



TO: Board of Directors
FROM: Charles M. Auslander, President and CEO
DATE: August 28, 2014
SUBJECT: Proposed FY 2014-15 Budget

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, I submit for your consideration the recommended FY 2014-15 budget.

Introduction

This year brings us the opportunity to look back at our successes, implement current initiatives, and to forge ahead to the future. The work performed this coming budget year by The Trust will be our last under the existing "Results-based Strategic Plan for Investments 2011-15." It is also the year when we commence the implementation of our new strategic vision under a new plan, with a host of competitive solicitations that The Trust will release beginning this fall and early winter.

Next Year—A New Strategic Plan

A New Mission and Vision

As part of strategic planning, the board has revised The Trust's mission and vision statements. Our mission places greater emphasis on our role within the community, as does our vision, which is one of shared effort:

Mission: *The Children's Trust partners with the community to plan, advocate for and fund strategic investments that improve the lives of all children and families in Miami-Dade County.*

Vision: *The Children's Trust envisions a community that works together to provide the essential foundations to enable children to achieve their full potential.*

A New Plan

We have traversed a strategic planning process in the last several months of this year, and while we have not sought drastic change, the revised strategic plan offers some new directions. As always, we have aspirational plans for our children, families and the community. We will work with partners across the community to achieve these goals over time.

The new plan offers strong and achievable recommendations for children and their families. It is grounded in four essential foundations for healthy child development: social, educational, economic and environmental. Social foundations foster healthy relationships in children's lives and assist them in building the personal skills that help establish effective interaction with others. Educational foundations are grounded in high quality learning environments, beginning in infancy, and in building awareness of those conditions that serve to secure a child's healthy development. Economic foundations promote equitable access and opportunity for all children and families to pursue prosperity and financial stability. Finally, environmental foundations promote healthy surroundings for children to grow. We know these foundations each contribute to healthy development; and, we know it will take both services and advocacy from The Trust and from others to improve conditions for children throughout our county.

The new plan will seek as well to better integrate services, because children grow up in families with multiple needs, not in discrete programs. We will pursue program evaluation with rigor, so that we can be more confident that we are learning from our investments how to better support and improve conditions for children and families.

Greater emphasis will be placed on regular, structured discussion with the community: We want to be guided by the experience of residents from the communities we serve. Residents are best able to define specific neighborhood concerns and they share responsibility for improving conditions. Residents must buy-in to building and strengthening their communities so they become better places for children to develop and prosper.

Cross-funder collaboration that builds awareness and hopefully aligns in shared policy and advocacy will also be part of a strategy we believe will yield better results. We anticipate the funding of innovative strategies that rely on community discussion, collaboration and national research, all with the intention of strengthening the foundations of successful child development.

The new strategic plan is available in draft form online at this writing: <https://www.thechildrenstrust.org/calendar/eventdetail/7012/-/executive-committee-meeting>. Complementing the plan, the reader will find a "funding recommendations" document and a document that more thoroughly addresses the details of the headline community results and measurable indicators of the strategic plan.

How we go about serving children and families:

The Trust enters into contracts with providers through competitive solicitations that request proposals for a wide variety of services. We utilize research, surveys, input from many sources and the historic performance of our initiatives to design these documents. This past year we spent a large amount of staff time on efforts keyed to the anticipated release of those solicitations for services that will lead to implementation of the new strategic plan. We also garnered input from industry experts, government and foundation leaders, academics and service providers.

Once we issue the competitive solicitations and rate and rank proposals from applicants, we make awards and then develop contracts with activities and related outcomes; and, importantly, with measures that specify what meaningful improvement can be expected in children's and parents' circumstances and skills. This process establishes the largest investment of our portfolio. Much of this year's staff work will involve implementing our new strategic plan through these solicitations, while continuing the good work that is ongoing under the current plan.

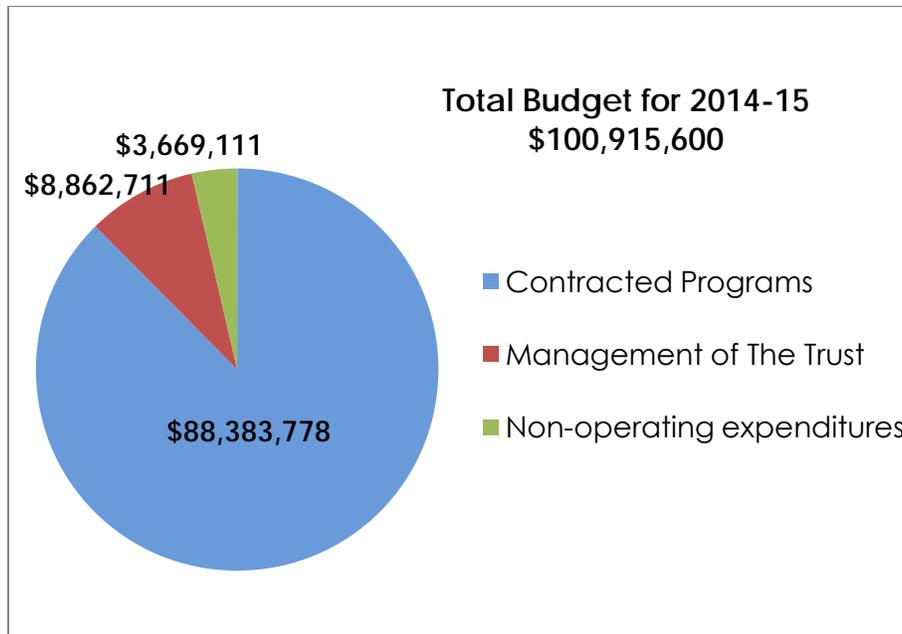
That good work includes a wide variety of prevention programs for all children, including those at greater risk due to family and community conditions. Our programming ranges widely, from traditional afterschool and summer camps for school-aged children to a variety of youth enrichment programs, as well as programs that support early learning in early care and education settings.

We continue to gain ground for children’s literacy with our “Summer Reading Explorers” program for rising K, first and second graders struggling with reading. Early childhood education programs will continue to improve in quality through our “Quality Counts” investment, which seeks to improve early care and education learning environments through direct technical assistance to teachers and directors. It also provides the opportunity for teachers to earn more through wage supplements and to advance their education through scholarships funded by the program.

Parenting programs, including evidence-based classes and home visiting, are essential supports for adults caring for children to develop nurturing, healthy homes for which there is no substitute. Several of our parenting programs also provide peer networks of support and teach parents tools they need for leadership and civic engagement and to address issues involving chronic poverty.

Our health programming continues to provide basic care to students across the county through the school health work done in cooperation with the Department of Health and the Miami-Dade County Public School system. Health in schools is augmented by insurance enrollment efforts that we fund, as well as by programs supporting good nutrition practices, oral and vision health.

Our Proposed Budget and Tax Rate Recommendation for 2014-15:



The funding for the 2014-15 budget year will maintain the same services level for children and families as in the prior year. However, we anticipate that our budget for 2015-16 will increase for two reasons.

First, we are planning to issue competitive solicitations for the next three-year cycle beginning in August 2015, that we anticipate will be substantially larger (by approximately \$6 million per year) than our previous funding cycle. We are also intending to expend some of The Trust's fund balance in a responsible way and according to best governmental practices, as we move forward under the new strategic plan.

Secondly, this is the first budget year (2014-15) in some time where we anticipate an increase in ad valorem revenue because of slow, but steady, economic recovery. Our intention this year is to spend not more than the ad valorem revenue we receive. Previously, we have budgeted our spending at far greater than our budgeted tax revenue, which is not a best practice.

The total budget proposed for FY 2014-15 is \$100,915,600. Detailed budgets are included in Attachments A through C, 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 existing programs and expand services in the interest of furthering the ambitions of and commitments made in the new strategic plan. The median taxable value for residential property with the \$50,000 homestead exemption for 2014 is associated with a related tax of \$36.58 versus \$34.44 in 2013, an increase of \$2.14.

Following Attachment C, you will find Attachment D, the updated Investment Briefings that highlight the main activities, results and rationale for each investment area in the budget, and Attachment E, maps of Trust funded program sites and participants.

THE CHILDREN'S TRUST
Attachment A: BUDGET SUMMARY
Fiscal Year 2014-2015

THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CHILDREN'S TRUST ARE 2.3% LESS THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES.

	General Fund Budget	
REVENUES: Estimated at 95% of ad valorem tax levy of .5000 mills.		
Ad valorem tax revenue	\$ 100,992,391	
Interest/miscellaneous	2,934,406	
Total Revenues	103,926,797	
Fund balance/net assets, October 1, 2014	25,967,037	
Total Estimated Revenues/ Fund Balance/ Net Assets	\$ 129,893,834	
EXPENDITURES:		
Contracted Programs	\$ 88,383,778	87.58%
Operating Expenditures:		
General Administration:		
Salaries and fringe benefits	\$ 7,262,711	
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	\$ 8,762,711	
Capital Expenditures:		
Furniture & equipment	\$ -	
Computer software/hardware	100,000	
Total Capital Expenditures	\$ 100,000	
Total Operating Expenditures	\$ 8,862,711	8.78%
Non-Operating Expenditures:		
CRA Refund of Taxes	\$ 2,659,187	
Tax Collector Fees	1,009,924	
Total Non-Operating Expenditures	\$ 3,669,111	3.64%
Total Expenditures	\$ 100,915,600	100.00%
Fund Balance, Reserves/ Net Assets	\$ 28,978,234	
Total Expenditures, Reserves, and Fund Balance	\$ 129,893,834	

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

The Children's Trust
Attachment B: Fund balance
Fiscal Years 2013-15

Description	2012-13 Actual	2013-14 Budget	2013-14 Projected	2014-15 Budget
Millage	0.5000	0.5000	0.5000	0.5000
Beginning fund balance	31,071,780	26,210,666	28,706,751	25,967,037
Revenue: Ad valorem tax	88,846,224	94,576,679	90,623,149	100,992,391
Revenue: Interest/ miscellaneous	2,934,406	2,833,138	2,934,406	2,934,406
Total funds available	122,852,410	123,620,483	122,264,305	129,893,834
Sustain and expand direct services	68,230,505	73,438,696	69,043,355	68,949,805
Improved systems of care	2,877,393	2,984,504	2,915,795	4,994,504
Knowledge development and quality improvement initiatives	8,193,415	10,065,000	9,093,172	10,912,485
Community awareness and advocacy for kids	3,177,057	3,751,984	3,534,216	3,526,984
The Children's Trust management and administration	8,260,615	9,614,767	8,237,456	8,862,711
Non-operating expenditures	3,406,674	3,473,275	3,473,275	3,669,111
Total expenditures	94,145,659	103,328,226	96,297,269	100,915,600
Ending fund balance, reserves/ net assets	28,706,751	20,292,257	25,967,037	28,978,234

The Children's Trust
Attachment C: Core strategies
Fiscal Years 2012-15

Strategy	Actual			Budget		Variance	
	2011-12 Actual Expenditures	2012-13 Actual Expenditures	2013-14 Projected Expenditures	2013-14 Budgeted Expenditures	2014-15 Budgeted Expenditures	Budget Change (Total)	Percentage Increase (Decrease)
Description							
SUSTAIN AND EXPAND DIRECT SERVICES							
Out-of-school programs	20,444,884	21,233,660	21,870,670	23,297,260	21,708,237	(1,589,023)	-6.82%
Health	19,855,671	19,763,690	19,855,671	21,279,646	19,884,322	(1,395,324)	-6.56%
Prevention programs	10,392,958	10,785,440	11,109,003	11,905,690	11,131,992	(773,698)	-6.50%
Children with disabilities and their families	7,890,135	8,369,544	8,129,840	8,296,800	7,864,326	(432,474)	-5.21%
Safe and supportive communities	8,238,274	8,078,171	8,078,171	8,659,300	8,360,928	(298,372)	-3.45%
Total sustain and expand direct services	66,821,922	68,230,505	69,043,355	73,438,696	68,949,805	(4,488,891)	-6.11%
IMPROVED SYSTEMS OF CARE							
211/parent and youth helpline	999,905	1,245,734	1,305,467	1,374,176	1,374,176	-	0.00%
Leverage and match funds	1,639,253	1,631,659	1,610,328	1,610,328	3,620,328	2,010,000	124.82%
Total improved systems of care	2,639,158	2,877,393	2,915,795	2,984,504	4,994,504	2,010,000	67.35%
KNOWLEDGE DEVELOPMENT AND QUALITY IMPROVEMENT INITIATIVES							
Early child care quality rating and improvement system	7,025,852	6,010,925	7,118,400	7,415,000	7,302,425	(112,575)	-1.52%
Innovation lab	-	-	-	-	1,000,000	1,000,000	100.00%
Read to learn	-	633,623	-	-	-	-	0.00%
Project RISE out-of-school quality improvement initiative	454,900	500,439	500,000	500,000	500,000	-	0.00%
Capacity-building initiatives/training	273,941	365,059	401,565	750,000	600,000	(150,000)	-20.00%
Community research and program evaluation	518,163	172,680	518,163	800,000	800,000	-	0.00%
Information systems	555,044	510,689	555,044	600,000	710,060	110,060	18.34%
Total knowledge development and quality improvement initiatives	8,827,900	8,193,415	9,093,172	10,065,000	10,912,485	847,485	8.42%
COMMUNITY AWARENESS AND ADVOCACY FOR KIDS							
Community outreach, public awareness and program promotion	2,276,579	2,605,254	2,865,779	2,969,000	2,969,000	-	0.00%
Advocacy prevention program grants	424,266	412,305	466,693	581,240	356,240	(225,000)	-38.71%
Promote public policy and legislative agendas	155,911	159,498	201,744	201,744	201,744	-	0.00%
Total community awareness and advocacy for kids	2,856,756	3,177,057	3,534,216	3,751,984	3,526,984	(225,000)	-6.00%
ADMINISTRATION AND NON-OPERATING EXPENDITURES							
Management of The Children's Trust	8,214,297	8,260,615	8,237,456	9,614,767	8,862,711	(752,056)	-7.82%
Non-operating expenditures	3,114,440	3,406,674	3,473,275	3,473,275	3,669,111	195,836	5.64%
Total administration and non-operating expenditures	11,328,737	11,667,289	11,710,731	13,088,042	12,531,822	(556,220)	-4.25%
Total	92,474,473	94,145,659	96,297,269	103,328,226	100,915,600	(2,412,626)	-2.33%

Attachment D: Investment Briefings

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Parenting



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Investment Briefing

Parenting programs offer professional and peer support, education and skill-building opportunities to enhance parent-child relationships, reduce parent stress and child maltreatment, increase parent engagement, and support healthy development and school readiness for parents of children from birth through the transition to adulthood. Some specialized parent advocacy programs also emphasize parental leadership development and civic involvement with the intention of parents becoming more engaged in child-serving systems, advocating for their own child's success across systems as well as for improved family-centered services in general. All programs serve any primary caregiver, including fathers, mothers and alternative caregivers, and are fully inclusive of families of children with special needs. Some programs provide specialized support for families of children with disabilities.

Many parenting programs are universal, while some focus on specific geographic areas, ethnic groups, teen parents, grandparent caregivers, families at high risk for abuse/neglect, parents of children with disruptive behavior problems and homeless families. Several home visitation programs specialize in delivering evidence-based programs focused on early childhood development and school-readiness.

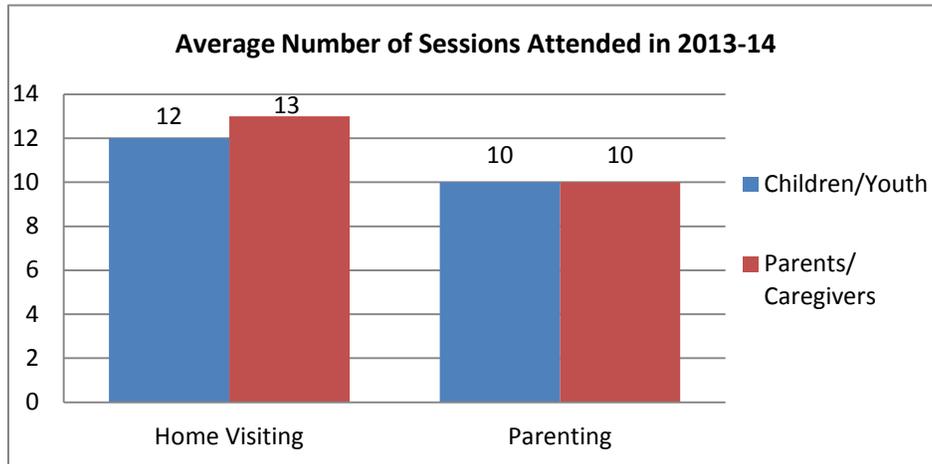
Group and individual parenting services

- \$4.9 million invested in 22 contracts
- In 2013-14, served 3,696 parents of 6,619 children across 145 locations throughout the county
- Evidence-based and research-informed program models
- Typically a three to six month time commitment; average of ten (10) parenting and child group sessions attended that typically meet weekly for several hours/week
- Characteristics of high quality include programs that: show parents skills that help with their child(ren); provide opportunity to practice new skills; and connect parents with one another for support
- Some offer parent-child interactive activities in sessions for more opportunity to practice new skills
- Structured session content includes: strategies for effective communication, age-appropriate child development, behavior management, child safety and injury prevention

Early childhood home visitation

- \$3.4 million is invested in 10 contracts
- In 2013-14, served 1,509 parents of 1,630 children (ages birth to five) in homes throughout the county
- Evidence-based and research-informed program models
- Typically a two to five year time commitment; average of 13 home visits per year
- Focus on child health and development and school-readiness through encouraging nurturing parent-child relationships and safe homes
- Regular early developmental screenings, referrals and follow-up to ensure assessment and early intervention if needed

Selected Program Results



- 94% of parents (2,258 of 2,506) increased parenting skills
- 91% of parents (1,955 of 2,178) increased positive parent/child or family interactions
- 93% of parents (1,317 of 1,411) increased knowledge of age appropriate child development and expectations
- 88% of parents receiving home visits (1,244 of 1,409) reported children are read to at least three times per week at home
- 96% of children (1,163 of 1,217) were up-to-date with immunizations
- 90% of parents (955 of 1,067) decreased parenting stress or increased parent social supports
- 97% of parents (576 of 591) increased leadership and advocacy skills
- 97% of children (442 of 457) decreased problem behavior or maintained appropriate behavior
- 97% of parents (216 of 222) increased involvement with child's development and/or education
- 95% of children (184 of 193) improved developmental/school-readiness skills

Need, Rationale and Return on Investment Highlights

- Parent advocacy has a protective effect on children. The more families can speak out for children and support their progress, the better their children do, longer they stay in school, and schools get better. Effects are greatest for low-income students ([Henderson, 2007](#)).
- Research strongly links risk and protective factors for children and adolescents to the family environment, and parent education can be instrumental in supporting children's developmental outcomes and parents' well-being. Effective programs have been linked with decreased child abuse/neglect, better physical/cognitive/emotional development, increased parent knowledge of child development/parenting skills, improved parent-child communication, reduced youth substance abuse, and more effective parental monitoring/discipline ([Samuelson, 2010](#)).
- Nurturing families are key to assuring children are safe and thriving, yet in Miami-Dade County an average of 1,600 children are in the child welfare and dependency court system primarily due to abandonment, abuse or neglect by caregivers, and another 2,500 are diverted annually through prevention services ([Our Kids Annual Report, 2011-12](#)). The immediate and long-term annual cost of child abuse and neglect is estimated at \$64,000 per maltreated child ([Gelles & Perlman, 2012](#)) or a lifetime cost of \$210,012 per maltreated child ([Fang et al., 2012](#)).
- High-quality home visiting programs can increase children's readiness for school, improve child health and development, reduce child abuse and neglect, enhance parents' abilities to support their children's overall development, improve family economic self-sufficiency and/or improve maternal health ([DiLauro et al., 2012](#)). Home visiting programs targeting high-risk or low-income children are especially effective, with an estimated five to seven percent rate of return on investment ([Washington State Institute for Public Policy, 2011](#)).

Early Childhood Development

Investment Briefing

The quality of early child care and education is critical to the early success of children in these settings, and Quality Counts brings together multiple improvement strategies to strengthen providers. Screening and supporting young children's physical, social and behavioral development is an effective, efficient way to catch problems and promote optimal outcomes during the critical early years when a child's brain and body are rapidly developing. A number of investments are focused along a continuum that ranges from universal early screening to more thorough assessment and early intervention referrals and services when indicated and not available through other sources.



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Child care quality improvement (Quality Counts)

- \$7.4 million invested in four contracts (with multiple subcontracts) and \$2.4 million cash match from the Early Learning Coalition of Miami-Dade/Monroe support quality child care for 483 programs, 4,440 teaching professionals and 30,044 children
- Voluntary quality rating/improvement system for early care and education programs, based on nationally recognized standards of quality, with goal of improved child readiness for school
- Supports child care program improvement through financial and technical assistance incentives, including ongoing professional development incentives to early care and education practitioners
- Educates consumers to demand quality programs for young children
- \$1.4 million invested in nine contracts for center-based enrichment and training programs that instructed 457 child care practitioners in the use of curricula and strategies to promote children's overall development and increase parental involvement

Developmental screenings and supports

- *Help Me Grow*
 - \$0.2 million invested in Switchboard of Miami as part of the 211 Helpline contract
 - During the first ten months of the 2013-14 contract year, there were 1,647 inquiries for information, developmental screenings or other services for young children up to age eight; 1,409 screenings; and 264 children with low scores referred for assessments and/or intervention services
 - This is part of a national initiative to identify children ages birth to eight at-risk for developmental or behavioral disabilities and to connect them with community-based programs for health and developmental services
- *Pediatric care-based developmental supports*
 - \$1.6 million invested in four contracts
 - In 2013-14, served 2,327 children (ages birth to three) and their parents in 12 pediatric care settings located mostly in economically challenged neighborhoods
 - Based on Healthy Steps, a national evidence-based model that places developmental specialists in pediatric clinics to conduct developmental screenings (of physical, social/emotional development, autism and postnatal depression) while providing education, guidance and support to families during regular clinic visits

- One contract for \$0.3 million also supports Reach Out and Read, a national evidence-based model supporting medical providers in promoting early literacy and school readiness in pediatric care clinics by giving new books to children and advice to parents about the importance of reading aloud; the contract distributes 45,000 books annually across 50 clinics

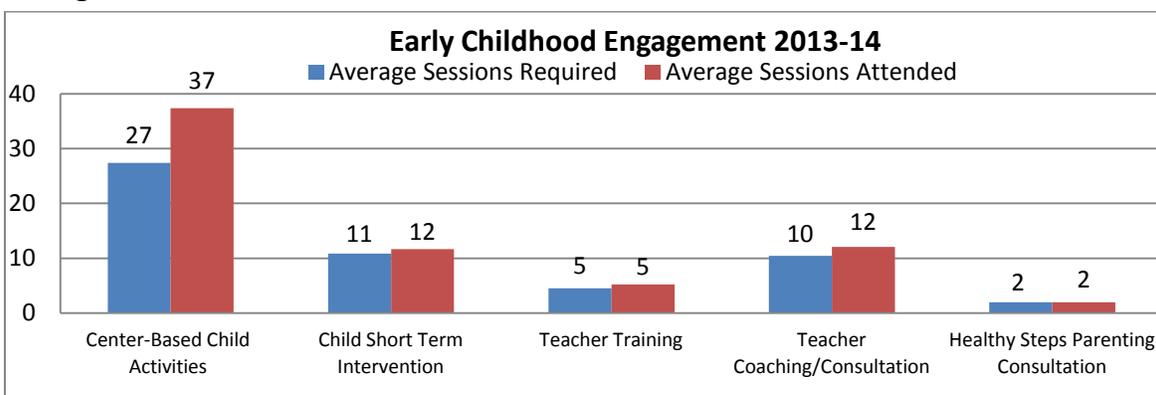
Follow-up assessment and early intervention as needed for children with special needs

- *Early intervention therapeutic services (year-round)*
 - \$0.7 million invested in the Early Discovery contract
 - In 2013-14, served 276 children (ages birth to five)
 - Provides assessment, care coordination and early intervention services to children birth to five who do not meet eligibility requirements for the IDEA Parts B and C but have mild developmental delays (10 % to 29%) and would benefit from early intervention
 - Early interventions include short-term speech/language, occupational, behavioral, and/or developmental intervention in the child’s home, child care center or provider’s office
 - Children are referred to the program from the early intervention system—Early Steps and Florida Diagnostic and Learning Resources System (FDLRS)
 - Aims to reduce the number of children needing special education services when entering school
- *Child care consultation (typically academic year)*
 - \$1.1 million invested in three contracts
 - In 2013-14, served 158 preschool children in 16 child care centers
 - Short-term intervention with parent/caregiver and child care provider for children with disruptive behavior in early care and education settings, with a focus on child-family-school relationships, inclusion/accommodation and behavior management to successfully maintain the child in care
- *Early intervention summer programs*
 - \$0.8 million invested in six contracts
 - In summer 2014, served 288 children (ages birth to five) and 61 parents
 - The early intervention system only provides young children with disabilities services during the school year, so these programs offer summer camp for children with special needs
 - Use evidence-based curricula to promote school-readiness through the development of literacy, numeracy, motor and socio-emotional skills
 - Some programs offer parenting workshops and individual parent-child interaction therapy

Early care and education slots

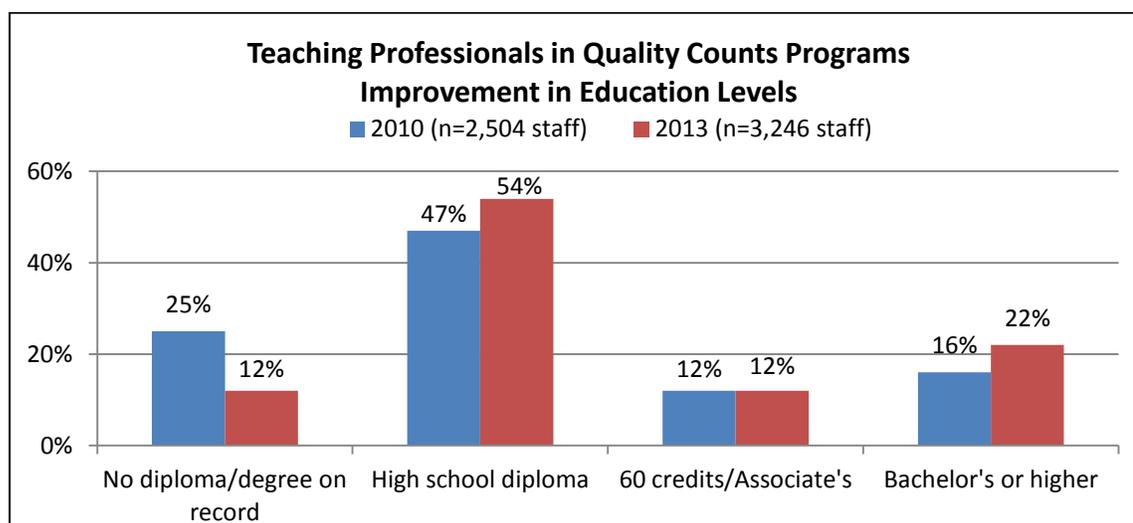
- \$0.5 million invested leveraging an additional \$0.5 million for 275 child care slots for low-to-moderate wage earning families
- An average of 79 children served per month in early care and education slots, with a total of 948 children served at some point over the year

Selected Program Results



Selected Program Results (continued)

- 57% of teaching professionals without a credential when entering Quality Counts obtained one this renewal period (458 of 806)
- Quality Counts participants who receive WAGE\$ bi-annual salary supplements (901 in the last contract year) had an average annual turnover rate of 5.5% compared with the 30% national industry norm
- 97% of child care staff (365 of 376) increased knowledge of age-appropriate child development
- 87% of child care staff (150 of 172) improved their ability to provide a classroom environment conducive to learning
- 97% of parents reported their physicians talked to them about literacy (1,374 of 1,412)
- 91% of children screened using the ASQ-3 did not yield concern (3,627 of 3,981)
- 92% of children screened using the ASQ:SE did not yield concern (3,745 of 4,058)
- 95% of Healthy Steps participants (2,058 of 2,155) are up-to-date with immunizations
- 72% of Healthy Steps parent participants (1,078 of 1,487) increased knowledge of age-appropriate child development and expectations
- 86% of children receiving Early Discovery services (127 of 148) improved speech/language skills
- 94% of children receiving Early Discovery services (45 of 48) improved overall development
- Long term follow-up of 350 former Early Discovery participants indicated 89% of children (319 of 350) are currently enrolled in regular K, 1st and 2nd grades
- 82% of children completing child care consultation intervention services for emotional or behavioral concerns (116 of 141) showed improvement
- 90% of parents (2,908 of 3,229) reported reading with their child 3 or more times per week
- *Summer camp 2014 program results are not yet available*



Need, Rationale and Return on Investment Highlights

- Quality child care programs can reduce the achievement gap many low income children face when first entering school ([Duncan, & Sojourner, 2013](#)), as well as lead to modestly higher academic and language outcomes and better social skills ([Burchinal et al., 2009](#)).
- In a [2009 study of Missouri's quality rating system](#) investigators found preschool children attending higher quality early childhood programs make greater gains in social and emotional development than their peers in lower quality programs. In fact, children in lower quality programs were rated as actually losing social and behavioral skills over time.

- The American Academy of Pediatrics recommends developmental screening of young children with a standardized screening tool as a routine component of well-child care, yet only 17% of Florida children 10-71 months received one from their health care provider in the previous year (Bethell, et al., 2011).
- Comprehensive developmental screening is lacking in our community. There are 184,000 children ages 0-5 in Miami-Dade County and another 90,000 ages 6-8. Approximately 20,000 child care subsidy recipients (ages 0-5) are screened annually; and another 4,000 children are screened through Trust-funded early childhood programs.
- Children with identified delays or special needs in early childhood who receive appropriate, responsive treatment are more likely to develop to their full potential. The longer concerns remain undetected or untreated, the more likely affected children will experience long-term challenges that can become increasingly more costly, complicated and refractory to intervention. Early detection and intervention can: (1) ameliorate, and in some cases prevent developmental problems; (2) result in fewer children being retained in later grade; (3) reduce educational costs to school programs; and (4) improve the quality of parent, child and family relations (NECTAC, 2011).

Youth Development



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Investment Briefing

Positive youth development focuses on meeting young people's needs for nurturing, ongoing relationships with adults, peers and family, affording opportunities to build skills for life success, including academic, health/fitness, and other pro-social skills and competencies. The Trust invests in high quality daily afterschool and summer programs, as well as other youth enrichment, employment and supports. In all investments, there is an emphasis on the inclusion of children with special needs, as well as specialized programs for some populations.

Daily afterschool programs and summer camps

- Largest Trust initiative at \$26.1 million, in operation since Summer 2004
- 78 contracts with afterschool services at 189 sites and 75 contracts with summer camp services at 113 sites throughout the county, with a concentration in under-served communities with high need
- Core activity components: Evidence-based practices in reading/literacy, fitness, homework completion and social skills, as well as nutritious food and family involvement
- Many programs incorporate thematic enhancements like arts, the environment, sports and technology
- Fully inclusive of children with disabilities in both inclusion and specialized programs
- Safe, enriching places allow parents to work, since programs must operate in accordance with the public school calendar (180 days) and daily Mon-Fri in summer with at least seven hour days for six to ten consecutive weeks
- In 2013-14, 14,754 elementary and middle school children were served in afterschool programs
 - Children attended an average of 127.5 afterschool days
- In summer 2014, 13,608 children were served in summer camp
 - *Closing attendance and outcomes not yet available*
- \$0.6 million invested in one contract for daily small group summer reading enhancements for more than 800 rising kindergarten, first grade, and second grade students struggling with literacy/pre-literacy skills

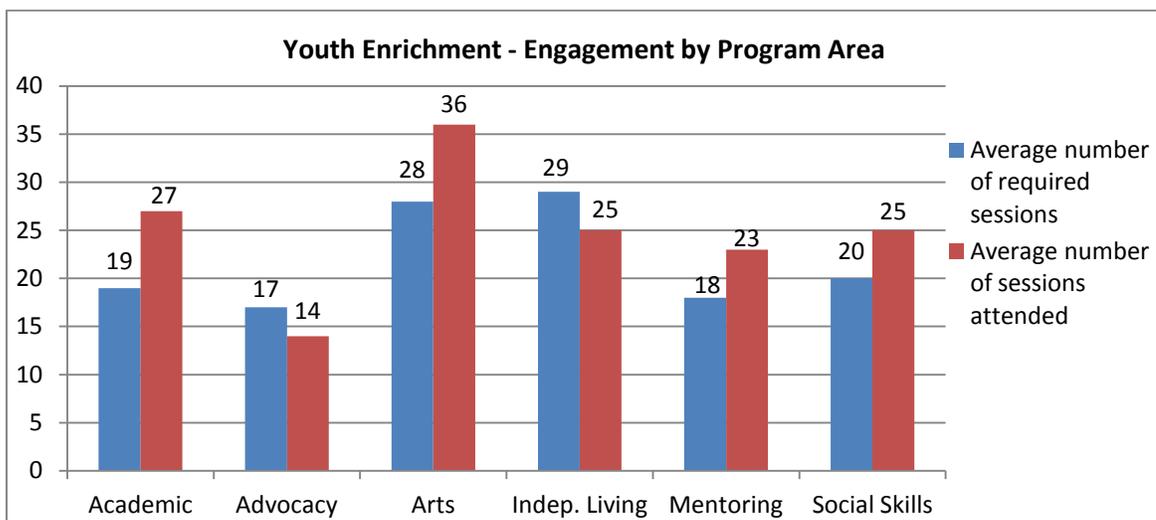
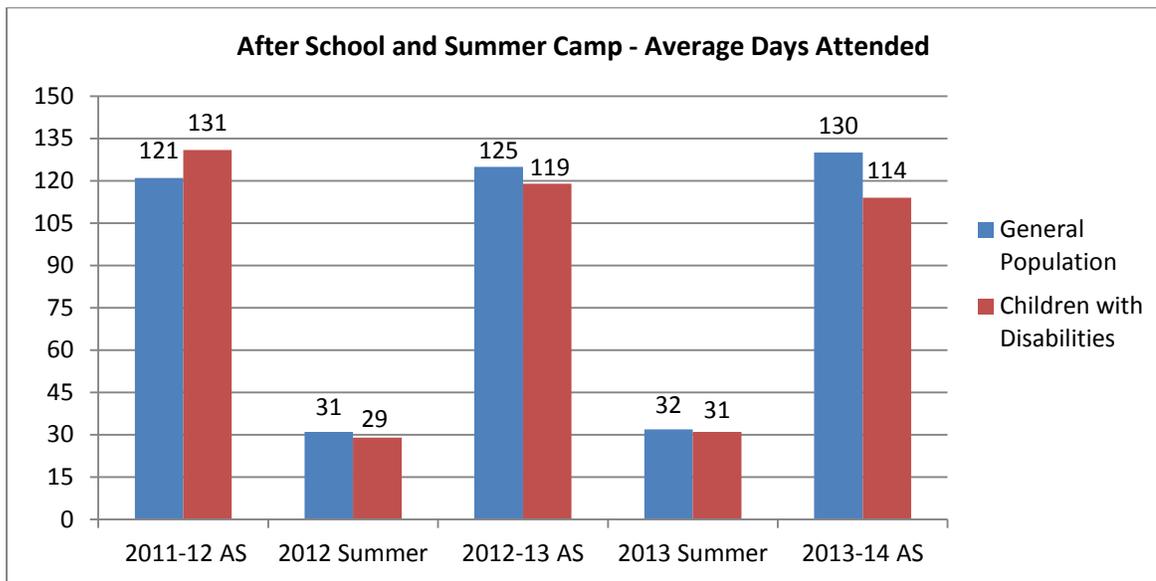
Youth enrichment, employment and supports

- \$5.8 million invested in 38 contracts, with 160 program sites serving 9,671 elementary, middle and high school students in 2013-14
- Universal services include arts and advocacy programs, while academic, mentoring, social skills, independent living and youth employment programs selectively serve children experiencing or at risk for particular challenges
- Fully inclusive of children with disabilities, including some specialized camps for youth with disabilities
- Children attend an average of 27 times per year, for the most part throughout the school year but also inclusive of summer activities (see chart below for breakdown by program type)

Selected Program Results

- 96% of children in afterschool programs (12,041 of 12,593) improved oral reading fluency skills
- 95% of children in afterschool programs (11,951 of 12,602) improved physical fitness skills

- 83% of arts program participants (2,711 of 3,266) increased knowledge and improved artistic skills in specific targeted areas of performing and visual arts (e.g., voice, dance, drama, music)
- 91% of advocacy program participants (1,585 of 1,750) increased community service and leadership attitudes and skills
- 70% of students attending academic programs (2,978 of 4,249) improved grades and promotion to the next grade level
- 88% of independent living program participants (1,126 of 1,285) increased skills to become more prepared to successfully transition into adulthood, including employability skills, structured work experiences, career exploration and money management
- 91% of social skills program participants (10,101 of 11,054) increased skills and resiliency including cultural competency, self-efficacy, coping, problem-solving, decision-making, conflict resolution and pro-social beliefs and behaviors
- *Summer camp 2014 program results are not yet available*



Need, Rationale and Return on Investment Highlights

- Local parent surveys over a number of years confirm that parents want and need safe and stimulating places for their children to be when they are not in school.
- High quality afterschool programs help students do better in school in terms of attendance, attitudes, behavior, as well as achievement and grade/school completion ([NIOST, 2009](#); [Durlak & Weissberg, 2007](#)), including when they are focused on serving low income, minority children ([UC & Policy Studies Associates, 2007](#)).
- Summer learning losses when students are not engaged educationally over the summer typically require teachers spend the first 4-6 weeks of a new school year re-teaching forgotten material ([Cooper, 2006](#)).
- About five percent of youth will enter adulthood without the knowledge, skills, experience, attitudes, habits, and relationships that will enable them to be productive and connected members of society. Independent living and youth employment programs aim to prepare students to move from the world of school to the world of adulthood ([Courtney, et al., 2007](#)).

Health and Wellness



Because All Children Are Our Children



Investment Briefing

Without good physical and emotional health, children cannot do their best in school or become contributing members of society. Most risk factors for and early stages of chronic adult diseases and mental health conditions arise in childhood. Child health, development and well-being also affect educational achievement, violent behavior, criminality and employment. We have aimed to increase access to comprehensive health and wellness services for children and families through communities and public schools.

School-based health (including physical, social-emotional, oral health and vision)

- \$14 million invested in five contracts with nine providers, including subcontracts
- Funded agencies provide 25 percent match or \$3.3 million additional funds and in-kind resources
- In 2013-14, school-based health services were provided in 158 public schools, with a total student population of 139,601:
 - More than 78,000 students were served with more than 269,000 visits
 - 82% of visits resulted in students returning to class
 - Approximately 95% of enrolled students were compliant with their age-appropriate immunizations requirements
 - More than 22,000 medications were administered to 541 students with acute or chronic health problems to help them stay in school and optimize their educational opportunities
 - Over 12,000 students with chronic conditions received nursing assessments to help determine their needs for Individual Health Care Plans and ensure the successful management of their health conditions
 - 799 Individualized Health Care Plan were completed to assist these students in maintaining their health status and achieve developmentally appropriate progress
- 65% elementary (87) or K-8 (17) schools, 22% middle (35), and 13% high (20) schools
- Partnership among The Trust, the Health Department and Miami-Dade County Public Schools
- School health teams include a nurse or nurse practitioner, social worker and health aide
- Designed to improve access to quality health care through delivery of basic services in schools and appropriate referrals to community care; most common activities are first aid and mandated school health screenings (i.e., vision, body mass index)
- \$0.2 million invested in one contract to provide preventive oral health training services for school health staff to provide screenings, fluoride varnishes, and referrals; services begin in 2014-15 school year
- \$0.3 million invested in one contract to provide eye health and vision examinations and eyeglasses to financially disadvantaged children enrolled in Miami-Dade County Public Schools; in 2013-14, 4,871 comprehensive eye exams were completed and 4,160 eyeglasses dispensed

Other health services

- \$0.9 million invested in six contracts to assist vulnerable children and families with determining eligibility and applying for low-cost health insurance and other benefits

- In 2013-14, health navigators throughout the county assisted 6,143 children and 5,020 adults in the application process and follow-up to overcome barriers to care; a contract with Our Kids offers this assistance for families of children in the dependency system
- Efforts resulted in insurance coverage for 5,223 children and 2,498 adults; additionally, 7,854 families were approved for other public benefits
- \$0.3 million invested in one contract for community safety and injury prevention services that aim primarily to build the capacity for Trust-funded providers to offer their program participants preventive education on home, motor vehicle and water safety (i.e., a train-the-trainer model)
 - In 2013-14, 136 trainings served 904 staff members who are in direct contact with children and families and can pass along critical injury prevention information
 - An additional supplemental activity offered 104 car seat inspections for 319 parents
- \$1.1 million invested in one contract for food and nutrition services in afterschool and summer programs, including USDA-approved snacks and meals
 - In 2013-14, an average of 5,347 children at 113 sites received daily snacks during afterschool and full day programs, and an average of 2,716 received meals (lunch or supper) at 60 sites during afterschool or full day programs

Need, Rationale and Return on Investment Highlights

- School-based health services with multidisciplinary teams promote a number of benefits including improved attendance, reduced inappropriate use of emergency rooms and increased preventive use of medical and mental health services ([CDC website, 2009](#)).
- School-based health centers (SBHC) appeared to reduce health care access disparities among African American students and those with disabilities, with more dental services, less prescription drug use, more mental health services, and fewer hospitalizations. It was estimated that SBHC saved Medicaid about \$35 per student per year ([Guo et al., 2010](#)).
- The 2012 American Community Survey estimates 13.5% of Miami Dade County children are uninsured. The [Children's Trust 2007 Parent Survey](#) revealed 1 in 4 Miami-Dade children are not fully insured—they either currently lack insurance, or lacked it at some time in the past year. Many are potentially eligible; however, families are not accessing the benefits due to enrollment barriers such as lack of awareness, family literacy level, language, excessive paperwork and other procedural hurdles. Insurance improves health outcomes by helping people obtain preventive and screening services, prescription drug benefits, mental health and other services, and by improving continuity of care ([Mathematica Policy Research, Inc. 2010](#)).
- In the US, childhood unintentional injuries are the leading cause of death among children ages 1 to 19, representing nearly 40 percent of all deaths. Each year, 8.7 million children and teens are treated in emergency rooms for unintentional injuries and more than 9,000 die as a result of their injuries—one every hour. Common causes include: drowning, falls, fires or burns, poisoning, suffocation, weapons and transportation-related injuries. While tragic, many of these injuries are predictable and preventable (National Center for Injury Prevention and Control, 2012).

Population-Specific Services/ Community Partnerships



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Investment Briefing

While The Trust primarily funds programs within traditional investment areas, the program portfolio also includes population-specific services, place-based partnerships and countywide services like the 211 Helpline. Programs serving children with special needs are funded within all investment areas. While The Trust promotes inclusion of all children in general programs, a number of programs are designed specifically to support children and families with significant adaptive needs. Service partnerships provide a system of care through coordination of community-based services to address the needs of at-risk families and children. Families work with a care coordinator to develop a care plan that identifies their needs and the resources and supports to address them. Care plans coordinate parenting and clinical services; establish therapeutic goals; address safety issues; and create a system of support involving all family members, natural helpers and direct service staff.

Programs for children with special needs

- \$8.3 million is invested in 25 programs exclusively focused on children with special needs, not inclusive of investments in general programs serving children with disabilities in inclusive settings (estimated at an additional \$5.3 million)
- In 2013-14, 5,656 children with special needs were served, approximately 10% of all children served
- The most common disabilities served in the past year are: learning disabilities (24%), speech/language impairment (18%), and emotional and/or behavioral disorders (15%)

Placed-based service partnerships

- \$6.1 million invested in 16 contracts
- In 2013-14, the first year of the current funding cycle, 2,186 families were served
- Host agency works with community partners within challenged neighborhoods to better coordinate services to meet the needs of families experiencing challenges related to risk for child maltreatment, chronic absenteeism and/or disruptive child behavior
- Includes services in Allapattah North/Liberty City, Allapattah South/Little Havana, Brownsville, Coconut Grove, Florida City/Homestead, Goulds, Little Haiti, Opa-Locka, North Miami/North Miami Beach, Miami Gardens, Perrine/Richmond Heights, and West Little River/Arcola Lakes

Countywide service partnerships

- \$2.5 million invested in four contracts
- In 2013-14, served 461 parents and 1,953 children
- Focused on the needs of special populations, including: children of incarcerated parents; undocumented children residing alone in the U.S.; children exposed to high family conflict and domestic violence; and gay, lesbian, bisexual, transgender or questioning youth (GLBTQ)

211 Helpline

- \$1.4 million invested in one contract with Switchboard of Miami

- 36,200 callers were assisted in the first 10 months of the 2013-14 contract year, through immediate access to trilingual (English, Spanish and Haitian-Creole) telephone counseling services - including crisis intervention and information/referral – available 24-hours a day, seven days a week, 365 days a year
- An additional 17,000 inquiries were handled through the Online HELP Pages
- Trained counselors utilize a continually updated database on 1,069 agencies offering 4,386 different resources and programs throughout Miami-Dade County (also available via online, searchable resource directory), resulting in improved access to needed community services

Selected Program Results

Programs for children with special needs

- 88% (1,905 of 2,163) of children with disabilities improved cognitive skills (including measures of reading fluency, cognitive skills, communication, speech/language and general comprehension)
- 81% (238 of 294) of children with disabilities improved social or self-help skills
- 83% (470 of 567) of parents/caregivers of children with disabilities reported feeling increased support as a result of program involvement

Place-based service partnerships

- 60% of parents (488 of 805) reduced stress related to parenting
- 69% of parents (477 of 691) reported a decrease in their child’s problem behavior
- 68% of children (319 of 465) did not fail a core grade (Math, English, Social Studies, or Science)
- 51% of parents (191 of 371) increased positive parent/child or family interactions
- 55% of children (190 of 348) improved school attendance rate
- 69% of parents (33 of 48) increased involvement in their child’s school

Countywide service partnerships

- 99% of community members (1,602 of 1,625) reported willingness to provide support and resources for GLBTQ youth
- 98% of unaccompanied immigrant minors (1,280 of 1,300) learned of their legal rights
- 99% of children (1,261 of 1,269) reported a sense of attachment/bonding with their incarcerated parent
- 98% of children (102 of 104) decreased antisocial behaviors
- 88% of parents (68 of 77) reduced risk associated with child abuse or neglect
- 100% of parents (70 of 70) reported a decrease in their child’s problem behavior
- 100% of children (27 of 27) reported reduced feelings of PTSD, depression, and/or anxiety

211 Helpline

- 94% of 2-1-1 Helpline callers (secret shoppers) satisfied with completeness of information provided
- 90% of 2-1-1 Helpline callers (secret shoppers) said their information-only call was resolved

% of all calls	Problems/Needs of 2-1-1 Helpline Callers (for 2013-14 contract year: October 2013–July 2014: 41,944 problems/needs identified)
35%	Housing/Utilities/Food & Meals
11%	Mental Health/Substance Abuse
10%	Information Services (for information only handled by 2-1-1 counselor, or 3-1-1 for government)
9%	Individual, Child, Family, Community Support (parenting, family support, afterschool, youth dev)
8%	Health Care (includes insurance, screenings, immunizations, school health, maternal/infant)
5%	Education (including early childhood education, tutoring, special education, truancy counseling)
5%	Arts, Culture and Recreation (includes summer camps)
5%	Legal, Consumer and Public Safety
4%	Income Support/Assistance
7%	All Other

Need, Rationale and Return on Investment Highlights

- Children who receive early treatment for developmental delays are more likely to graduate from high school, hold jobs, live independently, and avoid teen pregnancy, delinquency and violent crime. The researchers calculate these positive outcomes result in a savings to society of \$30,000 to \$100,000 per child (Glascoe & Shapiro, 2004).
- Situations such as excessive school absences, risky behavior and poor family safety are risks that frequently lead to larger community problems. They may inhibit children from developing into contributing adults, and leave them at greater risk for negative consequences, such as involvement in crime, lack of education, and unemployment. These community problems result in a much greater cost to society than preventive measures.
- Approximately 15,000 Miami-Dade children have incarcerated parents. Many experience the trauma of sudden separation from their caregiver, and most are vulnerable to feelings of fear, anxiety, anger, sadness, and guilt. They may be moved from caretaker to caretaker. The behavioral consequences can be severe, absent positive intervention—emotional withdrawal, school failure, delinquency and risk of intergenerational incarceration (Wear Simmons, 2000).
- Many unaccompanied immigrant children have been victims in their home countries and travel to the U.S. in the hopes of finding personal safety and making better lives for themselves (US Conference of Catholic Bishops, 2006). At least 65% of these children are ultimately placed with a sponsor living in the U.S. (Byrne & Miller, 2012).
- According to the Florida Department of Law Enforcement (2011), a total of 776 children in Miami-Dade County witnessed domestic violence. Additionally, in 80 percent of all domestic violence cases nationwide, children directly witness the abuse (SafeSpace Foundation).
- The effects of social prejudice may make GLBTQ youth more vulnerable to mental health problems such as depression, anxiety, substance abuse and suicide (D'Augelli, 2002). GLBTQ youth may face familial disapproval and rejection, victimization/bullying by peers, and physical danger (Kitts, 2005). In a national study, 22% of GLBT students reported not feeling safe at school, 90% reported being harassed or assaulted during the past year, and 25% reported missing school in the past 30 days due to fear (Harris Interactive and GLSE, 2005).
- A 2009 cost-benefit study identified a total social value associated with 211 services at 2.6 times their operational costs (Malama Consulting Group, 2009)

Community Engagement and Advocacy



Investment Briefing

As the healthy development of children across their lifespan depends on the social, educational, economic and environmental health of the communities in which they and their families live and work, The Trust is committed to partnering with citizens, stakeholders and institutions to facilitate access to essential foundational resources for all children, and especially for children in communities that suffer inequitable disadvantage. We aim to strengthen The Trust's connections within the community through increased collaboration to inspire citizen action and mobilization on behalf of children. Using several community organizing approaches, these investments will increase genuine dialogue with, leadership from and support for parents and community members to improve neighborhood conditions and support for children and families. Complementing service partnerships that target prevention of specific negative outcomes, our community mobilization effort aims to address the root causes that nearly all these adverse outcomes have in common before they result in unhealthy conditions, unhealthy communities and unhealthy children.

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Promote public policy, advocacy and legislative agendas

- \$0.2 million invested to continue The Trust presence at the state and federate levels advocating for child and family issues
- This past legislative session, The Trust's public policy team created the Advocacy Institute in conjunction with the Early Learning Coalition and United Way of Miami-Dade to offer advocacy trainings to child care and health care advocates and providers
- The Trust was engaged in the passage of a slew of improvements overhauling the child welfare system, as well as long overdue bills requiring booster seats for 4- and 5-year-old children, improving education in the juvenile justice system, as well as a pilot that will pave the way for incentivizing higher quality standards in school readiness classrooms across the early learning system
- The Trust was also instrumental in helping to get a funding increase for a number of programs, including Healthy Families (an abuse and neglect prevention program), the Developmental Disabilities Council's Help Me Grow Network, and the school readiness program which offers subsidized child care slots for financially challenged working families
- Created the local Florida KidCare Coalition of children's health providers and partners to share best practices and strengthen KidCare enrollment efforts

Public awareness and program promotion

- \$3.0 million invested in communication and outreach efforts to foster awareness, understanding and support of The Trust's many programs and services, using a three-pronged approach:
 - Program Promotion – trilingual advertising campaigns, public relations/media pitching, printed collateral materials, bylined article placements, online searchable program directory
 - Public Awareness - annual report, Champion for Children awards, adoption awareness campaign, sponsored media appearances/programs, radio shows, social media, e-newsletters
 - Community Outreach – faith-based, African-American, Haitian and Hispanic outreach, trilingual printed resource guides, trilingual parenting newsletters, performing arts talent competition, street teams, public awareness and event sponsorships, Family Expo resource fair

Promote citizen engagement and leadership to improve child and family conditions

- Develop community assets through citizen capacity building, geographically-based population data collection and analysis, and technical assistance to encourage and support creative strategies for addressing chronic disadvantage. Citizen capacity building may take the form of improving social networks, enhancing cooperative efforts, material resources and guided discussion regarding educational and environmental outcomes.
- Read to Learn can increase citizen engagement around grade-level reading. In addition to increasing summer reading supports and services to reduce absenteeism, we emphasize enhancing access to books in high need communities with our Books for Free program and the universal Book Club that have reached 12,358 children since program inception. In 2013-14 a total of 41,102 books were distributed.
- Over the past two years, The Trust has partnered with Miami-Dade County Public Schools to initiate the Transforming Early Childhood Community Systems (TECCS) collection of community data using the Early Development Instrument (EDI). The EDI measures the percentage of kindergartners in a school and a neighborhood who are developmentally ready or vulnerable in five domains (without identifying individual children). The TECCS citizen engagement approach encourages collective responsibility for all children in the neighborhood or school to effect community change in 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. Through future efforts, 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. TECCS will support neighborhood-led problem-solving to design interventions, mobilize collective action and assess progress toward goals.
- A recent match partnership of \$45,000 with The Children's Movement of Florida will explore approaches to support parent engagement and leadership efforts driven by parent interests and concerns in several neighborhoods throughout the county.

Cross-funder collaboration of goals, strategies and resources

- Currently, five contracts for \$1.6 million leverage other funding valued at more than \$15 million, ranging from arts programming to early care and education slots
- Increase alignment with other local funders through regular joint planning and improved understanding of one another's strategic priorities, with the ultimate goal of attracting coordinated investments by regional and national funders in Miami-Dade County
- A number of community data-sharing partnerships are in development focused on shared research and evaluation agendas to improve programs and results for children
- Work toward funders holding themselves accountable to a common set of indicators and outcomes of evidence for neighborhood change and child outcomes

Program and Professional Development

Investment Briefing

Program development is a critical support for every other investment, focused on identifying, funding and supporting continuous improvement of quality programs to address the needs and improve the outcomes of Miami-Dade's children and families. A number of quality supports are initiative-specific, like Project RISE that supports afterschool and summer programs, while others focus on specific population needs like the All Children Together resource network supporting inclusion of children with disabilities across all programs. Sound program evaluation and community research ground this work, informing program development and helping determine the value and impact of investments.



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Supports for quality program implementation and fiscal/administrative functions

- Supporting and building the capacity of service providers to implement quality programs with fidelity through continuous improvement processes, as well as to function responsibly fiscally and administratively
- \$2.5 million invested in two external contracts and in other capacity building activities directly implemented or sponsored by The Trust
 - \$0.6 million supports the All Children Together resource network, which provides training, hands-on assistance, advocacy and promotion of best practices for inclusion of children with disabilities and their families
 - \$0.5 million supports Project RISE (Research, Inspiration, Support and Evaluation), which provides supports for afterschool and summer camps to improve program quality and performance measures
- Direct capacity building activities provided by Trust staff include:
 - specific trainings on Trust-related programmatic, administrative and fiscal processes
 - opportunities for peer networking and learning with other providers
 - sponsorship of professional conferences and e-learning modules
 - individualized technical assistance

Program evaluation and community research

- \$0.8 million invested in external contracts and other activities directly conducted by Trust staff
- A required function of The Trust is to collect statistical data and conduct research that informs the public and policymakers about the needs of children in the county
- The [KidStats and Maps](#) website aids in comparing children's well-being across neighborhoods and in relation to the state and nation; the site also identifies areas of success and challenge, helping to guide data-informed decisions and investments
- Continuous quality improvement through regularly reflecting on program implementation, quality and participant outcomes data; regular input from parents, participants, providers and staff informs operational and process improvements to procurement, contracting and capacity-building efforts

Innovation lab to pilot new strategies, methods, instruments and partnerships

- This is a new investment area proposed for the 2014-15 budget year.
- Problems cannot be solved using the same methods that created them. Communities, along with the organizations that invest in their health, growth, development and sustained success, need to design and test new strategies that address the foundations of children's healthy development, start early before trajectories deviate from optimal courses, put the wisdom of lived experience in the driver's seat of program strategies and operate from the understanding that best outcomes result when resources and efforts are coordinated across systems.
- Innovation lab would encourage and support non-recurring collaborative community development ventures, creative interventions to solve persistently poor child, family or community outcomes and pilot programs to test how to assess and/or improve child, family or community problems in the domains of social, education, economic or environmental health.

Selected Program Results

- 2,435 provider staff trained on children with disabilities, behavior management, classroom improvement, reading fluency, assessment and social skills through 243 trainings
- 95% of ACT participants demonstrated knowledge of training module related to children with disabilities; 100% of agencies (35) achieved the goals from their Individual Program Inclusion Plans
- Project RISE assisted 84 providers through 562 contacts/sessions totaling 983 hours
- 97% of RISE quality improvement trainees (936) improved knowledge and skills acquisition

Need, Rationale and Return on Investment Highlights

- The National Implementation Research Network has found factors such as staff competencies and organizational supports to be critical to sustaining implementation of high quality programs (Fixen & Blase, 2007; Fixen et al., 2005).
- Staff need individualized technical assistance or coaching when new skills are taught or based on needs. This includes the opportunity for supportive, direct observation of staff as they deliver program services, with real-time feedback, modeling and opportunity to practice relevant skills (Spouse, 2001). This level of support not only improves implementation, but is also associated with increased job satisfaction (Aarons et al., 2009; Joyce & Showers, 2002).

