



TO: Board of Directors  
FROM: Charles M. Auslander, President and CEO  
DATE: August 30, 2013  
SUBJECT: Proposed FY 2013-14 Budget

## **Introduction**

Consistent with my responsibilities for The Children's Trust (The Trust) of Miami-Dade County and with those requirements set forth by Chapter 2000-461, Laws of Florida, and Florida Statutes, I submit for your consideration the recommended FY 2013-14 budget.

We propose to focus funds on programs and strategies in support of our "Results-based Strategic Plan for Investments 2011-15," which continues to be a flexible document that guides The Trust in responding to community needs while focusing on priority results that children are: healthy physically and emotionally; supported by safe, nurturing families and communities; ready to succeed when entering school; and succeeding in school and society.

Some of the revisions to the proposed budget involve our continuing effort to increase the number of children reading at grade level by third grade. While we have identified this effort as the "Read to Learn" campaign, budget enhancements that enrich literacy fan out across much of our existing services portfolio, and need to be integrated therein. We know that lack of literacy stems from multi-dimensional challenges, not as the result of one thing. In short, literacy rates will likely not improve much without addressing the landscape of health and well-being. For this reason we are also investing additional funds in the "TECCS-EDI" (Transforming Early Childhood Community Systems / Early Development Instrument) strategy, which looks at the existing skills and talents of kindergarten children, then reports this information back to the community. This work will help us probe more deeply into the existing strengths of communities and those challenges that may be reflective of issues that should be addressed to promote greater child well-being.

We have also budgeted increases for the expansion of summer programs for struggling young readers, as well as for mentoring programs that teach high school students to read to younger children. We believe that summer youth employment; training and quality improvement supports for parenting programs, as well as enhancing the quality of early learning environments, among other efforts, all will be significant in achieving the goals set forth in our strategic plan.

A central theme in much of what we do is our belief that one key to improving health and well-being on the ground, in many challenged neighborhoods, is to convene community interests not only to explain what The Trust does, but to learn from local communities about their priorities. Our redesigned service partnerships' place-based initiative is part of this effort, as we seek to become more intentionally focused on the challenges of neighborhoods. Here, we seek collaborative efforts among social services providers to build better networks of care, rather than simply to add more funding for traditional services. We contemplate that local governance will shape this initiative as it evolves, and that local concerns will more consciously inform us about community priorities. As we continue to address chronic absenteeism, reduce disruptive behavior and child maltreatment, we and our partners strive to improve the health and well-being of communities; and, in turn, enhance every child's prospects for long-term life success.

The total budget proposed for FY 2013-14 is \$103,328,226. Because the current budget is, in significant part, the product of continuing three-year contract cycles, funding decreases in a number of areas

predominantly relate to contracts that have not been renewed, either due to programmatic or fiscal shortcomings, or sometimes both. Detailed budgets are included in Attachments A through E, and for the new fiscal year, we recommend that the board maintain the current millage rate of 0.5000 mils in order to fully fund current programs and expand services in the interest of furthering the results embedded in the strategic plan.

### **Ongoing Planning Efforts**

The upcoming fiscal year will feature the final term of a three-year funding cycle for the majority of our initiatives, including out-of-school, early childhood, parenting and youth development. Recent strategic planning for HealthConnect has also resulted in the consideration of an updated model that we ultimately intend to competitively re-bid. In total, these initiatives involve more than \$60 million annually, which may be re-bid over the next year for commencement of new funding cycles in July and August 2014. A question I will bring to board leadership following our budget hearings is to what extent it has an appetite to review our current strategic plan, in advance of rebidding the majority of our current portfolio.

Our planning process is multi-dimensional, incorporating reviews of community results and indicators, the history of achieved results, current program models and requirements, general cost analyses, updated literature and best practices reviews. Critically, we also seek input from stakeholder groups, including providers, parents and participating children and youth. Several planning efforts are ongoing or soon anticipated, each of which may contribute to improved programming and serve as the predicate for renewed strategic planning:

**“Out-of-School” initiative:** We began in April by gathering staff and *Project RISE* (our OOS quality improvement provider) to meet on:

- *Community indicators of child well-being and need related to OOS programming*
- *OOS program results achieved to date (how much, how well and better off)*
- *Current OOS program contractual requirements, as related to local and state program quality standards*
- *Provider input on how to improve the model*
- *Best practices from the literature*
- *A general cost analysis of OOS programs*

We also have at our disposal the results from our general contracted provider survey completed last fall, as well as the results from provider meetings on OOS program requirements, components and quality standards. Our planning is further augmented by the 2012 household survey of parents of elementary and middle school children and a supplemental telephone survey, as well as focus groups with participating children and youth. We look forward as well to considering the results of the “*Summer Reading Explorers*” effort, which should offer insights into whether enhanced, evidence-based literacy services for rising K and first-graders make a meaningful difference.

**“School Health” initiative:** From the start, “*HealthConnect in our Schools*” has been a joint effort of Miami-Dade County Public Schools, the Miami-Dade County Health Department and The Children's Trust. Over the years since its ambitious start, school health teams have reached over 150 school sites, providing basic health services. Recently, we have gathered representatives from the founding three stakeholders, along with professionals in health education and training from prestigious local universities, all in an effort to consider the next natural phase in this initiative's development. The recommended redesign will seek to create “*School Based Health Centers*,” that will:

- *Provide primary and behavioral health care, oral health care screening and treatment*
- *Offer physical exams and sports physicals*
- *Prescribe and dispense medication*
- *Bill public and private insurance for reimbursable services*
- *Conduct basic clinical and lab tests*
- *Treat chronic illnesses*
- *Provide professional training*

These School Based Health Centers would be located in geographic areas of the county with high rates of Medicaid eligibility and child poverty. These centers would, if we are successful, begin a shift to more comprehensive services that would in time become financially self-supporting through patient revenues, in the manner that has developed in like-designed school-based health programs elsewhere in the nation. There is much to explore, however, given the changing national landscape of health care coverage, and it may be that the board will choose to reflect further, learning as much as we can about the new environment for health care access and services, before revising our current strategy.

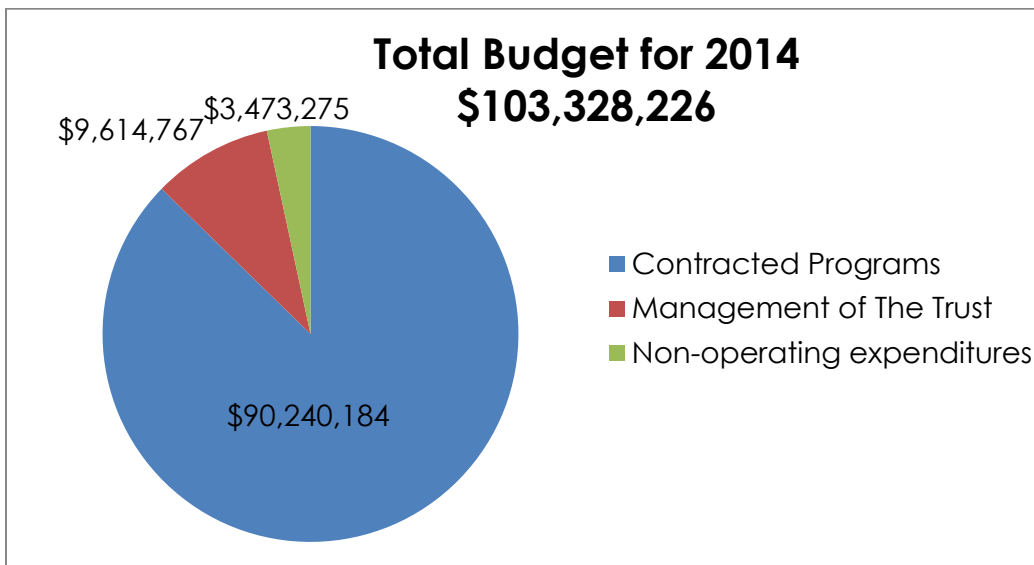
**“Quality Counts” External Evaluation:** In June, The Children's Trust board approved staff procurement of a comprehensive evaluation of our quality rating improvement system. This evaluation will entail:

- A validation study to assure QC 2.0 standards measure and differentiate program quality by rating level;
- An examination of the impact of Quality Counts on child and practitioner outcomes; and
- An analysis of the cost-effectiveness of program supports

The principal object of this evaluation will be to determine whether and to what extent enhancing the professionalism of childcare staff and improving the learning environment has on improved outcomes for children. It is a very exciting time for this evolving initiative, as we look to many converging influences, including the state of Florida's interest in developing statewide standards for quality rating of early learning.

**Proposed FY 2013-14 Budget**

As we look to the year ahead, we continue to stress quality, transparency, collaboration, integrity, public awareness and results. The proposed Children's Trust budget for FY 2013-14 is \$103,328,226, with 87.3% of funds committed to direct services for Miami-Dade's children and families through initiatives approved by the board. Detailed budgets are included in Attachments A through E, including the breakdown of funding by results and age groups, compared with the board's five-year funding guidance for 2015 investment goals.



**Management's Discussion and Analysis:**

In planning for 2014, The Children's Trust has taken great measures to ensure programmatic success by renewing approximately 100 out-of-school and summer-only contracts for a total of \$23,297,260, which represents a small decrease of approximately \$257,000, or 1.09%, when compared to the prior year. The slight decrease in our OOS portfolio is attributed to staff's recommendation and subsequently the board's decision to reduce funding to a few providers that were placed on fiscal/programmatic performance improvement plans (PIP), for a total reduction of \$106,986. One OOS provider was

entirely defunded in the amount of \$150,000 because of significant unpaid tax obligations to the IRS. While The Trust's philosophy is one of partnership and collaboration, we are also serious and responsible stewards of taxpayer dollars, and we believe that defunding this provider was the most appropriate action.

With a keen and sensitive eye on issues of childhood health, our 2014 health portfolio has remained relatively unchanged when compared to 2013, with only a marginal decrease of less than 1%. Nearly all of the decrease represents a shifting of funds from the health initiative to our contract with Switchboard 211. This portfolio shift comes in recognition of our efforts to establish Help me Grow (HMG), which is a state-wide database system dedicated to outreach to health care providers and families, via telephone-based contact, aimed at early identification, screening and a referral process to ensure continuous quality improvement.

Our third largest initiative, generically classified as prevention programs, encompasses a focus on early childhood, parenting and youth development programs. We renewed 85 contracts to provide year round and summer services for a total of \$11,905,690. This amount represents a modest reduction from the prior year of \$193,766, or 1.60%, which is attributable to defunding two service providers given programmatic and fiscal challenges that could not be resolved.

The Children's Trust is pleased to have also added funding to our prevention program's budget for summer youth employment (\$150,000), a new and promising venture named "Teen Trendsetters" (\$200,000), as well as parent training and quality improvement programs of (\$200,000). The Teen Trendsetters program is a recipient of the Harris Wofford Award for "best youth program" in the nation. It provides one-on-one mentoring by teens to second and third grade students who are at least six-months behind their peers in reading. The Children's Trust is proud to be part of this prestigious program that is aligned with our Read-to-Learn initiative in its pursuit of grade level reading.

One of our more cherished initiatives is the funding allocated to children with disabilities (CWD), who so often are without resources and high quality programming to meet their special needs. In this area, funding was reduced by \$562,436, or 6.35%; and this reduction relates to my having made a very challenging decision to defund one provider due to a significant and unresolved tax liability owed to the IRS for unpaid payroll taxes. With only this exception, our robust and supportive CWD program renewed 29 contracts, valued at \$8,296,800, as we anticipate and expect a continuing commitment to inclusion and special needs advocacy and services.

As previously noted, we have also made a commitment to revise our service partnership model to a more "place-based" design, in an effort to ensure safe and supportive communities among targeted high risk populations. In this initiative, funding was increased by nearly \$400,000, for a total of \$8,659,300. This represents an increase of 4.85% from the prior year, a direct result of the availability of additional ad valorem tax revenues.

In summary, total budgeted expenditures have decreased slightly, by less than 1%, which remains consistent with our mission and results-based strategic plan to provide quality services to children within our four priority areas, and with continuity to the last year of several funding cycles. We would anticipate, consistent with careful fiscal management, expenditures consistent with historical levels as we turn to developing new funding cycles for these important elements of The Trust's portfolio.

The Trust's Management and Administration: The Children's Trust is proud to have maintained its operating expenditures at below 10% since its inception, while other Florida Children's Services Councils incur operating expenses that range in values of between 10% - 13%. Included in the 2014 budget is a modest merit increase to staff of not more than an aggregate 3%, annualized at approximately \$228,500 and that is partially offset by our annual furlough. Staff had not received annual raises for the two years prior to the last, in which the board did approve a 3% increase. It bears noting that staff is now required to contribute three percent of salary to the state retirement plan, and also faces some increase in health insurance premiums, thus we have proposed this merit increase in a respectful effort to maintain compensation at a fair and equitable level, while encouraging quality performance. Our staff, of course, is our greatest asset.

In addition, we continue to seek flexibility in revising staff resources in order to plan ahead, thereby budgeting for two additional positions should a need for them arise. Currently, our 2014 budget for salaries/fringe benefits includes five open positions that we expect will be filled in the upcoming year.

With respect to the entirety of the proposed budget, including management and administration, the board's Finance & Operations Committee conducted a thorough and even enhanced budget review when compared with previous years, with a sensitive eye towards assuring that we are safeguarding the board's fiduciary responsibility with this budget. I believe that we are. Moreover, with the board chair's concurrence, the chair of this committee has recommended that we expand on our reporting to the Finance & Operations Committee, bringing to them for discussion on a quarterly basis our actual expenditures in relation to budgeted expenditures and projections. Staff and I truly appreciate this commitment to the work of The Children's Trust, coming from its volunteer board of directors.

A more detailed analysis of the management and administration part of the budget follows.

Salary and Benefits: The Trust's management budget is approximately \$9,600,000, which is 3% higher than 2013 and includes a 3% merit increase for staff of approximately \$228,500. Salaries and benefits make up 83% of the total management budget, as follows:

Salaries	\$6,011,929
FICA	459,913
Florida retirement system	315,558
Dental insurance	46,664
ADD	2,823
Long-term disability	17,711
Short-term disability	16,486
Health insurance	1,117,691
Life insurance	<u>25,992</u>
Total salaries and benefits	\$ 8,014,767

The Trust experiences a historic turnover rate, among staff, of not more than 10 percent each year; thus, certain positions included in the current 2013 budget cannot be filled until someone is hired, which may leave an amount of salaries and benefits unexpended. Compared to 2013, the proposed 2014 budget includes five open positions and two new positions, which accounts for the significant difference between budget and actual amounts of \$728,968, as follows:

Salaries	\$ 556,935
FICA	42,606
Florida retirement system	30,941
Dental insurance	3,399
ADD	245
Long-term disability	1,602
Short-term disability	1,380
Health insurance	89,491
Life insurance	<u>2,369</u>
Total salaries and benefits	\$ 728,968

GENERAL ADMINISTRATION: General administration is 17% of the total management budget and represents approximately \$1,600,000 as itemized in the following categories:

- **Professional/legal/other contracted services:** Budget is \$450,000 or 5% of the total management budget. This amount includes items such as legal fees, auditing fees, HR consultant fees, reporting services for meetings and management fees for payroll and other partially outsourced administrative services. It also includes temporary professional services fees such as the recent charge incurred for the report on compensated absences, insurance consultant fees and costs incurred when professional staff is hired on an interim basis.

- **Rent/insurance:** Budget is \$600,000 or 6% of the total management budget. This includes items such as the cost of renting office space and leasing office equipment, such as copiers; it also includes insurance such as property, casualty, D&O, and liability insurance to name a few.
- **Travel/communications:** Budget is \$250,000 or 3% of the total management budget and includes the cost of telephone, computer, internet operating expenses, staff travel to meetings/conferences and payment to some staff for Miami-Dade County transit and Tri-rail expenses.
- **Supplies/postage/printing:** Budget is \$150,000 or 2% of the total management budget and includes the cost of office supplies, non-capital operating supplies, courier services, newspaper ads, postage and printing costs.
- **Promotional/dues/miscellaneous:** Budget is \$50,000 or 1% of the total management budget and covers the cost of dues and fees to various associations such as the Chamber of Commerce, Guide-Star, Child Care Service Association, Florida Philanthropic Network, Community Indicators Consortium, Government Finance Officers Association and many more.
- **Computer software and hardware:** Budget is \$100,000 or 1% of the total management budget and covers the cost of capital equipment for computers.

#### **Recommendation on FY 2013-14 Tax Rate**

We recommend that the board maintain the current millage rate of 0.5000 mils in order to fully fund current programs and expand services in the interest of furthering the strategic results of The Trust through current and new program strategies. The median taxable value for residential property with the \$50,000 homestead exemption for 2013 is associated with a related tax of \$34.44 versus \$33.70 in 2012, an increase of 74 cents.

**ATTACHMENT A: THE CHILDREN'S TRUST BUDGET SUMMARY**  
**Fiscal Year 2013-2014**

THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CHILDREN'S TRUST ARE 0.1% LESS THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES.

	<b>General Fund Budget</b>	
<b>REVENUES:</b> Estimated at 95% of ad valorem tax levy of .5000 mills.		
Ad valorem tax revenue	\$ 94,576,679	
Interest/miscellaneous	2,833,138	
<b>Total Revenues</b>	<b>97,409,817</b>	
Fund balance/net assets, October 1, 2013	26,210,666	
<b>Total Estimated Revenues/ Fund Balance/ Net Assets</b>	<b>\$ 123,620,483</b>	
<b>EXPENDITURES:</b>		
<b>Contracted Programs</b>	<b>\$ 90,240,184</b>	87.33%
<b>Operating Expenditures:</b>		
<b>General Administration:</b>		
Salaries and fringe benefits	\$ 8,014,767	
Professional/legal/other contracted services	450,000	
Rent/insurance	600,000	
Travel/communications	250,000	
Supplies/postage/printing	150,000	
Promotional/dues/miscellaneous	50,000	
Total General Administration Expenditures	\$ 9,514,767	
<b>Capital Expenditures:</b>		
Furniture & equipment	\$ -	
Computer software/hardware	100,000	
Total Capital Expenditures	\$ 100,000	
<b>Total Operating Expenditures</b>	<b>\$ 9,614,767</b>	9.31%
<b>Non-Operating Expenditures:</b>		
CRA Refund of Taxes	\$ 2,527,508	
Tax Collector Fees	945,767	
<b>Total Non-Operating Expenditures</b>	<b>\$ 3,473,275</b>	3.36%
<b>Total Expenditures</b>	<b>\$ 103,328,226</b>	100.00%
<b>Fund Balance, Reserves/ Net Assets</b>	<b>\$ 20,292,257</b>	
<b>Total Expenditures, Reserves, and Fund Balance</b>	<b>\$ 123,620,483</b>	

The tentative, adopted and/or final budgets are on file in the office of the above-mentioned taxing authority as a public record.

**ATTACHMENT B: THE CHILDREN'S TRUST BUDGET SUMMARY**  
**Fiscal Years 2011-2014**

Description	2012 Actual	2013 Budget	2013 Projected	2014 Budget
Millage	0.5000	0.5000	0.5000	0.5000
Beginning fund balance	31,263,046	29,579,584	31,071,780	26,210,666
Revenue: Ad valorem tax	89,450,069	91,302,948	89,450,069	94,576,679
Revenue: Interest/ miscellaneous	2,833,138	2,759,556	2,833,138	2,833,138
<b>Total funds available</b>	<b>123,546,253</b>	<b>123,642,088</b>	<b>123,354,987</b>	<b>123,620,483</b>
Sustain and expand direct services	66,821,922	74,225,017	70,200,008	73,438,696
Improved systems of care	2,639,158	2,784,504	2,781,677	2,984,504
Knowledge development and quality improvement	8,827,900	10,202,309	9,365,186	10,065,000
Community awareness and advocacy for kids	2,856,756	3,522,109	3,452,881	3,751,984
The Children's Trust management and administration	8,214,297	9,323,042	8,230,129	9,614,767
Non-operating expenditures	3,114,440	3,352,709	3,114,440	3,473,275
<b>Total expenditures</b>	<b>92,474,473</b>	<b>103,409,690</b>	<b>97,144,321</b>	<b>103,328,226</b>
<b>Ending fund balance, reserves/ net assets</b>	<b>31,071,780</b>	<b>20,232,398</b>	<b>26,210,666</b>	<b>20,292,257</b>



**ATTACHMENT C: THE CHILDREN'S TRUST CORE STRATEGIES**  
**Fiscal Year 2011-2014**

Description	2012 Actual	2013 Budget	2013 Projected	2014 Budget	Budget Increase (Decrease)	Percentage Increase (Decrease)
<b>SUSTAIN AND EXPAND DIRECT SERVICES</b>						
Out-of-school programs	20,444,884	23,554,293	22,231,833	23,297,260	(257,033)	-1.09%
Health	19,855,671	21,452,894	20,157,127	21,279,646	(173,248)	-0.81%
Prevention programs	10,392,958	12,099,456	11,376,459	11,905,690	(193,766)	-1.60%
Children with disabilities and their families	7,890,135	8,859,236	8,090,135	8,296,800	(562,436)	-6.35%
Safe and supportive communities	8,238,274	8,259,138	8,344,454	8,659,300	400,162	4.85%
<b>Total sustain and expand direct services</b>	<b>66,821,922</b>	<b>74,225,017</b>	<b>70,200,008</b>	<b>73,438,696</b>	<b>(786,321)</b>	<b>-1.06%</b>
<b>IMPROVED SYSTEMS OF CARE</b>						
211/parent and youth helpline	999,905	1,174,176	1,171,349	1,374,176	200,000	17.03%
Leverage and match funds	1,639,253	1,610,328	1,610,328	1,610,328	-	0.00%
<b>Total improved systems of care</b>	<b>2,639,158</b>	<b>2,784,504</b>	<b>2,781,677</b>	<b>2,984,504</b>	<b>200,000</b>	<b>7.18%</b>
<b>KNOWLEDGE DEVELOPMENT AND QUALITY IMPROVEMENT INITIATIVES</b>						
Early child care quality rating and improvement system	7,025,852	7,277,309	7,075,573	7,415,000	137,691	1.89%
Project RISE out-of-school quality improvement initiatives	454,900	575,000	575,000	500,000	(75,000)	-13.04%
Capacity-building initiatives	273,941	750,000	591,988	750,000	-	0.00%
Community research and program evaluation	518,163	1,000,000	544,520	800,000	(200,000)	-20.00%
Information systems	555,044	600,000	578,105	600,000	-	0.00%
<b>Total knowledge development and quality improvement initiatives</b>	<b>8,827,900</b>	<b>10,202,309</b>	<b>9,365,186</b>	<b>10,065,000</b>	<b>(137,309)</b>	<b>-1.35%</b>
<b>COMMUNITY AWARENESS AND ADVOCACY FOR KIDS</b>						
Community outreach, public awareness and program promotion	2,276,579	2,894,000	2,844,473	2,969,000	75,000	2.59%
Advocacy prevention programs	424,266	451,365	456,641	581,240	129,875	28.77%
Promote public policy and legislative agendas	155,911	176,744	151,768	201,744	25,000	14.14%
<b>Total community awareness and advocacy for kids</b>	<b>2,856,756</b>	<b>3,522,109</b>	<b>3,452,882</b>	<b>3,751,984</b>	<b>229,875</b>	<b>6.53%</b>
<b>ADMINISTRATION AND NON-OPERATING EXPENDITURES</b>						
Management of The Children's Trust	8,214,297	9,323,042	8,230,129	9,614,767	291,725	3.13%
Non-operating expenditures	3,114,440	3,352,709	3,114,440	3,473,275	120,566	3.60%
<b>Total administration and non-operating expenditures</b>	<b>11,328,737</b>	<b>12,675,751</b>	<b>11,344,569</b>	<b>13,088,042</b>	<b>412,291</b>	<b>3.25%</b>
<b>TOTAL</b>	<b>92,474,473</b>	<b>103,409,690</b>	<b>97,144,322</b>	<b>103,328,226</b>	<b>(81,464)</b>	<b>-0.08%</b>

**ATTACHMENT D: THE CHILDREN'S TRUST BUDGET BY RESULT AREA**  
**Fiscal Year 2014**

Description	Children are Healthy Physically and Emotionally	Children are Supported by Families and Communities	Children are Ready to succeed when Entering School	Children are Succeeding in School and Society	2014 Total RBA Budget
<b>SUSTAIN AND EXPAND DIRECT SERVICES</b>					
Out-of-school programs				23,297,260	23,297,260
Health	17,008,100		4,271,546		21,279,646
Prevention programs		4,110,033	3,596,310	4,199,347	11,905,690
Children with disabilities and their families		757,498	2,241,795	5,297,507	8,296,800
Safe and supportive communities		8,659,300			8,659,300
<b>Total sustain and expand direct services</b>	<b>17,008,100</b>	<b>13,526,831</b>	<b>10,109,651</b>	<b>32,794,114</b>	<b>73,438,696</b>
<b>IMPROVED SYSTEMS OF CARE</b>					
211/parent and youth helpline		1,374,176			1,374,176
Leverage and match funds		565,000	995,328	50,000	1,610,328
<b>Total improved systems of care</b>	<b>-</b>	<b>1,939,176</b>	<b>995,328</b>	<b>50,000</b>	<b>2,984,504</b>
<b>KNOWLEDGE DEVELOPMENT AND QUALITY IMPROVEMENT INITIATIVES</b>					
Early child care quality rating and improvement system			7,415,000		7,415,000
Project RISE out-of-school quality improvement initiatives				500,000	500,000
Capacity-building initiatives/training	187,500	187,500	187,500	187,500	750,000
Community research and program evaluation	200,000	200,000	200,000	200,000	800,000
Information systems	150,000	150,000	150,000	150,000	600,000
<b>Total knowledge development and quality improvement</b>	<b>537,500</b>	<b>537,500</b>	<b>7,952,500</b>	<b>1,037,500</b>	<b>10,065,000</b>
<b>COMMUNITY AWARENESS AND ADVOCACY FOR KIDS</b>					
Community outreach, public awareness and program promotion	742,250	742,250	742,250	742,250	2,969,000
Advocacy prevention program grants		581,240			581,240
Promote public policy and legislative agendas	50,436	50,436	50,436	50,436	201,744
<b>Total community awareness and advocacy for kids</b>	<b>792,686</b>	<b>1,373,926</b>	<b>792,686</b>	<b>792,686</b>	<b>3,751,984</b>
<b>ADMINISTRATION AND NON- OPERATING EXPENDITURES</b>					
Management of The Children's Trust	2,403,692	2,403,692	2,403,692	2,403,691	9,614,767
Non-operating expenditures	868,319	868,319	868,319	868,318	3,473,275
<b>Total administration and non-operating expenditures</b>	<b>3,272,011</b>	<b>3,272,011</b>	<b>3,272,011</b>	<b>3,272,009</b>	<b>13,088,042</b>
<b>Total Results Based Budget</b>	<b>21,610,297</b>	<b>20,649,444</b>	<b>23,122,176</b>	<b>37,946,309</b>	<b>103,328,226</b>
<b>Total Results Based Budget by Percentage</b>	<b>20.91%</b>	<b>19.98%</b>	<b>22.38%</b>	<b>36.72%</b>	<b>100%</b>
<b>Investment by result</b>	<b>2014 Budget</b>	<b>5-year Goal</b>	<b>Balance To Go</b>	<b>Amount 2014 Budget Would Need to Be Inc/(Dec)</b>	
Children are healthy physically and emotionally	21%	23%	2%	2,155,196	
Children are supported by safe, nurturing families and communities	20%	20%	0%	(500,439)	
Children are ready to succeed when entering school	22%	25%	3%	2,503,224	
Children are succeeding in school and society	37%	33%	-5%	(4,157,981)	
<b>Totals</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>-</b>	

**ATTACHMENT E: THE CHILDREN'S TRUST BUDGET BY AGE GROUP  
Fiscal Year 2014**

Description	2014 BUDGET	Age Group			
		0 to 5	6 to 12	13 to 18	19 to 22
<b>SUSTAIN AND EXPAND DIRECT SERVICES</b>					
Out-of-school programs	23,297,260	2,888,603	18,657,432	1,751,225	-
Health	21,226,447	5,832,587	8,959,294	6,274,969	159,597
Prevention programs	11,958,889	5,984,438	2,305,551	3,615,701	53,199
Children with disabilities and their families	8,296,800	3,377,344	3,403,388	1,142,712	373,356
Safe and supportive communities	8,659,300	2,101,483	2,750,338	3,807,479	-
<b>Total sustain and expand direct services</b>	<b>73,438,696</b>	<b>20,184,455</b>	<b>36,076,003</b>	<b>16,592,086</b>	<b>586,152</b>
<b>IMPROVED SYSTEMS OF CARE</b>					
211/parent and youth helpline	1,374,176	458,058	458,059	458,059	-
Leverage and match funds	1,610,328	536,776	536,776	536,776	-
<b>Total improved systems of care</b>	<b>2,984,504</b>	<b>994,834</b>	<b>994,835</b>	<b>994,835</b>	<b>-</b>
<b>KNOWLEDGE DEVELOPMENT AND QUALITY IMPROVEMENT INITIATIVES</b>					
Early child care quality rating and improvement system	7,415,000	7,415,000	-	-	-
Project RISE out-of-school quality improvement initiatives	500,000	43,478	413,043	43,479	-
Capacity-building initiatives/training	750,000	250,000	250,000	250,000	-
Community research and program evaluation	800,000	266,667	266,667	266,666	-
Information systems	600,000	200,000	200,000	200,000	-
<b>Total knowledge development and quality improvement initiatives</b>	<b>10,065,000</b>	<b>8,175,145</b>	<b>1,129,710</b>	<b>760,145</b>	<b>-</b>
<b>COMMUNITY AWARENESS AND ADVOCACY FOR KIDS</b>					
Community outreach, public awareness and program promotion	2,969,000	989,667	989,667	959,977	29,689
Advocacy prevention program grants	581,240	100,000	133,599	347,641	-
Promote public policy and legislative agendas	201,744	67,248	67,248	65,231	2,017
<b>Total community awareness and advocacy for kids</b>	<b>3,751,984</b>	<b>1,156,915</b>	<b>1,190,514</b>	<b>1,372,849</b>	<b>31,706</b>
<b>ADMINISTRATION AND NON-OPERATING EXPENDITURES</b>					
Management of The Children's Trust	9,614,767	3,204,923	3,204,922	3,108,774	96,148
Non-operating expenditures	3,473,275	1,157,758	1,157,758	1,157,759	-
<b>Total administration and non-operating expenditures</b>	<b>13,088,042</b>	<b>4,362,681</b>	<b>4,362,680</b>	<b>4,266,533</b>	<b>96,148</b>
<b>Total Age Group Budget</b>	<b>103,328,226</b>	<b>34,874,030</b>	<b>43,753,742</b>	<b>23,986,448</b>	<b>714,006</b>
<b>Age Group Budget by Percentage</b>		<b>34%</b>	<b>42%</b>	<b>23%</b>	<b>1%</b>

Investment by age group	2014 Budget	5-year Goal	Balance To Go	Amount 2014 Budget Would Need to be Inc/(Dec)
Prenatal to 5 years	34%	35%	1%	1,290,849
6 to 12 years	42%	39%	-3%	(3,455,733)
13 to 18 years (inclusive of CWD 19-22 years)	24%	26%	2%	2,164,884
<b>Totals</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>(0)</b>



FY 2012-13 Results-based Programmatic Budget	Proposed Budget FY 2013-14	% of Program Budget	Pg#
<b>RESULT 1: Children are healthy physically and emotionally</b>		<b>21%</b>	
Performance Accountability by Strategies:			
· HealthConnect in Our Schools	13,924,998	15%	
· HealthConnect in Our Community (health care coverage enrollment)	946,101	1%	
· Additional Health Programs	1,453,001	2%	
<b>RESULT 2: Children are supported by safe, nurturing families and communities</b>		<b>20%</b>	
Performance Accountability by Strategies:			
· Parenting Education and Family Strengthening Programs	4,895,533	5%	
· Safe and Supportive Communities (Service Partnerships)	8,659,300	10%	
· Advocacy and Civic Engagement Programs	581,240	1%	
<b>RESULT 3: Children are ready to succeed when entering school</b>		<b>22%</b>	
Performance Accountability by Strategies:			
· Quality Counts Child Care Quality Rating and Improvement System	7,415,000	8%	
· Early Childhood Development Programs	5,277,810	6%	
· HealthConnect: Maximize Early Childhood Development	4,955,546	5%	
<b>RESULT 4: Children are succeeding in school and society</b>		<b>37%</b>	
Performance Accountability by Strategies:			
· Out-of-School Programs (after-school and summer camps)	27,667,409	31%	
· Youth Development Programs	5,013,878	6%	
<b>STRATEGIES CROSS-CUTTING ALL RESULTS</b>			
· Children with Disabilities (dollars included within all strategies, but summarized here)		--	
· Read to Learn Campaign (dollars included within all strategies, but summarized here)		--	
· 211 Parent and Youth Helpline	1,374,176	2%	
· Capacity-building and Training for Providers and Staff (including ACT and Project RISE)	1,895,120	2%	
· Leverage and Match Funding	1,610,328	2%	
· Community Needs Assessment, Research and Program Evaluation	800,000	1%	
· Information Systems	600,000	1%	
· Community Outreach, Public Awareness and Program Promotion	2,969,000	3%	
· Promote Public Policy and Legislative Agendas	201,744	0%	
<b>Total Budget:</b>		<b>90,240,184</b>	<b>100%</b>

**NOTE: Expenditures shown in budget charts throughout the following pages are as of 6/30/13 and do not represent the full year as of yet.**

## RESULT 1: Children Are Healthy Physically and Emotionally

### Performance Accountability

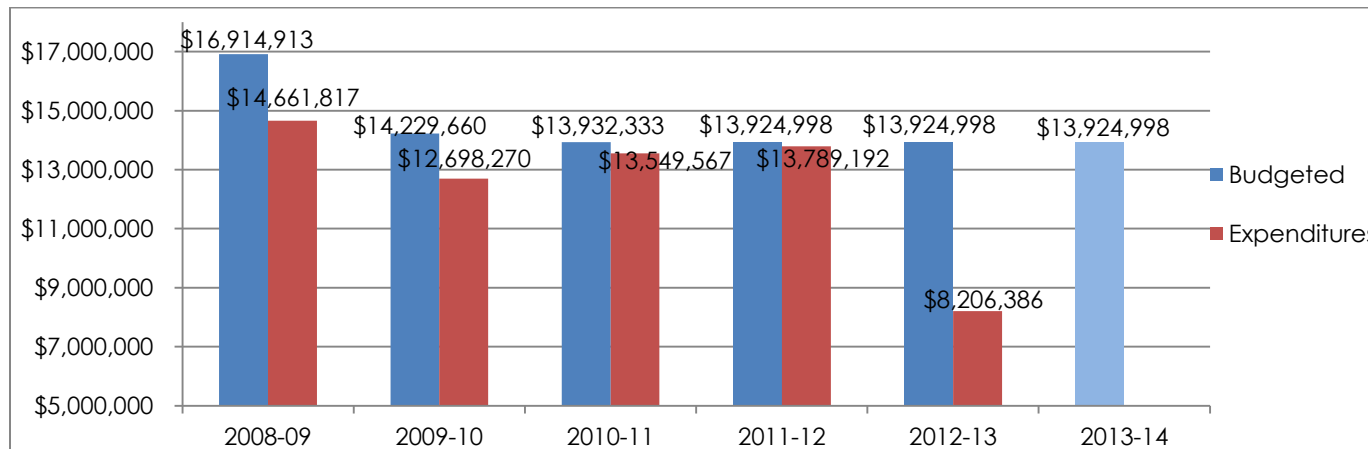
Without good health, children cannot do their best in school or become contributing members of society. This is why The Children's Trust has made health a focus of its investment strategy. Our holistic approach aims to increase access to health services for children and families through their communities and public schools.

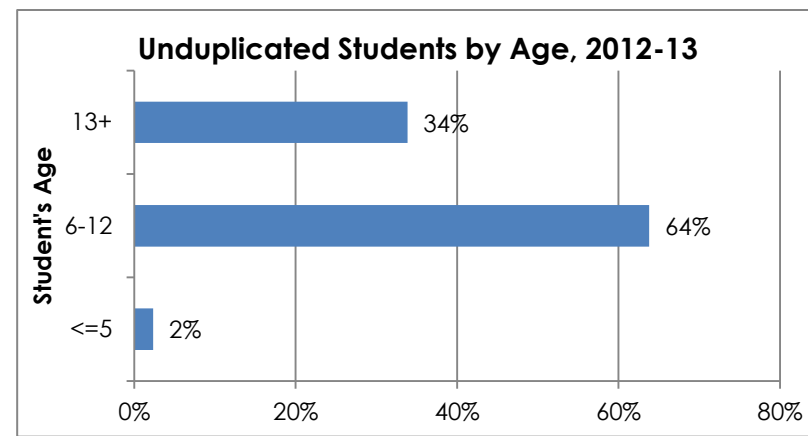
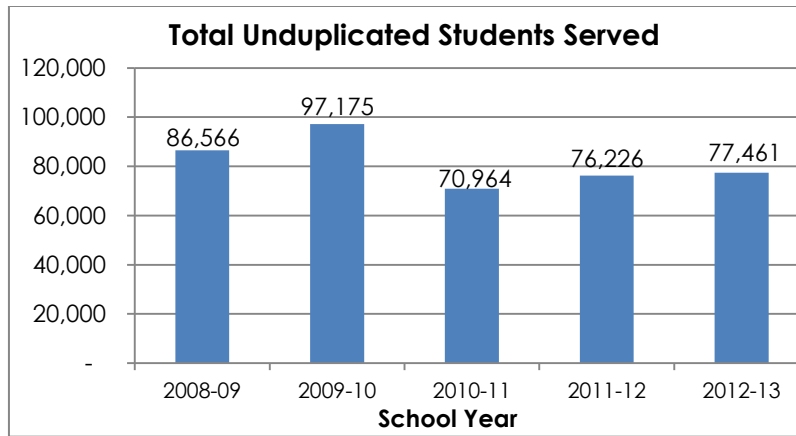
**HEALTHCONNECT IN OUR SCHOOLS (HCiOS): School-based integrated health and mental health services**

Now in its seventh year, *HealthConnect in Our Schools* is a collaborative partnership between The Children's Trust, Miami-Dade County Health Department and Miami-Dade County Public Schools. Funded agencies are required to provide 25 percent in matching funds, leveraging an additional \$3.3 million of in-kind resources. School health teams, comprised of a nurse or nurse practitioner, social worker and health aide, served 156 Miami-Dade public schools in the 2012-13 school year. The program is designed to improve access to quality health care through delivery of basic services in the school and appropriate referrals to community care. The goal is primary and secondary prevention of illness through screening and early detection, health education, immediate treatment, behavioral health care and connection to medical homes. Updated strategic planning has been active this year in an effort to ensure HCiOS is implemented in line with national school health practices.

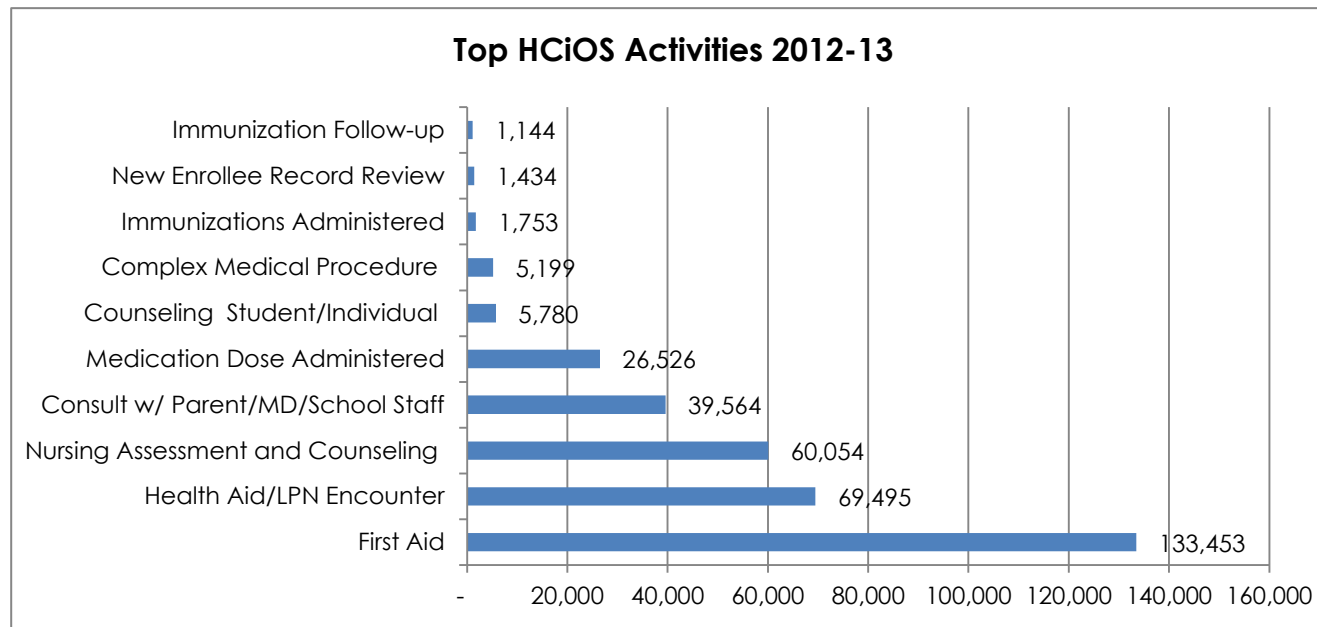
**QUANTITY: HOW MUCH DID WE DO?**

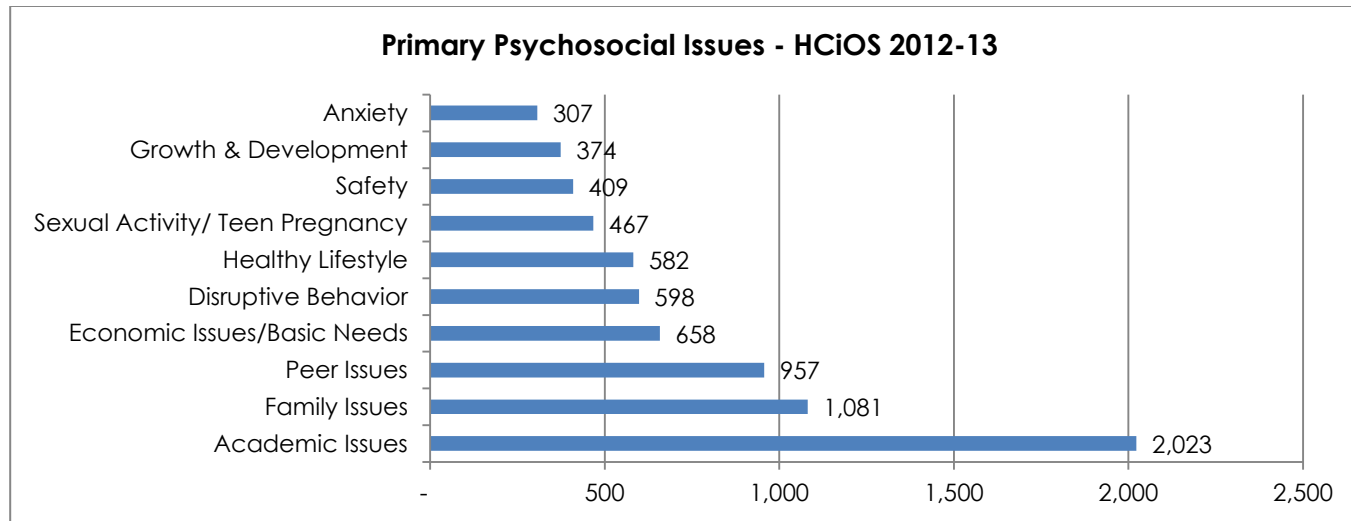
**NUMBER OF CONTRACTS:** Five contracts with nine providers (including subcontracts), provided services in 156 public schools (with a total student population of 137,610), where more than 77,000 unduplicated students made more than 264,000 visits to health suites. HCiOS sites are comprised of 65% elementary (87) or K-8(14) schools, 22% middle (35), and 13% high (20) schools. For school year 2013-14 this initiative will be funded at the same amount of \$13,924,998. However, next year will see the addition of three Miami Beach elementary schools, to be funded through the collaborative efforts of the City of Miami Beach, North Bay Village, the Town of Bay Harbor Islands, the Town of Surfside, and Bal Harbour Village, with pooled resources through the Miami Beach Chamber Education Foundation to fund a full-time, shared registered nurse to rotate among these three schools.



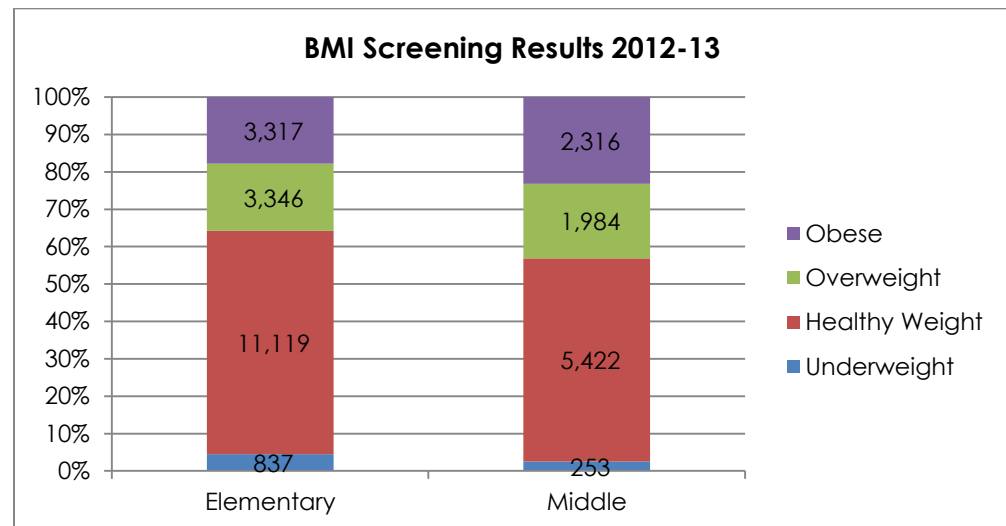


As in previous years, the most common activity by far was first aid, followed by health aid encounters. To a lesser degree, visits involved nursing assessments/counseling, consultation with parents, school staff or doctors, and medication administration. For students referred for psychosocial services, the main reasons were academic issues, family issues and peer issues, followed to a lesser degree by basic economic needs, disruptive behavior and healthy lifestyle issues. Health teams also conducted state mandated growth and development screenings for students in the required grades of 1, 3, and 6 for BMI and K, 1, 3, 6 and 10 for Vision.



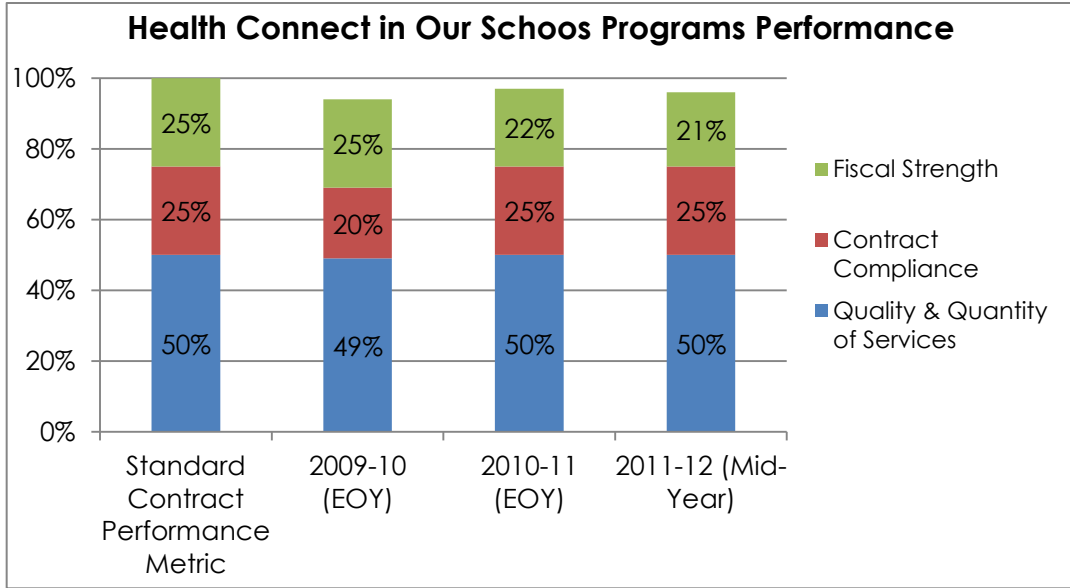


In addition to individual health services, health teams provided a total of 1,724 health education classes on topics such as general health, injury prevention, weight normalization, violence prevention and HIV/AIDS, serving more than 26,000 students. An additional 415 group counseling sessions and team support meetings were provided.



Note: BMI screenings in high school (grade 9) are optional for state reporting and have been eliminated in local screening practices by MDCPS and the Health Department due to low referral compliance in the past.

**QUALITY: HOW WELL DID WE DO IT?**



**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, retention and outcome achievement.

Program coordinators from each of the 9 provider agencies attend monthly meetings throughout the contract year to discuss program administration, share best practices, and discuss continuous quality improvement efforts across the initiative. Development of a new provider reporting system was further refined during the 2012-13 school year and has produced improved data quality and reporting capabilities, as well as ease of reporting for staff members.

**OUTCOMES: IS ANYONE BETTER OFF?**

Performance Measures	FY 2008-09 Results	FY 2009-10 Results	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results
Visits resulting in students returning to class	81% (289,778)	85% (215,985)	83% (190,079)	84% (231,660)	83% (202,396)
Referrals provided for additional services as a result of health suite visits, including KidCare, oral health, mental health and primary care	60,000	82,000	75,041	73,010	55,538



<b>Performance Measures</b>	<b>FY 2008-09 Results</b>	<b>FY 2009-10 Results</b>	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results</b>	<b>FY 2012-13 Results</b>
Students screened for health issues related to growth and development (Body Mass Index) and vision.	84,378	77,402	75,124	43,070*	65,928*
Students referred for follow-up as a result of screenings and confirmed to have received follow-up medical services as a result of the referral**	18,865 referred 55% (10,353) received services	20,765 referred 27% (5,426) received services	17,492 referred 22% (3,786) received services	11,912 referred 7% (831) received services	18,865 referred 28% (3,323) received services

\*The decreased number of students screened for health issues in the 2011-12 school year related to growth and development (Body Mass Index) and vision was due to a procedural change in the responsibility from all vision screenings being performed by HCiOS staff in the health suites to only the 2<sup>nd</sup> screening for those students who failed the initial screening provided by the Health Department. In addition, 9<sup>th</sup> graders were removed from the required screenings protocol for BMI screening during the same contract year. In 2012-13, the initial vision screening responsibilities were reinstated for HCiOS sites, thus the screening numbers increased.

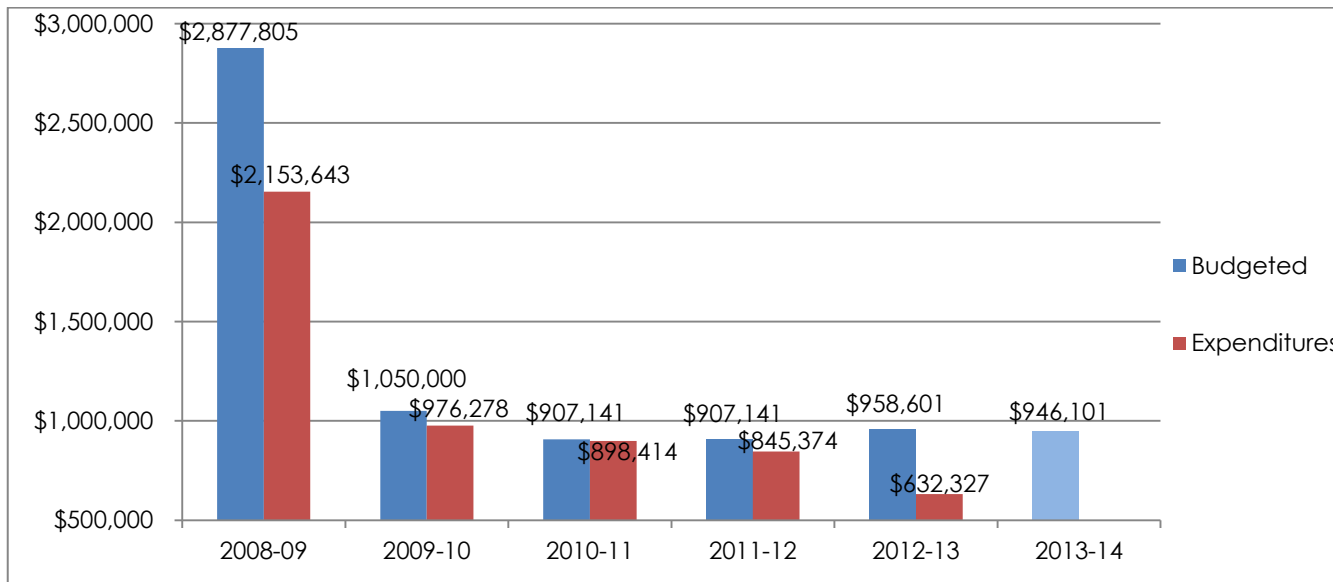
\*\*The discrepancy in received services is due to increased compliance with the policy that requires a follow-up letter from physicians and more precise operational definitions. School nurses have limited ability to pressure medical providers to send a confirmation letter of services received. Nurses have continued to engage community practices to improve on referral confirmation, as evidenced by the increase last year.

**HEALTHCONNECT IN OUR COMMUNITY (HCiOC): Community-based outreach, eligibility screening and enrollment in health care coverage and other public benefits for children/families**

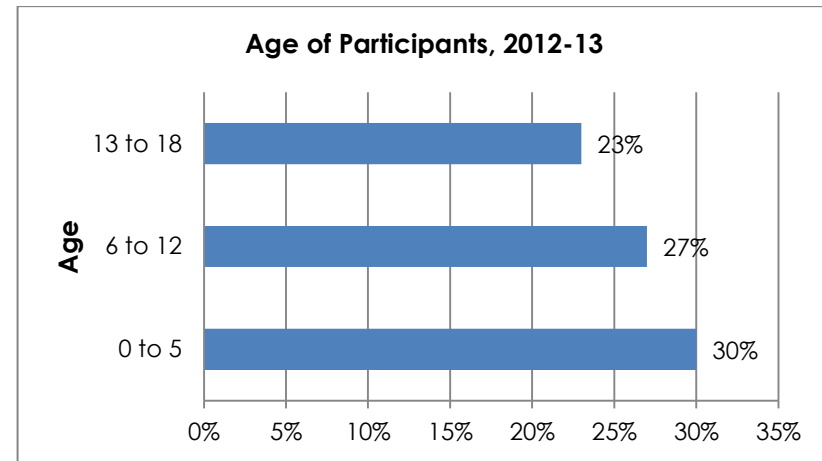
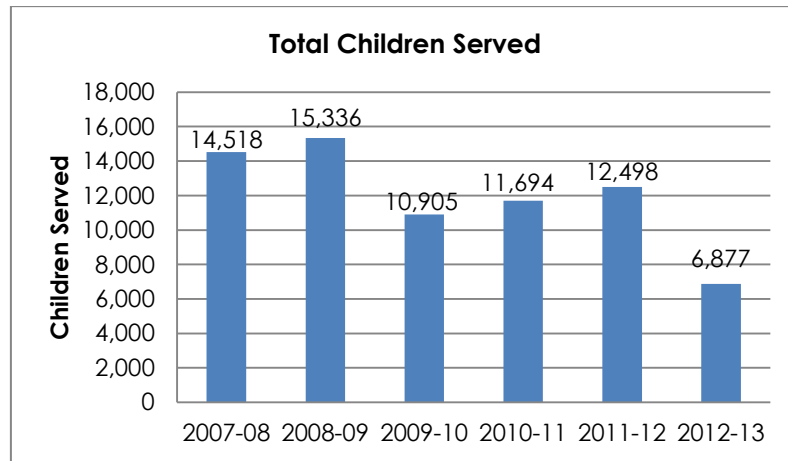
*HealthConnect in Our Community* assists vulnerable and hard-to-reach families with determining eligibility and applying for low-cost health insurance to access health services for their children. The initiative embeds culturally competent health navigators in local clinics to overcome barriers to care. Participants also receive assistance with applications for other benefits combined with Medicaid applications, such as food stamps and temporary cash assistance. Services are frequently provided through child care centers and schools, resulting in a critical link across many of The Children's Trust's initiatives, such as *HealthConnect in Our Schools* and *Quality Counts*. HCiOC services are provided throughout the county, with specific focus in: South Dade; Little Haiti, including North East Corridors; Hialeah/Miami Lakes; Miami Gardens; Westchester; Liberty City and Overtown. In addition, a contract with Our Kids offers this assistance for families of children in the dependency system. As part of the ongoing HealthConnect strategic planning effort, we are considering how to most efficiently focus on health care coverage for all, especially as national health care reform rolls out.

**QUANTITY: HOW MUCH DID WE DO?**

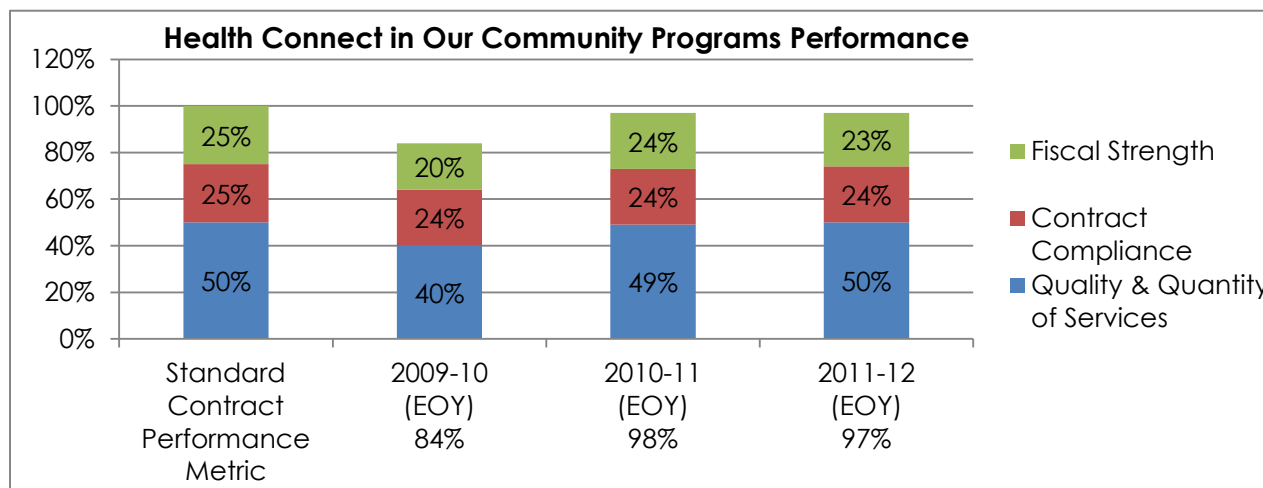
**NUMBER OF CONTRACTS:** Six contracts for 2012-13 funded at \$857,141. For FY 2013-14 these contracts will be funded at \$946,101.



During the 2012-13 contract year, 6,877 children were served (i.e., assisted with eligibility determination, and if potentially qualified for benefits, given application assistance), along with 5,245 adult family members. The program served families in 62 schools, eight health facilities, four community agencies and the Juvenile Justice Center. Because our improved data tools now allow us to confirm the number of participants applying for benefits (which is what we want to capture), rather than the total number of people in the household (which may have been included in prior aggregate reporting), we necessarily saw a reduction in the number of participants in this program last year. Nonetheless, we expect we may still actually be reaching approximately the same numbers of households and participants in need of enrollment.



## QUALITY: HOW WELL DID WE DO IT?



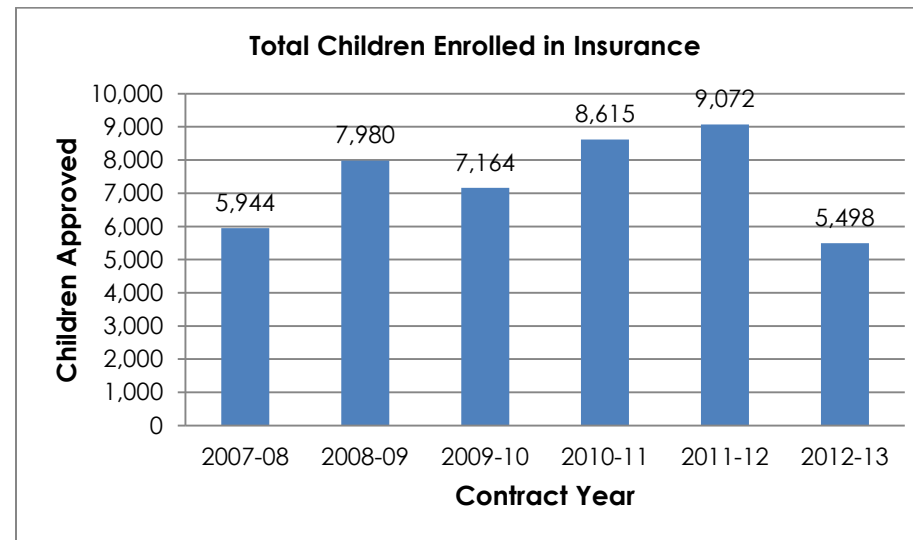
**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, and outcome achievement.

**OUTCOMES: IS ANYONE BETTER OFF?**

All children served are screened for health insurance (Medicaid and KidCare), but not all are eligible to apply. Those who are not eligible are assisted with registration at community health centers or provided clinic cards. A total of 10,015 health insurance applications were submitted, and 79% (7,936) were approved. This translates into 5,498 children who obtained health insurance through new enrollment or renewal (5,184 were approved for Medicaid and 314 through KidCare), and 2,438 adult family members who now have insurance coverage. A total of 1,965 families were approved to receive other public benefits such as Food Stamps and WIC.



Performance Measures	FY 2008-09 Results	FY 2009-10 Results	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results
Children eligible to apply for Medicaid or KidCare who were successfully approved for enrollment and/or renewal	73% (7,980 children)	78% (7,164 children)	80% (8,615 children)	90% (9,072 children)	89% (5,498 children)
Adult family members eligible to apply for Medicaid who were successfully approved for enrollment	74% (2,525 adults)	56% (2,555 adults)	61% (3,339 adults)	70% (2,056 adults)	63% (2,438 adults)

## SELECTED ADDITIONAL HEALTH PROGRAMS

### **Vision Care for Uninsured and Under-insured Children**

One contract for \$250,000 provides eye health and vision examinations and eyeglasses to financially disadvantaged children, ages four and up, enrolled in Miami-Dade County Public Schools. Eligible students qualify for federal free and reduced cost school meals but are ineligible for KidCare (Medicaid and Healthy Kids) or private health insurance. In the contract that ended January 2013, the program completed 1,816 comprehensive eye exams and provided 1,487 eyeglasses to Miami-Dade County Public School students in need of assistance that were solely funded by The Children's Trust. This is a reduction over previous years due to the fact that the timing of this contract cycle was adjusted to bring it in line with the school year.

In an effort to reduce the time it takes for children in need of vision correction to receive glasses, additional focus has been placed on the time frame from referral to glasses received. Currently the average turnaround time is 39 days, which includes receipt of the referral from MDCPS, scheduling and conducting an interview with parents for eligibility purposes, a comprehensive vision exam, analysis of exam results, provision of a prescription and voucher, and filling the prescription to receive the glasses. This is a significant reduction over last year's average turnaround time of 57 days.

### **Preventive Oral Health Services for Uninsured and Under-insured Children**

In 2010-11, The Children's Trust collaborated with the Healthy Smiles Initiative of the Health Foundation of South Florida, providing four dental stations and related equipment to serve 2,400 children in 40 Head-Start centers throughout Miami-Dade County for \$200,000. The initiative was aimed at maximizing community resources for a more coordinated effort for preventive and curative oral health services in early childhood. Although no longer under contract with The Children's Trust, Healthy Smiles continues to provide oral health services, based upon referrals from Head Start, using the equipment provided by The Trust. In 2011-12, an additional 258 children received oral health services including screenings, fluoride varnish, and referrals for additional services. As of May 2013, an additional 303 children were similarly served with no additional investment from The Trust.

### **Children's Health, Education and Economic Records Exchange Systems**

The Children's Trust is a partner in the Children's Health, Education and Economic Reporting system (CHEER), a ground-breaking national model collaborative between The Trust, Microsoft Corporation, Health Choice Network and Miami-Dade Public School System. Through CHEER, health care professionals are able to, with parental consent, instantaneously access a wide range of different data at a single point of service. Health Choice Network delivers health-related information to the network from the weekly data feed it already receives on more than 400,000 Miami-Dade Public School students, along with medical, dental and mental health care records from its community health centers.

## RESULT 2: Children Are Supported by Safe, Nurturing Families and Communities

### Performance Accountability

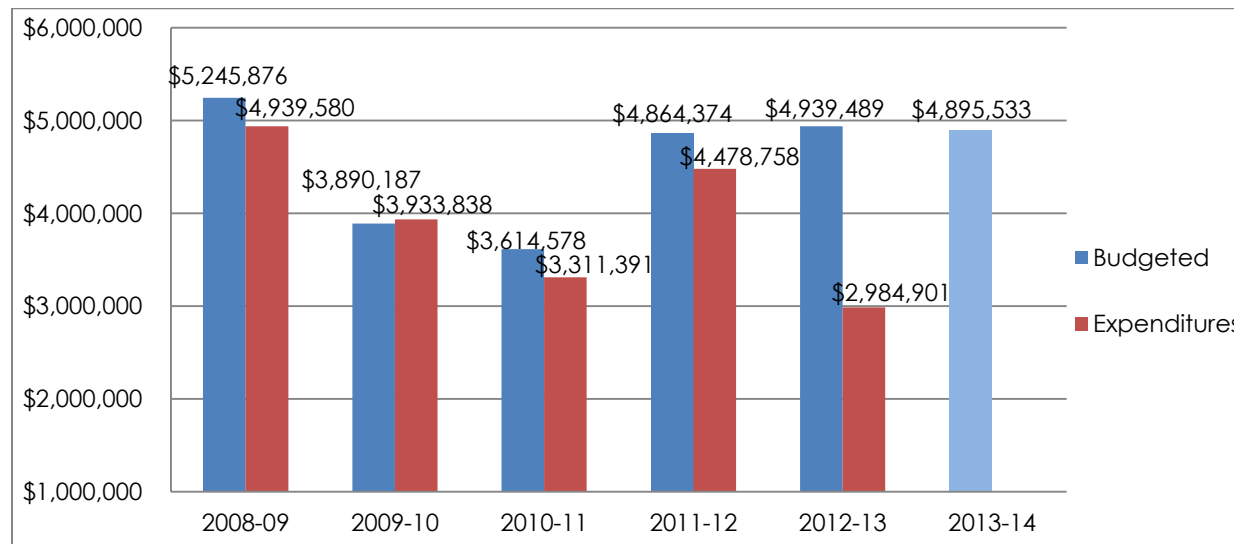
Safe, nurturing environments help children grow, learn and develop into well-adjusted contributors to society. The quality of children's day-to-day experiences where they live and learn is strongly influenced by socioeconomic, neighborhood and family circumstances.

#### PARENTING EDUCATION AND FAMILY STRENGTHENING PROGRAMS

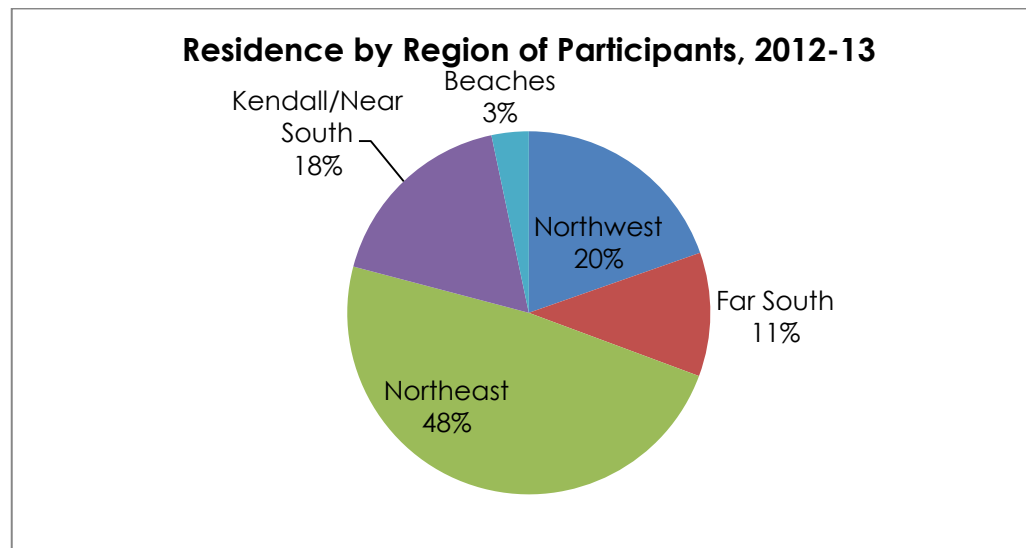
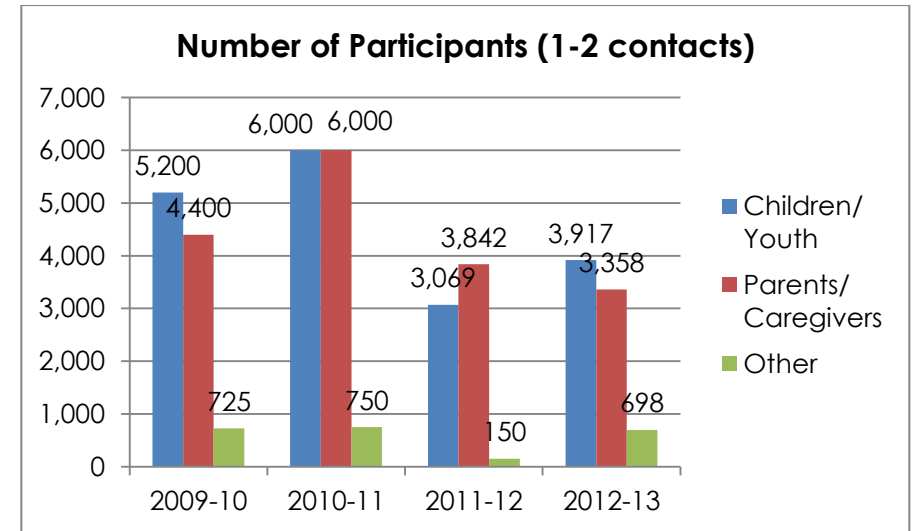
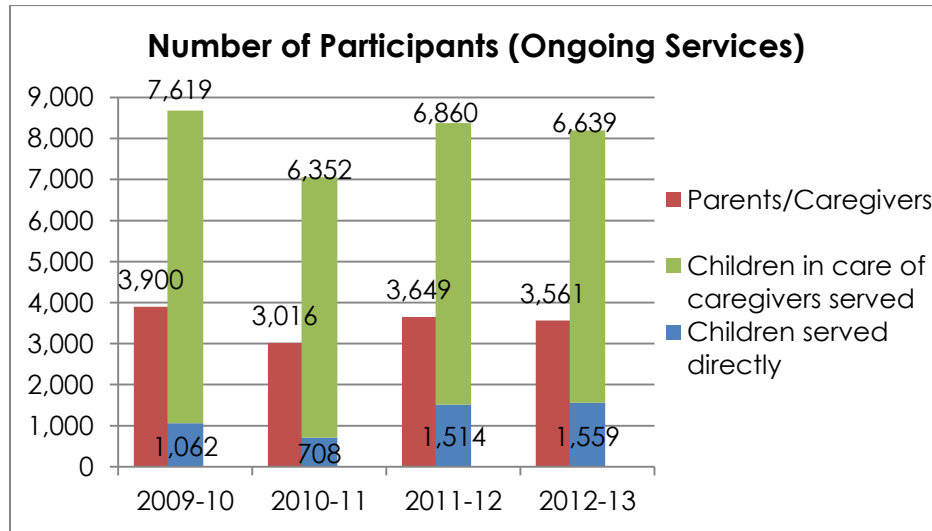
Sensitive, nurturing caregivers are an essential element of an early positive environment. Because parenting is not an inherited skill, but one that is learned, our programs aim to support parents or caregivers across all developmental stages, from prenatal through the transition to adulthood. Parenting sessions are offered in a range of settings, including homes, schools, child care centers and other community sites. They provide education and skills-building exercises to enhance parent-child relationships. Parents learn about effective communication, age-appropriate child development, disciplining, child safety and injury prevention.

#### QUANTITY: HOW MUCH DID WE DO?

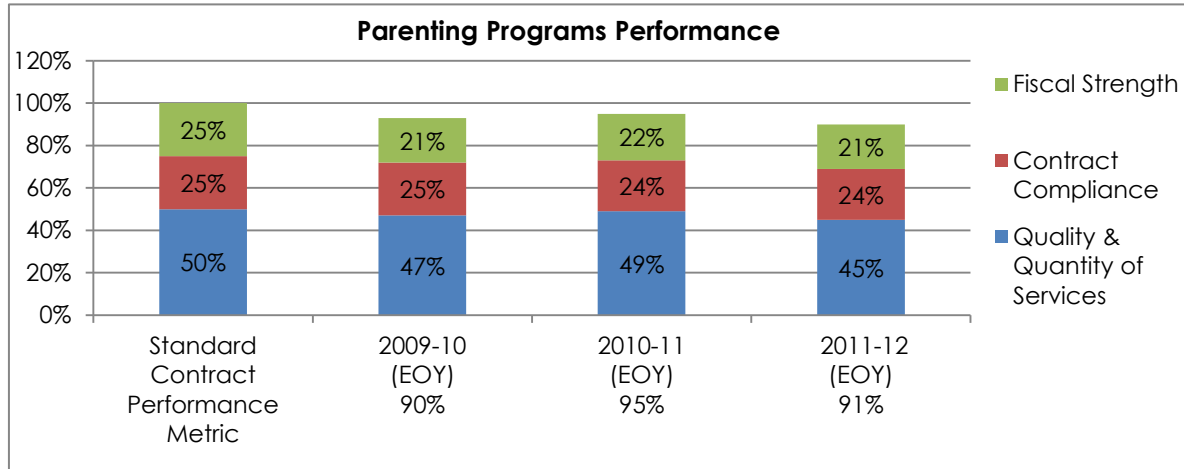
**NUMBER OF CONTRACTS:** A total of 22 contracts were funded at \$4.9 million to provide parenting services at 145 service locations. This year is the final year of a three-year funding cycle, and planning is underway for re-bidding the initiative in the next year.



During 2012-13, 3,561 parents with 6,639 children in their care were served. Although direct services to children are not the focus of this initiative, some ongoing services do directly involve children. In addition, services via one or two-time community outreach and advocacy events were delivered to approximately 4,000 children, 3,400 parents, and 700 teachers and community members. For example, Amigos for Kids, held twelve "There's no excuse for child abuse" sessions to educate and create awareness in the community around child abuse prevention.



**QUALITY: HOW WELL DID WE DO IT?**

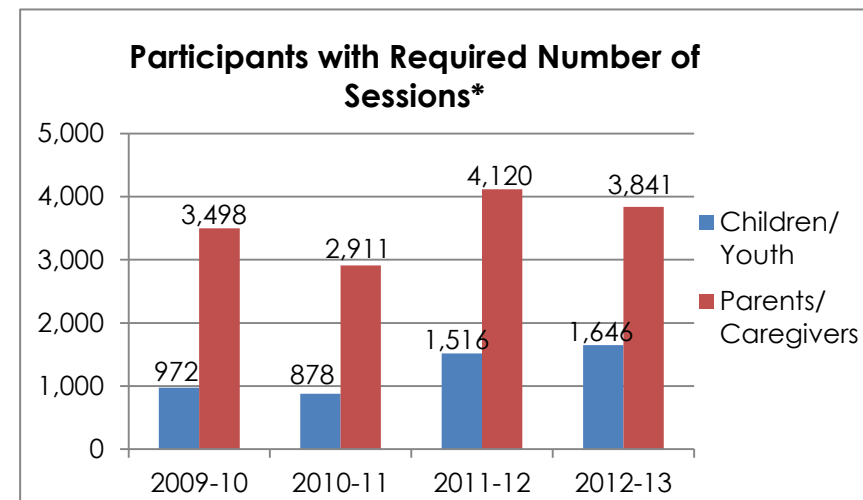
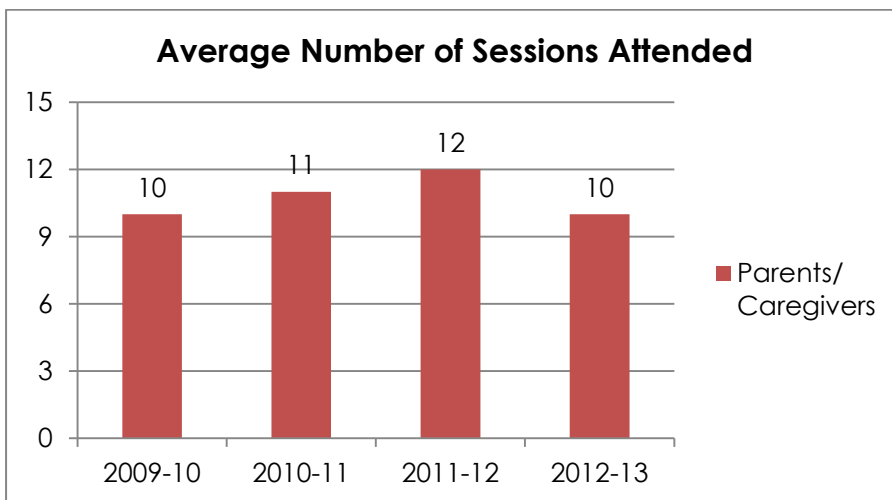


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**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

A total of 3,841 parents and 1,646 children (of those directly participating in ongoing parenting program components) completed the expected number of sessions required by their contract (generally based on evidence-based program expectations), which ranges from three to as many as 30 depending on the program model. For ongoing services (i.e., three or more contacts), parents/caregivers attended an average of 10 sessions.



\*Because participants may take part in more than one activity within a program, the numbers with the required number of sessions represent duplicated counts that exceed the total unduplicated count of participants served shown on the prior page.



**OUTCOMES: IS ANYONE BETTER OFF?**

<b>Parenting Program Performance Measures</b>	<b>FY 2009-10 Results</b>	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results*</b>	<b>FY 2012-13 Results</b>
Parents/caregivers increased knowledge of parenting and child development	94% (5,194)	91% (3,805)	86% (1,649)	91% (1,078)
Parents/caregivers improved parenting skills	93% (1,415)	98% (2,543)	94% (2,026)	95% (2,263)
Parents/caregivers increased healthy relationships with their children	94% (1,757)	98% (1,717)	91% (1,440)	91% (1,404)
Parents/caregivers decreased stress or improved social support	85% (143)	94% (275)	79% (677)	90% (1,000)

\*FY 2011-12 outcomes measures saw a slight decline in performance from previous years due to a tightening of performance measure specifications for criteria to define meaningful thresholds for significant change/improvement.



**Child Safety and Injury Prevention**

The rate of unintentional deaths due to injury for children ages birth to 17 in Miami-Dade County averaged 6.2 per 100,000 children for the period 2010 to 2012, a rate that has steadily been decreasing since 2007-2009 when it averaged 9.1 per 100,000 children. Miami-Dade County's rates are consistently about 3 points lower than Florida's which for 2010-12 averaged 9.2 child deaths due to unintentional injury per 100,000 children. Child hospitalizations for unintentional injuries have declined slightly from a rate of 212 per 100,000 children ages birth to 17 in 2007, to 191 in 2010. Drowning and suffocation (for very young children), firearms (for older children) and motor vehicle crashes are the most common causes of unintentional death for children ages birth to 17, while falls and poisoning are the two most frequent causes of unintentional injury resulting in hospitalization ([\(Miami-Dade County Injury Surveillance System\)](#)). To address these issues, The Trust contracts with The Public Health Trust's Injury Free Coalition to provide child safety and injury prevention resources and trainings for contracted service providers. At \$250,000 per year, this contract aims primarily to build capacity for Trust-funded program staff, but there are also some limited direct services for parents and caregivers.

**Quantity: How much did we do?**

This contract offers resources and trainings for Trust-funded providers on motor vehicle safety, home safety, and water safety, as well as a four-day (32 hour) car passenger safety certification course that combines classroom instruction, hands-on work with car seats and vehicles, and a community safety seat check-up event. At the checkup event, students demonstrate skills learned during class, such as following event procedures and instructions, proper use and installation of child restraints and safety belts, and teaching parents and caregivers how to properly protect their family on the road. Successful completion of this course certifies the individual as a car passenger safety technician for two years. In addition, this year the Injury Free Coalition assisted The Trust in development of an updated Home Safety Checklist for use by all home visitation programs, as well as specialized training for home visitors.

Name of Training	FY 2012-13 Results	
	# of trainings	# of participants
Car Passenger Safety Certification Course–32-hr intensive program	2	18 staff
Passenger Safety Education	43	275 parents/staff
Home Safety Training and Education (for staff and parents/caregivers)	78	374 parents/staff
Home Safety Training for Home Visiting Providers	3	33 staff
Car Seat Inspections and Distribution (for parents/caregivers)	71	275 parents
Customized Safety Trainings (based on providers' requests)	15	324 parents/staff

**Outcomes: Is anyone better off?**

Performance Measures	FY 2011-12 Results
Participants successfully demonstrated ability to properly install child safety seat	100% (271)
Participants became certified Car Passenger Safety Technicians	100% (18)
Participants increased knowledge and awareness of appropriate health and safety prevention	99% (977)

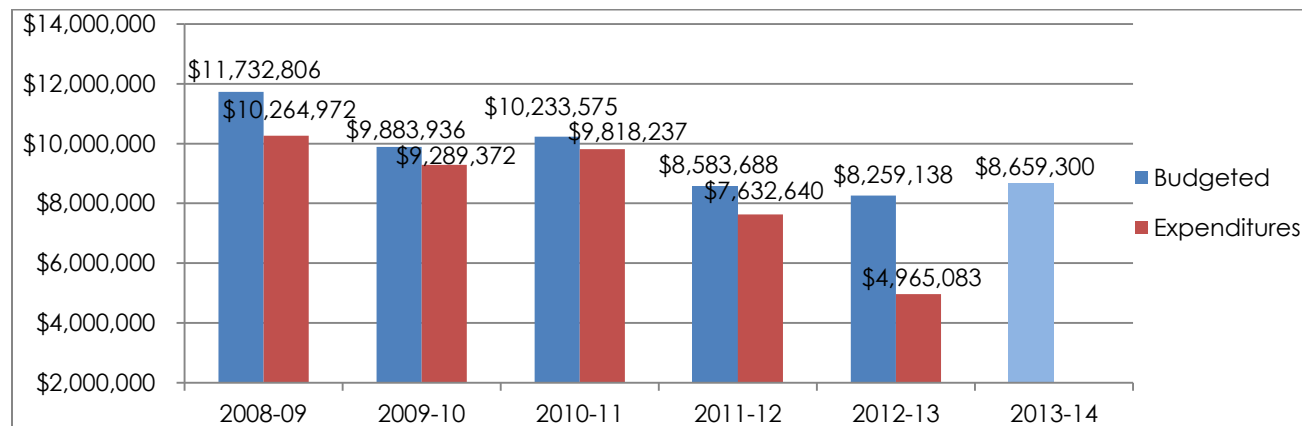
**SERVICE PARTNERSHIPS: Coordinated, individualized wraparound services and care coordination for at-risk populations, neighborhoods and families**

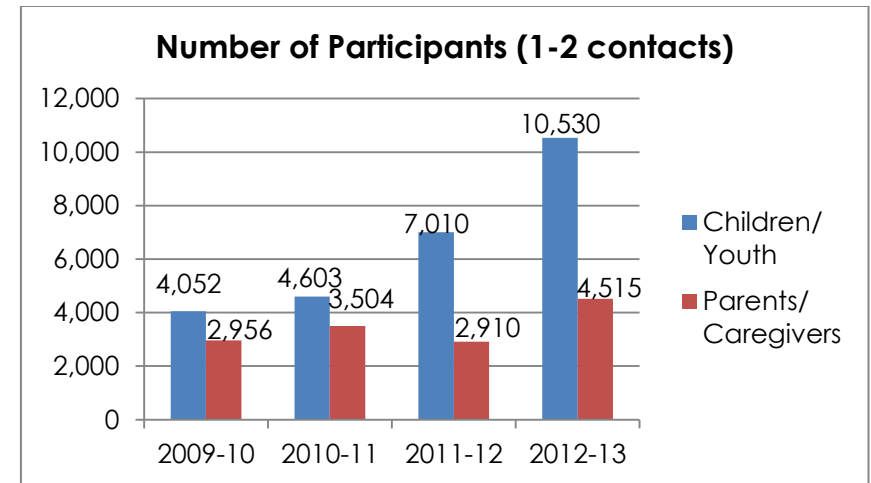
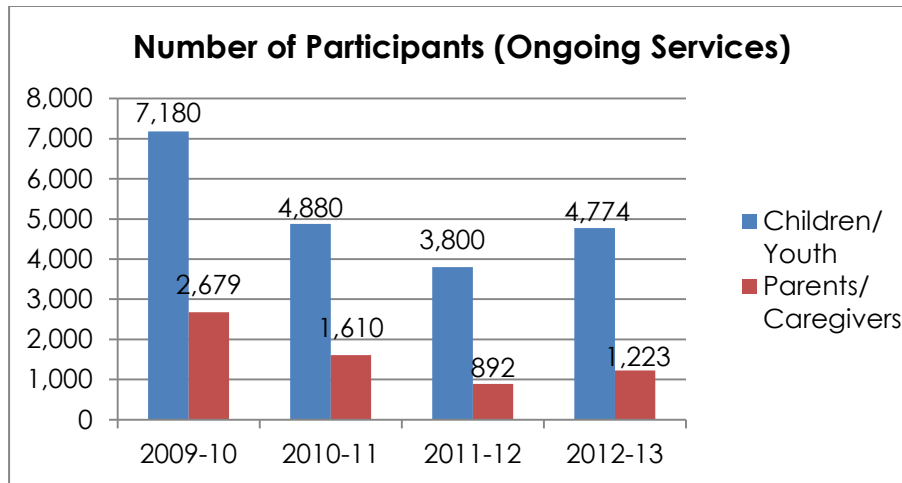
Fragmented social service programs often prove too difficult to navigate for families in need. Service partnerships provide a system of care through coordination of wraparound, community-based services to address the needs of at-risk families and children. Specific neighborhoods are targeted because of high rates of poverty, youth violence, truancy, neglect and domestic violence. These have historically included City of Miami, City of Miami Beach, Goulds, West Perrine and Richmond Heights, Homestead/Florida City, Little Havana, Model City, Naranja and Overtown. Some partnerships serve special populations countywide who face challenges related to risk for maltreatment, sexual orientation, immigration status, or because they have an incarcerated parent. Families identify their needs and work with service partnerships to develop a service plan, resources and supports to address their needs. Resources are inclusive of the families themselves, natural supports within the community, and professional services. Service coordination and integration include assessment/triage, direct services, individualized care coordination, social service and basic needs referrals, service access supports, outreach, and connection to natural support systems.

A new three-year funding cycle started in August 2013, with continued place-based focus on absenteeism, maltreatment prevention and prevention of youth violence/disruptive behavior. The Youth Violence Prevention initiative was combined with Service Partnerships to more holistically consider families experiencing multiple challenges. Target geographic areas now correspond with the location of Miami-Dade County Public Schools' Education Transformation Office (ETO) elementary schools. The areas to be served in the new fiscal year include: City of North Miami, Miami Gardens, North Miami Beach, Opa-Locka, Allapatah, West Little River, Brownsville, Liberty City, Little Haiti, Little Havana, Overtown/Park West, Wynwood, Coconut Grove, Goulds, Perrine/Richmond Heights, Florida City, Homestead, and parts of Miami Beach. Still, special populations will be served through county-wide programs.

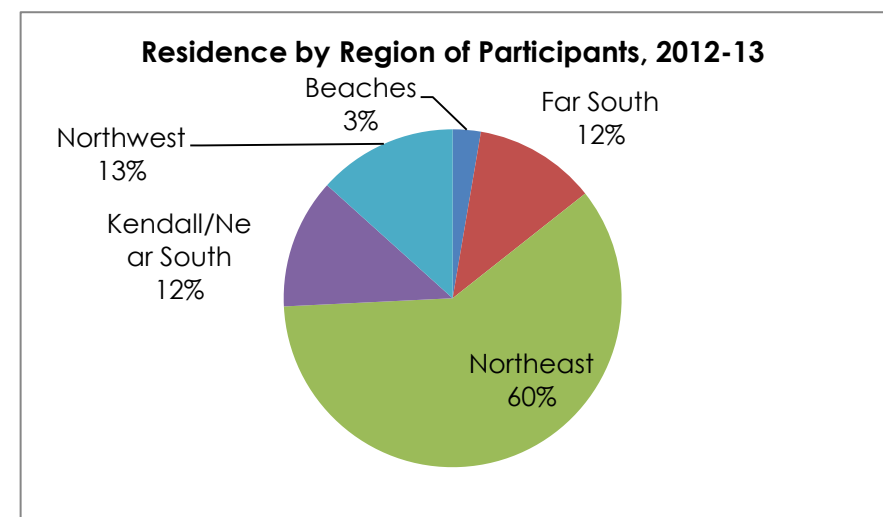
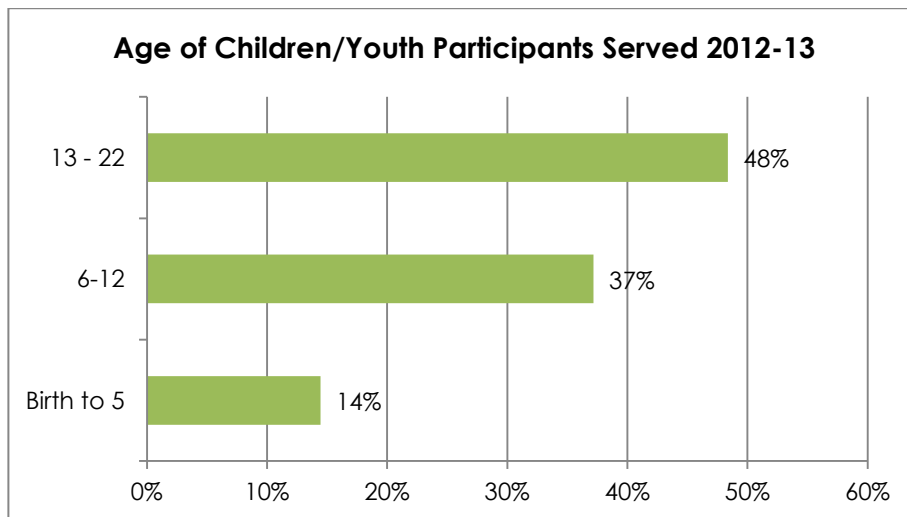
**QUANTITY: HOW MUCH DID WE DO?**

**NUMBER OF CONTRACTS:** Last year, the final year of a three-year funding cycle, had 12 contracts with 11 agencies. The new funding cycle, starting August 2013, includes 20 contracts, as the Youth Violence Prevention Initiative was integrated within the Service Partnership offering.

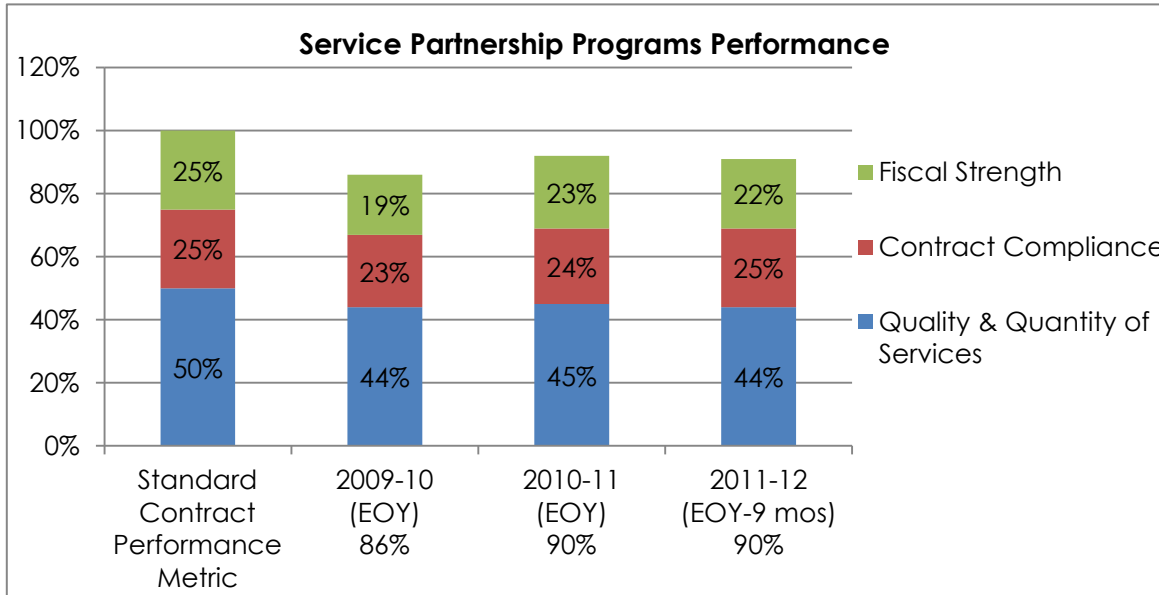




Of the 4,774 children served through ongoing services during this contract year (i.e., three or more contacts), 10% (482) are reported to be children with documented disabilities. Given the target populations for this initiative, this is still likely an underestimate. The numbers served during 2012-13 are significantly higher than in the previous year for both ongoing services and one to two-time contacts. In addition to the more than 10,500 children and 4,500 parents, a large number of community members and other professionals were also served via one or two-time community outreach events (5,675); more than twice as many as last year (2,578). In fact, almost 650 school counselors, criminal justice system professionals and community members received training from the Children of Inmates Service Partnership on the number, circumstances and appropriate responses for children of inmates. Similarly, Connect Familias Service Partnership raised awareness and promoted community engagement for 2,200 community members.



**QUALITY: HOW WELL DID WE DO IT?**



**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

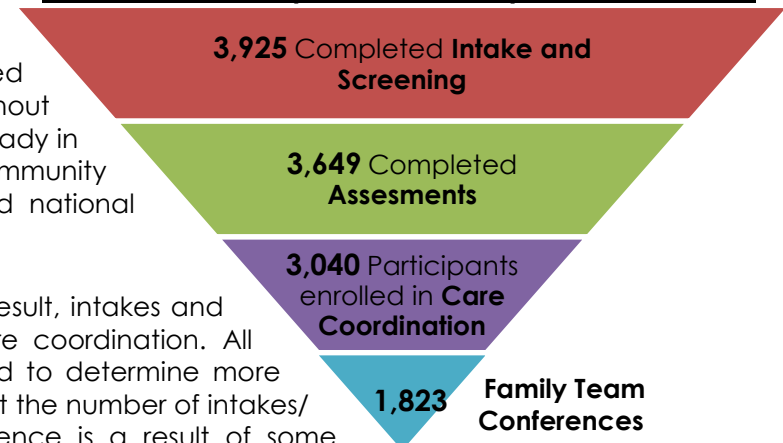
**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

Since inception, service partnerships have fostered stronger communities through collaboration, service coordination and shoring up family support to improve care for children and families in need. Service partnerships develop their own shared governance that attunes to the needs and voice of the community(ies) served. Funded collaboratives have leveraged additional services for program participants, often without having to dip into the budget to pay for them because other funding sources are already in place. Participation of varied community partners has increased the visibility and community buy-in of the initiatives. In fact, some service partnerships have gained state and national recognition for their work.

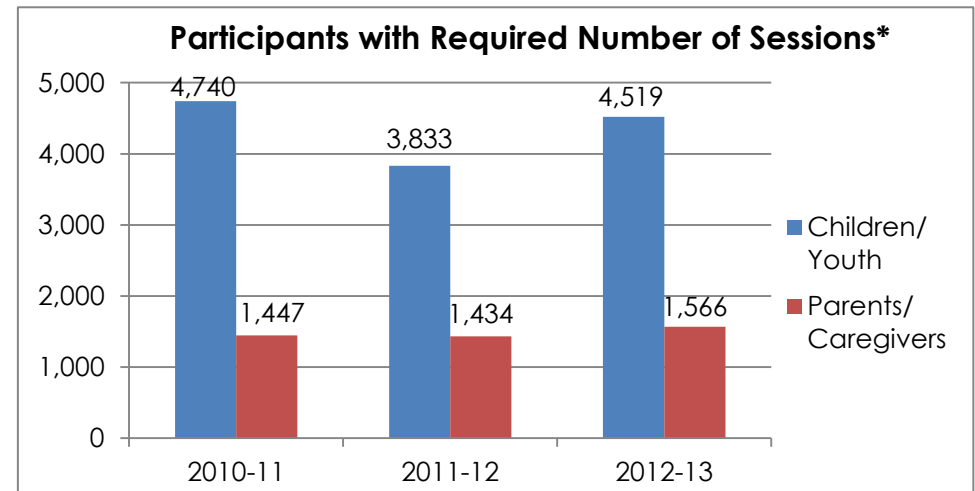
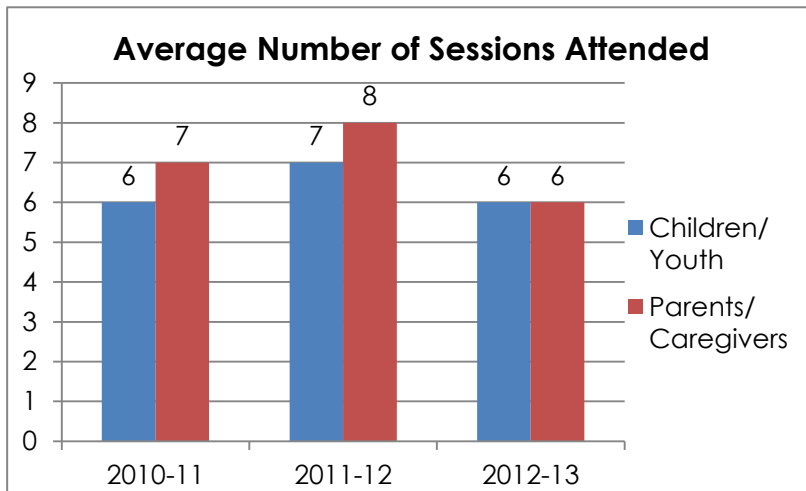
Service partnerships aim to serve specific populations with various risk factors. As a result, intakes and screenings are initially completed to determine eligibility before enrollment in care coordination. All participants eligible for care coordination first receive an assessment, which is used to determine more specific needs and family strengths, and to develop a care plan. It is worth noting that the number of intakes/screenings is less than the total number served noted earlier (4,774). This difference is a result of some partnerships that provide direct services without care coordination, such as mental health counseling, immigrant legal services, community based group counseling.

**Service Partnership Model of Wraparound Services**



While enrolled in care coordination, participants work towards meeting goals established in the care plan. If a family exhibits the need for more intensive planning and intervention, a Family Team Conference is held (implemented according to an evidence-based model) to coordinate clinical services; establish therapeutic goals; address safety issues; and create a system of support involving all family members, natural helpers and direct service staff considered to be part of their support system.

Ongoing services offered in the service partnerships include various activities beyond care coordination, depending on the program design. Across all ongoing services (i.e., three or more contacts), both children/youth and parents/caregivers, attended an average of six sessions last year. Additionally, 4,519 children/youth and 1,566 parents/caregivers attended the expected number of sessions required by contract (generally based on evidence-based program expectations), which ranges from three to as many as 45 depending on the program model. This indicates a number of participants completed the full length of multiple activities.



\*Because participants may take part in more than one activity within a program, the numbers with the required number of sessions represent duplicated counts that exceed the total unduplicated count of participants served shown on prior page.

**OUTCOMES: IS ANYONE BETTER OFF?**

Selected Service Partnership Performance Measures	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results
Children/youth and parents/caregivers improve self sufficiency	88% (1,455)	90% (665)	86% (1,653)
Children/youth and parents/caregivers moved out of crisis after receiving six months of service	Not included	88% (327)	80% (479)
Children/youth improved school attendance rate	Not included	68% (1,057)	70% (1,634)
Community members reported an increased knowledge of GLBTQ (gay, lesbian, bisexual, transgender and questioning) youth issues	95% (2,009)	93% (1,057)	95% (1,529)
Participants served will know their immigration and/or dependency legal rights	98% (232)	100% (437)	100% (900)

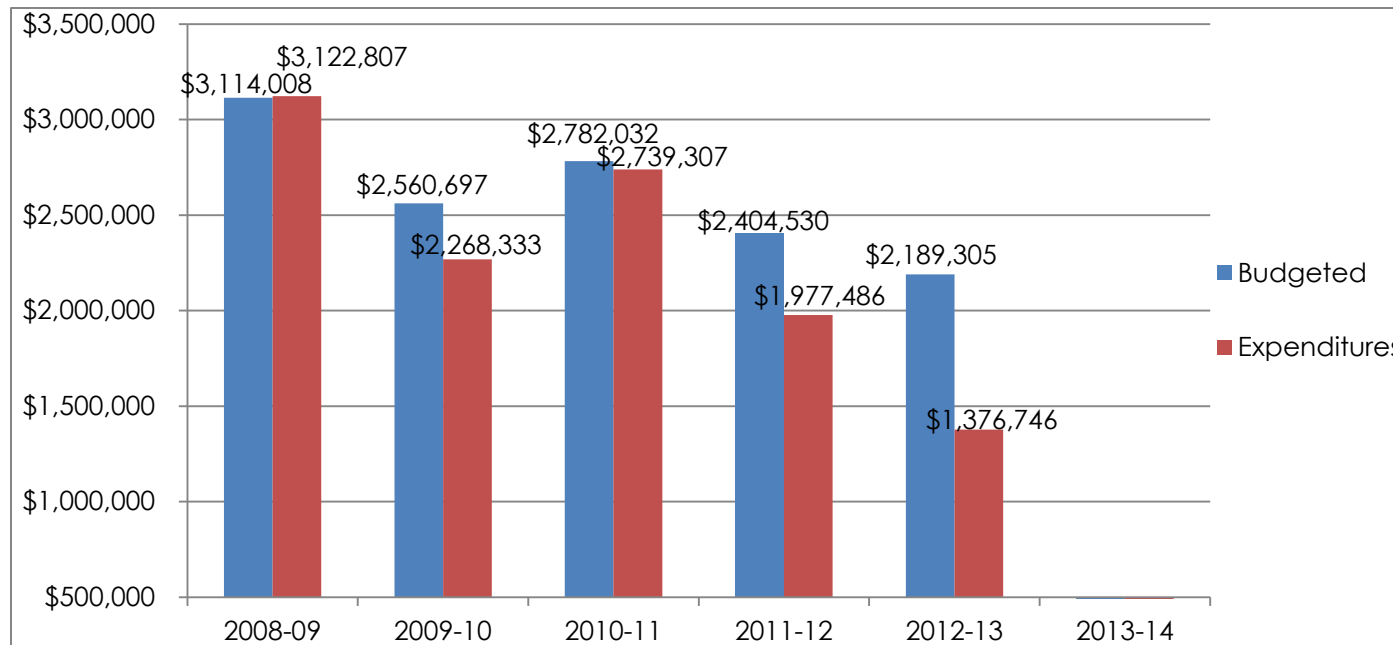
**YOUTH VIOLENCE PREVENTION INITIATIVE: Community and school-based youth violence prevention programs**

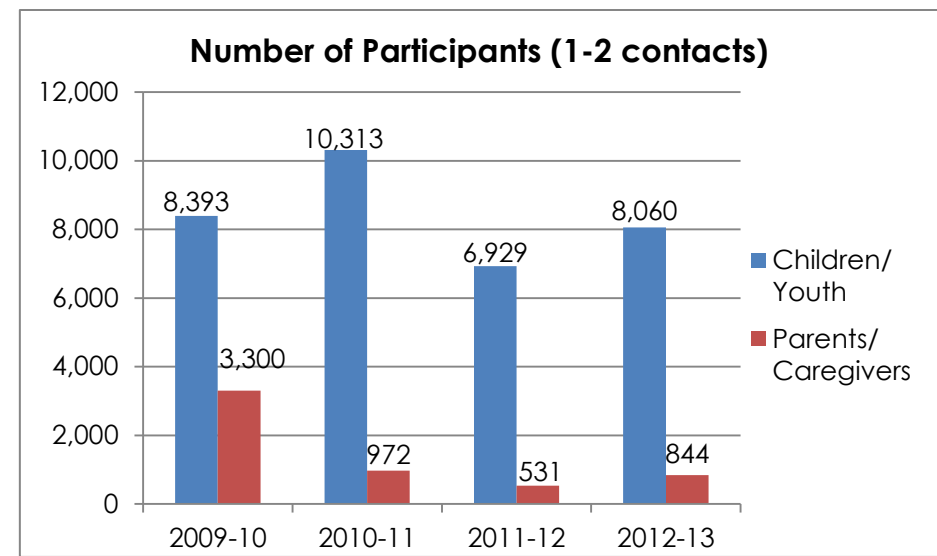
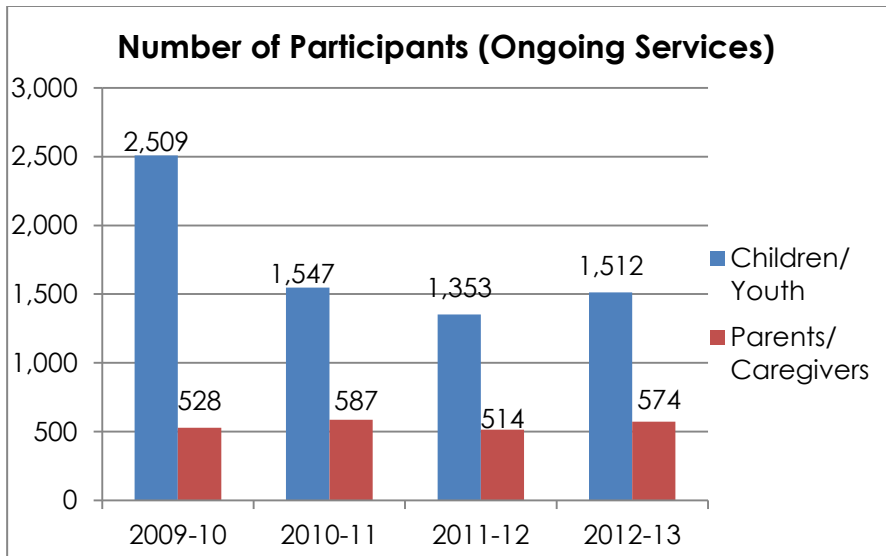
The Youth Violence Prevention initiative was launched in 2007 to reduce youth involvement in and exposure to crime and violence. Engaging youth with poor conduct, grades and multiple suspensions has demonstrated to be an effective approach. Historically, seven geographic areas covered 15 neighborhoods and worked within 28 public schools, all with a significant history of youth violence incidents. The areas historically served included: Carol City, Opa-Locka, and Miami Gardens; Little Haiti, North Miami, and North Miami Beach; Brownville and Liberty City; Overtown; Coconut Grove; Richmond Heights, South Miami Heights, and Perrine; and Florida City and Homestead.

With a new three-year funding cycle started in August 2013, the Youth Violence Prevention initiative was integrated with Service Partnerships, as we recognized from experience that youth violence and disruptive behavior often overlap with issues historically addressed in service partnerships, such as child maltreatment and chronic absenteeism. Target geographic areas now correspond with the location of Miami-Dade County Public Schools' Education Transformation Office (ETO) elementary schools. The areas to be served in the new fiscal year include: City of North Miami, Miami Gardens, North Miami Beach, Opa-Locka, Allapatah, West Little River, Brownsville, Liberty City, Little Haiti, Little Havana, Overtown/Park West, Wynwood, Coconut Grove, Goulds, Perrine/Richmond Heights, Florida City, Homestead, and parts of Miami Beach.

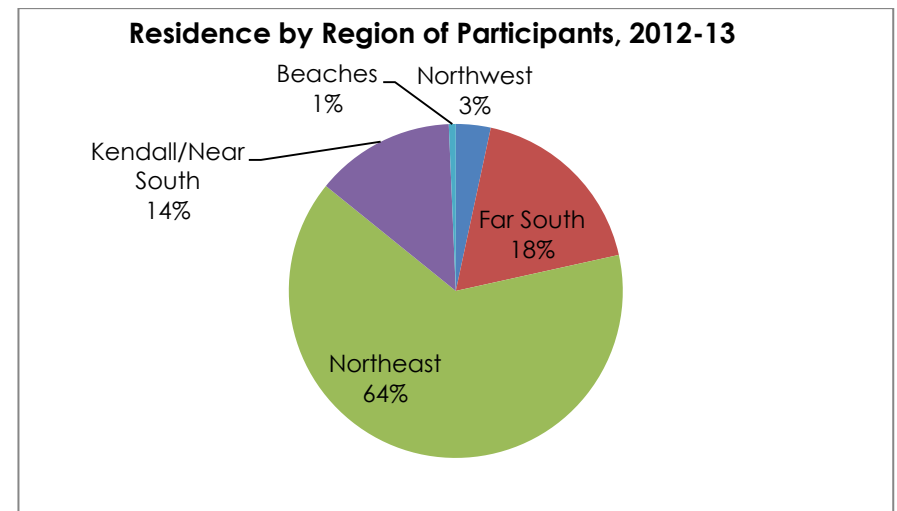
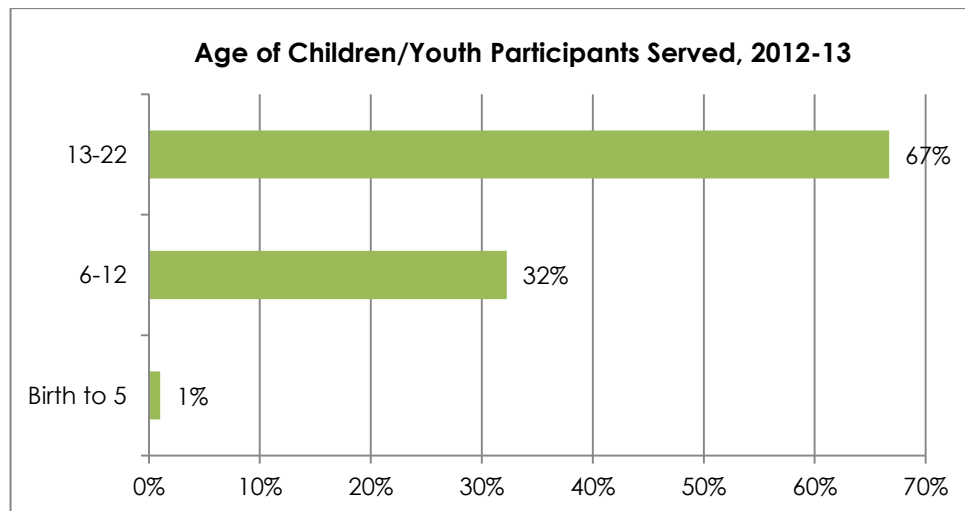
**QUANTITY: HOW MUCH DID WE DO?**

**NUMBER OF CONTRACTS:** Last year, the final year of a three-year funding cycle, had seven contracts with six agencies. The new funding cycle for service partnerships (where youth violence prevention programs were merged), starting August 2013, includes 20 contracts.



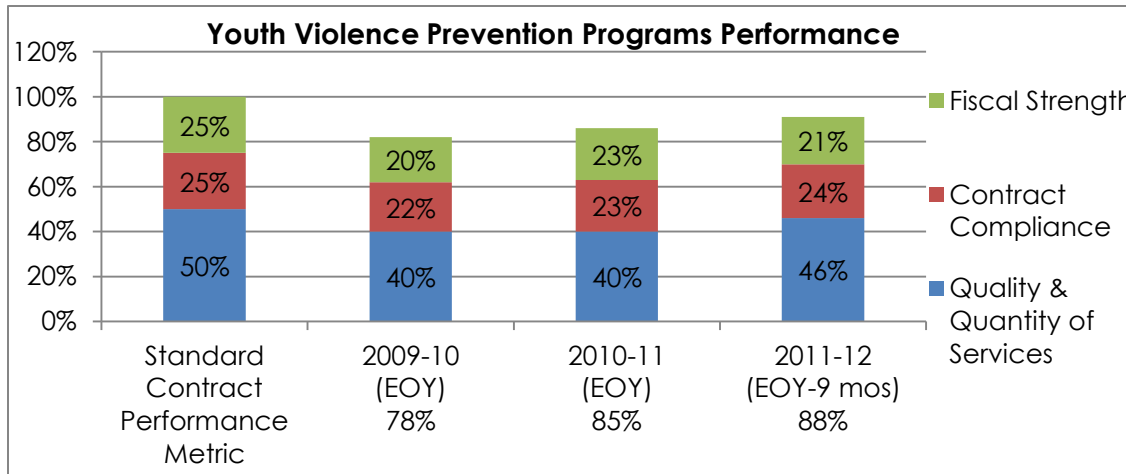


Of the 1,512 children/youth served through ongoing services (i.e., three or more contacts) during this contract year, 8% (122) were reported to be children with documented disabilities. Given the target populations for this initiative, this is likely an underestimate. Nearly 600 parents and caregivers were also served with ongoing services. More than 8,000 children/youth and almost 850 parents were served via one or two-time outreach events. The violence prevention program led by Communities in School alone had contact with approximately 6,000 children through their integrated student support services activity aimed at addressing school climate (e.g., safety, relationships, teaching and learning, and the environment).





**QUALITY: HOW WELL DID WE DO IT?**

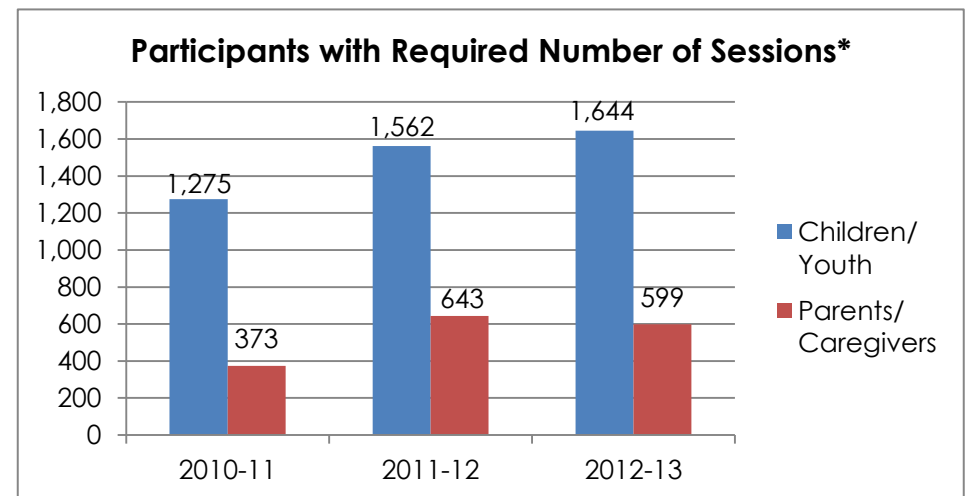
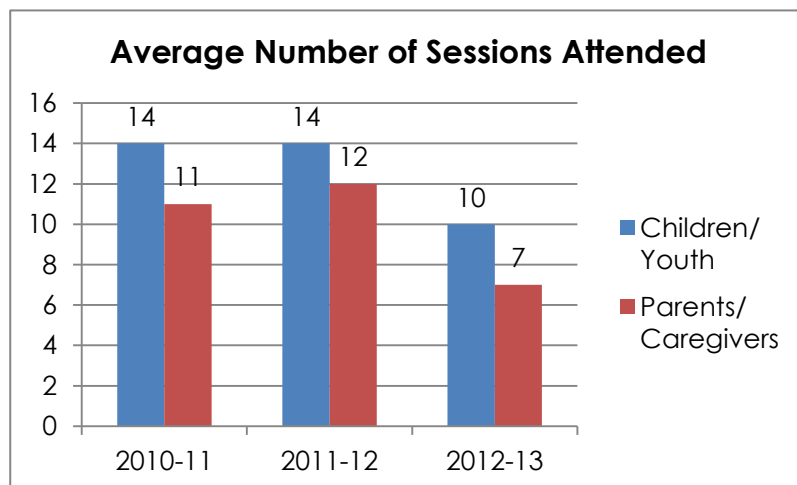


**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

Services offered in youth violence prevention programs were intended to keep children and youth engaged primarily during the school year. Children/youth receiving ongoing services (i.e., three or more contacts) attended an average of ten sessions, while parents/caregivers in ongoing services attended an average of seven sessions. Additionally, almost 1,650 children/youth and nearly 600 parents/caregivers attended the expected number of sessions required by contract (generally based on evidence-based program expectations), which ranges from three to as many as 27 depending on the program model. This indicates a number of participants completed the full length of multiple activities.



\*Because participants may take part in more than one activity within a program, the numbers with the required number of sessions represent duplicated counts that exceed the total unduplicated count of participants served shown on prior page.

**OUTCOMES: IS ANYONE BETTER OFF?**

<b>Selected Youth Violence Prevention Program Performance Measures</b>	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results</b>	<b>FY 2012-13 Results</b>
Children/youth reduced incidents of disruptive behavior	95% (864)	92% (737)	90% (827)
Previously suspended and enrolled children/youth were not suspended after receiving services	95% (489)	84% (728)	80% (724)
Parents/caregivers improved parenting skills and effectiveness	87% (276)	88% (306)	87% (278)
Parents/caregivers increased parental involvement with their child's school	93% (367)	88% (327)	88% (514)

## ADVOCACY AND CIVIC ENGAGEMENT PROGRAMS

### **Advocacy and Civic Engagement Contracts**

Four Youth Development contracts in 2012-13 totaling \$581,240 had a specific emphasis on advocacy to empower children and youth in middle and high school. These programs provided support for volunteerism, civic involvement and service learning opportunities; community awareness and education; and development of youth leadership skills. Results for these contracts are summarized in the Youth Development section (Result 4).

In addition, two Parenting contracts emphasize parental advocacy and civic engagement. One program helps parents to become more aware of the needs of children with disabilities, more engaged in systems of care, and more effective as advocates for their children's success across systems. Another program supports parents who develop diverse projects seeking to improve their community in sustainable ways for their families. Parents are also engaged as natural helpers to assist and support other families experiencing similar life challenges. Results for these contracts are summarized in the Parenting section (Result 2).

### **The Children's Trust Youth Advisory Committee (YAC)**

The Youth Advisory Committee (YAC) of The Children's Trust grooms future advocates and leaders, offering high school students from around Miami-Dade County the chance to gain first-hand experience with children's services and advocacy. During the school year, students hear from a wide variety of speakers, take field trips (including Children's Week during the Legislative Session in Tallahassee), and generate their own community service projects. Last year a total of 52 teens, ranging from 9<sup>th</sup> to 12<sup>th</sup> grade and representing 14 high schools, were accepted for the 2012-13 YAC. The group interview sessions, part of the application process, set the foundation for the group's work together during the year: teamwork, vision and service. A full-day retreat in early October helped build team camaraderie and set the framework for the civic engagement project and other activities to come.

Environmental literacy was the unifying theme for 2012-13. Over the course of the year, the youth visited Fairchild Tropical Gardens, Verde Gardens Sustainable Development Project in Homestead, listened to speakers and engaged in multiple discussions regarding the topic. The YAC service project, "Green Thumb," focused on building a garden for a local elementary school.

The YAC provides a meaningful avenue for youth involvement, strengthens positive perception of youth, fosters community development, and develops an increased sense of civic engagement among its members. Participation on the YAC can be counted toward fulfilling community service requirements.

**QUANTITY: HOW MUCH DID WE DO?**

- 52 high school youth participated in the YAC program.
- Youth attended an average of nine sessions, including regular monthly meetings and other activities to foster community involvement, development and civic engagement.
- YAC participants served approximately 60 hours of activity in "Green Thumb!" our 2012-13 service project (assisting Carol City Elementary School with designing and planting a vegetable garden and leading literacy activities).

**QUALITY: HOW WELL DID WE DO IT?**

- 95% youth "strongly agree" or "agree" that participating on the YAC was a valuable experience.
- 95% of youth reported the YAC experience provided them a better understanding and appreciation for the value of civic engagement.
- 95% of youth would encourage their friends to apply for the YAC.

**OUTCOMES: IS ANYONE BETTER OFF?**

- 90% of youth reported they are committed to the value and import of volunteerism and serving the community.
- 90% of youth reported serving on the YAC gave them a better sense of the community they live in.
- 90 percent said their YAC experience made them more aware of the challenges children and families in Miami-Dade County face.

## RESULT 3: Children Are Ready to Succeed When Entering School

### Performance Accountability

A child's early interactions with parents, caregivers, educators and other adults lay the foundation for everything from academic performance and interpersonal skills to physical and mental health into adulthood. Providing young children with a healthy early environment in which to learn and grow cognitively, socially, emotionally and physically, is not only good for their brain and emotional development – economists have also shown high-quality early childhood programs bring impressive returns on investment to society at large. The Children's Trust identifies child care quality improvement as a key component to improve services for young children and increase school readiness.

#### QUALITY COUNTS: Early child care quality rating and improvement system to help programs increase/sustain quality and professional development and support for early care and education caregivers

**Quality Rating and Improvement System:** Quality Counts, Miami-Dade County's quality rating and improvement system (QRIS) for early care and education programs, was established in early 2008 to accomplish the following: 1) ensure availability of high quality early care and education for all children ages birth-five, 2) build the capacity of early care and education providers, 3) establish accountability for voluntary standards of high quality early care and education, and 4) influence consumers to demand high quality services for their children. The long-term goals of Quality Counts are to improve children's readiness for school and to create a coherent, coordinated early childhood system for the community.

An initiative based on voluntary participation, Quality Counts reviews early care and education programs according to clearly defined, high quality standards (using a 5-Star method of evaluation), and offers supports and incentives to help providers and teaching staff reach their goals. While Quality Counts seeks to improve the quality of programs throughout Miami-Dade County, there is an intentional focus on licensed programs located in neighborhoods of concentrated poverty or serving our most at-risk children. The Children's Trust's investment in Quality Counts leverages \$2.8 million in cash and \$1.2 million in-kind from the Early Learning Coalition of Miami-Dade/Monroe.

From 2008 through mid-2013, Quality Counts ratings were based on six program areas evaluated through self-study and formal rating using a point-based system: Learning Environment; Staff Educational Qualifications; Adult-Child Ratios/Group Sizes; Family Engagement; Program Administration; and Curriculum. Beginning in late 2012, Quality Counts stakeholders undertook an extensive review of these standards based on national research, as well as local data and experience. This resulted in revised standards that establish minimum requirements at each Star level for what research consistently indicates is most critical to improving children's outcomes: Staff Qualifications (education and training) and the Learning Environment (classroom environment and teacher-child interactions). Points can be earned toward a Star rating for two other standards: Curriculum and Family Support/Inclusion. Guidelines are also offered at each Star level for the areas of Health and Safety, Ratio and Group Size, and Program Administration in recognition of their contribution to program quality. The new (QC 2.0) standards and guidelines will be implemented in fall 2013.

**Professional Development Supports:** Building the capacity of the child care workforce is an essential strategy for raising the quality of child care in the community. The Trust has a three-pronged approach to professional development for the early childhood workforce: 1) scholarships and career advisement supports; 2) quality learning opportunities, courses and career tracks; and 3) wage supplements to retain and incentivize teachers.

A major accomplishment for the Miami-Dade community this past year is Miami Dade College's creation of an Early Childhood Industry Certification program specifically for Spanish and Haitian-Creole speakers that begins fall 2013. With 65% of the Quality Counts workforce's primary language being Spanish and another 2% speaking Haitian-Creole, Miami Dade College recognized the early care and education community's need for

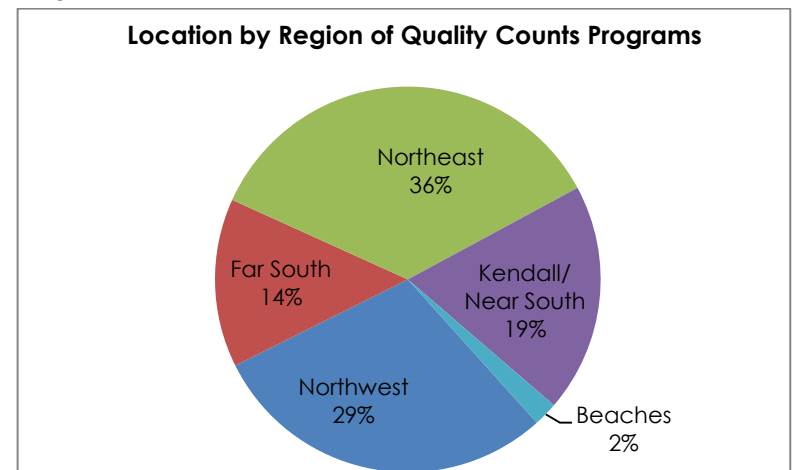
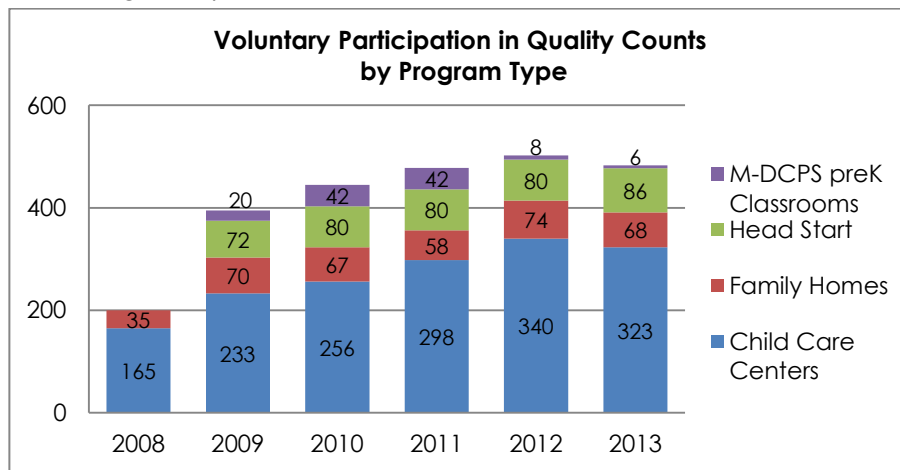
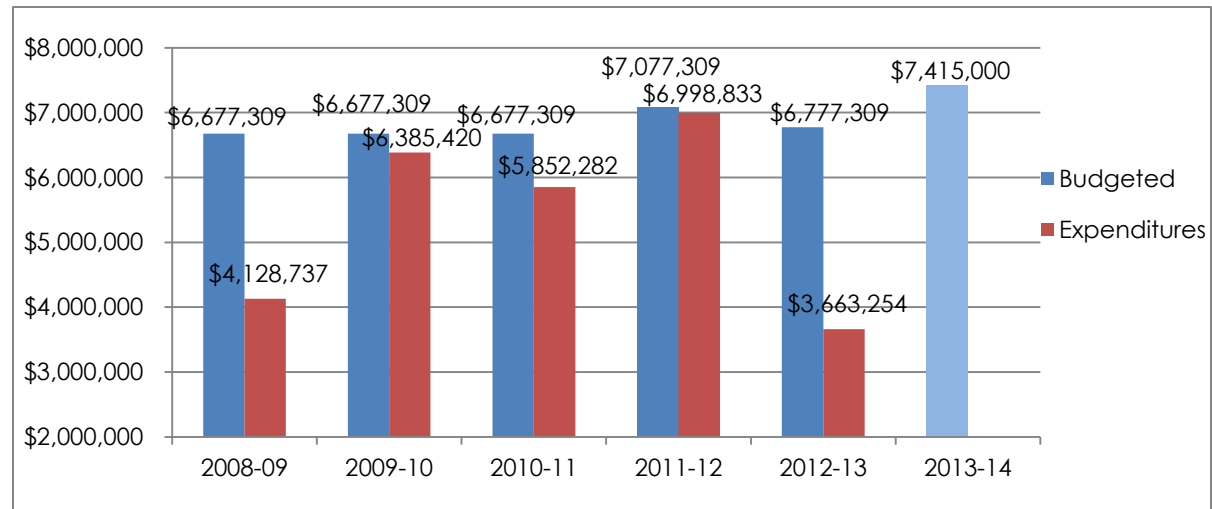
credit-bearing courses that also develop English language skills. The program consists of 15 college credits and four levels of contextualized English for speakers of other languages, and can lead to a Florida Child Care Professional Credential or National Child Development Associate certificate. This program offers the first steps of a career ladder for early childhood educators developing their skills and comfort level communicating in English.

**QUANTITY: HOW MUCH DID WE DO?**

**QRIS contract:** One contract with Early Learning Coalition of Miami-Dade/Monroe supports multiple subcontracts with system partners: The Children's Forum, Devereux Florida, Family Central Inc., Florida International University, United Way of Miami-Dade, and WELS Foundation.

As of June 30, 2013, Miami-Dade's Quality Counts initiative included:

- 483 early care and education programs – 33% of child care centers, 23% of family child care homes, 4% of Miami-Dade County Public Schools (M-DCPS) pre-K classrooms, and 100% of Head Start programs in Miami-Dade County. All are voluntarily participating in Quality Counts.
- 4,279 early care and education teaching staff.
- 30,534 children ages birth to five, of which 55% are low income (9,439 child care subsidy recipients and 7,300 Head Start and Redlands Christian Migrant Association attendees).
- 144 programs (131 child care centers and 13 family child care homes) on the waiting list to participate in Quality Counts.



**Professional development support contracts:** Three contracts with two agencies.

- (1) **Quality Counts Career Center**, run by the Children's Forum, engages career advisors to assist child care staff in developing career plans to further their education; manages financial assistance supports so teachers can achieve those educational goals; and operates the Professional Development Registry, a comprehensive database of early care and education (ECE) teachers and their qualifications, trainers, and training opportunities.
  - As of June 30, 2013, 4,249 ECE practitioners are active in the Registry, representing 42% of Miami-Dade's estimated 10,000 ECE practitioners. To date, over 7,000 ECE practitioners and their qualifications have been entered into the Professional Development Registry.
  - For the 12-month period ending April 30, 2013, 3,474 practitioners were eligible for career development services, of which 1,539 (44%) requested assistance from career advisors to obtain scholarships. (Note: Career advising services and scholarships currently are not available to Head Start or M-DCPS teachers)
  - For the 12-month period ending April 30, 2013, 2,407 scholarships to 1,539 individuals employed at 340 programs were awarded. Since 2007, Quality Counts has awarded more than 13,000 scholarships to practitioners (many receiving multiple scholarships) to earn credentials, take classes and earn college credits or continuing education units, and generally advance their educational levels.
  - During the most recent contract year, 2,092 ECE practitioners either developed or updated their career development plans; of these one-quarter (553) declined a Quality Counts scholarship for various reasons including: lack of high school diploma or GED completion (19%); not wanting to further their education (16%); experiencing a personal barrier (13%); receiving funding from other sources (10%); having reached their professional goals already (7%); not completing necessary DCF-mandated hours (6%); and other various reasons.
- (2) **Early Childhood Program Administrators Institute (ECPAI) at United Way's Center for Excellence in Early Education** provides specialized training to child care center directors and assistant directors who take classes and receive on-site mentoring specifically in business practices with the intention to improve program administration across the child care industry.
  - 59 directors and soon-to-be directors completed the Institute during the 2012-13 contract year, representing 53 different child care programs. During its six years in operation more than 350 participants have "graduated" from ECPAI.
- (3) **WAGE\$ Stipends**, administered by the Children's Forum, provides monetary incentives for child care staff who achieve educational milestones and remain working at their place of employment to encourage professional development and stability.
  - 551 teachers representing 167 Quality Counts programs were actively participating in WAGE\$ as of June 2013, with 577 individuals having participated at some time during the past six months.
  - Fixed resources, combined with continued improvements in education levels associated with larger incentives, have led to decreasing numbers of WAGE\$ recipients since 2010. From inception in 2007, the number of WAGE\$ recipients grew from 235 to a high of 1,054 in 2010, decreasing to 627 in 2012, and 551 in 2013. A policy revision to ensure practitioners most in need and serving primarily children in poverty is being implemented this year. Also added this year to ensure WAGE\$ recipients consistently work on professional development, participants must take at least one ECE-related course every two years to remain eligible for WAGE\$ stipends.

**QUALITY: HOW WELL DID WE DO IT?**

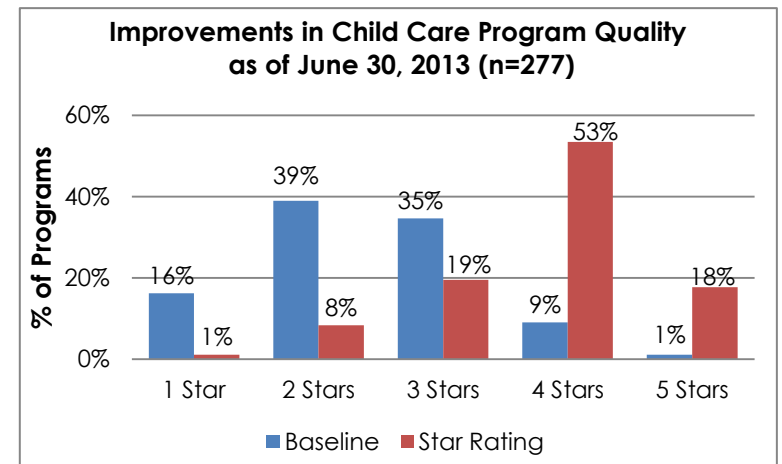
During the 2012-13 contract year:

- 93% of Quality Counts participating programs surveyed were very satisfied or satisfied with their Quality Counts experience, based on a survey of 141 program directors (a 35% response rate).
  - 94% rated quality of service received from ELC as excellent or good; 90% rated their communication with ELC as excellent or good.
  - 94% rated the technical assistance services they are receiving as excellent or good; 92% thought the communication with their TA provider was excellent or good.
  - 90% rated quality of training received from the United Way as excellent or good.
  - 76% rated the quality of service received from Devereux assessment team as excellent or good.
- Satisfaction rates with Quality Counts Career Center's program, activities and career advisors ranged from 91 to 98 percent, based on a survey of 372 practitioners (10% of QC practitioners) employed in 158 Quality Counts programs (44% of QC programs receiving services).
- WAGE\$ participants are particularly content, with a 99% overall program satisfaction rate, based on a survey of 403 WAGE\$ participants (67% response rate).
- Devereux assessors observe and rate programs using the Environment Rating Scales (ERS) and the Classroom Assessment and Scoring System (CLASS). They are tested for reliability in accordance with guidance from the ERS authors. All eight assessors are considered by the ERS authors to be Level 1 Observers which gives each of them the ability to train and test the reliability of others, at any location, on behalf of the Environment Rating Scales Institute. At present their overall ERS reliability score is 95% across all assessors and all ERS assessments. The eight assessors are also reliable observers on the CLASS pre-K, Toddler and Infant tools, nationally validated classroom observation tools that will soon become a part of the Star rating system. At present the overall CLASS reliability score is 95% across all assessors and all CLASS assessments.

**OUTCOMES: IS ANYONE BETTER OFF?**

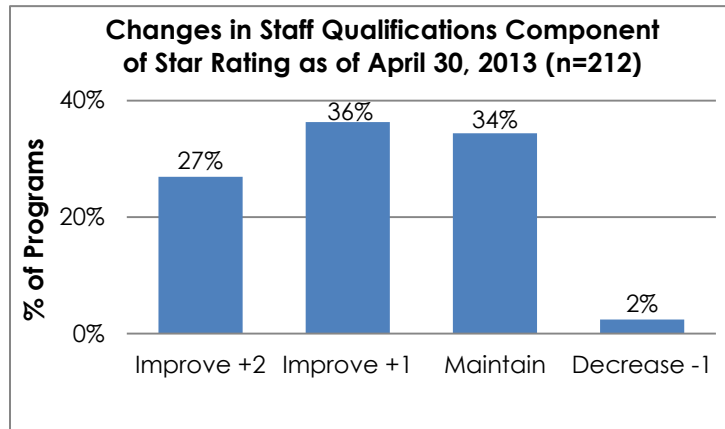
**Quality Counts Star Ratings**

In the first year of participation, Quality Counts programs receive baseline ratings; thereafter Star ratings are earned. Both ratings are on a scale of 1 (low) to 5 (high). As of June 30, 2013, 391 active Quality Counts programs (not including Head Start and M-DCPS classrooms) have received baseline ratings. Of these, 277 programs (71%) have moved forward one or more Star ratings. These programs clearly show improvement in their quality, moving from predominantly 1, 2 and 3 baseline ratings to 3, 4 and 5 Star ratings. Presently, 71% of all Star-rated Quality Counts programs are identified as high quality – 4 or 5 Star ratings. Over the past 12 months, 130 Quality Counts programs have been re-rated, of which 84% improved and 7% maintained their program quality as measured by points scored; 65% improved and 32% maintained their overall Star rating.





**Quality Counts Career Center**



Improving early care and education teaching staff's credentials and education levels (staff qualifications) is one of the most challenging areas of quality improvement for participating programs, but significant progress is being made. Among Quality Counts programs renewing their rating status during the period May 2012 through April 2013, 52% of their teaching staff without a credential when entering Quality Counts (519 of 1,002 staff members) has now obtained one.

There were 212 programs with 2,243 teaching staff renewing their rating during the period May 2012 through April 2013. Since initial entry into Quality Counts, 63% of these programs improved by one or more points (out of five) on the staff qualifications component of the Star rating, while 34% remained stable.

There is good evidence that use of professional development scholarships is associated with lower staff turnover rates. Within Quality Counts programs where at least 70% of teaching staff accessed a professional development scholarship, the turnover rate during

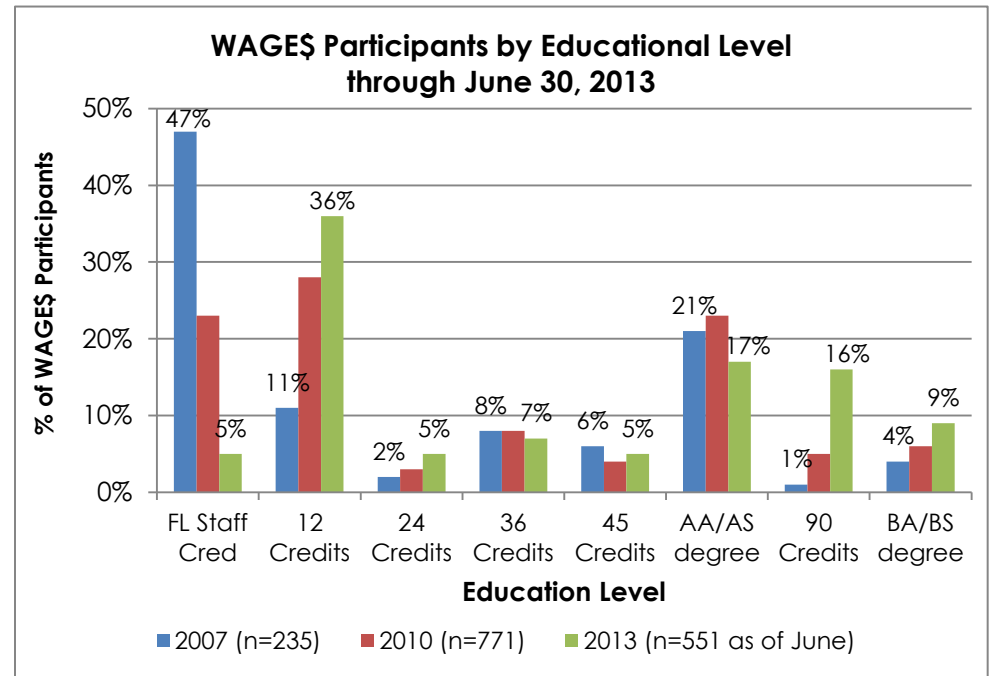
the 2012 calendar year was 20%, compared with a turnover rate of 27% for programs with lower levels of scholarship usage. Overall the 2012 staff turnover rate among Quality Counts programs was 23%; the average national turnover rate is 30 to 40 percent for the early childhood industry.

**WAGE\$ Supplement**

Wage supplements are intended to incentivize participants to advance their educational levels and remain at their place of employment. The data indicate both these objectives are being met.

The education level of WAGE\$ participants has been steadily increasing since inception in mid-2007. Those at the lowest WAGE\$ educational level are moving up to the next level (from 47% in lowest category down to only 5% of all WAGE\$ recipients over a six-year period), at the same time as those at the second level (12 credit hours) have increased from 11 to 36 percent, and at the seventh level (90 credits) from 1 to 16 percent.

Since the dollar amount of the wage incentive increases with education level, and the overall funding level for WAGE\$ has remained stable over the past five years, the number of WAGE\$ participants has been decreasing. To address this limitation, additional funds have been allocated to the WAGE\$ program this year, as have revisions to the policy to ensure recipients are teachers most in need, serving primarily at-risk children, and engaging in continuing professional development.



The WAGE\$ incentive is also associated with a very low annualized turnover rate of 10 percent among WAGE\$ participants during the first six months of 2013.

## EARLY CHILDHOOD DEVELOPMENT PROGRAMS

Early childhood development (ECD) programs support young children (birth to five) both directly and through services for parents and other early childhood caregivers. Programs focus on increasing school-readiness among children, as well as improving the skills of children's primary caregivers: parents, early childhood professionals and primary medical providers. Implemented within children's primary environments (i.e., homes, child care settings and primary health care offices), these programs attempt to increase the quality of caregiver-child interactions, while supporting children's positive overall development.

**Home-based Programs:** Home visiting programs are voluntary and focus on school-readiness and the promotion of positive family relationships. Home visitation intends to improve parenting skills, while nurturing children's cognitive and socio-emotional development. Participating families with children birth to five years of age receive regular home visits with family coaches, social workers and/or nurses who, after building trusting relationships with the family, work with parents to increase their skill-set as the child's first educator, provide early screening and referrals, and support parents' efforts to build strong parent-child relationships and maintain safe homes. Some of these programs target specific populations such as adolescent mothers in the delinquency/dependency system, homeless families, and families with visually impaired children. Currently, providers implement home visiting programs using the evidence-based Home Instruction for Parents of Preschool Youngsters (HIPPY), Healthy Families, Parents As Teachers (PAT), and Parent-Child Home Program (PCHP).

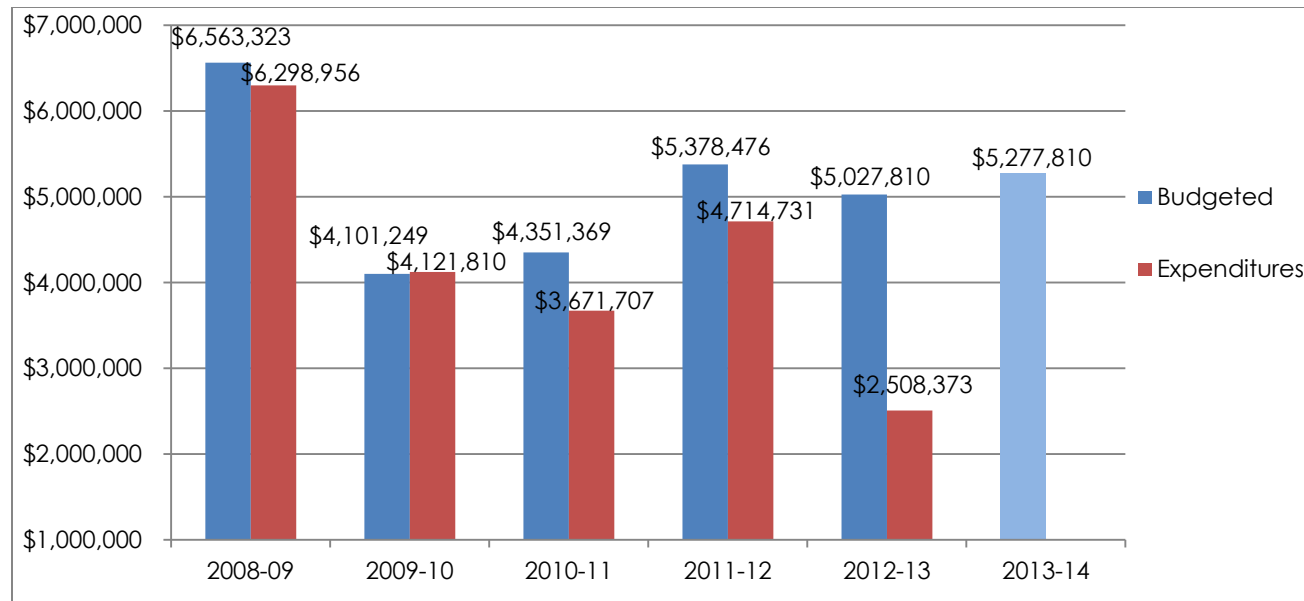
**Center-based Programs:** Center-based programs target early childhood professionals and primary medical providers through training and professional development, aiming to promote children's cognitive and social-emotional development. Child care professionals and medical providers are instructed in the use of curricula to enhance cognitive and social skills, and to promote children's overall development through art, play, literacy and social skills instruction. These programs also aim to increase parental involvement in early education and development.

In addition to traditional center-based programs, The Trust funds the University of Miami's Mailman Center for Child Development, on behalf of the Young Children with Special Needs and Disabilities Council, to operate the Early Discovery service partnership. This group of early childhood professionals provides early intervention services to special needs children birth to five years old who do not meet eligibility requirements for the Individuals with Disabilities Education Act (IDEA) Parts B and C. Services include speech/language, behavioral, developmental and occupational therapies.

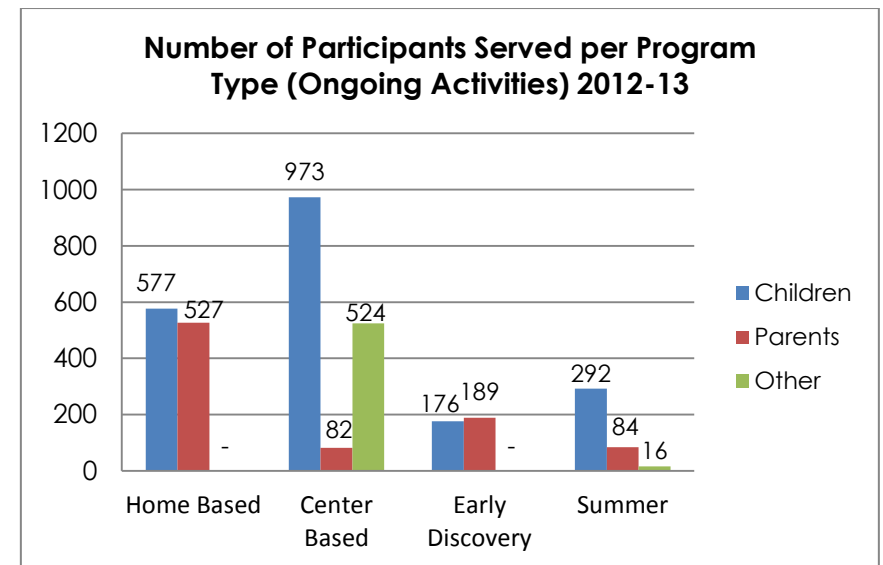
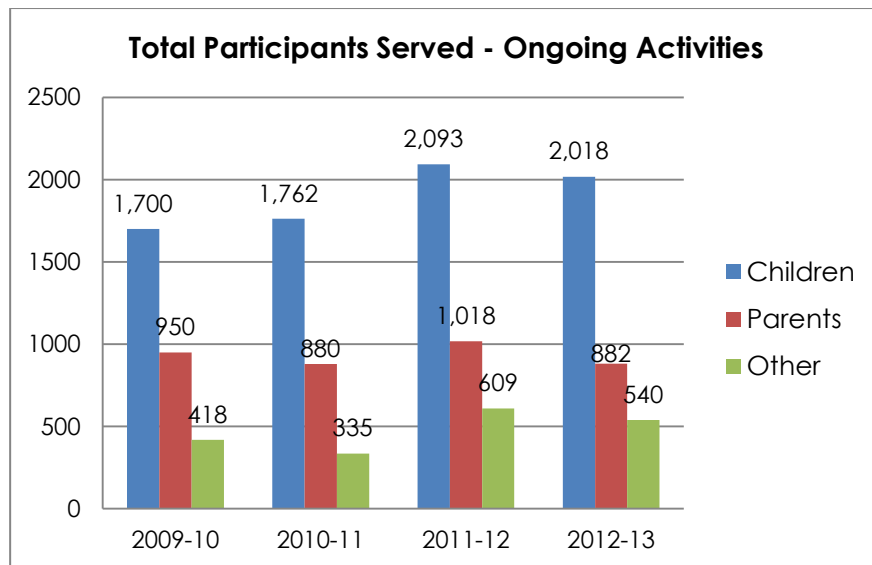
**Summer Programs:** Summer programs are funded to provide structured summer activities for children birth to five years of age who are living with disabilities (CWD). Most programs use evidence-based curricula, such as Literacy Express, High Scope and Peace Works, to improve and maintain children's school-readiness, social skills and overall development, as well as prevent summer learning loss.

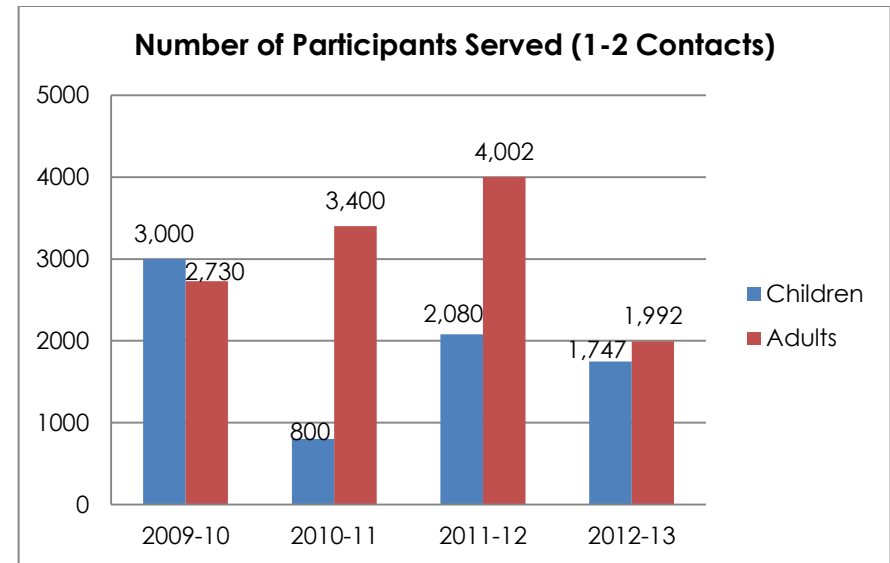
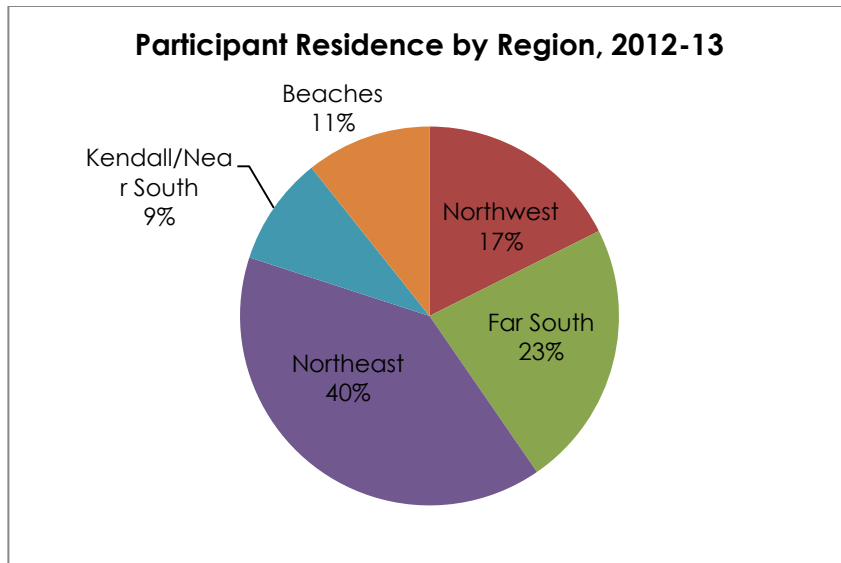
## QUANTITY: HOW MUCH DID WE DO?

**NUMBER OF CONTRACTS:** 22 ECD contracts (seven home-based, nine center-based, and six summer programs) were funded during FY 2012-13 for a total of \$5 million, including the Early Discovery service partnership. This past year the ECD contracts provided services at 139 service locations for an estimated 1,842 children, 693 parents and 540 early childhood service providers. The Early Discovery partnership served 176 children and 189 parents at eight sites and within children's homes. This year is the final year of a three-year funding cycle, and planning is underway for re-bidding the initiative in the next year. This new procurement will merge the efforts of current ECD and HealthConnect Maximizing Early Childhood Development (HCMED) strategies.



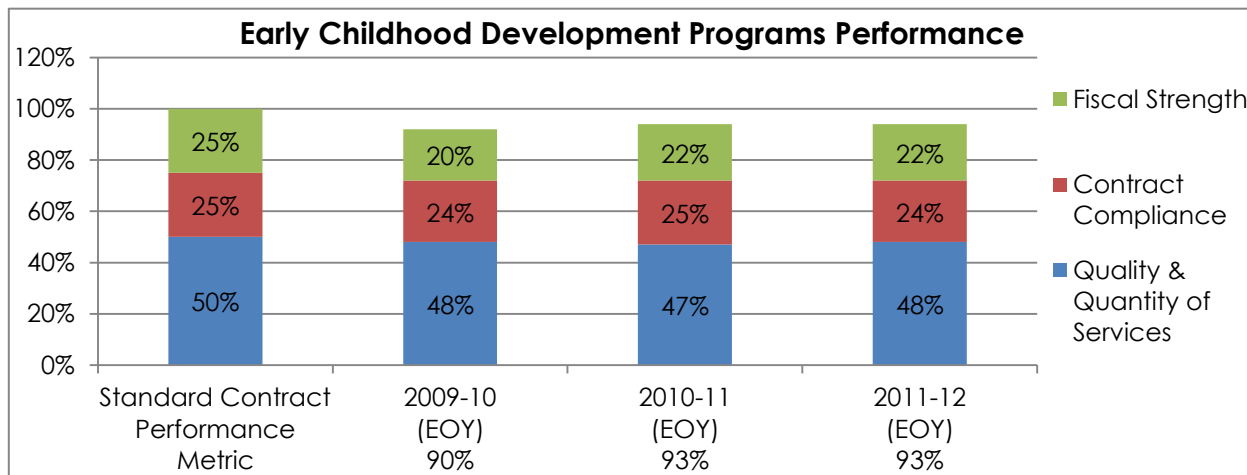
The Trust places an emphasis on screening for early identification of developmental delays or concerns. Of the 2,018 children served through ongoing activities this year (core services and screenings), 20% (400) were reported to be children with documented disabilities.





\*Adults include both parents and child care staff

## QUALITY: HOW WELL DID WE DO IT?

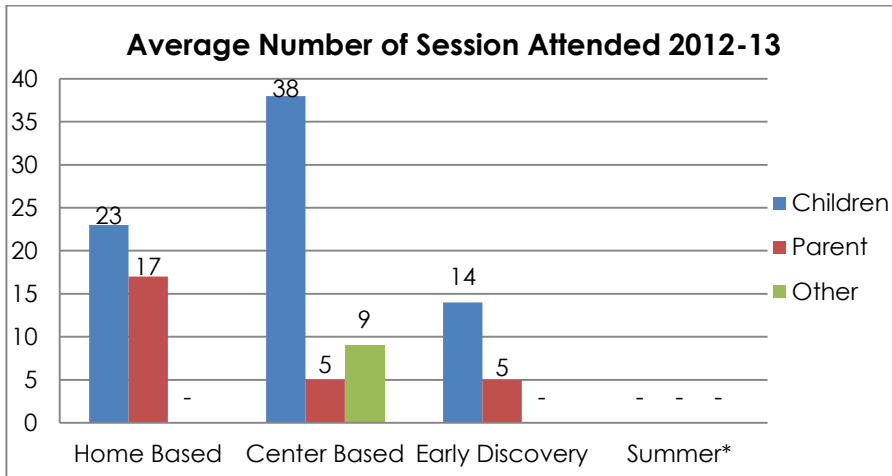


**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

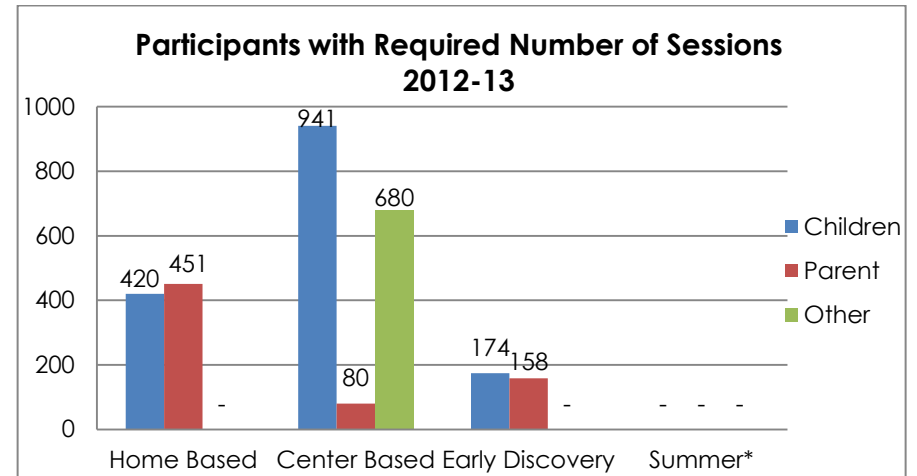
**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

The average number of core services sessions for children this contract year has ranged from 14 for those receiving early intervention services through Early Discovery to 23 for home-based services, and 38 for center-based sessions. Parents received on average, five sessions from Early Discovery, five sessions from center based programs and 17 home-based sessions. Early child care staff attended an average of nine center-based sessions. A total of 1,535 children, 689 parents, and 680 child care staff completed the expected number of sessions required by contract (generally based on evidence-based program expectations), which ranges from two to 40 depending on the program.



\* Data forthcoming



\* Data forthcoming

**OUTCOMES: IS ANYONE BETTER OFF?**

Early Childhood Development Prevention Program Performance Measures	FY 2008-09 Results	FY 2009-10 Results	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results
Children improved developmental/school-readiness skills or tested at their age-appropriate level	81% (1,140)	82% (1,785)	97% (468)	94% (995)	95% (669)
Early childhood teachers and staff learned to enrich curricula, enhanced classroom management techniques and/or increased knowledge of best practices and developmentally appropriate classroom techniques	96% (1,349)	98% (1,804)	99% (1,844)	92% (360)	93% (548)
Parents/caregivers increased positive parent/child or family interactions	Not included	Not included	Not included	93% (471)	97% (808)
Parents/caregivers reported reading to children at least three times per week at home	Not included	Not included	Not included	89% (1,660)	83% (1,712)
Parents/caregivers increased parent involvement with child's development and early child care/education	Not included	Not included	Not included	97% (284)	97% (151)



<b>Early Discovery Service Partnership Performance Measures</b>	<b>FY 2008-09 Results</b>	<b>FY 2009-10 Results</b> (17 mos: 6/09 – 10/10)	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results</b>	<b>FY 2012-13 Results</b>
Children with special needs demonstrated progress in speech and language skills	93% (180)	86% (100)	96% (94)	78% (105)	90% (82)
Children with special needs demonstrated progress in fine or gross motor skills	95% (36)	100% (53)	100%(28)	94% (29)	85% (17)
Children with special needs demonstrated progress in social and emotional skills	80% (56)	76% (63)	97% (66)	82% (55)	93% (13)
Children with special needs demonstrated progress in overall development	Not included	100% (54)	100% (52)	81% (34)	92% (36)
SPECIAL FOLLOW-UP SURVEY: Children entering public school system who did not need special education services at enrollment	n/a	n/a	n/a	86% (172/200)	n/a

## HEALTHCONNECT: MAXIMIZING EARLY CHILDHOOD HEALTH & DEVELOPMENT

The early childhood-focused arm of HealthConnect supports child health and development for young children (birth to five) through developmental screening and referral, parenting education and support, and consultation and support of primary medical providers and early childhood education caregivers. Implemented within children's primary environments (i.e., homes, primary health care offices, and child care settings), these programs attempt to increase the quality of caregiver-child interactions, while supporting children's positive overall development.

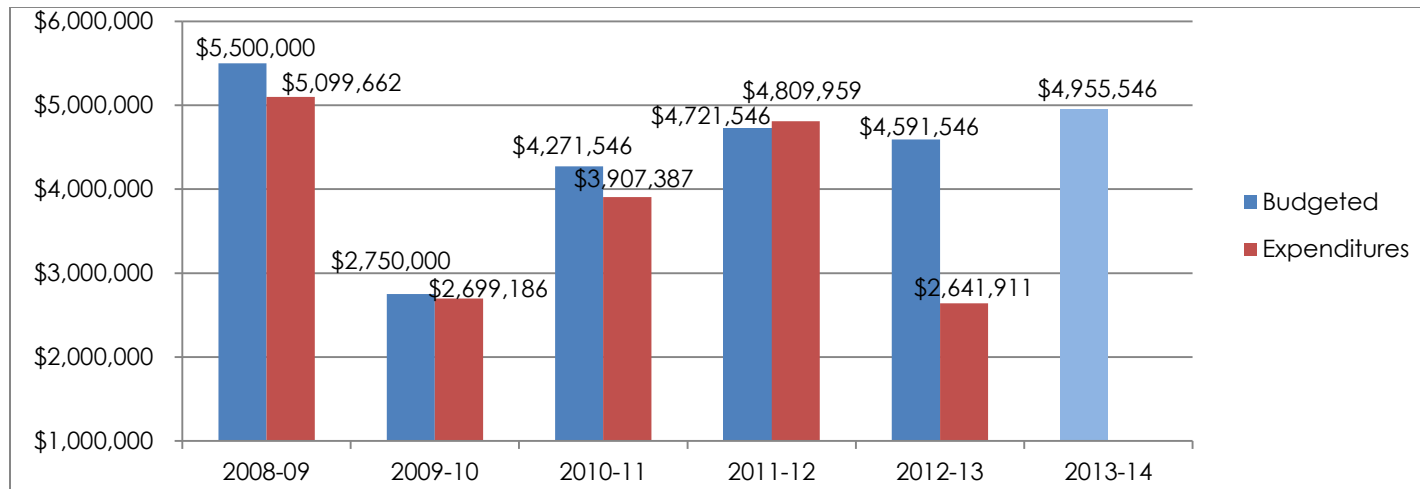
**Home-based Programs:** The HealthConnect home visiting programs are voluntary and focus on health prevention, education and promotion of positive child and caregiving behaviors. Home visitation intends to improve maternal health, pregnancy outcomes, parenting skills, and early childhood health and development. Pregnant and new families receive regular pre- and post-natal home visits with family coaches, social workers and/or nurses who build trusting relationships to provide early screening and referrals, promote preventive health and developmental services, and support parents' efforts to build strong parent-child relationships and safe homes. Currently, providers implement home visiting programs using the evidence-based Parents as Teachers program and a modified version of the Healthy Families model. Contracts are assigned to distinct geographic areas of the county to avoid duplication and realize efficiencies in service delivery.

**Healthy Steps for Young Children: Primary Care-based Developmental Services:** Healthy Steps is a national evidence-based model focused on the importance of the first three years of life. It emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional and intellectual growth and development of children. The model places a Healthy Steps Specialist (nurse, social worker or developmental specialist) trained in child development within the health care setting. Healthy Steps Specialists conduct child developmental assessments, as well as educate, guide, and support families from mostly economically challenged neighborhoods.

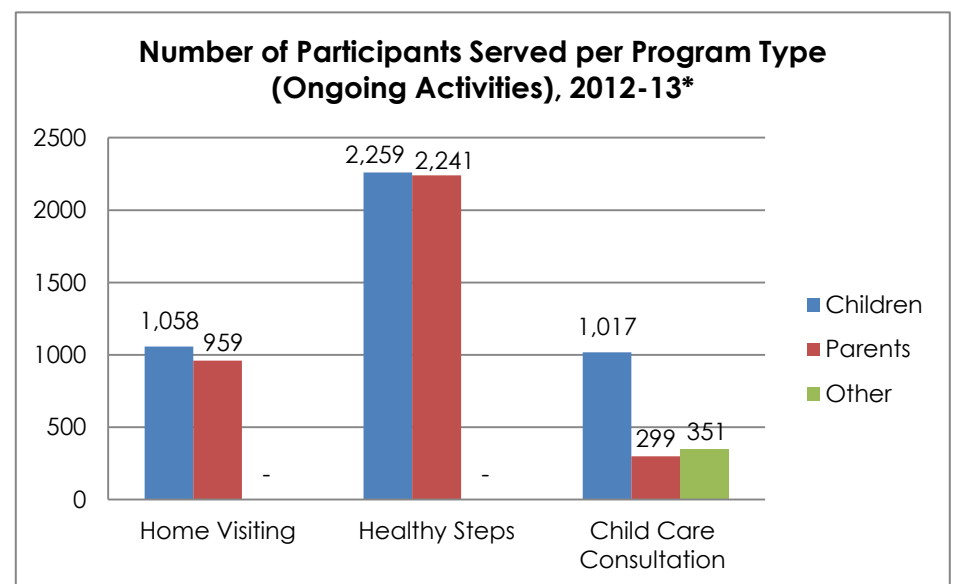
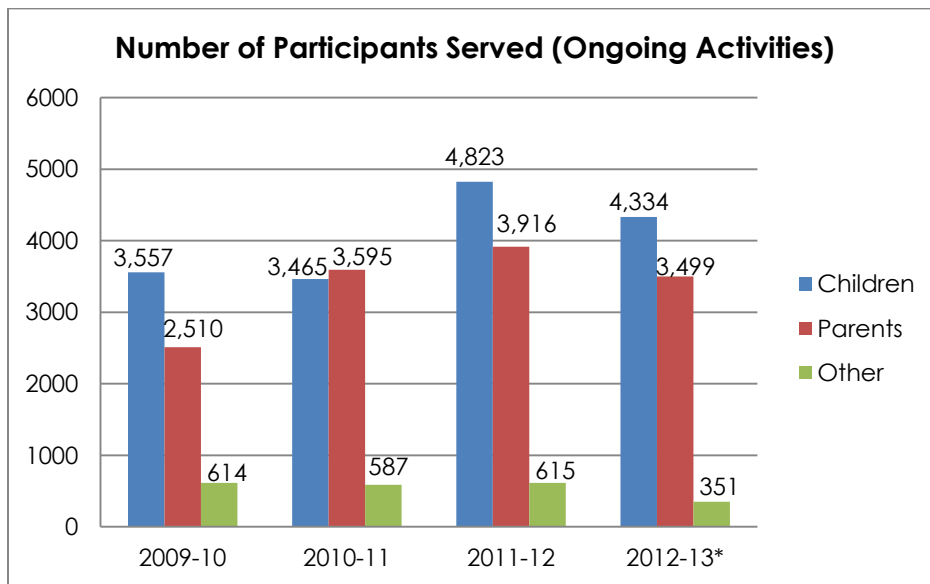
**Child Care-based Health and Developmental Consultation:** Consultation services in child care centers include individual consultations with children, their parents and center staff, as well as education, training and support to staff and parents. The aim is to build child care provider capacity around health, behavioral and developmental issues for infants and young children. Training is provided for child care center leadership, staff and parents on appropriate behavior management strategies and wellness activities for children.

## QUANTITY: HOW MUCH DID WE DO?

**NUMBER OF CONTRACTS:** 10 HealthConnect contracts (three home-based, four Healthy Steps, and three child care consultation) were funded during FY 2012-13 for a total of \$4.6 million. The center-based programs served approximately 28 child care centers, and Healthy Steps contracts serve 20 clinic locations. This year is the final year of a 3-year funding cycle, and planning is underway for re-bidding the initiative in the next year. This new procurement will merge the efforts of current ECD and HealthConnect Maximizing Early Childhood Development (HCMED) strategies.



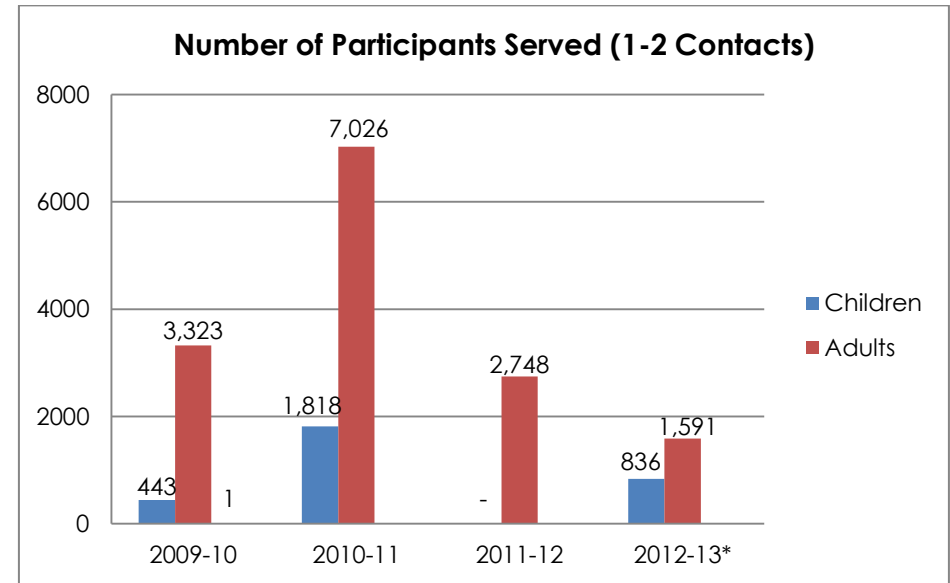
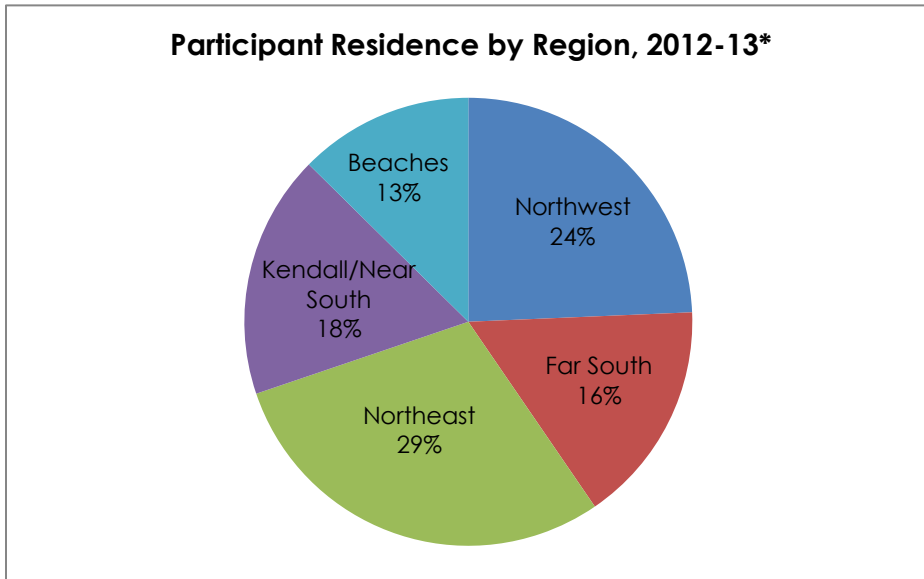
A total of 3,499 parents/caregivers, 4,334 children and 351 child care staff participated in ongoing activities (core services and screenings) through the three HealthConnect strategies during contract year 2012-13. Of the 3,499 children served through ongoing services this year, 2% (59) are reported to be children with documented disabilities. The number of children with disabilities is expected to be low for this initiative since programs serve children at early ages (prenatally and infancy) when diagnoses of disabilities are less common. There is an emphasis on screening for early identification of developmental delays or concerns.



\*All 2012-13 data based on nine-month contract year

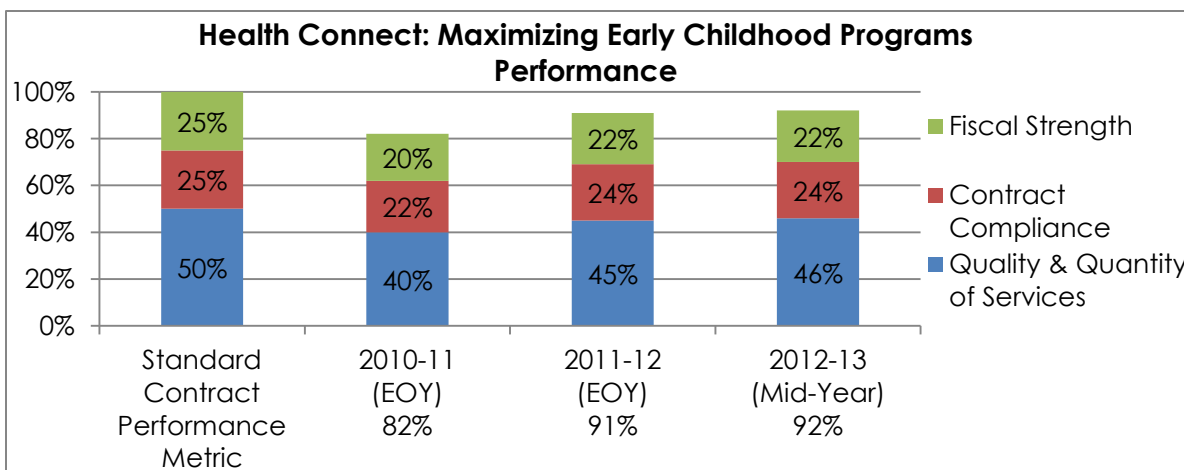


Some programs provide extra support and activities to parents, child care staff and children throughout the year in the form of larger, one-time group meetings. These activities are reported below (1-2 contacts). However, there is a stronger emphasis placed on ongoing year-round activities.



\*All 2012-13 data based on nine-month contract year

## QUALITY: HOW WELL DID WE DO IT?

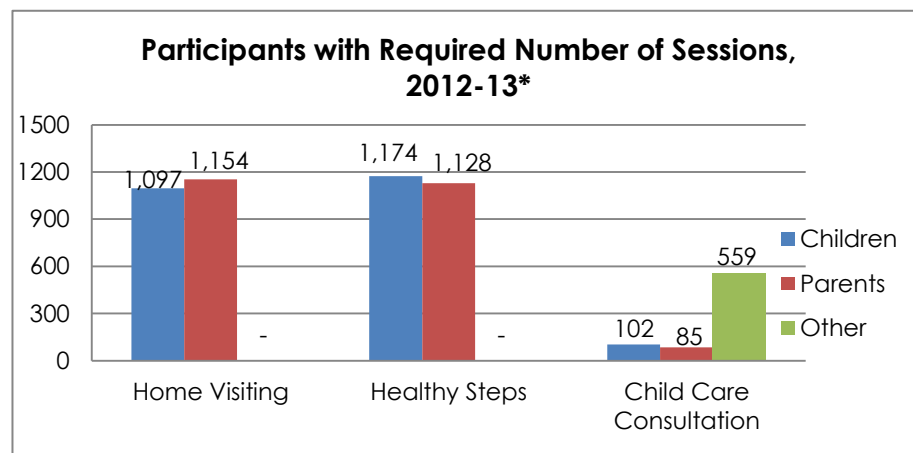
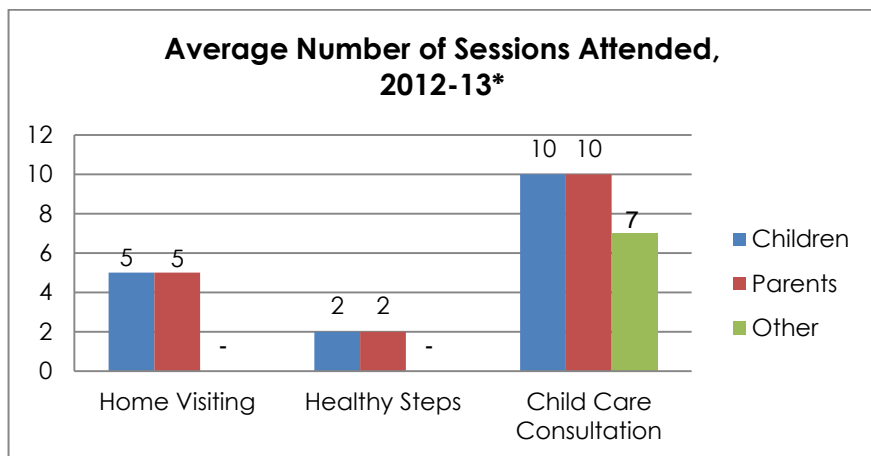


**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

On average, parents and children received two Healthy Steps sessions, five home visits, or ten child care consultation sessions. Early child care staff received an average of seven child care consultation sessions. A total of 2,367 parents, 2,373 children and 559 child care staff completed the expected number of sessions required by contract, which ranges from two to nine depending on the program (generally based on evidence-based program expectations).



\*All 2012-13 data based on nine-month contract year

**OUTCOMES: IS ANYONE BETTER OFF?**

Performance Measures	Strategy	FY 2009-10 (2/09-1/10)	FY 2009-10 Extension* (2/10-10/10)	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results** (11/12-7/13)
Infants adhered to recommended well-child pediatric visit schedule (for FY 2009-12) / Children are up-to-date with immunizations (new FY 2012-13)	HV, HS	87% (910)	95% (734)	92% (1,984)	88% (2,248)	96% (2,507)
Families decreased number of safety hazards in the home / Parents maintain a safe home (new 2010-11 wording)	HV	84% (352)	73% (285)	96% (250)	95% (605)	Not Included***
Parents increased knowledge of age-appropriate child development and expectations	HV, HS	Not Included	Not Included	83% (1,174)	88% (2,557)	72% (732)****
Child care staff increased knowledge of age-appropriate child development and expectations	CCC	Not included	Not included	83% (149)	88% (250)	96% (242)

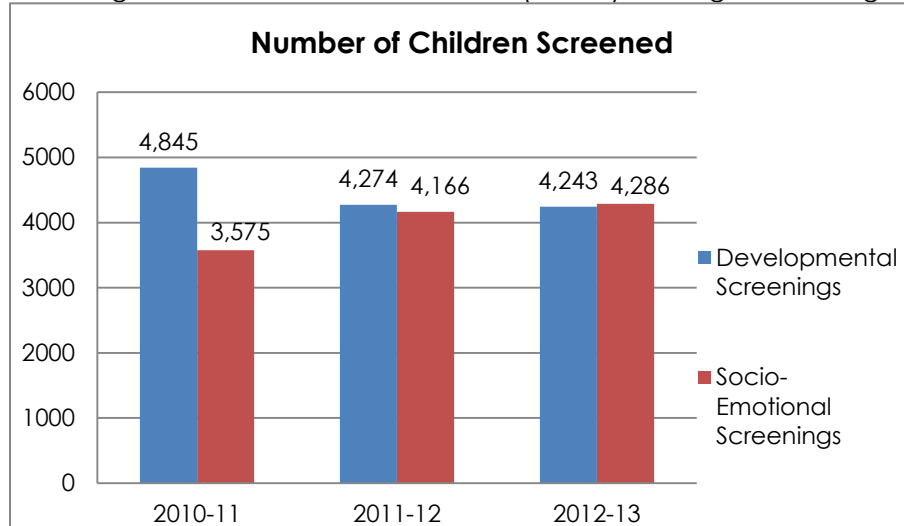
\*A nine-month contract was executed to provide continuous services during the competitive procurement process to rebid the initiative.

\*\*Another nine-month contract was executed to bring HealthConnect contracts in line with other ECD contracts and the school year.

\*\*\*In FY 2012-13, The Children's Trust with the Injury Free Coalition developed a more comprehensive home safety checklist that is in the process of being implemented.

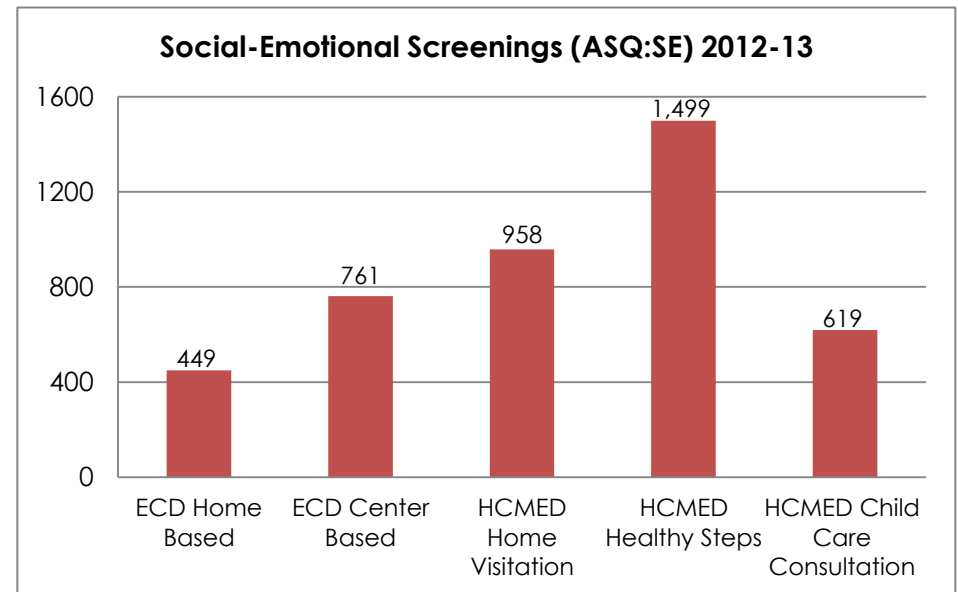
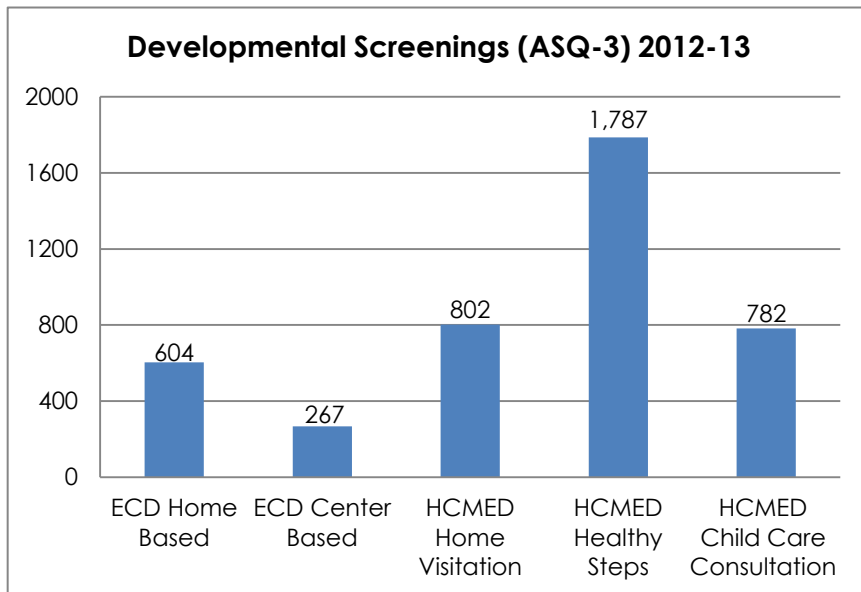
\*\*\*\*Numbers decreased in FY 2012-13 because this outcome was only measured for Healthy Steps participants (and no longer in home visiting programs).

**Developmental and Social-Emotional Screenings:** During FY 2012-13, infants and young children served under Early Childhood Development and HealthConnect: Maximizing Early Childhood Development programs received regular developmental and social/emotional screenings. Children who screened positive for potential developmental concerns were referred for full assessments and early intervention services, if needed. The Ages and Stages Questionnaires Third Edition (ASQ-3) and Ages and Stages Questionnaires Social Emotional (ASQ-SE) are used for screening purposes.



In our third year of comprehensive developmental screening (FY 2012-13), a total of 8,529 screenings have been completed (some children are screened more than once depending on their age and length of time in programs). Of the children screened, 8% (695) had one or more identified areas of concern and were referred for additional assessment and follow-up. Of those children referred, 65 children received an assessment, 47 children started receiving early intervention services.

In addition to child screenings, mothers in the HealthConnect Healthy Steps and home visitation programs are screened for post-partum depression and referred for mental health services if needed. A total of 1,898 depression screenings were completed during contract year 2012-13, with 1% (22) of mothers yielding concern. Of the 22 who yielded concern, 59% (13) were referred for follow-up services.



## RESULT 4: Children Are Succeeding in School and Society

### Performance Accountability

Positive youth development focuses on meeting young people's needs for positive, ongoing relationships with adults and family, affording youth opportunities to build pro-social skills and competencies, and promoting healthy behaviors that will help them transition successfully to adulthood and contribute positively to their communities. Ideally, school brings with it adult mentors who care about kids; knowledge about health and the world; character-building experiences; a responsibility to participate in community; and a sense of unity with the world. Research shows that perceived connection to school is a powerful predictor of resilience for all children, and it can provide a safety net, regardless of family or community contexts. Teens connected to school are less likely to take part in high-risk activities like drinking, smoking and early sexual activity. It should be noted that several strategies described within the three results described earlier (Healthy, Supported and Ready), clearly also contribute to ultimately whether children are succeeding in school and society.

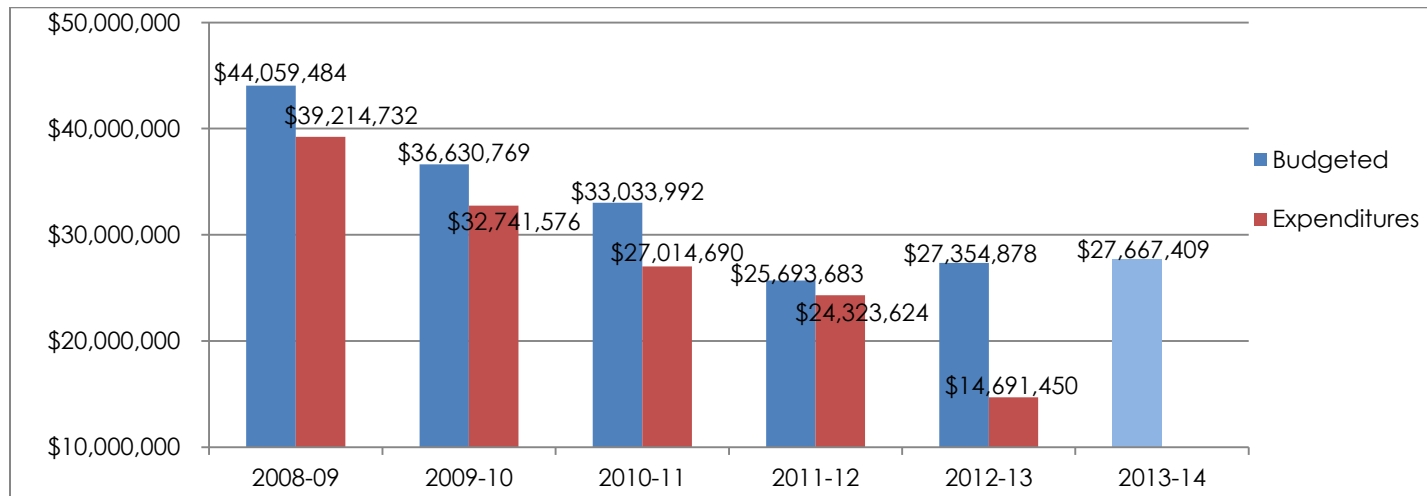
#### OUT-OF-SCHOOL (OOS) PROGRAMS: High-quality after-school and summer camp programs

After-school and summer programs support and expand the school environment, providing children and youth with a valuable safety net of care during hours when many parents are working. Children connected to after-school, extracurricular, enrichment and structured summer activities are less likely to engage in violent or risky behavior. Serving children throughout the community, The Children's Trust OOS programs strive for the highest quality standards and offer five core components: literacy, physical activity, social skills-building, family involvement and provision of nutritious food/beverages. To ensure quality, OOS programs are required to implement these components using evidence-based programming (EBP), including, for example, *Afterschool KidzLit* (47 providers) and *Reader's Theatre* (31 providers) for reading; Sports, Play and Active Recreation for Kids (SPARK, 79 providers) for fitness; and Skill-streaming (27 providers) and Peace Works (18 providers) for social skills. Furthermore, agencies are encouraged to offer thematic enhancements to core components, and make accommodations for children with disabilities so they may be nurtured side-by-side with typically developing peers. Child outcomes are tracked using common measures of literacy and fitness, as well as other areas of focus providers select.

Though OOS programs serve children throughout the county, there is a higher concentration of programming in underserved, high-need communities and programs operated by small community-based organizations. More specifically, in 2012-13, we funded five Children's Defense Fund *Freedom Schools* that offer a culturally relevant, empowering curriculum that emphasizes literacy and social skills development. *Freedom Schools* are based on concepts from the Civil Rights Movement, including a desire to infuse practical skills in reading and writing with political literacy and empowerment. *Freedom Schools* provide summer and after-school enrichment through a curriculum that supports children and families around five essential components: high quality academic enrichment, parent and family involvement, social action and civic engagement, intergenerational servant leadership development, and nutrition, health and mental health. In partnership with faith institutions, schools, colleges and universities, and community-based organizations, *Freedom Schools* boost student motivation to read, generate more positive attitudes toward learning, and connect the needs of children and families to the resources of their communities. They are nurturing environments that promote children's strengths and abilities, and not remedial or deficit-based. The model incorporates CDF's *Leave No Child Behind* mission by fostering environments to support children and young adults to excel and believe in their ability to make a difference in themselves and in their homes, schools, communities, nation, and world. In 2012-13, *Freedom Schools* served approximately 200 children during the school year. Participants have demonstrated improvement in literacy, fitness and attendance on par with other OOS programs.

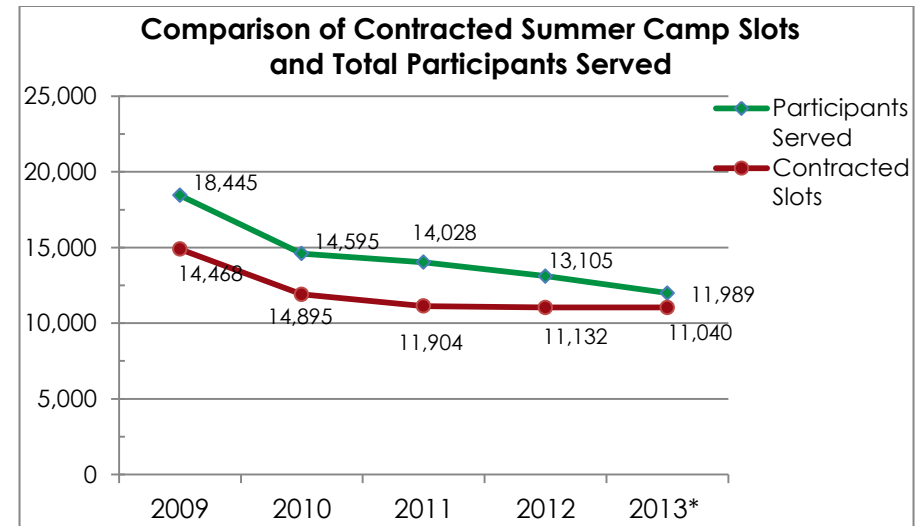
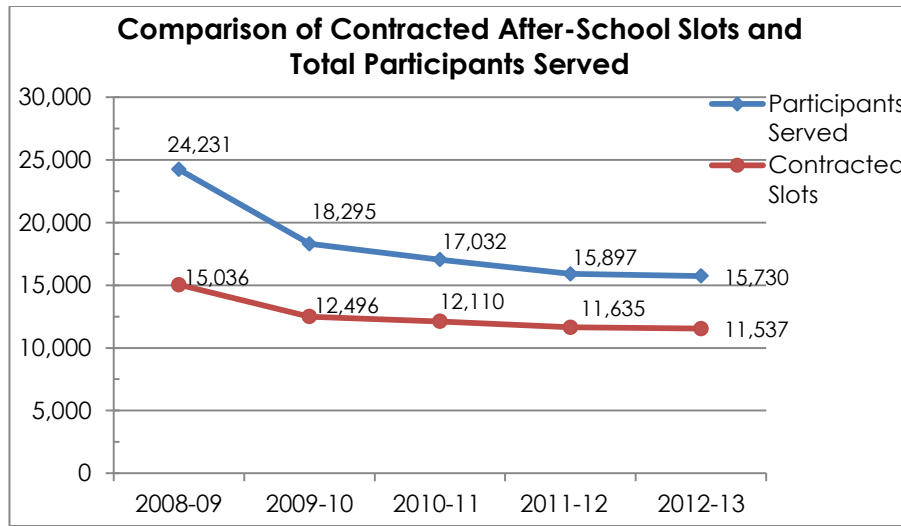
**QUANTITY: HOW MUCH DID WE DO?**

**NUMBER OF CONTRACTS:** During FY 2012-13, there were 93 contracts for a total of \$27.3 million; this budget supported 208 after-school and 151 summer camp sites. This year is the final year of a three-year funding cycle, and planning is underway for re-bidding the initiative in the next year.

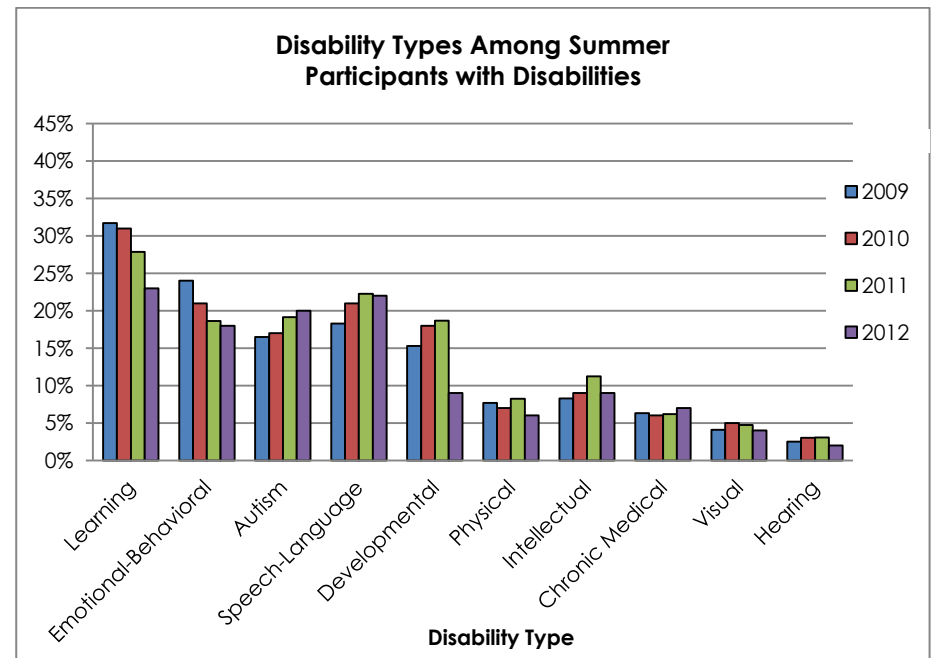
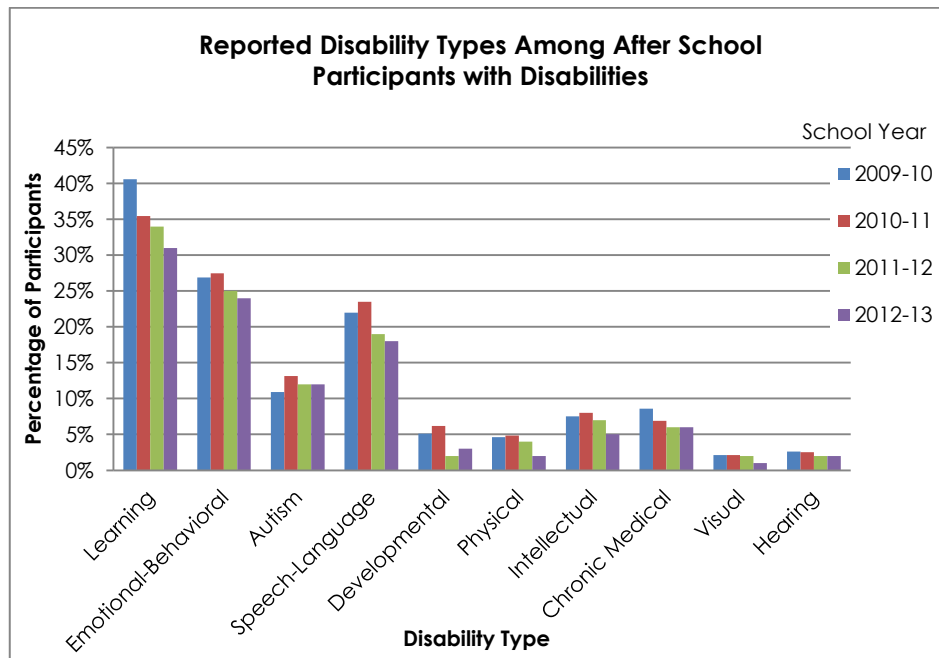


OOS programs are contracted based on the number of slots (or available program seats on a given day) to be offered. Because we desire for children to receive ongoing, intensive services, each slot is ideally filled by a single child for the duration of the program period. However, given reasonable expectations for participant turnover due to family moves and other circumstances, typically the actual number of children served exceeds the number of contracted slots. In addition, some programs may over-enroll their number of slots due to community need or to ensure program daily attendance is consistently in line with the contracted expectations. The ratio of children actually served per contracted slot is a useful way of understanding participant retention and turnover rates. The good news is these turnover rates have been in steady decline over the past years for both after-school and summer programs, indicating OOS programs have gotten better at retaining children for more of the program year. In the most current year, on average, each after-school slot was used by only 1.4 children and each summer slot by only 1.1 children.

For the full year of OOS services from the 2012-13 school year through August of summer 2013, there were 19,105 unduplicated participants served, of which 2,281 (12%) were reported as children with disabilities (CWD). Separating school year figures from summer, we gain another perspective on the children served (some children continue in OOS programs from school year through summer camp and are duplicated in the separated numbers). In school year 2012-13, 15,730 children were served, among them 1,814 or 12% reported disabilities upon program registration. During summer camp 2013, there were 11,989 children served, including 1,762 (15%) children with disabilities.

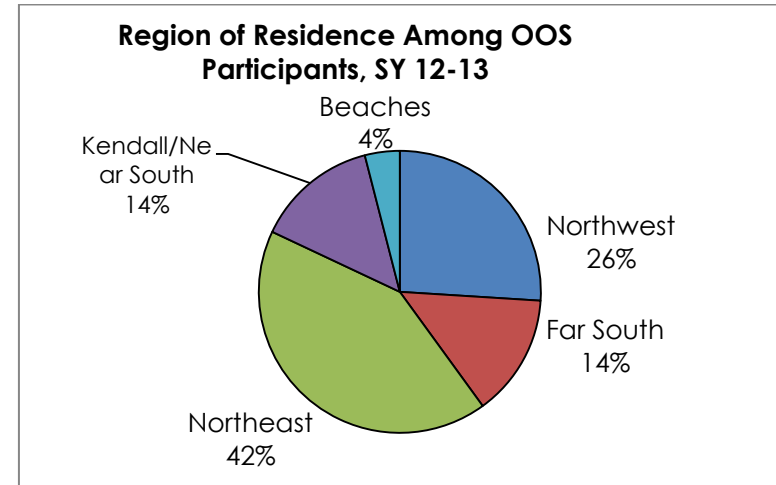
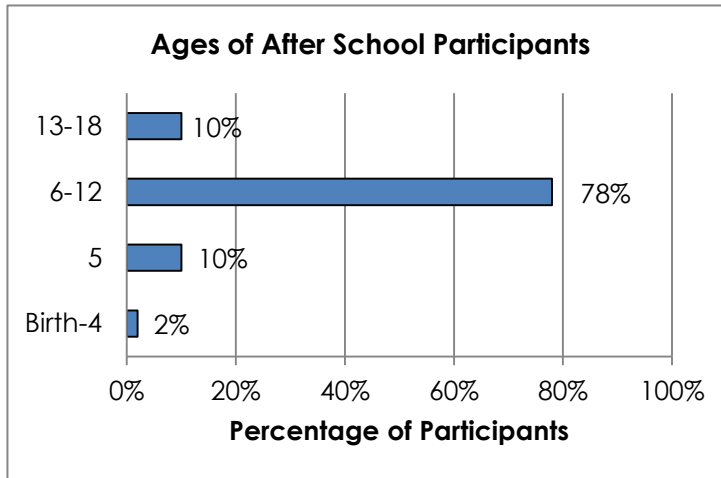


The Children's Trust encourages all OOS programs to serve CWD in an inclusive environment. In general, the percentage of CWD served is higher in the summer (12-15% over past years, compared with 8-12% during the school year), because the need for CWD OOS services is greater when school is out. The number of CWD served has been fairly constant over the past two years. For both after-school and summer, parents most frequently report their children are coping with learning, emotional-behavioral, speech-language, and autism disorders, as shown in the tables below.

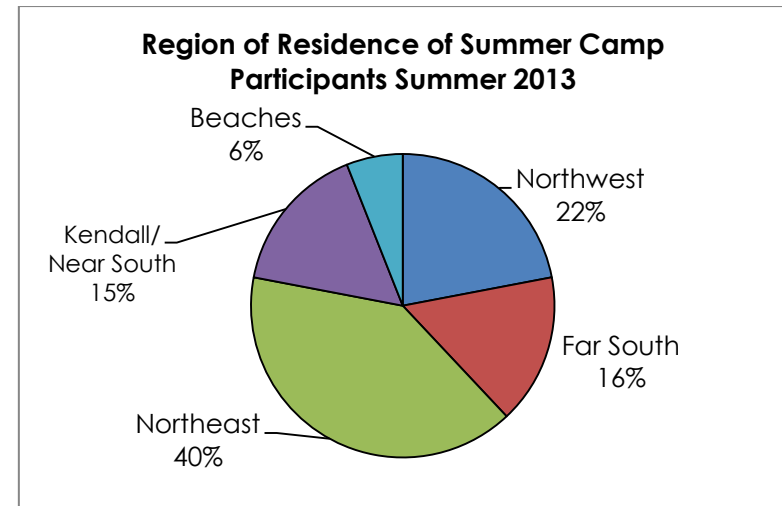
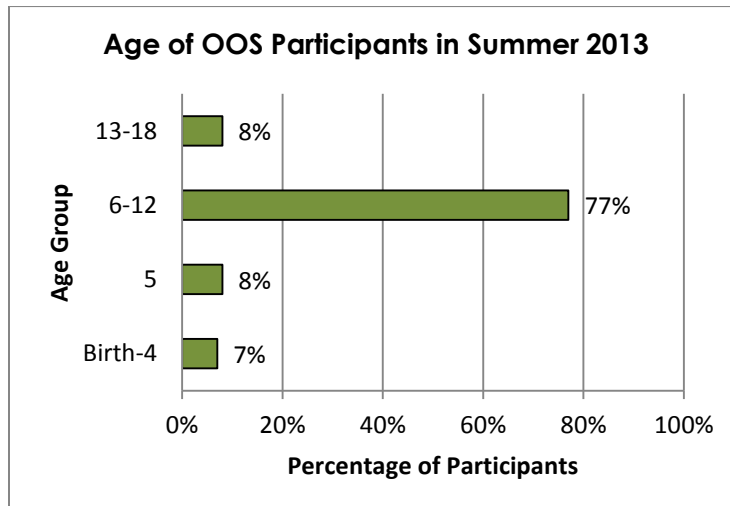


OOS programs primarily serve elementary and middle school children from ages five to 18 years, and up to age 22 for children with disabilities who are still enrolled in school. *Freedom Schools* programs also serve some high school students. In school year 2012-13, the majority of OOS children were 6-12 years of age (78%), followed by a smaller proportion of children age five (10%) and ages 13-18 (10%). Age proportions are similar in summer, with a slight increase in the birth to four age group due to expanded slots for rising kindergarten students last summer.

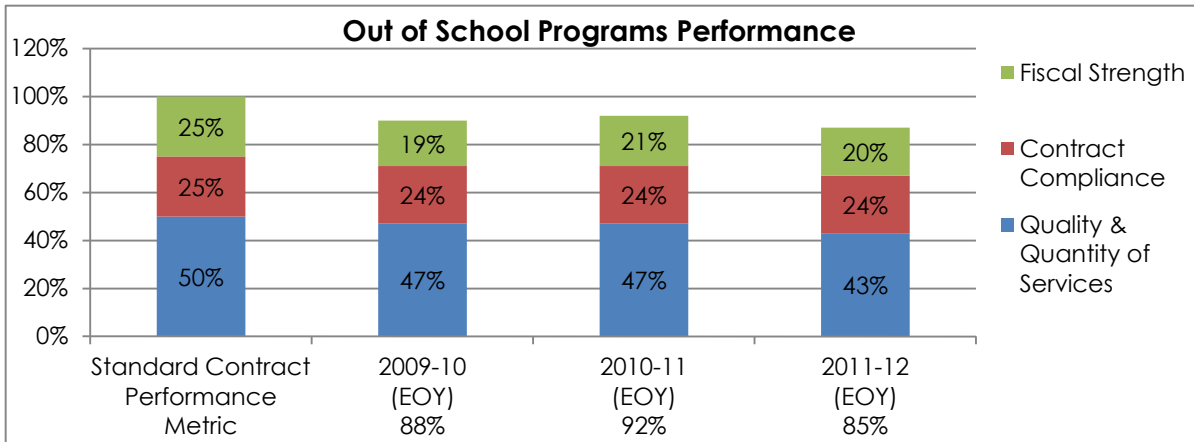
**School Year 2012-13**



**Summer 2013**



**QUALITY: HOW WELL DID WE DO IT?**



**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

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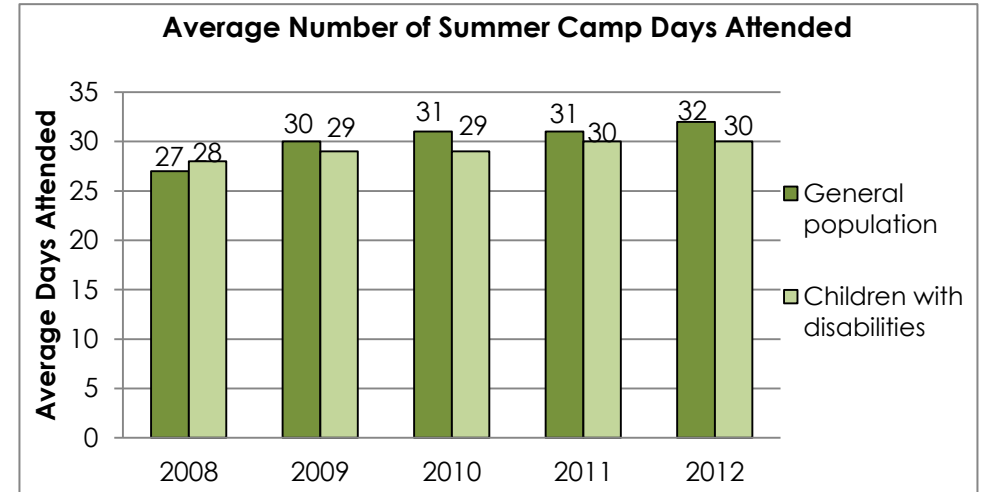
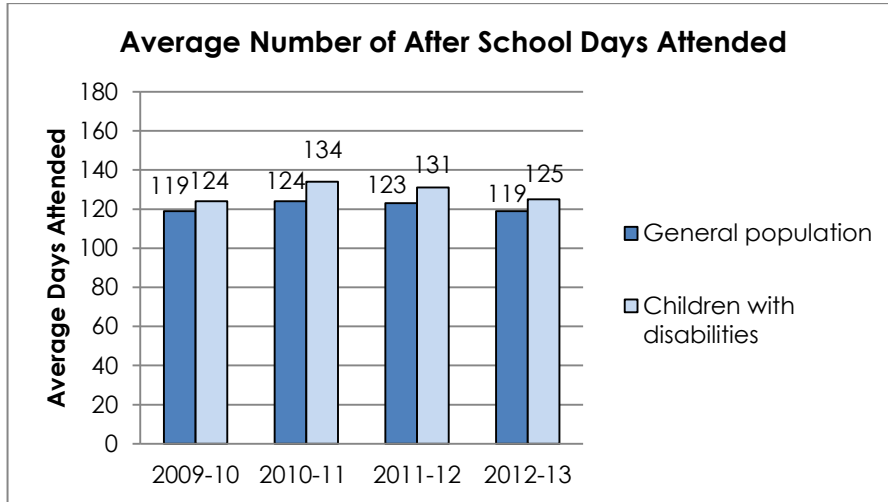
OOS providers regularly administer satisfaction surveys to participants and their parents/guardians, and then submit aggregate numbers for eight common questions. These questions identify satisfaction within several areas related to core components of The Children's Trust's OOS program model. Providers also report a summary of qualitative comments offered by respondents.

School Year 2012-13 Satisfaction Survey Items	Child/Youth % Strongly Agreed/Agreed		Parents % Strongly Agreed/Agreed	
	School Year 2012 – 13 N=14,123	Summer 2013*	School Year 2012 – 13 N=9,077	Summer 2013*
Adults here treat children fairly	94%		98%	
Adults get children excited about the program	92%		98%	
Children feel safe while in the program	95%		98%	
This program helps children do better in school	84%		Omitted in error	
This program helps children stay physically active and healthy	92%		97%	
This program helps children get along better with other children	90%		98%	
The children like coming to the program	91%		97%	
I would recommend this program to others	89%		98%	

\*Data forthcoming



In terms of participant engagement, the typical after-school program lasts 180 days, consistent with the public school system calendar. The basic design of OOS programs is to encourage children to attend daily. Average attendance during after-school among the general population of children has been relatively stable over the past several years at nearly 70 percent of program days attended on average. This was following a steady increase from only 94 days (52 percent of total 07-08 program). CWD attendance saw a steady increase from 2007-08 to 2010-11 from 62 to 74 percent total program days, and has since declined slightly to 66 percent last year.

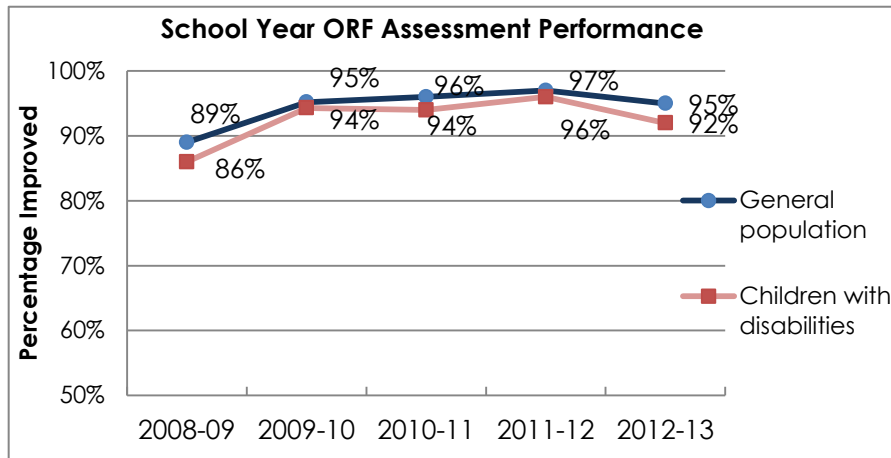


Summer camp is required to include a minimum of 29 camp days (roughly six weeks), although many providers offer camps of longer duration, up to the entire 10 weeks of summer. Average attendance for general population participants increased from 27 days in 2008 to 32 in 2012. CWD attendance has been fairly steady over the years, ranging from 28 to 30 days. Average attendance for 2013 summer programs is forthcoming.

The Children's Trust recognizes proper nutrition is important for growth and development during childhood and adolescence. Therefore, all OOS programs provide children with nutritious snacks that meet United States Department of Agriculture (USDA) requirements. This year, The Children's Trust contracted with The Village to provide snacks. The contract included monitoring, food acquisition and distribution, meal planning, and facilitation of application submittal to Florida Department of Health for federally subsidized food. In 2012-13, The Children's Trust awarded \$1,181,121 to The Village Youth Services and leveraged an additional \$206,583 (as of May 2013). During the year, an average of 6,367 children received snacks daily across 58 providers at 135 sites (as of May 2013). Additionally, an average of 1,522 children received lunch and snacks during the after-school full day of services.

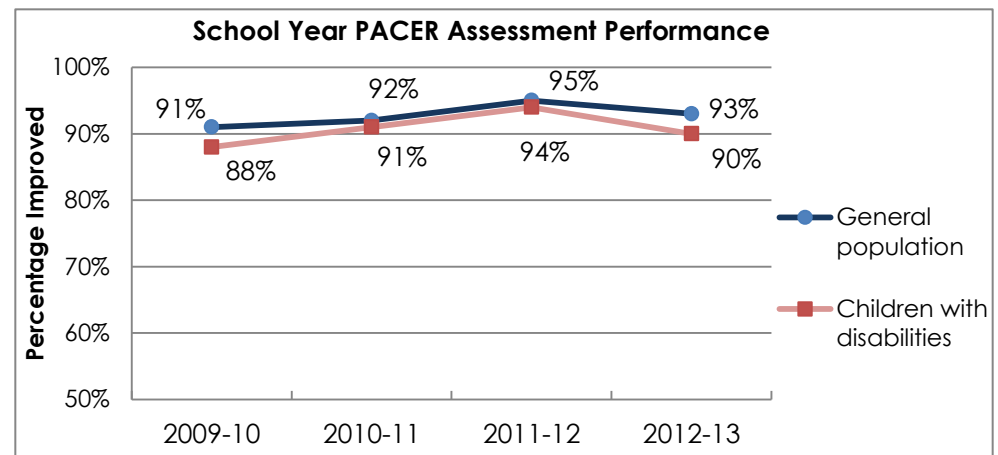
**OUTCOMES: IS ANYONE BETTER OFF?**

In an effort to track the impact of OOS programs, universal assessments were adopted for literacy and fitness performance. In 2007, programs began administering the Oral Reading Fluency (ORF) test as a common reading fluency measure, and 2008 brought forth the Progressive Aerobic Cardiovascular Endurance Run (PACER) as a measure and predictor of cardiovascular endurance in children and youth. The following graphs show outcome performance on these two assessments over time, and a data table on the following page lists performance on outcomes in other areas.



During the school year, the goal is for OOS programs to help children improve performance in reading and fitness, as demonstrated by improvements on the ORF and PACER measures. In school year 2012-13, 15,730 children attended after-school programs, of which 13,257 had valid ORF tests for at least two time points. In order for the test scores to be valid the student must have taken the same grade-level test both times, and must not have topped out on the pre-test score. A total of 95% of general population and 92% of CWD demonstrated improvement on oral reading fluency skills last year. The percentage of participants improving on the ORF during the school year increased from 84 percent in 2007-08, and current levels have been steady for the past three years, reflecting OOS programs' emphasis on literacy and reading skills among participants.

In school year 2012-13, 13,538 children were tested with the PACER at more than one time point. Of these, approximately 93% of general population and 90% of CWD demonstrated improved fitness performance. The percentage of children improving on the PACER fitness assessment has remained fairly steady, and averages out to a gain rate of running one additional lap per month.



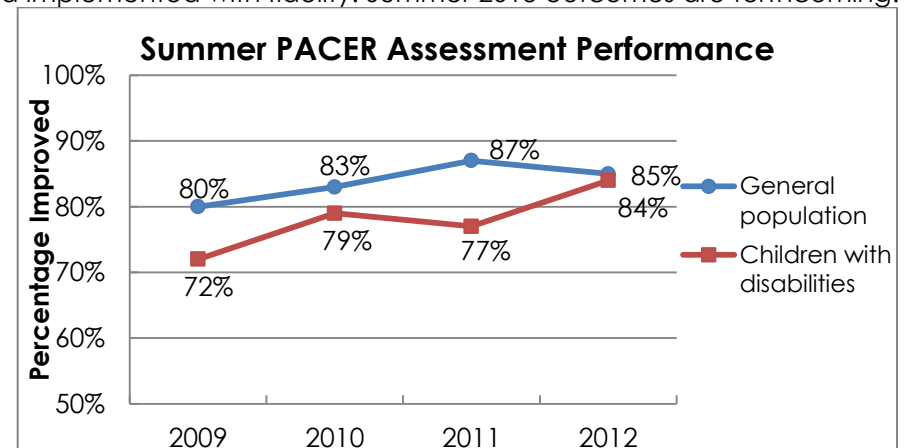
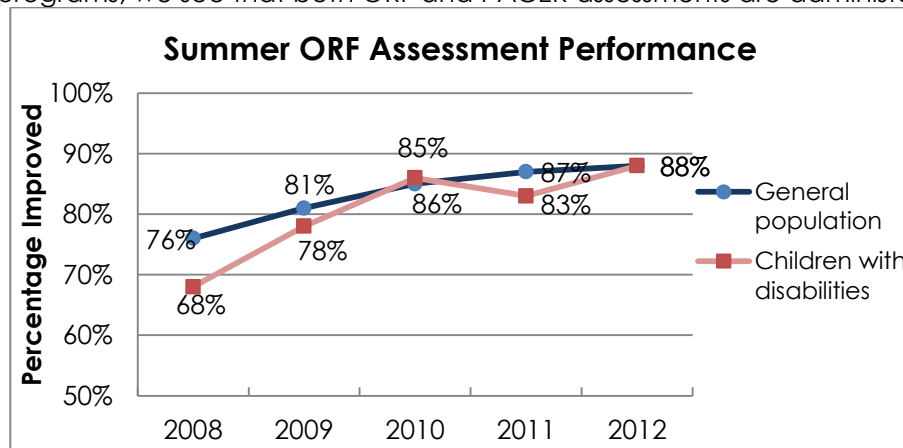
School-Year Performance Measures	SY 2008-09 Results	SY 2009-10 Results	SY 2010-11 Results	SY 2011-12 Results	SY 2012-13 Results
Children improved oral reading fluency	89% (13,320) / CWD: 86% (1,029)	95% (12,923) / CWD: 94% (1,249)	96% (13,019) / CWD: 94% (1,376)	97% (11,521) / CWD: 96% (1,565)	95%(11,523) / CWD: 92%(1,292)
Children improved physical fitness skills	87% (8,792) / CWD: 85% (525)	91% (11,940) / CWD: 88% (983)	92% (12,333) / CWD: 91% (1,104)	95% (11,306) / CWD: 94% (1,565)	93%(11,928) / CWD: 90% (1,298)
Children improved social skills	91% (6,193)	92% (933)	96% (1,338)	96% (1,099)	80%(965)*
Children with disabilities improved or maintained cognitive/communication skills	94% (160)	84% (83)	96% (111)	90% (10)**	58%(15)

\* Social skills improvement was an outcome in 13 afterschool programs, and last year four of those programs achieved less than expected, resulting in a drop in the overall outcome achievement last year. Within the nine higher performing programs, 91% (641) improved. Approaches to improve the outcome results for the four lower performing programs will be reviewed and discussed for the coming year.

\*\*Starting in 2011-12, separate outcome measures for children with disabilities have become less common. Providers have been encouraged and trained to use appropriate adaptations of the common ORF and PACER measures, with the assistance of Project RISE (OOS quality improvement initiative) and the All Children Together (ACT) Resource Network. Also, when needed providers are able to use alternative assessments that are appropriate for the children being served.

For summer programs, performance measure expectations must be adjusted to recognize the importance of staving off summer learning loss, as well as the short program timeframe. Contractually, it is considered a success when children improve or maintain performance on outcomes. The basic maintenance of skills is the minimal goal for OOS service providers, and improvement in skills is an even greater accomplishment. The tables below illustrate the percentage of children who achieved the higher standard of improved performance during summer programming. Between summer 2008 and summer 2012, the percentage improving on the ORF increased from 76 to 88 percent for general population. Children with disabilities improved performance from 2008-2012 from 68 to 88 percent. Summer 2013 outcomes are forthcoming.

In summer 2012, 85% of general population children improved in PACER performance – a slight decrease from the previous year. Children with disabilities showed an increase from 77 to 84%. With the involvement of Project RISE and the ACT Network working closely with the struggling programs, we see that both ORF and PACER assessments are administered and implemented with fidelity. Summer 2013 outcomes are forthcoming.



Summer Performance Measures	Summer 2009 Results	Summer 2010 Results	Summer 2011 Results	Summer 2012 Results	Summer 2013
Children improved oral reading fluency skills	81% (8,181) / CWD: 78% (662)	85%/(8,438) / CWD: 86%(979)	87% (9,849) / CWD 83% (1,242)	88% (8,747) / CWD: 88% (1,302)	Data Forthcoming
Children improved fitness performance	80% (7,516) / CWD: 72% (512)	83% (8,856) / CWD: 79%(734)	87% (9,592)/ CWD 77% (1,066)	85% (9,585) / CWD: 84% (1,251)	Data Forthcoming
Children improved or maintained social skills	91% (2,893) / CWD: 85% (445)	94% (1,155) including CWD	96% (1,215) including CWD	90% (841) including CWD	Data Forthcoming
Children improved or maintained performing arts skills	96% (1,460)	99% (131)	97% (153)	98% (171)	Data Forthcoming
Children with disabilities improved or maintained cognitive/communication skills	96% (284)	97% (253)	98% (276)	99% (69)	Data Forthcoming
Children with disabilities improved or maintained independent living skills	100% (463)	100% (79)	95% (95)	N/A	Data Forthcoming

### Summer Reading Explorers Supplemental Reading Services

Although The Children's Trust summer programs have always had a focus on literacy, this year as part of Read to Learn there was an added emphasis to support early reading skills for young children living in areas with especially low literacy levels, with a goal to reduce summer learning loss. Summer 2013 brought with it the first ever "Summer Reading Explorers" supplemental reading services provided for all rising kindergarten and rising first grade students attending Trust-funded summer camps located in and around Miami-Dade County Public Schools Education Transformation Office (ETO) elementary school attendance boundaries. Florida International University Board of Trustees, Center for Children and Families was awarded \$525,000 to design, implement and evaluate a six-week literacy program, comparing three different reading enhancements based upon evidence-based strategies. In addition to providers' standard one-hour daily literacy activity, all sites received ORF pre, mid and post-testing with personalized feedback for parents about oral reading/pre-reading progress; parent literacy engagement activities; book giveaways; and referrals for additional reading services if needed at the end of summer. In addition, one-third of summer camp sites were randomly assigned to receive small group intentional reading instruction, and another third to receive small group dialogic reading (i.e., read aloud), both for 30 minutes/day, 4 days/week for 6 weeks by trained reading tutors and/or volunteers. In total, 74 sites and just over 1,300 rising kindergarten and first grade children participated in the program. In the coming months, an evaluation will be completed to inform future investments in OOS reading enhancements.

## YOUTH DEVELOPMENT PROGRAMS

Youth Development programs offer a safe, engaging, and constructive environment for youth during non-school hours who desire more positive peer interaction. When implemented well, these programs promote student engagement in learning, leading to greater academic achievement. Research has found a correlation between frequent attendance in programs providing structured services after-school and youth having positive outcomes. Youth development programs are divided into six enrichment program areas that enroll youth based on either universal or selective prevention programming criteria, as noted. Programs have focused on serving youth in middle and high school, with the exception of arts programs which also serve elementary school children.

### Universal/Primary Prevention Programs for All Youth

**Advocacy, Leadership and Civic Engagement** programs promote positive outcomes across a broad range of developmental indicators by empowering youth on behalf of children's issues. Young people who are involved in civic activities are more engaged in academics, less likely to participate in risky behaviors, and more likely to continue into adulthood as active, contributing members to their communities.

**Arts** programs have demonstrated effectiveness in improving academic performance and positive child behavior. These programs include activities designed to reduce the influence of risk factors by providing opportunities for youth to learn new skills and by recognizing individual youth's efforts. Programs include visual, performing, musical and cultural arts programs.

### Selective/Secondary Prevention Programs for At-Risk Youth

**Academic Support** programs offer a variety of ways to continually engage youth who are struggling academically. These programs link closely with the schools students attend, and activities are designed to reinforce and foster academic learning. Programs act as a bridge between school and community.

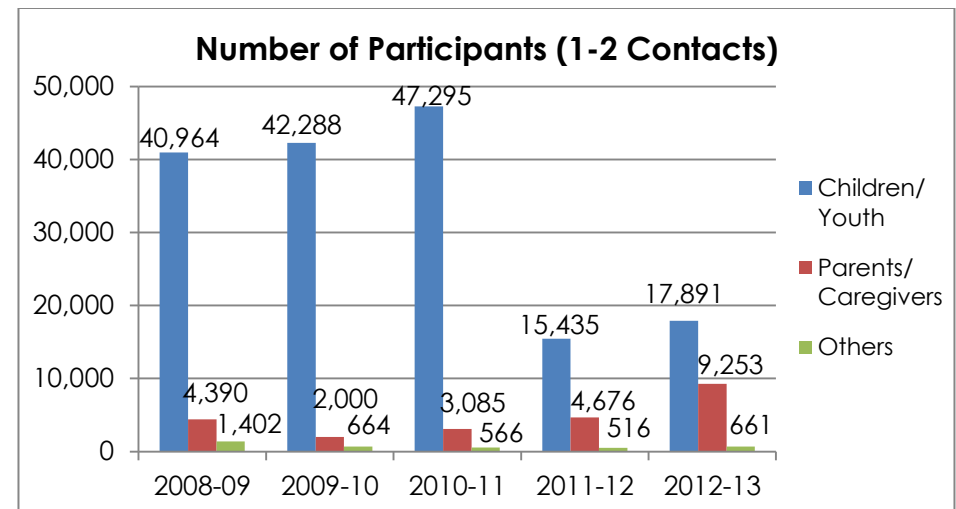
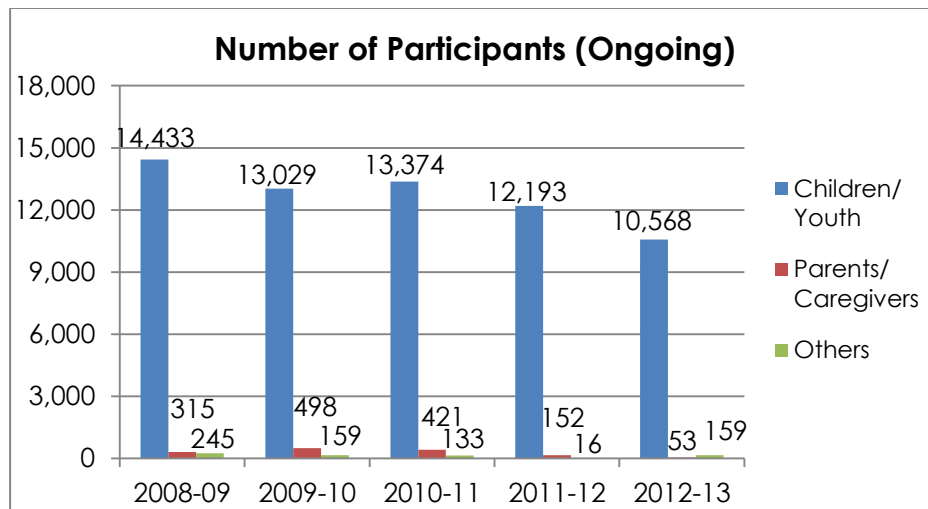
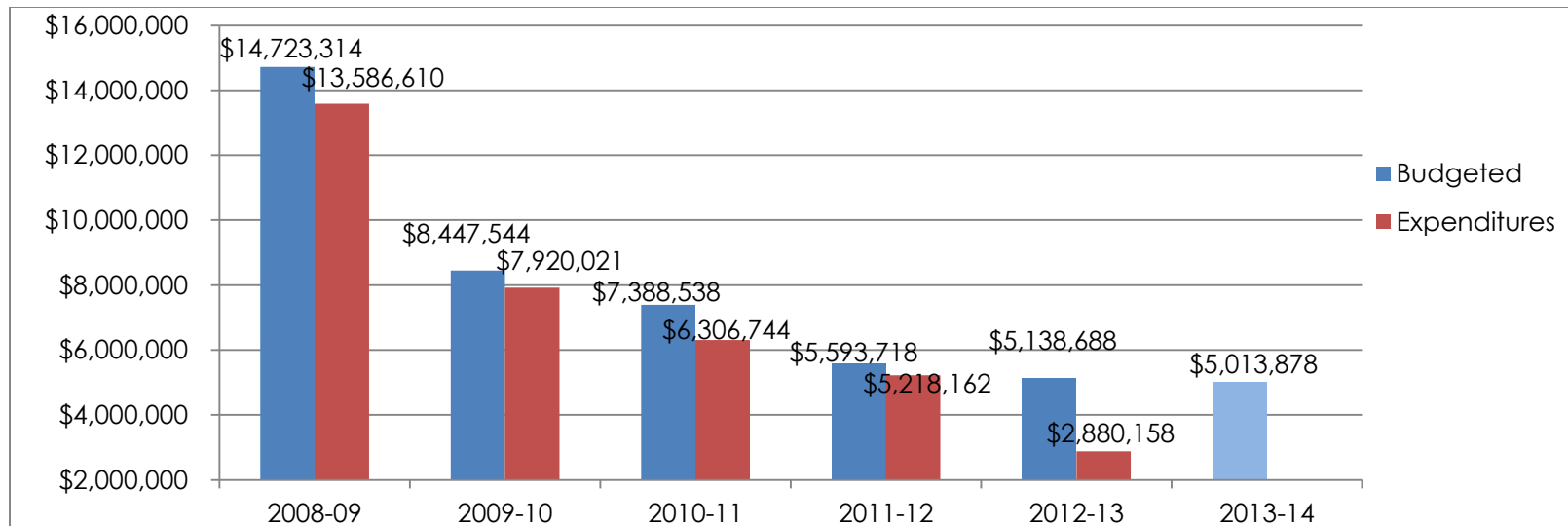
**Independent Living, College and Job Preparation** programs help students move from the world of school to the world of adulthood, beginning in high school. These programs include career planning, work skills, housing and money management, daily living and self-care. These programs target enrollment to youth at-risk and in need of independent living supports, including but not limited to children, youth and families involved with or at high risk of involvement with the dependency, delinquency, or Children/Families in Need of Services (CINS/FINS) programs.

**Mentoring** programs aim to improve behavioral and academic outcomes, as well as provide supportive relationships with non-familial adults, for at-risk youth. Research shows mentored youth are likely to have fewer unexcused absences, better attitudes towards school, better chances to go to college, less drug and alcohol use, better attitudes towards adults, and improved relationships with their parents.

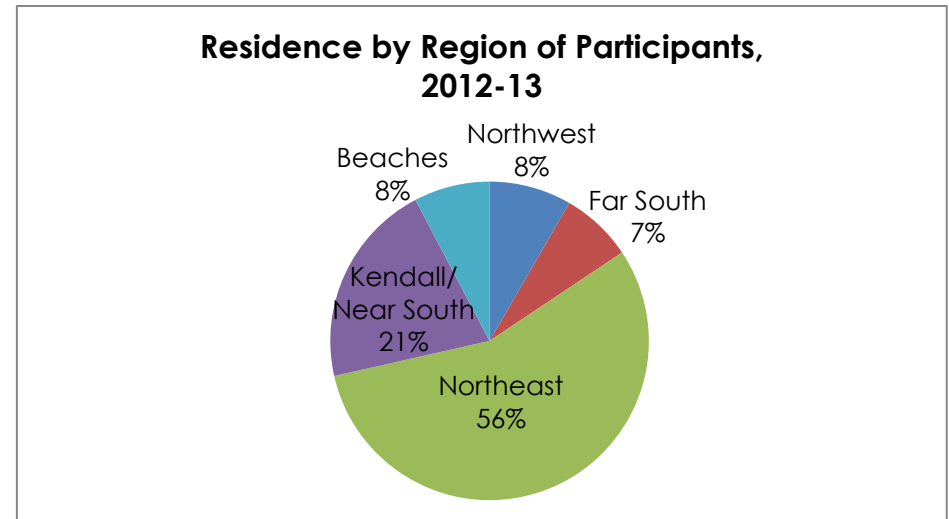
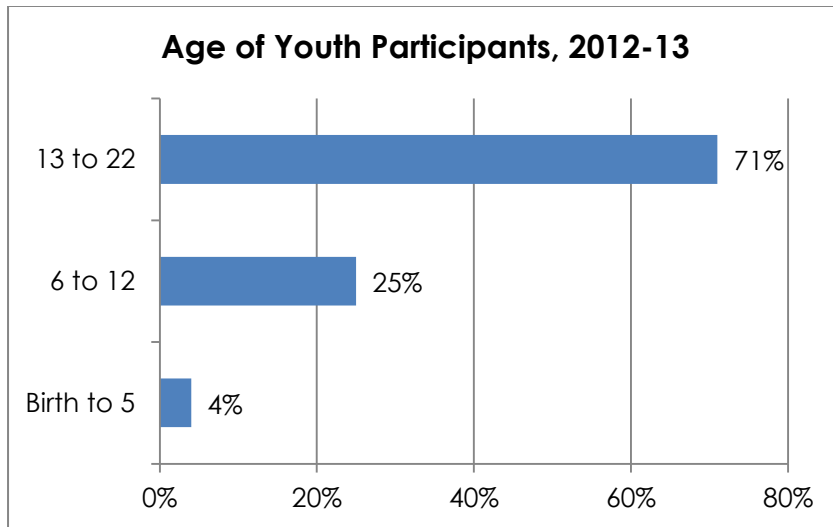
**Social Skills, Resilience, and Risk Reduction** programs provide opportunities to develop competence, self-efficacy, and pro-social behaviors. These competencies are best achieved through a holistic approach. Programs closely link participants to the schools they attend, their community and relevant activities designed to reinforce pro-social norms. Programs are designed around the prevention of violence, school truancy and dropout, as well as tobacco, alcohol and drug use/abuse.

## QUANTITY: HOW MUCH DID WE DO?

**NUMBER OF CONTRACTS:** During the 2012-13 contract year there were 41 contracts for youth development services at 115 service sites. These programs served more than 10,000 children and youth. This year is the final year of a three-year funding cycle, and planning is underway for re-bidding the initiative in the next year.

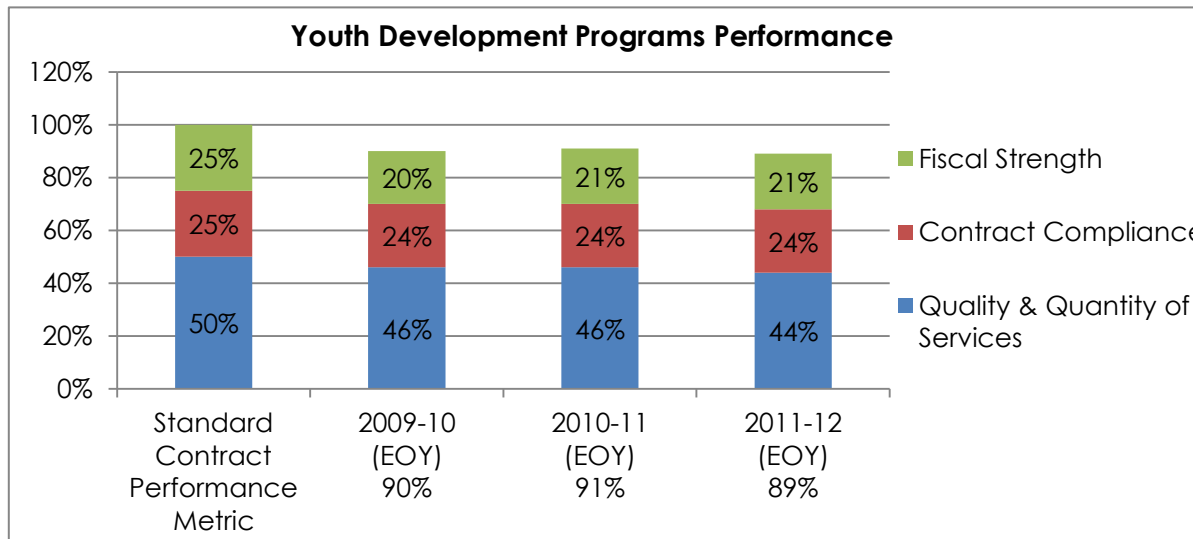


In contract year 2012-13, 10,568 youth were served by youth development programs with ongoing services (i.e., three or more contacts). This included 749 (8%) reported to be children/youth living with disabilities, likely an under-report based on parents' willingness to disclose disability information and providers' inconsistency in collecting the information. In addition, 53 parents and 159 other community members were served with ongoing services (i.e., three or more contacts). Additionally 17,891 youth, 9,253 parents and 661 other community members took part in events throughout the community and in schools (1-2 contacts only). These event-style activities, while still quite numerous, were reduced in the current funding cycle, with a greater expectation for programs to focus on more ongoing services for youth and parents that might better contribute to desired better off outcome improvements.



Most youth served are ages 13 and over, and the four percent in birth to five are kindergarteners participating in arts programs.

**QUALITY: HOW WELL DID WE DO IT?**

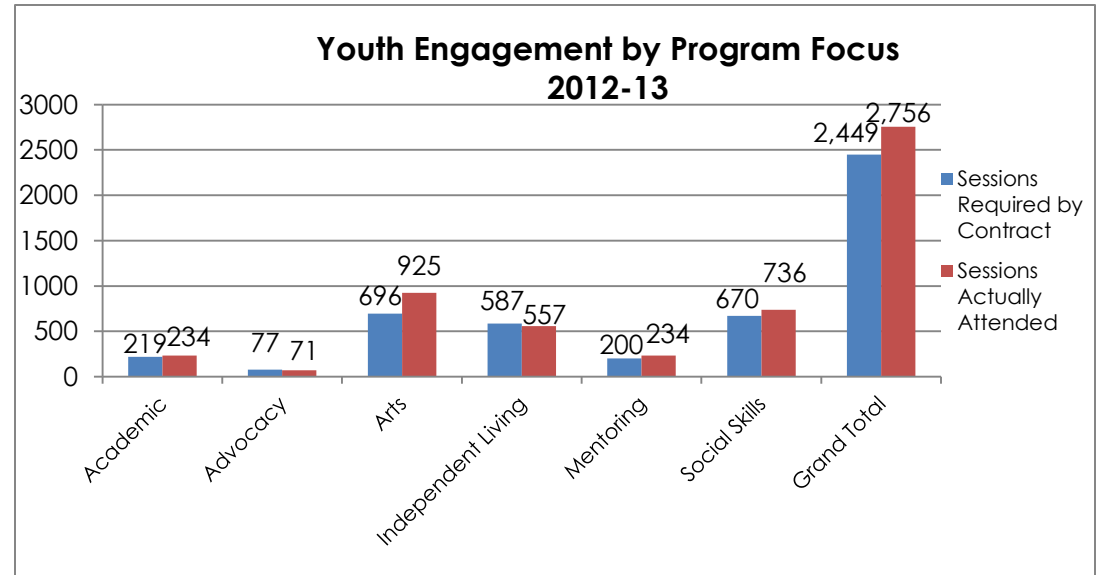


**Fiscal Strength** refers to fiscal viability, expenditure rate, invoices, review of audits and compliance with repayment of contractual advances.

**Contract Compliance** refers to providers doing what they were contracted to do in terms of services delivery and administrative documentation.

**Quantity & Quality** refers to how well providers are doing as contracted for participant recruitment, quality service delivery, retention, and outcome achievement.

In contract year 2012-13, the 10,568 youth served with ongoing services attended on average of 18 sessions, down from last year's average of 26 sessions. On average, participants still attended 12% more sessions than were required, with participants in the Academic, Arts, Mentoring and Social Skills Programs having surpassed the number of sessions contracted.



**OUTCOMES: IS ANYONE BETTER OFF?**

Advocacy, Leadership & Civic Engagement Programs Performance Measures	FY 2009-10 Results	FY 2010-11 Results	FY 2011-12 Results	FY 2012-13 Results
Youth increased social skills and resiliency including cultural competency, self-efficacy, coping, problem-solving, decision-making, conflict resolution and pro-social beliefs and behaviors	94% (10,375)	88% (10,499)	92% (4,304)	88% (3,512)
Youth increased community service and leadership attitudes and skills	89% (592)	78% (511)	96% (1,721)	94% (1,641)
Arts Programs Performance Measures				
Youth increased knowledge and improved artistic skills in specific targeted areas of performing and visual arts programs (e.g., voice, dance, drama, musical instruments)	100% (1,594)	97% (1,697)	95% (3,209)	93% (2,023)
Academic Support & Mentoring Programs Performance Measures				
Students improved academic performance including grades and promotion to the next grade level	88% (3,114)	93% (3,308)	71% (1,786)	75% (2,175)
Students attended school regularly	71% (112)	40% (18)	Not available*	82% (1,268)

\*Due to errors in provider data reporting on this outcome in 2011-12, these results are not available.



<b>Independent Living/ College and Job Preparation (formerly Transition to Adulthood) Programs Performance Measures</b>	<b>FY 2009-10 Results</b>	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results</b>	<b>FY 2012-13 Results</b>
Youth increased knowledge of independent living skills	94% (631)	93% (519)	90% (88)	100% (68)
Youth applied or progressed towards completion of higher and/or vocational education	97% (356)	91% (73)	98% (545)	100% (258)
Youth increased skills to become more prepared to successfully transition into adulthood, including employability skills, structured work experiences, career exploration and money management	84% (1,146)	87% (1,042)	94% (1,468)	96% (1,382)
<b>Social Skills/ Resiliency/ Risk Reduction Programs Performance Measures</b>				
Youth increased knowledge about alcohol, tobacco and other drug use and/or reported decreased substance use and other risky behaviors	94% (3,708)	92% (3,536)	89% (593)	88% (503)
Disabled youth increased self-efficacy or positive relationships	84% (147)	60% (169)	89% (238)	100% (42)

## STRATEGIES CROSS-CUTTING ALL RESULTS

### CHILDREN WITH DISABILITIES AND OTHER PRIORITY POPULATIONS

Both the 2007 and 2012 Children's Trust parent surveys revealed that about one in six children in Miami-Dade County has a disability resulting in special health care or educational needs. The estimated average annual cost for a family with a child with a disability is \$30,500, including child care, reduced work hours/labor force participation, health care and other social program costs. Not surprisingly, the estimates for costs to families vary with the type and severity of disabilities, and with the availability of health and social care benefits. For example, average expenditures for individuals with Autism Spectrum Disorder (ASD) are 4.1 to 6.2 times greater than for those without ASD (CDC). Furthermore, research indicates caring for a child with mental health needs results in a greater financial burden than caring for children with other special needs (Stabile & Allin, 2012).

For parents of children with disabilities who must work to provide for their families, peace of mind is critical; parents want to know their child is enrolled in a quality program that meets their child's needs and keeps him or her safe. The Children's Trust envisions children with disabilities (CWD) will be accepted into all aspects of life in a community where all children have equal access to needed supports and services. Removing barriers to services for children and youth with disabilities is a cross-cutting strategy of The Children's Trust. Thus, The Trust makes a significant commitment to include children with disabilities in all funded programs and services. This involves programs designed specifically to support children and families with significant adaptive needs, as well as an emphasis on inclusive program practices. In support of that effort, The Trust funds a capacity building resource network to educate and support all funded agencies in appropriately providing services that meet the needs of children with disabilities.

Program service populations range from the severely physically disabled or visually impaired to those with developmental conditions like autism, attention-deficit/hyperactivity disorder and learning disabilities. Through programs funded by The Children's Trust, children progress in many areas, including self-help, independence and life skills, language and literacy, fine and gross motor skills, attention-reasoning, and cognitive skills.

Some programs provide care for more severely impaired children who require exceptional care from specially-trained caregivers, sometimes requiring extraordinary expenditures. These programs demand much smaller staff-to-child ratios and, in some cases attention must be one-on-one. However, the majority of our programs stress inclusion and integration with typically-developing children. Typically-developing children who assist, nurture and befriend children with disabilities, also benefit enormously from these experiences. Because children with disabilities are typically served through inclusive practices, most program results are integrated with each of the results and program strategies described in other results sections of this document. Providers have been encouraged to use standard outcome measures for all children, adapting those measures if needed for children with specific special needs. However, some populations do require alternative outcome measures, and providers are assisted in identifying appropriate measures when this is the case.

### QUANTITY: HOW MUCH DID WE DO?

In 2012-13, The Children's Trust dedicated more than \$8.9 million to programs and services specifically for disabled children and their families, across multiple program strategies. In 2013-14, a total of \$8.2 million will be devoted to programs exclusively focused on serving this population, not inclusive of the majority of other programs serving children with disabilities in inclusive settings. The decline in funding is related to the ending of one contract focused on children with disabilities due to fiscal and performance issues. In addition, this funding amount does not include the dollars in contracts where children with disabilities are included in general population programming, and thus should be viewed as the minimal estimate of The Trust's investment in supporting children with disabilities.

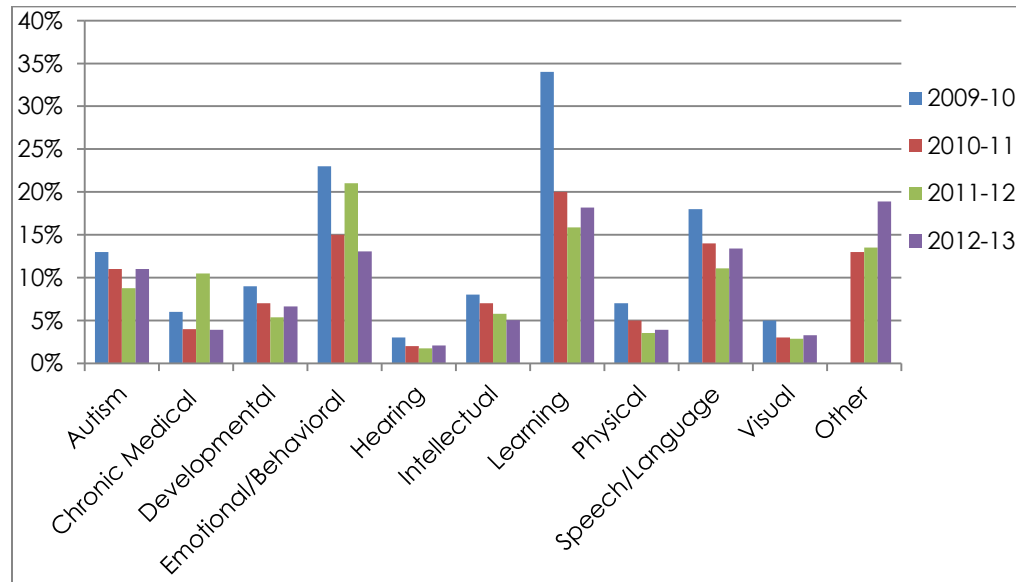


During the current 2012-13 contract year, 52,654 children were served with ongoing contacts (typically three or more sessions) throughout selected initiatives that collect and report on child disability status. In addition, HealthConnect in Our Schools served a student population of 137,610. In total from these selected strategies, 18,477 children (10%) were reported to have a documented disability. Differences across initiatives are likely related to reporting issues, as well as real differences in target populations and efforts to include children with disabilities. We know parents may at times be reluctant to disclose child disability status, especially if not seen as relevant to the service program; and we are also aware some providers may not make the appropriate effort to request and document information regarding children living with disabilities. In addition, children below age five are less likely to have diagnosed disabilities, so the focus of initiatives serving young children is on screening for early identification of delays or concerns.

<b>Selected Initiatives/Strategies*</b>	<b># Children Served in FY 2012-13</b>	<b># Children with Disabilities Served in FY 2012-13</b>	<b>% Children with Disabilities Served in FY 2012-13</b>
ACT Resource Network	170	170	100%
Early Childhood Development Programs (including Early Discovery Svc Partnership)	2,018	400	20%
Health Connect: Maximizing Early Childhood Health & Development	4,334	59	1%
HealthConnect in Our Schools	137,610	12,825	9%
Parenting Programs	1,559	94	6%
OOS After-school Programs	15,730	1,814	12%
OOS Summer Programs	11,989	1,762	15%
Service Partnerships	4,774	482	10%
Youth Development Programs	10,568	749	7%
Youth Violence Prevention	1,512	122	8%
<b>TOTAL</b>	<b>190,264</b>	<b>18,477</b>	<b>10%</b>
* HealthConnect in Our Communities, additional health programs, Quality Counts, 2-1-1, and leverage/match programs are not included in this table since they do not report child-level disability status.			

A number of programs focus on specific disability needs or on assistance for families of children with disabilities. Among these, **Parent to Parent** empowers parents of children with disabilities by providing information, training and support, as well as building advocacy skills. **Miami Lighthouse for the Blind and Visually Impaired** provides community-based early intervention, education and services to promote development for children birth through five years who are blind or severely visually impaired. The **University of Miami Early Discovery** service partnership provides early intervention to children birth to five with developmental delays of 10-24 percent who do not meet criteria for Part C and Part B early intervention through IDEA (Individuals with Disabilities Education Act), but can still benefit from early intervention. Services are provided at child care centers, homes or other convenient locations in the community. All after-school and summer camp programs are required to serve CWD, but some including **United Cerebral Palsy**, **ARC** and **Miami-Dade Parks and Recreation Department** offer programs specifically designed for children with more severe disabilities.

The chart below shows the prevalence of different types of challenges the children whose parents reported them living with a disability are experiencing, with the most common in the past year being learning, emotional/behavioral, speech/language and autism spectrum disorder.



### QUALITY: HOW WELL DID WE DO IT?

The Trust funds the All Children Together (ACT) resource network to help providers better serve children with disabilities and their families through comprehensive, countywide resources for training and technical assistance. ACT's website uses an interactive platform to communicate with interested stakeholders in Miami-Dade County ([www.ccdh.org/act/about\\_act/](http://www.ccdh.org/act/about_act/)) about the many training, capacity building, advocacy and best practice resources they offer. In terms of trainings and capacity building for providers offered during 2012-13:

- 487 out of 507 (96%) staff attending various trainings demonstrated knowledge of the discussed module
- 235 out of 248 (95%) staff attending Discovering Inclusion demonstrated awareness of basic information about children with disabilities
- 30 out of 34 (88%) staff attending the Administrator's Overview of Inclusion Requirements demonstrated knowledge on the legal requirements under the ADA, how to develop policies and procedures to ensure compliance and promoting inclusion
- 14 out of 14 (100%) staff attending the Discovering Inclusion: Train the Trainer workshop demonstrated ability to effectively deliver the curriculum

In addition, ACT assisted 31 agencies over the past year through Individual Program Inclusion Plans (IPIPs). An IPIP is an agreement between the provider and the resource network to improve program capacity to successfully include children with disabilities as part of the agency's programs. The IPIP identifies specific goals (using the Pathways to Inclusion tool), the activities required to meet them, responsibilities and time frames. During FY 2012-13, all agencies achieved 66% or more of their IPIP goals, and continue to work on them.

**OUTCOMES: IS ANYONE BETTER OFF?**

Over the past year, there has been significant progress in many areas based upon the emphasis The Trust and providers have placed in serving children with disabilities and tracking outcomes. More outcomes for children with disabilities are found within previous sections, primarily early childhood, parenting, youth development and out-of-school.

Selected Outcomes of Programs Serving Children with Disabilities	FY 2012-13 Results
Families of children with disabilities requesting assistance were linked to supports and services	100% (170)
Parents/caregivers of children with disabilities improved parenting skills	98% (675)
Children with disabilities decreased problem behavior / maintain appropriate behavior	96% (269)
Parents/caregivers of children with disabilities reported decreased feelings of stress related to parenting responsibilities	93% (109)
Parents/caregivers of children with disabilities reported feeling increased support as a result of program involvement	93% (516)
Parents/caregivers of children with disabilities increased parent involvement with child's development, education and/or school	93% (274)
Children with disabilities improved cognitive skills (including measures of reading fluency, cognitive skills, communication, speech/language and general comprehension)	91% (230)
Children with disabilities improved social skills	67% (422)

**ADDITIONAL PRIORITY POPULATIONS**

While The Children's Trust is focused on supporting all children in our community, one of our guiding principles specifies that we target early intervention and prevention services to our most vulnerable children, families and neighborhoods. In addition to children with disabilities and special health and mental health care needs, some other vulnerable populations tracked within our funded service programs include children of migrant parents and children involved in the dependency and/or delinquency systems. Across all initiatives reporting on these special populations for the 2012-13 contract year, we have served an estimated:

- 2,054 children involved in the dependency and related systems (i.e., DCF, Our Kids, full case management agencies, dependency and family courts).
- 560 children of migrant farm workers. Children of migrant farm workers are defined as children whose parent/caregiver crossed county or state lines in search of temporary or seasonal farm work in the past 36 months.
- 651 children involved in the delinquency system (i.e., DJJ, Juvenile Services Department, diversion/Civil Citation programs).
- 1,542 children of military families (i.e., member of the child's family who he/she lives with or knows and who is either: 1) an active duty member of the uniformed services; 2) a member of the national guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty).

## READ TO LEARN CAMPAIGN

*Read to Learn*, a literacy initiative spearheaded by The Children's Trust and fostered in collaboration with the Miami-Dade County Public Schools, the County Library System, United Way of Miami-Dade, and other partners, aims to significantly increase the number of third-graders in Miami-Dade County who read at or above grade level and to encourage an appreciation of reading across all sectors of the community. The seed of the initiative was launched in September 2011 at a community-wide summit as part of our commitment to the Campaign for Grade Level Reading (GLR)/All-American City competition. Since that launch, the *Read to Learn* tree has continued to grow, strengthening existing and sprouting new literacy branches throughout the community.

As a result of our commitment to GLR, The Children's Trust has deepened its roots to better support literacy and reading in our many existing funded programs and services. We have forged new liaisons, increased communications, and – buoyed with heightened awareness – we are partnering in new and innovative ways. As a result, *Read to Learn* is stretching further across the county to reach more and more children. The GLR campaign helped us to focus our efforts on the three pillars: school readiness, chronic absence, and summer learning loss:

- School-Readiness: Too many children from low-income families begin school already far behind. The research also shows that these children are less likely to be read or spoken to regularly or to have access to books, literacy-rich environments, high-quality early care, and prekindergarten programs. As a consequence, these children may hear as many as 30 million fewer words than their middle-income peers before reaching kindergarten. Research shows that such interactions are critical for language development, an important precursor to literacy.
- Chronic Absenteeism: Too many children from low-income families miss too many days of school. Research has found that one in 10 kindergarten and first grade students nationwide misses nearly a month of school each year in excused and unexcused absences. These students can ill-afford to lose time on task, especially in the early years when reading instruction is a central part of the curriculum.
- Summer Learning Loss: Too many children lose ground over the summer months. Without access to the enriching activities available to more-affluent peers, research shows that children from low-income families lose as much as three months of reading comprehension skills over the summer. By the end of fifth grade, they are nearly three grade levels behind their peers.

The Trust has long placed emphasis on reaching children early. Whether through family coaches that visit a young family's home or through Quality Counts, our initiative which seeks to professionalize the childcare industry and lift the quality of centers, we have committed ourselves to encouraging early childhood reading. The *Read to Learn Book Club*, which launched in 2012, is a prime example. Administered by the Miami-Dade Family Learning Partnership, the Book Club delivers a free book monthly (in English or Spanish) to the homes of all registered 3-year-olds in the county. To date 8,753 children have enrolled and over 35,000 books have been distributed.

We have increased our efforts to educate more parents in the art of reading aloud so they can be their children's best "first teacher"; and, our efforts have been sensitive to the different languages and cultures in our community. We have revamped our Service Partnerships, an initiative that coordinates a range of needed services for families within targeted neighborhoods, to include greater emphasis on parental engagement and local needs, especially in terms of reducing chronic absenteeism.

We have significantly increased public awareness efforts around GLR in our electronic and printed publications, article placements, our own TV talk show, sponsored TV and radio segments, social and outdoor media, at our annual signature events, and more. With the recent completion of new broadcast and print features promoting regular school attendance, we have now produced multi-lingual, multi-layered campaigns around all three pillars of the GLR effort that are receiving exposure through major media buys.

*Read to Learn Books for Free*, another branch of the growing tree, places bookshelves stocked with new and gently used age-appropriate books in highly visited locations in neighborhoods where books are not as accessible to many children. These locations include government benefits offices, low-income housing sites, health clinics, and others. Children are urged to take and keep one book from the shelf to help build their home library. The constant supply of books comes from year-round book donation drives throughout the community, in neighborhoods and businesses with large concentrations of more affluent residents or employees who have books to give. The program is administered by The Center for Literature and Theatre at Miami Dade College, the organizers of one of the largest and most prestigious book fairs in the country.

Our collaboration and increased dialogue with the public school system has been one of the most positive developments of our effort. Communication and liaison have improved significantly with MDCPS. We continue to work together, meeting at a number of different levels to determine what support the schools need and in what ways we might collaborate. With the district's help and input we are much better positioned to target support to those schools, designated as Early Transformation Office (ETO) schools, and neighborhoods most in need of reading services support.

Since our involvement, we have brought considerable awareness to the fact that too many children in our community do not read sufficiently well. While we have not as yet settled on a single, specific course of action, we have advanced an array of components as part of a broad strategy for the initiative. Our tree has sprouted a multitude of branches, each helping to promote literacy and to help young struggling readers so that by the time they reach third grade they will read proficiently.

At the community level, we solicited volunteers to comprise task forces focused on the separate pillars (school readiness, chronic absenteeism, and summer learning loss) and used their input to help generate our strategy. Ideas were shared at several literacy summits. At the beginning of 2013, we held a series of community forums in targeted neighborhoods, seeking to generate support and to mobilize parents and families to "pick up the baton." These sessions were relatively well-attended and participants appeared motivated; we are considering the next best step to take in this part of the process.

One of the newest components of our effort, *Summer Reading Explorers*, helps to address summer learning loss and in many ways exemplifies what we've learned through *Read to Learn*. *Explorers* is a pilot program, funded by The Children's Trust and managed by the Center for Children and Families at Florida International University and by Hope for Miami, which uses three different models to determine which is most successful, based on cost and research, at improving the reading skills of youngsters identified as struggling readers. In one model, certified teachers tutored four days a week, for one half-hour daily, for six weeks; in another, trained volunteers tutored; and thirdly, parents were instructed on how to read to their children and engage in their learning. A lottery system was used to determine which of the three models would be used at the 74 sites this first year. The FIU Center shared their expertise in research, organization and management; Hope for Miami, a local nonprofit, recruited and managed the volunteer pool; and the school system helped to identify the sites located closest to failing schools.

As we seek to make Miami-Dade County a literate community, we are making presentations to numerous chambers of commerce, business development organizations, and individual corporations, to obtain their support by offering a menu of options that range from hosting book drives to financial commitments and sponsorships.

In launching the *Read to Learn* effort we have engaged the community in ways we hope will be sustained for years to come, while encouraging the notion that all community partners have ownership of the initiative. We respect that organizations and entities of much longer standing than The Children's Trust have done their best for decades to support literacy and reading. Our thrust has been to spark new collaborations, recognizing that the success of *Read to Learn* is dependent on everyone's cooperation.

## 2-1-1 PARENT AND YOUTH HELPLINE

The Children's Trust 2-1-1 Helpline connects children and families to needed services by providing an efficient source of information regarding available health and human service programs, resulting in improved access to these services. Switchboard of Miami provides families and youth, as well as caseworkers and social service agencies, with:

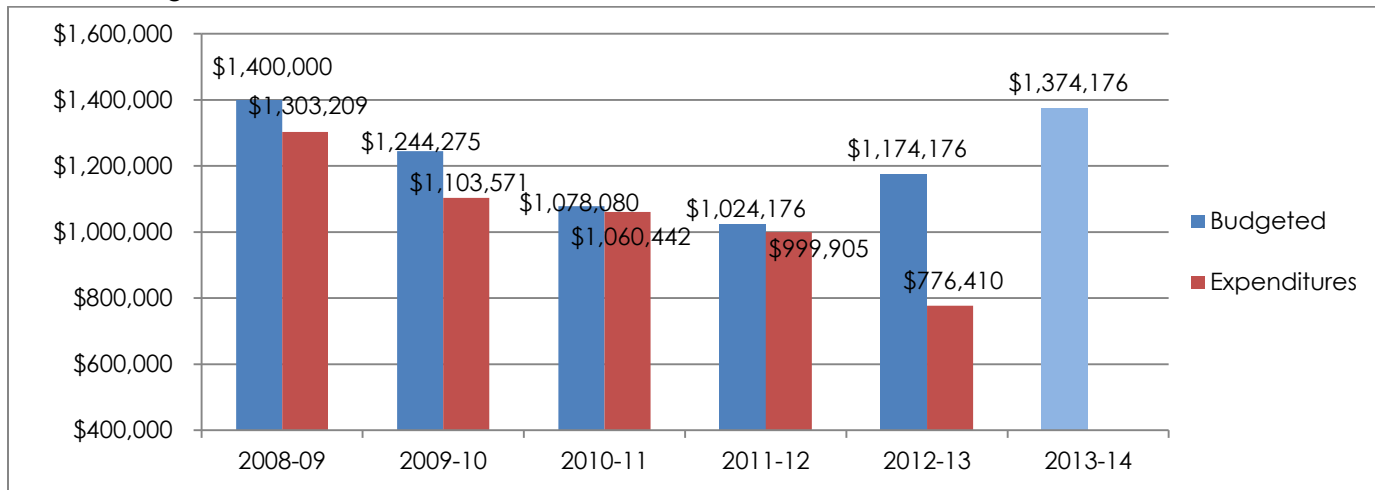
- immediate access to trilingual (English, Spanish and Haitian-Creole) telephone counseling services - including crisis intervention and information and referral - 24-hours a day, seven days a week, 365 days a year;
- trained counselors utilizing a continually updated database on 1,192 agencies offering 4,917 different resources and programs throughout Miami-Dade County; and
- an online, searchable community resource directory of these same agencies, resources and programs via links on the web sites of The Children's Trust and Switchboard of Miami.

**Rationale and return on investment for 2-1-1.** A [2004 national study](#) by researchers at the University of Texas at Austin found generally positive estimated present value for a national 2-1-1 Information and Referral system, and suggested similar results for a decentralized hybrid system of 2-1-1s operated at the state level, with benefits ranging from 1.36 to 2.26 per dollar spent. The 2-1-1 systems provide equitable access to timely, accurate information and referral services delivered by professional, dedicated staff, and maintain widespread and deep support that yields real benefits.

The ability to link individuals in need to available social services is a first step in providing access to services, and plays a crucial role during emergencies and natural disasters. A 2009 cost-benefit study of Hawaii's 2-1-1 call centers identified a total social value associated with these services at 2.6 times their operational costs ([Malama Consulting Group, Shidler College of Business/University of Hawaii Manoa, May 2009](#)).

## QUANTITY: HOW MUCH DID WE DO?

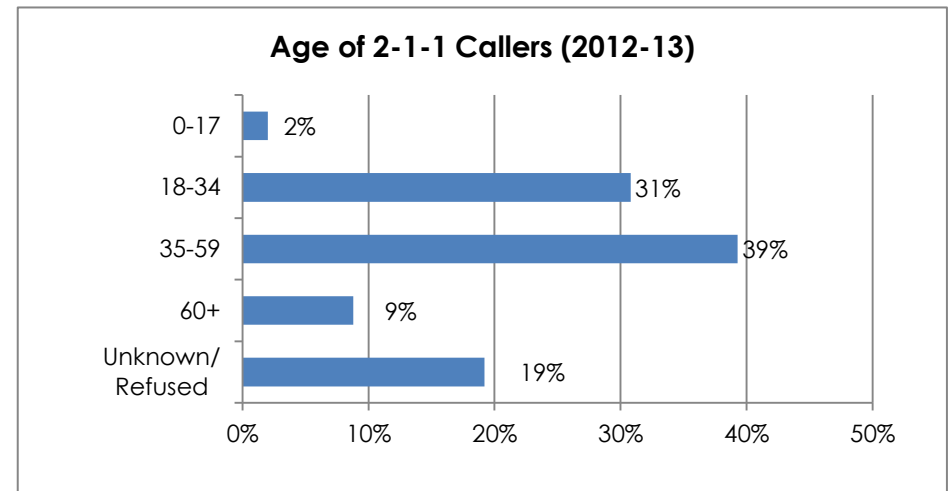
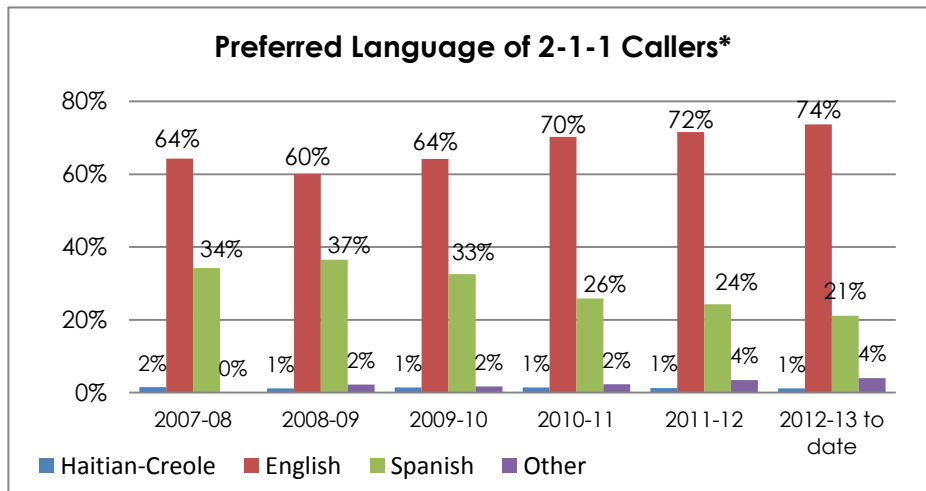
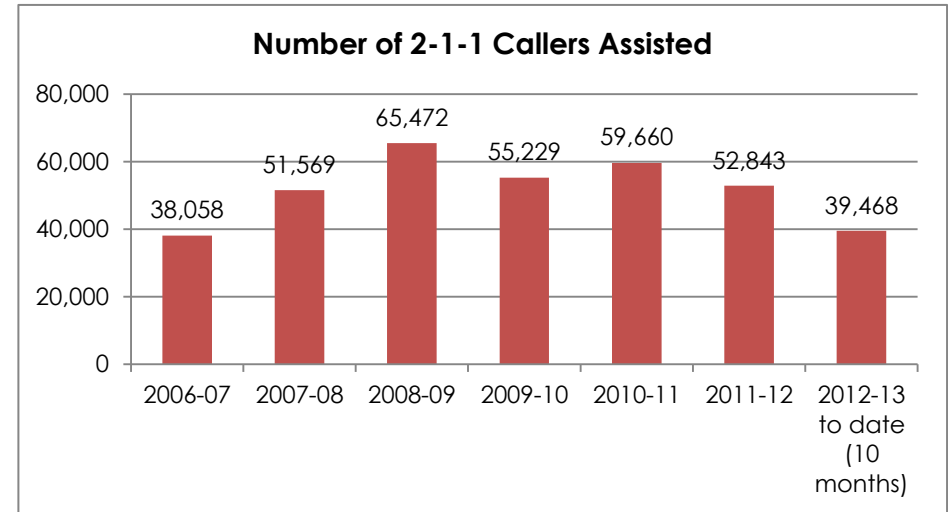
**NUMBER OF CONTRACTS:** One single source contract with Switchboard of Miami.





**2-1-1 Helpline:** During the 2-1-1 Helpline's initial years, The Trust invested in ongoing advertising to increase awareness of the services families may access through calling 2-1-1, resulting in increased call volume annually. Following major budget reductions in 2009-10 and thereafter that significantly reduced 2-1-1 advertisements, Helpline call volume declined by 16% from the year before, and call volume has still not returned to its previous level. These data illustrate what happens when advertising is suspended for extended periods of time.

The Children's Trust 2012 Parent Survey of Child Health and Well-being confirmed what our grassroots marketing efforts had been telling us - there are still many Miami-Dade families who are not aware of the 2-1-1 Helpline. The survey revealed only 33 percent of Miami-Dade households` with children under the age of 18 had any knowledge of the 2-1-1 Helpline. Of those who had heard about 2-1-1, 40 percent had used it. The lack of parents' awareness of the 2-1-1 Helpline may limit access to The Children's Trust's programs and services; therefore promoting the 2-1-1 Helpline continues to be a need for the Miami-Dade community.



\*Note the preferred language does not represent the ethnicity of the callers, simply the language in which callers converse with a counselor. For the 2012-13 contract year to date, 38% of callers identified themselves as Hispanic, yet only 21% preferred to converse in Spanish; similarly, 4.7% of callers identified themselves as Haitian, yet only 1.2% requested a Haitian-Creole-speaking counselor.

**Help Me Grow**

In spring 2013, with added financial support from The Children's Trust and others, Switchboard of Miami soft-launched *Help Me Grow* in Miami-Dade County. Help Me Grow is a national initiative designed to identify young children (birth to age eight) at-risk for developmental or behavioral disabilities, and connect them with community-based programs for health and developmental services. Designed to support questions and concerns of families while providing access to resources that could offer early detection for health or developmental concerns, Help Me Grow is easily accessible via 2-1-1. Specifically, Help Me Grow offers: information, resources, materials; referrals with advocacy and follow up; screenings for health and development; enrollment in community programs; and networking opportunities for families, service providers and community partners.

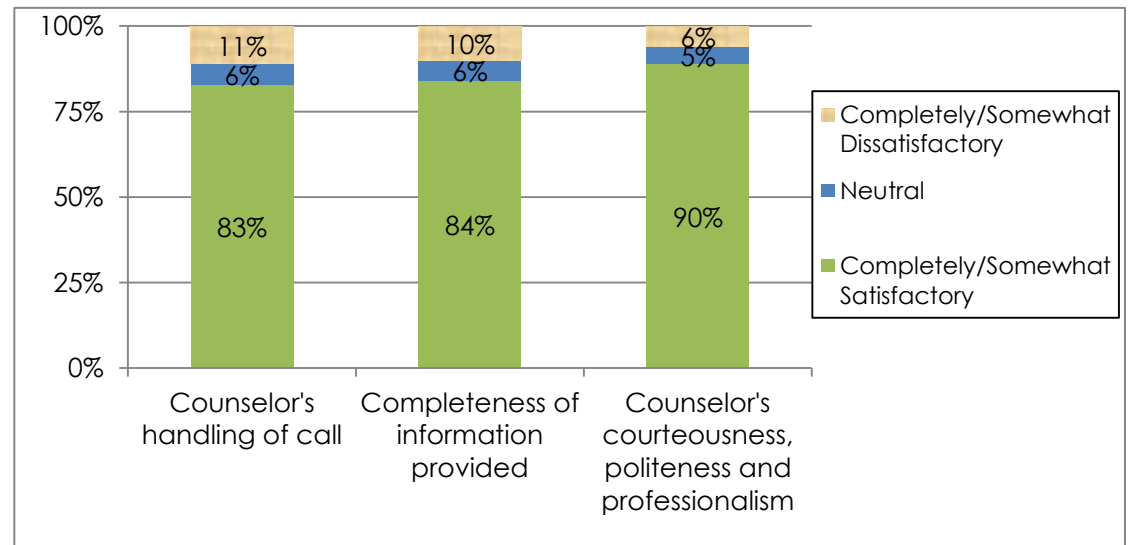
During its first four months (April through July 2013), Help Me Grow has already reached 340 callers interested in having their young children screened, conducted 264 developmental screenings, and referred 129 children with low developmental scores for assessments and/or services. Help Me Grow works in collaboration with numerous community partners, including among others Parent to Parent, CCDH, University of Miami Mailman Center for Child Development, United Way of Miami and the Children's Movement of Florida.

**QUALITY: HOW WELL DID WE DO IT?**

Florida International University's Metropolitan Center conducted independent quality assurance "shops" to the 2-1-1 Helpline for the period of June 2012 through July 2013. Each month 50 calls were made by secret shoppers for a total of 600 quality assurance calls for the 12 month period. Overall results reflect 90 percent of calls were handled courteously and professionally, and an 84 percent satisfactory service rate with respect to the information received. Working to continuously improve the quality of service and information provided, the quarterly quality assurance report identifies problems and makes specific recommendations. Switchboard of Miami uses the reports to tailor staff trainings to reduce the number of calls receiving less than satisfactory service.

During this period, 65% of calls were resolved within 10 minutes or less. Of the 53% of callers who were placed on hold during the call, 88% experienced wait times of five minutes or less and 54% experienced wait times of two minutes or less.

One-third of employed 2-1-1 counselors are certified as an AAS Crisis Worker; one-fourth are certified as Information and Referral Specialists.



**OUTCOMES: IS ANYONE BETTER OFF?**

Performance measures for this contract are based on results from the quality assurance mystery shopping conducted by external evaluator Florida International University Metropolitan Center. For the in-depth calls, the secret shoppers follow-through with their scenario and contact the agencies to which they are referred. The main issue with call resolution is the shoppers have difficulty reaching a live 2-1-1 operator. Switchboard of Miami is addressing by putting more resources into managing the community resource directory to ensure referral information is accurate and up-to-date.

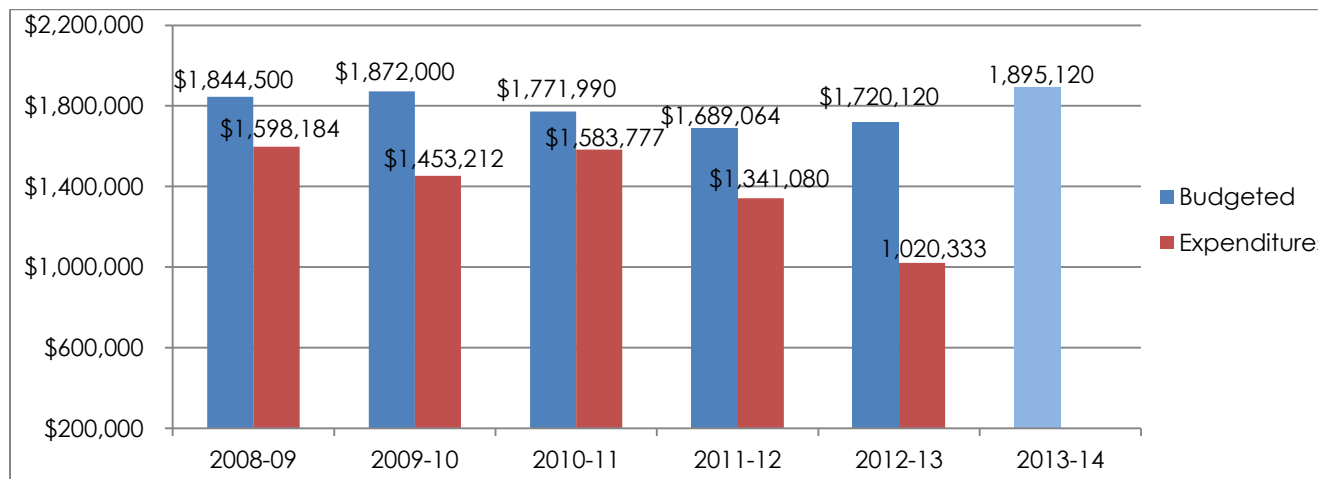
<b>Performance Measures</b>	<b>FY 2010-11 Results</b>	<b>FY 2011-12 Results</b>	<b>FY 2012-13 Results (to date)</b>
Information only calls to 2-1-1 are satisfactorily resolved (sufficient information provided to respond to inquiry)	87%	94%	91%
In-depth calls to 2-1-1 are satisfactorily resolved (received information on how to apply/obtain services needed)	41%	54%	48%

Reflecting the continuing difficult economic times, 35 percent of calls to the 2-1-1 Helpline for the 2012-13 contract year to date relate to basic needs of callers: housing, utilities, food, and income supports – this is the same as 2011-12 and up from 32 percent of all calls in 2010-11. The most common unmet needs for callers—that is, services for which they may not be eligible, requested services are not available, funding supports do not exist, or pending waiting lists exist—are requests for rent payment assistance, summer camp, child care providers, utility bill payment assistance, after-school care, child care subsidies, housing shelter, and job search/placement services.

<b>% of all calls</b>	<b>Problems/Needs of 2-1-1 Helpline Callers</b> (for 2012-13 contract year to date: October 2012–July 2013: 46,335 problems/needs identified)
31%	Housing/Utilities/Food & Meals
12%	Mental Health/Substance Abuse
13%	Information Services
9%	Individual, Child, Family and Community Support (parenting classes, family support, afterschool programs, youth development)
7%	Legal, Consumer and Public Safety
7%	Health Care (includes referrals, insurance, screenings, immunizations, school health programs, mother & infant care)
5%	Education (including early childhood education, tutoring, special education, truancy counseling)
6%	Arts, Culture and Recreation (includes summer camps)
4%	Income Support/Assistance
6%	All Other

**CAPACITY-BUILDING AND TRAINING: Training and technical assistance for service providers and staff on programmatic and administrative quality improvements**

In the interest of funding high quality services with positive results for Miami-Dade children, The Trust offers a number of capacity building supports for providers to enhance their ability to deliver the expected quantity and quality of services and results. Direct capacity building activities implemented by The Trust include: (1) specific and regular trainings on Trust-related programmatic, administrative and fiscal processes; (2) opportunities for peer networking and learning; (3) sponsorship of professional conferences and e-learning modules available on our website; and (4) individualized technical assistance. In addition, The Trust funds multiple external capacity building initiatives, such as: the All Children Together (ACT) Resource Network to support providers' ability to appropriately include children with disabilities; Project RISE, an Out-of-School quality improvement initiative; and Quality Counts, an early child care quality rating and improvement system.



Nearly 500 individuals received hands-on training at the Trust office to build proficiency in the use of a new web-based programmatic reporting system. The Trust is implementing this reporting system to capture participant demographics, attendance and outcomes required for each direct service contract. The hands-on trainings are offered regularly, with additional open lab opportunities for providers to receive one-on-one assistance to ensure providers' competence and accuracy in reporting. In addition, The Trust continues to work with providers on improving the capacity of the computerized financial and invoice system, while providing ongoing training to all providers on upgrades to the system and procedures.

In April 2013, The Trust offered the first CPA Audit workshop targeting certified public accountants working for funded agencies to discuss program specific audits on contracted Trust funding. Over 80 accountants attended the first session. Future sessions will be schedule based on need.

The Children's Trust requires all funded providers to fully participate in childhood injury prevention capacity-building efforts facilitated by the Public Health Trust's Injury Free Coalition for Kids of Miami® every contract year. This includes participation in at least one training session relevant to the population being served, and distribution of parent education materials on home, water, car and bicycle safety. A total of 654 staff members from funded agencies benefited from these trainings.

The Sports Play, and Active Recreation for Kids (SPARK) curriculum focuses on the development of healthy lifestyles, motor skills, and movement knowledge. The Children's Trust sponsors four free, one-day workshops each year to help out-of-school providers implement the SPARK curriculum successfully and with fidelity. A total of 302 provider staff members completed the SPARK training last year. In addition, trainings for providers on various required evidence-based programs were provided for 66 people on KidzLit, 56 for Readers Theatre, and 51 for Peaceworks.

Staff and providers continue to address compliance and quality issues via mutually agreed performance improvement plans to increase program success. Trust staff provide significant technical support to service providers to help them improve services, as well as administrative and financial systems. Staff works closely with applicants, inspiring our partners to embrace higher standards by requiring demonstrated positive impact on children and families. This means greater accountability and organizational capacity for providers and staff alike. Consultants may be engaged to work with a provider on specific needs.

Meetings are held quarterly with funded providers within various programmatic strategy areas. More than 400 individuals from funded agencies attend these meetings annually. This is a forum for Trust staff to share updates on policies and processes, as well as for providers to network with peers and share successes and challenges. The Trust supports a number of signature professional conferences each year, where attendance totaled more than 1,850 people last year. These local conferences provide an opportunity for professionals to attend specific training regarding evidence-based programs, best practices, implementing model programs, ensuring continuous quality improvement, encouraging professional development, improving consumer participation in governance and development of service programs, and promoting cultural competence.

The Trust regularly disseminates information to providers via e-newsletters, access to webinars on broadly-focused topics such, board governance, strategic planning, technology needs, and outcome measurement as a more efficient method to make information available to more providers.

### LEVERAGE AND MATCH FUNDING

This fund seeks to maximize community financial resources to expand and evaluate quality programs for children, youth and families. Programmatically, these funded contracts fit within various strategies related to The Trust's desired results for children and families. Many national, state and private funders require a local match to receive funding, and providing such funds can attract significant additional financial support for child and family programs in our community. In addition, The Children's Trust has strategically sought leverage opportunities by directly partnering with other funders on key initiatives. Match funds are primarily intended to secure new or expanded resources for the community and currently represent a wide array of services. In 2009-10, these contracts served approximately 227,000 children/youth and leveraged a total of \$14,717,382. In 2010-11 more than 235,000 children/youth were served and leveraged a total of \$19,084,669. In FY 2011-12, with a Trust investment of \$1.6 million, these contracts served more than 205,000 participants and leverage a total of \$20,318,731. In FY 2012-13, with a Trust investment of \$1.6 million, over 190,000 participants were served and leverage a total of \$15,234,310. For FY 2013-14, The Trust budgeted \$1.6 million for these programs.

### QUANTITY: HOW MUCH DID WE DO?

Service Provider and Activity	Number Served	Contracted 2012-13	Leveraged 2012-13
Miami-Dade County Division of Cultural Affairs <ul style="list-style-type: none"> <li>Expands children and youth community arts programming, including the All Kids Included that create accessible arts experiences for children with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>92 agency grants, serving 189,552 children and youth:               <ul style="list-style-type: none"> <li>98,611 Youth Arts Miami - 23 programs</li> <li>69,434 Youth Enrichment Programs - 33 programs</li> <li>1,219 Summer Arts &amp; Science Programs - 24 programs</li> <li>9,720 All Kids Included ADA-accessible arts – 9 projects</li> <li>10,568 Arts Education &amp; Outreach Initiatives – 3 programs</li> </ul> </li> </ul>	\$995,328	\$13,352,410
Early Learning Coalition of Miami-Dade <ul style="list-style-type: none"> <li>Provides child care subsidies for low-to-moderate wage earning families.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated 275 child care slots</li> <li>An average of 939 children (0-72 months) were served per month (12 months)</li> </ul>	\$480,000	\$500,000
Redlands Christian Migrant Association, Inc. <ul style="list-style-type: none"> <li>Provides child care subsidies for low-to-moderate wage earning families in support of children of farm workers.</li> </ul>	<ul style="list-style-type: none"> <li>Estimated 200 child care slots</li> <li>An average of 608 children were served over a 12 month time period</li> </ul>	\$50,000	\$800,000
Human Services Coalition/Catalyst Miami <ul style="list-style-type: none"> <li>Part of AmeriCorps, the program supports the engagement and development of young community leaders and non-profits.</li> </ul>	<ul style="list-style-type: none"> <li>1 site in northeast region</li> <li>22 participants in Public Allies professional development</li> <li>2 participants in facilitator's training</li> </ul>	\$50,000	\$581,900
<b>TOTALS:</b>		<b>\$1,575,328</b>	<b>\$15,234,310</b>

## COMMUNITY NEEDS ASSESSMENT, RESEARCH AND PROGRAM EVALUATION

The Children's Trust places a strong emphasis on accountability and documenting the impact of investments. By [Florida statute 125.901](#), Children's Services Councils are to collect statistical data and conduct research that will inform the public and policymakers about the needs of children in the county. As a leader in the field, The Children's Trust seeks to support ongoing knowledge development and evidence of best practices for child, youth and family services. Compiling information on the status of children in our community and analyzing to compare children's well-being across neighborhoods and in relation to the state and nation can identify areas of success and challenge, leading to data-informed decisions and investments in child services. The goal of Research and Evaluation is to coordinate strategic planning and development to improve the lives of children and families through high quality programs. To that end, the Research and Evaluation Department continues to support The Children's Trust five-year results-based investment plan through building staff, provider and community capacity to regularly consider results and actions that can keep outcomes moving in the desired direction, using a results-based accountability framework. Results we seek are that children are: healthy physically and emotionally; supported by safe, nurturing families and communities; ready to succeed when entering school; and succeeding in school and society. To ensure program investments are in support of the results-based strategic plan, all major service initiatives are regularly evaluated to measure participant outcomes and identify areas where programs can improve. Program results collected and analyzed by the Research and Evaluation Department are highlighted throughout this detailed report of results.

The primary goal of the Research and Evaluation Department is to bring relevant data and information to lead and inform discussions, decisions, operational and strategic planning at The Children's Trust to support the mission to partner with the community to improve the lives of all children and families in Miami-Dade County by making strategic investments in their futures. To achieve this goal, Research and Evaluation supports The Children's Trust and the community through the following cyclical activities:



### INVESTIGATE & INTEGRATE

- Learn about, share with others, and influence Trust practices and investments with information about effective practices (EBPs, best practices), what's going on in the field and in other locations, and the ongoing needs and status of well-being of Miami-Dade children (community surveys, mapping, community engagement).

### EDUCATE

- Offer staff and provider training, technical assistance and support with program development, data collection, continuous quality improvement and evaluation.

### EVALUATE

- Ensure the integrity and quality of performance measures, reporting systems and data collected from providers to allow for sound program evaluation and analyses that inform the effectiveness of investments.

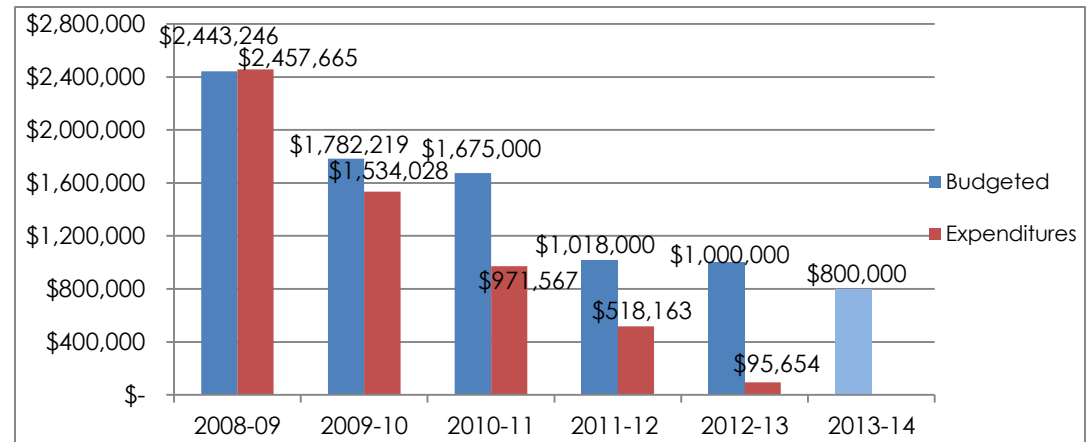
### DISSEMINATE

- Share results and practices with community stakeholders, including provider, board, public and professional audiences.

### Community Assessment and Data Development Activities

The Children's Trust conducts countywide research to assist in planning investments to meet child and family needs and identify areas of inequity where strategic investments are likely to make a difference. Community needs assessments and surveys are most effective when collected over time to measure change. Strong community indicator data must be collected in a timely, reliable and consistent manner.

2007 and 2012 Parent Household Telephone Surveys: As in 2007, the 2012 survey focused on obtaining results on child health and well-being and unmet needs, allowing comparisons of responses across three age groups of children, three race/ethnicities, and five geographic areas of the county. This 2012 survey contains many questions from the 2007 survey for trending purposes, but also addresses 68% of the child well-being indicators on the Trust's data development agenda, including a number of questions on national surveys that allow state and national benchmark comparisons. This agenda resulted from the 2010 strategic planning process and identifies data not currently available but important to the Miami-Dade community to ensure measurement of results improves over time through pursuit of new or improved data sources.



Transforming Early Childhood Community Systems (TECCS)/Early Development Instrument (EDI): During FY 2012-13, The Children's Trust became the lead agency for Miami-Dade TECCS/EDI, a partnership between the UCLA Center for Healthier Children, Families and Communities, United Way Worldwide, the WK Kellogg Foundation and the Cincinnati Children's Hospital Center for Health Care Quality. The goal is to provide communities tools and assistance to create more accountable, well-functioning supports for young children. A national Collaborative Innovation Network pools technical resources, ongoing learning and support in the use of EDI to engage communities around actionable planning and improvement.

The EDI was developed with the premise that all children must develop competencies in five domains to feel well and relate happily and successfully to other people, to school and to work: (1) physical health and well-being; (2) social competency; (3) emotional maturity; (4) language and cognitive development; and (5) communication skills and general knowledge. The EDI results reveal the percentage of kindergartners who are developmentally ready or vulnerable, without identifying individual children. This approach enables us to take collective responsibility for all children in a neighborhood and appreciate the effect of community change on child outcomes. Results are mapped to illustrate the location of children and their developmental status and how they overlap with community resources, issues and conditions, investigating issues residents believe might influence children's health, development and educational trajectories. Finally, the initiative provides local and national assistance, networking and guidance for how to help mobilize residents and community stakeholders to achieve positive change in the fundamental capital resources for children, not just tinkering around the edges by waiting for kids to fall or fail and then offering problem-specific prevention or intervention programs.

In 2012-13, the EDI was collected for 1,997 children in 30 public elementary schools (117 classrooms) in the most disadvantaged schools within the Miami-Dade County public school district. During the coming year, The Trust will work with the school district to expand EDI data collection to 27 new schools to the district's Education Transformation Office, as well as to all elementary and K-8 schools in the geographic areas of Liberty City, Little Havana, Miami Gardens and Florida City. Results will be shared with families, residents, businesses and school personnel who hold a stake in the healthy development and school performance of children residing in particular geographic areas. Some of these areas have active coalitions already working to improve child outcomes. There, TECCS/EDI will help to design interventions, mobilize collective action and assess progress toward goals. Other places are just beginning to organize collective responses to the pressing needs of their children's developmental ecology. TECCS/EDI will help these communities understand their children's developmental readiness to succeed in school and domains of challenge their children face.



**YouthTruth@ Survey:** YouthTruth is a national survey project that gathers candid and actionable feedback from high school students about their experiences at school — what they believe is working well and what could be improved. The project provides rigorous data collection and analysis and engages school communities for change. Two years ago, The Children's Trust began matching funding with the Miami-Dade County Public School System (MDCPS) to expand the survey into 11 targeted high schools, with responses from 15,841 students. For the 2012-13 school year, nine high schools participated with responses from 11,402 students (a 69% response rate). Our investment allowed for the addition of several custom questions related to health, neighborhood safety and support from adults. This work involved both school- and district-level convenings to review results and make action plans for improvement; school system staff has been extremely positive about the utility of the survey.

**Additional Community Research Efforts:** The Children's Trust research and evaluation staff consult with a number of community partners to both obtain and share community data. Local data summaries, analyses and maps have been provided for a number of groups working in specific Miami-Dade neighborhoods. Research staff serve on the Health Council of South Florida's Technical Advisory Panel of their Miami Community Health Survey. We also have ongoing contact with MDCPS Assessment, Research and Data Analysis staff, and are currently pursuing a more formalized research partnership. The Trust also has formal research practicum agreements with both Florida International University and the University of Miami, hosting several undergraduate and graduate students who earned course credit for working part-time on data projects with our research team. Research staff also maintain regular updates to an array of aggregate community indicator data made available online within the accessible KidStats and Maps indicators website.

### **Program Evaluation and Quality Improvement**

The Trust's Research and Evaluation department shepherds the results-based orientation within the organization through ongoing capacity building efforts with Trust staff and providers, as well as an emphasis on collecting regular input from staff and providers to inform operational and process improvements to procurement, contracting and capacity building efforts. Examination of regular data reporting by providers for evaluation and quality improvement purposes is a key element of The Trust's service contracts, and many results are summarized in this report. Trust research staff actively support contract staff and providers through training and technical assistance related to performance measures and data collection. At times The Trust procures formal external evaluation services for major initiatives, such as:

- An evaluation of the Quality Counts initiative by the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill over the first four years was initially formative in nature (i.e., answering questions about program processes, fidelity and efficacy), but also included investigation of whether and how quality improved, as well as an early look at potential impact on child outcomes using existing data. These results are useful as the initiative updates quality rating standards and refocuses on child care providers serving the neediest children in an effort to reduce the school-readiness gap. In June 2013, the Board approved the release of a competitive solicitation to conduct a comprehensive external evaluation of the Quality Counts initiative. This evaluation phase of Quality Counts will establish and implement an on-going evaluation plan to examine questions about the validity of the new standards being used to determine program quality, the impact on participants (children and teaching staff) and program outcomes, and the cost-effectiveness of the program design and supports for incentivizing program quality improvement.
- An ongoing quality assurance evaluation of the 2-1-1 Helpline by FIU's Metropolitan Center continues. This program engages "secret shoppers" who call the 2-1-1 Helpline with specific scenarios and thereafter provide feedback to Switchboard of Miami regarding their experience which is used to guide training needs and service improvements.
- The Trust is providing leveraged funding of approximately \$24,000/year to support the program evaluation of the Teen Outreach Program (TOP), an evidence-based teen pregnancy prevention program, being funded by the Himan Brown Charitable Trust at \$300,000/year for three years at Miami Northwestern Senior High in Liberty City with 500 9<sup>th</sup> graders.

## INFORMATION SYSTEMS

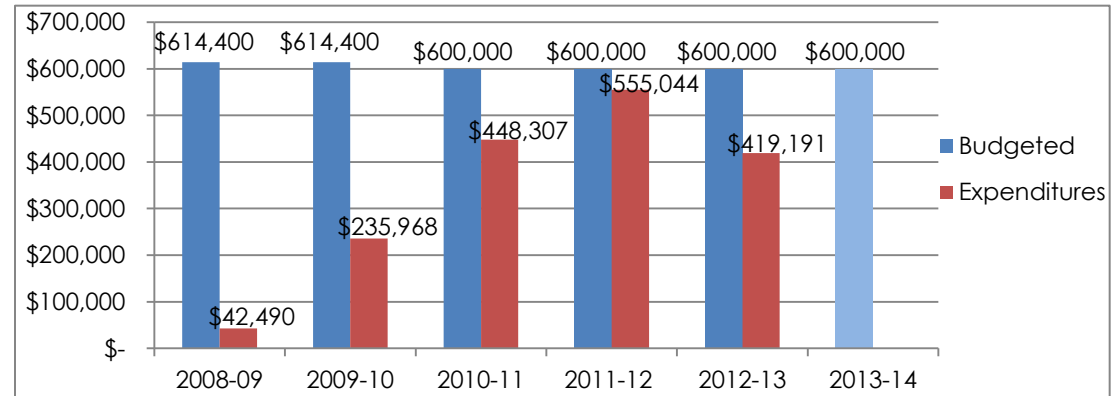
Over the past year, The Trust has made significant progress in its efforts to fully integrate newly developed and implemented information systems that streamline our funding process for procurement development, application submission/review, contract management/reporting, and record keeping. This effort, which began several years ago, continues to improve efficiency, accountability and transparency. Great strides have been made across several data systems, and work continues to coordinate data collection and accessibility to inform decisions while reducing our dependency on paper records.

In order to assure staff and providers have access to The Trust online systems and support a mobile workforce, we have upgraded our mobile devices and prepare for the integration of tablets by staff in the field.

With the goal of reducing our server footprint, we are in the process of virtualizing many of our servers. This will allow us to decrease hardware maintenance costs as we reduce/eliminate physical servers. Finally, in an effort to prevent disruption of business services in the case of a hurricane or other disaster, we continue the long-term project to relocate hardware and services to a secure data center.

Over the next year, our ongoing systems integration work will:

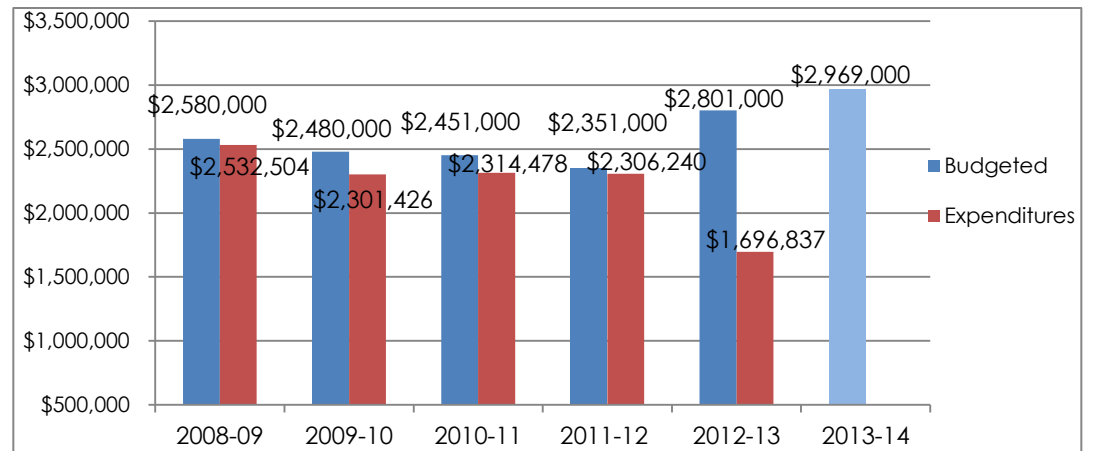
- Continue the electronic document integration processes across teams and departments.
- Leverage information systems and training, including online training, to improve staff and provider efficiency.
- Meet organizational needs for easily accessible data to inform decision-making.
- Reduce/eliminate duplicate entry of the same information in multiple systems.
- Reduce paper creation and storage and need for paper document management/retention practices.
- Enable universal access to support a mobile workforce.
- Streamline our secure technology infrastructure.
- Continue providing targeted technology trainings and support with a multi-faceted approach (i.e., instructor-led, online modules, and individual assistance).
- Support efficient invoice reimbursement through SAMIS, allowing providers to receive funds faster as The Trust increases accountability.
- Continue collecting participant data in SAMIS for most of our programmatic contracts. Once fully implemented this fall, providers will use one system to report fiscal and programmatic information to The Children's Trust, and we will retire Data Tracker as a legacy system.
- Support compliance requirements to protect personally identifiable and health data.



## COMMUNITY OUTREACH, PUBLIC AWARENESS AND PROGRAM PROMOTION

The Children's Trust's communication and outreach efforts foster awareness, understanding, and support for our many programs and services, all geared to build stronger families and to help children reach their fullest potential.

Through a focused, strategic approach, we utilize a full array of modern media in the three principle languages of our community. Our efforts include the execution of signature events and sponsorships (Champions for Children, the Family Expo and Young Talent Big Dreams Talent Competition); grassroots community outreach; public awareness campaigns that utilize tools such as broadcast, web, and print advertising; media appearances; our own televised talk shows; printed resource materials; and electronic newsletters. Our websites demonstrate substantially increased traffic, our email marketing list grows weekly, and The Trust has now established presence and following on five social networks – Facebook, Twitter, LinkedIn, Google+, and Instagram. These many vehicles help to advance The Children's Trust vision to become the recognized leader in planning, advocating, and funding quality services to improve the lives of children and families.



Communications resources are used to promote summer and after-school programs; parenting programs; enrichment programs for youth; the *Read to Learn* initiative and its components – the *Read to Learn Book Club*, *Read to Learn Books for Free*; quality child care; access to health care and insurance; school-based health care; home visitation programs; programs for children with disabilities; the adoption of children in foster care and much more. The Children's Trust website and 2-1-1 Helpline are always promoted as vehicles for accessing programs and services. These activities are further broken down into the following three overall budget categories:

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### Program Promotion

- Trilingual (English, Spanish, and Creole) advertising campaigns
- Public relations/ media pitching
- Trilingual printed brochures and materials
- English/Spanish, online Searchable Program Directory

### Public Awareness

- Annual report
- Print public notices
- Champions for Children recognition awards
- Adoption Awareness Campaign
- Sponsored media appearances and programs
- "Our Children," The Children's Trust talk show
- The Children's Trust Spanish-Language monthly radio show
- Monthly urban radio segments
- Social media efforts
- Electronic newsletters

### Community Outreach

- Faith-based, African-American and Hispanic outreach
- Haitian grassroots outreach
- Trilingual (English, Spanish, Creole) published Resource Guides
- Trilingual Teach More/Love More newsletter
- T-shirts for summer program providers
- Children's performing arts talent initiative
- Multicultural street teams
- Public awareness & event sponsorships
- Family EXPO resource fair

### QUANTITY: HOW MUCH DID WE DO?

During fiscal year 2012-13, 124 television, radio, web and print ads were produced in English, Spanish or Creole to promote the following programs and initiatives of The Children's Trust: Quality Counts, The Miami Heart Gallery, Summer Camp, The Family Expo, Back-to-School, Champions for Children and Read to Learn, among others. These ads were broadcast on 45 media outlets in English, Spanish and Creole to our target audience of South Florida women ages 25-54, and contributed to at least 53,000 Miami-Dade County residents annually being helped through the 2-1-1 Helpline.

Fifty-six videos, more than double the previous year, were produced for the Miami Heart Gallery and 30 video elements were produced for the "Our Children" television show. Lastly, 62 media placements were achieved through public relations efforts.

The following figures provide additional counts indicating the reach of our program promotion, public awareness and community outreach efforts:

- Page views for the first time are projected to surpass 1,000,000 on The Children's Trust website for the period October 2012—September 2013.
- 3,500 searches are conducted monthly on average using The Children's Trust searchable program directory available on the web page.
- 90,000 Children's Trust Summer Camp guides and 60,000 After-School Program guides were distributed in 2013.
- 20,000 Households receive our monthly parenting newsletter, "Parenting Our Children," published in English, Spanish and Creole.
- Approximately 13,000 viewers on average tune in for each "Our Children" television show episode, produced five times a year on WSVN 7.
- 20,000 children and their families are expected to attend The Children's Trust Family Expo (1-day event) in late August 2013.

### QUALITY: HOW WELL DID WE DO IT?

- Visitors to the main page of The Children's Trust are expected to increase from 295,848 to 387,927 compared to the previous fiscal year (October 2012 – September 2013).
- Average monthly searches using The Children's Trust searchable program directory are projected to increase from 2,828 to 3,544 for the same fiscal year period (October 2012 – September 2013).
- According to The Trust's representative telephone surveys of parents, there has been a significant increase in parents' recognition of The Children's Trust from 2007 to 2011: 61% of respondents answered YES in 2011, compared with only 44% in 2007. There is a tendency for greater recognition of The Children's Trust among families with children ages 6-11 (65%) and among non-Hispanic black families (66%). When asked about source of knowledge of The Children's Trust, 42% had heard of The Trust via media, and 15% from conversations with family, friends, or coworkers.

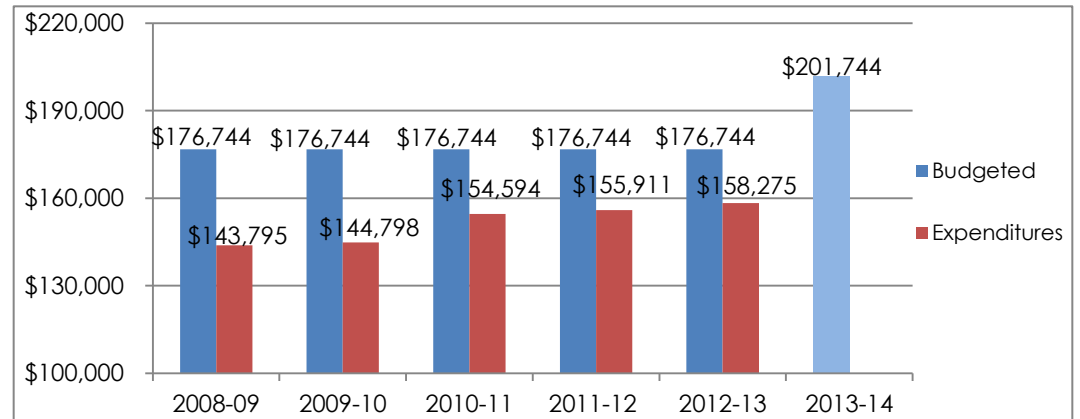
### OUTCOMES: IS ANYONE BETTER OFF?

The Miami Heart Gallery is a museum-quality Web-based photo exhibit featuring portraits of children in Miami-Dade's foster care system available for adoption. Each month, the Heart Gallery website registers nearly 12,000 visits, for a total of 143,901 over the past 12 months. Since its launch in 2008, more than 175 children have been featured, of which approximately half have either been adopted or are in the process of being adopted. Our Kids of Miami-Dade/Monroe, the lead agency for Miami-Dade's foster care system, has determined that children featured in the Miami Heart Gallery are three times more likely to be adopted than foster children who are not.

### PROMOTE PUBLIC POLICY AND LEGISLATIVE AGENDAS

Laws and public policies that improve the lives of children and families are greatly needed, and The Children's Trust has continued to elevate its presence at the state and federal levels, both advocating for child and family issues and sensitizing legislators to the needs and benefits of a society that safeguards, nurtures and enriches its children.

The Children's Trust has played a major role in continuing to build a state-wide coalition through legislative leadership with a number of statewide organizations such as the Florida Children's Council (FCC), Association of Early Learning Coalitions (AELC), Florida Juvenile Justice Association (FJJA), Florida Covering Kids and Families, United Way and The Florida Children's Movement. The Children's Trust, this year, also demonstrated legislative leadership at the local level with a newly formed legislative and advocacy partnership with United Way of Miami-Dade County and the Early Learning Coalition of Miami-Dade/Monroe.



**RESULTS:** For the first time in several years, the revenue forecast for the state budget was quite healthy. This optimistic projection was evidenced by increased or level funding for many health and human services programs, for which, in previous years, children's advocates had become all too used to fending off debilitating budget cuts. In addition to an approximately \$1 billion increase in K-12 education, an increase for 6,900 more children in the Florida KidCare Program, and an increase of \$3 million for the Healthy Families program, increases for adolescent mental health and substance abuse, community based care and juvenile justice prevention programs such as Children and Families in Need of Services (CINS/FINS) and PACE occurred.

The Children's Trust and its partners played a major role in the passage of a bill addressing the governance and operations of early learning. The bill clarifies roles and responsibilities of the state office, early learning coalitions and providers. It preserves the educational requirements of the early learning programs and enables early learning coalitions to meet the needs of families by prioritizing participation of school-age siblings. The bill represents a significant amount of work from all early learning stakeholders.

The Children's Trust was extremely instrumental in obtaining an additional \$5 million dollars for School Readiness to restore funding for children on the waiting list in need of subsidized child care. House Education Appropriations Committee Chair Erik Fresen (R-Miami) included the increase to the education budget to address funding losses a number of communities, particularly Miami-Dade, had experienced as a result of earlier cuts by the Office of Early Learning.

In addition, most of the juvenile justice system's front-end was held harmless or received increased funding for proven prevention programs, such as expanding Children and Families in Need of Services (CINS/FINS) to rural areas, \$2.68 million for the PACE Schools for Girls, Boys and Girls Clubs, and Big Brothers and Big Sisters. Even though a bill that would have enhanced the educational capacity, accountability, and effectiveness of the juvenile justice system failed in the final days of session, advocates worked diligently to keep \$1.6 million in increased funding appropriated for the bill in the governor's final budget.

Two bills sponsored by Sen. Nancy Detert (R-Venice Beach) passed this session that will dramatically improve the lives of foster children. Known as the "Independent Living Bill," the first would expand foster care to age 21; allow youth who stay in foster care to choose to stay in their foster home, group home or in another supervised environment; focus on education for foster children and youth and on keeping them stable in school; provide supports to succeed in postsecondary education; and continue the Road to Independence stipend for students in colleges/universities. The second, known as the "Normalcy Bill," recognized the importance of providing children with the most family-like living experience possible, encouraged foster parents and other caregivers for children in foster care to allow their children to participate in activities at school and in the community, and also allowed children in out-of-home care to participate in normal activities.

Though legislators could not agree on Medicaid expansion, and two bills failed that would have increased access to the Florida KidCare program by providing presumptive eligibility in Federally Qualified Health Centers and allowing children of lawfully residing immigrants to receive immediate coverage, there were still advances that will benefit children. As mandated by the Affordable Care Act, children up to 138% of the Federal Poverty Level will be eligible for Medicaid coverage, and hospitals will be able to use presumptive eligibility to enroll those who appear to meet the coverage requirements. Further, KidCare funding was increased to allow for enrollment growth, and \$3 million in additional funding was allocated for Early Steps services for children with disabilities, including autism.

With the state's revenue forecast continuing to improve for next year, The Children's Trust will advocate for adequate funding for children's programs, including funding to continue to reduce the number of children on the waiting list for subsidized child care, and advocate for program improvements in early childhood education and care, including quality child care and voluntary pre-kindergarten (VPK). The Children's Trust will also advocate for policy improvements for children's health, with an emphasis on extending access to care to the children of lawfully residing immigrants who now qualify for the federal match for Healthy Kids, thereby dramatically reducing the close to 500,000 children still without health insurance. We will also share in the pursuit of program improvements for the dependency system in light of the recent deaths of children in South Florida, as well as in juvenile justice, through statewide efforts and through local participation in the Miami-Dade Community Based Care Alliance. Work will also continue throughout the year on administrative efforts to improve access and enrollment in the KidCare program.

This year, The Children's Trust will also launch the Advocacy Institute for Children in partnership with United Way of Miami-Dade and the Early Learning Coalition of Miami-Dade/Monroe to provide advocacy trainings for parents and providers.