groups, and consultation for family members on early literacy, behavior management, emotional and behavioral issues, and other pertinent parenting concerns through a variety of programs. A program of the Washington County Mental Health Services provides consultation for families and early childhood service providers to support children with emotional and behavioral challenges. Each year, a variety of parent workshops are offered on child development, parenting techniques, and emotional and behavioral topics. As a result, 233 parents participated in 41 hours of parent education offered by the agency.

Washington County Youth Service Bureau/Boy’s and Girl’s Club operates a teen parent program that helps young parents gain the necessary skills to be effective parents. Some of the services include weekly support groups, home visits, regular parent education workshops, counseling, and resource and referral services. The teen parent program works with other agencies to create a comprehensive
Family Story

Carol Noyes’s experience with the system of early childhood support services in Washington County, Vermont, began in 1998 with the birth of her son. Here is her story:

Weeks after my son was born, I received a telephone call from a Welcome Baby visitor who scheduled an appointment to talk with me in my home. I was so happy to have someone visit me during the cold Vermont winter while I was isolated at home alone with my baby. The visitor was friendly and comforting and gave me all kinds of information. She told me about playgroups in the area and about a special baby playgroup nearby. I also learned about the Parent Assistance Line (PAL) and knew that if I ever needed help, I could call PAL. What was especially helpful was a flyer about a one-night parent class package of family support services to young families. The services include those mentioned above as well as childcare support, alternative educational opportunities and job training, and transportation assistance.

Even in rural Vermont diversity is supported

Even though the percentage of the population that is not white is small in this area, service agencies are sensitive to immigrant needs and value the diversity the area’s growing minority groups provide. Several efforts are being made to reach out to the growing number of Bosnian refugees, Hispanic and Asian families, and Congolese refugees. These efforts include making available interpretation services for families and producing flyers and pamphlets in other languages, as well as holding refugee workshops.

The Central Vermont Immigration Project provides monthly potlucks for immigrants to learn about community resources and services, to discuss relevant cultural issues and needs, and to seek support from others in similar situations. A part-time staffer, Michiko Oishi, who has strong ties to immigrant communities in the area, organizes the potlucks.

The Washington County area also has a support group for families raising children of color either through birth or adoption. This support group meets monthly and provides parents with an opportunity to socialize and discuss relevant race and parenting issues. Children are included in the meetings and have the opportunity to play with one another.

Direct service providers are committed to being sensitive to cultural issues that emerge in their work whether they stem from gay and lesbian issues, poverty, adolescent parenthood, or religious beliefs.

Meeting New Challenges

Planning continues to drive the improvement and expansion of services in Washington County. These goals were taken directly from the collaborative plan:

- Transition to becoming an affiliate of the proposed new statewide system of early child care and education, Building Bright Futures;
- Update and link The Early Childhood Council Resource Guide to Family Center and Community Partnership Web sites;
- Apply for new grants from Northfield Savings Bank Foundation and other funding sources;
- Plan a State Senate Candidates’ Forum focused on early childhood and prevention strategies;
- Enhance partnerships with local schools and Special Education Coordinators;
- Continue advocacy and education efforts for the community and the legislature;
- Coordinate regional early childhood services and activities; and
- Promote use of family-centered services.
on “Baby Basics,” which my husband and I attended. We learned about feeding and diapering and other useful information about infant care. We met Jackie Johnson then, who is also the coordinator of the playgroups and a woman whom I was to encounter many more times in the future. She has always remembered meeting my son as a baby; he’s 5 now!

We are fortunate to have an infant home-visiting program in central Vermont called Good Beginnings, funded by private grantors and local community support. This program encourages breastfeeding and carrying children in slings and baby carriers to promote bonding. I had difficulty breastfeeding and obtained useful information from Good Beginnings, along with a free sling and a book about infant carrying across cultures. The program supports a fatherhood group and gave me a free book called Animal Dads.

As a new mother isolated at home, having so much help and support from different home visitors was the key to preventing me from developing depression. Both my parents died only a year before my son was born, and not having their support during the birth of my son was difficult.

I was able to get out with my baby at least twice a week to visit playgroups in the area, where I met other parents and shared parenting information. My son was able to start socializing with other babies and young children at an early age. At the playgroup, I learned about the local Success by 6 initiatives and was invited to participate on the Northfield/Roxbury Success by 6 team. I was impressed with Family Fun Day, one of the events that families with young children enjoy the most and look forward to every year. A number of fun activities are available for young children. My son’s favorite at 14 months old was a small pool filled with plastic balls.

When my son turned 1, I was ready to have a break for a few hours several days a week and decided to find a childcare provider who would take infants on a drop-in basis. I called the Family Center’s Child Care Services line, and they referred me to our area’s Provider Group Leader. The woman I called was a provider herself, knew the other providers personally, and knew which ones would take children under 3.

When my son turned 1 1⁄2, I took on the role of team leader for Northfield/Roxbury Success by 6 because I was so impressed with all the supportive things they were doing for parents and their young children. Our team sponsored parent training sessions that included a class based on the book How to Talk So Kids Will Listen & Listen So Kids Will Talk, by Adele Faber and Elaine Mazlish. The woman teaching this class had taken the “Parent Leadership Training” course, which I was later able to take. My husband and I took the “How To Talk” class, a great communications course that also can help adults communicate. My childcare provider also took the class with us and found it helpful.

Later, our local Northfield/Roxbury Head Start offered a class in “One Two Three Magic.” It was at this class that I learned that my son might have some sensory integration problems because I was having trouble getting him to eat healthy foods. I was referred to the Family, Infant, and Toddler program. I filled out an evaluation form, and after the home visitor and I looked it over, we decided that my son did have some indications of sensory integration problems, but not enough to require intervention.

Through the efforts of our Central Vermont Community Partnership, I was also able to take the 20-week course, “Parent Leadership Training.” This leadership course has helped me become an effective voice for young children who cannot advocate for themselves.
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.