



Durham's Partnership for Children

Final Activity Evaluation Report

Fiscal Year 2007-08

**Prepared by
The Program Evaluation Group
September 2008**

Introduction

Durham's Partnership for Children (DPfC) is a non-profit organization that administers state Smart Start funds to local service providers in Durham County. The mission of the Partnership is to mobilize and unify the Durham community to create and support innovative and successful collaborative approaches to serving the needs of children birth to 5 years of age and their families.

Report Overview

The Final Activity Evaluation Report for FY 2007-08 first summarizes the Partnership's funding profile (overall and by program area), and the impact of funding, including the number of child care centers and homes that have been served through Smart Start-funded activities.

The remainder of the report organizes and views the funded partners' activities and outcomes through the lens of School Readiness. A large body of research indicates that a child's early years are critical to later learning and success in school and in life. Investments in early childhood have long-term outcomes in multiple areas, including education, social skills and behavior, cognition and health. National research initiatives have developed a school readiness framework to describe the components that influence children's ability to be ready for school success: Ready Communities, Ready Families, and Ready Schools result in children who are ready for school success. A Ready Community offers resources, services, and supports for families with young children, including high-quality child care and health services. With appropriate and available health care services, parent education, and literacy training, Ready Families provide stable and supportive environments with opportunities to learn and grow.

Particular focus is given in this report to the role the funded partners play in fostering a Ready Communities and Ready Families. This year's focus is a departure from the past two years, when the report was organized more intentionally on the accomplishment of outcomes related to the state's Performance Based Incentive System (PBIS). This year the report goes beyond PBIS to give a more comprehensive view of the Partnership's impact on School Readiness.

Smart Start Funding

The following figure summarizes the Partnership's overall funding profile. By far the largest expenditure (74%) goes to foster a Ready Community through Early Child Care and Education (ECE). ECE-related expenditures include child care subsidies for low-income families, resource and referral services to guide parents toward the highest quality placements, and technical assistance, support and professional development counseling to increase the quality of child care. Funded partners also contribute to a Ready Community through Health and Early Intervention Services (H/EI; 10%) including referrals for evaluation of developmental delays, consultation and training for parents and teachers of children with challenging behaviors, dental nutrition education for families, consultation for child care staff to improve overall nutrition provided by the facility, and interpretation and translation services that enable primarily Spanish-speaking families to access H/EI services and also enable H/EI service providers to better serve these families. Another 8% of total funding is allocated to support Ready Families through Family Support Services such as parent education and family literacy training (8%). The remaining 8% is allocated for general administration and capacity building including Program and Evaluation.

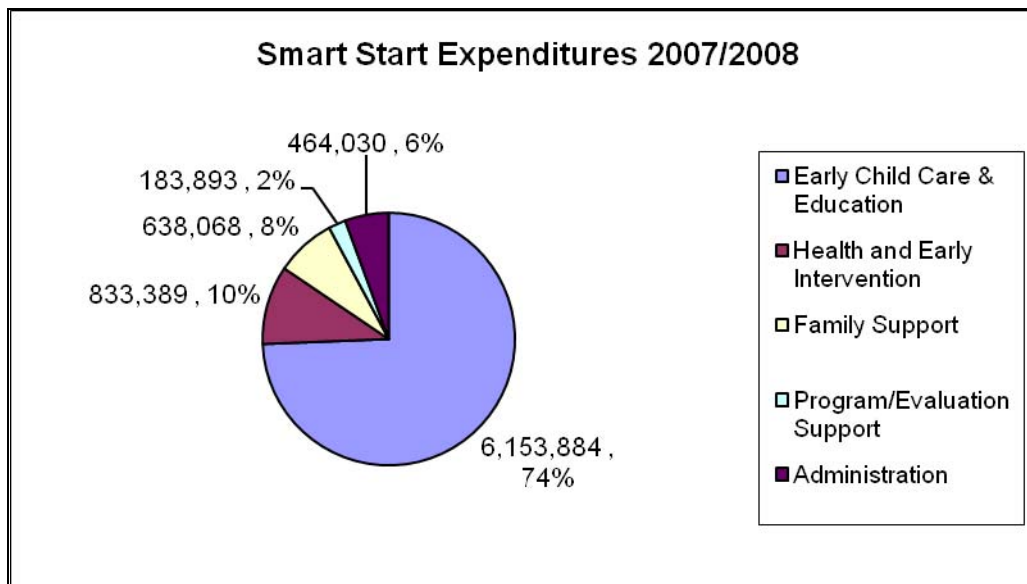


Table 1 provides a more detailed breakdown of total funding by funded partner within the broader spending categories.

**Table 1.
Smart Start Funding Overview FY 07/08**

Name of Project	Agency	Initial Allocation	(Reversion) / Reallocation	Final Allocation
Early Care and Education				
Child Care Quality Enhancement (QE)	Child Care Services Association	142,034		142,034
Child Care Quality Maintenance (QM)	Child Care Services Association	340,854	(28,840)	312,014
Child Care Substitute Program	Child Care Services Association	256,022		256,022
Choosing and Using Quality Child Care	Child Care Services Association	254,297		254,297
Grow A Teacher	Child Care Services Association	50,000	(7,560)	42,440
More at Four Coordination	Durham's Partnership for Children	76,470		76,470
Smart Start Child Care Subsidy-Smart Start MAF Subsidy and Subsidy Administration	Durham County Department of Social Services	4,091,866	49,088	4,140,954
T.E.A.C.H. Early Childhood AmeriCorps Program	Child Care Services Association	14,160	(7,572)	6,588
WAGE\$	Child Care Services Association	808,900	59,057	867,957
Health and Early Intervention				
Child Care Based Mental Health Intervention	Exchange Clubs' Family Center	36,866		36,866
Durham Inclusion Support Services	Community Partnerships, Inc.	60,000		60,000
Early Childhood Outreach Project (EChO)	Exchange Clubs" Family Center	140,000	2,000	142,000
Early Childhood Support Program	The Arc of Durham County	79,900		79,900
Healthy Smiles / Healthy Kids Expansion	Durham County Health Department	33,102	(18,787)	14,315
Hispanic / Latino Family Consultation Services	Durham Council for Children with Special Needs	119,583	2,000	121,583
Nutrition Consultation	Durham County Health Department	64,918	(6,298)	58,620
Family Support				
FAMOSA	El Centro Hispano	255,728		255,728
Healthy Families Durham	Child and Parent Support Services	386,343	2,000	388,343
Welcome Baby Family Resource Center	Durham County Cooperative Extension	298,984		298,984
Community Development and Capacity Building				
Community Awareness	Durham's Partnership for Children	83,356		83,356
Program and Evaluation	Durham's Partnership for Children	179,893	4,000	183,893
TOTAL		\$7,773,276		\$7,822,364

Impact of Funding

Ready Communities – Early Care and Education

Quality Child Care

Table 2 shows the number (unduplicated count) of child care sites, by type of license, that are served by Smart Start-funded activities aimed at increasing the quality of child care in Durham. These direct service providers include AmeriCorps TEACH, Child Care Substitute, Durham Inclusion Support Services, Early Childhood Outreach (EChO), Grow a Teacher, Nutrition Consultation, Quality Enhancement, and Quality Maintenance. The 192 child care sites served with Smart Start dollars represent approximately 56% of all licensed child care sites in Durham County. Of the sites served, 49.4% were centers and 50.6% were homes. Total child enrollment at these sites is approximately 5,200 children birth – 5.

Table 2.
Child Care Sites Served through Smart Start Funds

5 Star	4 Star	3 Star	2 Star	1 Star	Other¹	Total
47	53	46	12	12	22	192
24.5%	27.6%	24.0%	6.2%	6.2%	11.5%	100%

¹Other includes GS 110-106, Temp CCH, Temp CCC, Provisional, Other

As state licensing requirements have shifted from the three-component to the two-component system, funded partners have worked with centers and homes to help them increase or maintain their star ratings. Both Child Care Quality Enhancement and Quality Maintenance activities have exceeded expectations for sites that have completed assessments/reassessments and have increased stars and maintained stars. However, there were also a number of sites that were in the assessment process and were waiting for scale results, assessment dates or visits, or assessment of staff education and therefore the results for those sites were not known at the time of the Year End Reports.

Another factor that influences the quality of child care in Durham County is the efforts of several funded partners to impact the qualifications and preparedness of lead and assistant child care teachers. Veteran funded partners (CC Substitute, More at Four, AmeriCorps TEACH, and WAGE\$) have for the most part exceeded their expectations for helping lead and assistant teachers to successfully complete additional coursework in ECE. A new initiative, Grow a Teacher, aimed at supporting teachers through professional development counseling, did not meet its projected outcomes in its first year due to staff turnover and new staff coming on board at times just after key enrollment periods for the following semesters.

Access to Quality Child Care

The combined efforts of Choosing & Using, Durham's Alliance for Child Care Access (DACCA), and More at Four help children and families in Durham County access high-quality, regulated child care programs. Through the collaborative work of DACCA, 4,377 children birth to age 5 living in low-income families received child care subsidies at some point during FY 07/08. The More at Four program served 415 at-risk 4-year-olds through quality pre-kindergarten. More than 2,000 parents/guardians (2,032) received education about quality child care and referral services through Choosing and Using Quality Child Care. The quality of child care placements resulting from the work of these three funded partners exceeds the state's minimum standards of 3.25 average star rating or 60% of children receiving subsidy enrolled in 4-5 star child care programs.

Ready Communities – Health and Early Intervention Services

Four funded partners (DISS, EChO, Healthy Families Durham, and Hispanic/Latino Consultation) provide initial developmental screenings for children who are at-risk for special needs. All four programs have had success in identifying children who are potentially eligible for special services and referring them for the full developmental evaluation at CDSA or DPS. In three of the four programs, all or most of the children referred also received an evaluation. Hispanic/Latino Consultation (HLCS) has had some difficulty with having the children they refer evaluated. Next fiscal year, HLCS will provide follow-up to families that are referred to DPS to ensure that referred children receive evaluations.

Smart Start dollars in Durham County also fund a wide variety of H/EI activities to support children, families, and child care providers in other ways. Other activities include therapies for children with challenging behaviors that enable them to remain in their classrooms, specialized therapies and interventions that enable children with special needs to maintain and/or improve their developmental growth, workshops for parents that increase their awareness and understanding of good overall and dental nutrition, and training events for child care providers that improve their abilities to work effectively with children who have behavioral challenges. With a few exceptions, the funded partners who work in this area have exceeded their expected outcomes.

Ready Families – Family Support Services

Durham's Partnership for Children funds a continuum of Family Support programming in Durham County including linking families to community resources, hospital visits to new parents, curriculum-based parent education and literacy series and an intensive home visiting program. Parenting skills workshops conducted by FAMOSA and Welcome Baby have led participating parents to feel increased

competence and confidence about their ability to apply what they have learned to raising their children.

FAMOSA and Welcome Baby also provide activities designed to increase the amount of literacy activity that takes place in the families they serve. In this area, they have had mixed success at meeting their expected outcomes. Welcome Baby was more successful at increasing the number of literacy events in participating families, whether from a level of zero to one or two events per week or from a level of two to three events per week. FAMOSA has had greater success at increasing literacy activity from fewer than four events per week to more than four events per week.

Final Activity Evaluation Report

This report organizes and views the funded partners’ activities and outcomes through the lens of School Readiness. A large body of research indicates that a child’s early years are critical to later learning and success in school and in life. Investments in early childhood have long-term outcomes in multiple areas, including education, social skills and behavior, cognition and health. National research initiatives have developed a School Readiness framework to describe the components that influence children’s ability to be ready for school success: Ready Communities, Ready Families, and Ready Schools result in children who are ready for school success. A Ready Community offers resources, services, and supports for families with young children, including high quality child care and health services. With appropriate and available health care services, parent education, and literacy training, Ready Families provide stable and supportive environments with opportunities to learn and grow.

Particular focus is given in this report to the role the funded partners have played in fostering a Ready Community and Ready Families. This year’s focus is a departure from the past two years, when the report was organized more intentionally on the accomplishment of outcomes related to the state’s Performance Based Incentive System (PBIS). This year the report goes beyond PBIS to give a more comprehensive view of the Partnership’s impact on School Readiness.

Outcomes for a Ready Community – Early Care and Education

Table 1 lists the funded partners who are directly supporting a Ready Community by placing children in high quality care and enhancing staff education.

**Table 3.
Direct Service Providers Supporting a Ready Community
Through High-Quality Child Care**

1. Child Care Quality Enhancement	These two projects provide technical assistance to child care programs
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2. Child Care Quality Maintenance	seeking to improve or maintain the quality of child care for children birth to five years. Programs seeking a higher star rating or national accreditation or those seeking to maintain their star rating will receive support through a variety of strategies that include on-site consultation, quality improvement and professional development planning, specialized training, support groups, resource library materials and grants/awards.
3. Child Care Substitute Program	The Child Care Substitute Program provides substitute coverage for child care centers and homes located in Durham County with a 3, 4 or 5 star license or on contract for quality enhancement services. Resource Teachers serve as Substitutes in the child care programs with priority given to centers with lead teachers enrolled in college level courses in early education.
4. Choosing & Using Quality Child Care	This project helps English-speaking and Spanish-speaking families understand child care regulations and indicators of quality, and supports these families in their child care search process through a continuum of services, including referral to 3, 4, and 5 star centers and homes, and information about other resources. Funding for this activity also includes a staff position at DACCA.
5. Durham Alliance for Child Care Access (DACCA) Subsidy	Smart Start Child Care Subsidy dollars pay tuition for eligible families of children birth through age five at 3, 4, and 5 star child care centers and homes. These funds also provide transportation for a small number of children with special needs. Smart Start More at Four Subsidy funds supplement state funding provided for More at Four (approximately 40%) for at-risk children in quality pre-kindergarten private settings not at Head Start or DPS. DACCA, a collaboration of four agencies (Child Care Services Association, Department of Social Services, Durham's Partnership for Children, and Operation Breakthrough), helps families gain access to child care, including transportation to child care for children on subsidy who have special needs. DACCA determines eligibility for child care subsidy, scholarships, and transportation.
6. Grow a Teacher	The Grow a Teacher program encourages high school graduates participating in Durham Tech's Dual Enrollment program to apply to and enroll in semester credit hours towards a degree in early childhood education. Scholarships for tuition and fees to Durham Tech, as well as reimbursement for textbooks are provided for these students. The Grow a Teacher Coordinator also provides on-site and community-based services to current child care providers to provide information about financial aid assistance; assists providers in developing a professional development plan; and assists them in applying to Durham Tech or North Carolina Central University (NCCU) or other institutions of higher education.
7. More at Four Coordination	A Project Coordinator will coordinate the placement, progress and monitoring of children eligible for and participating in More at Four. Additional part-time and contract staff are used to conduct outreach and

	data gathering activities, and to provide additional TA.
8. TEACH AmeriCorps	The T.E.A.C.H. Early Childhood® AmeriCorps program provides educational release time to teachers of children birth-5 years working in licensed, nonprofit child care centers. T.E.A.C.H. Corps also enhance teacher to child ratios; provide one-on-one interactions with children; and/or develops and implements literacy projects.
9. WAGE\$	WAGE\$ is an education-based salary supplement program for child care teachers, directors and family child care providers.

Quality of Early Care and Education

Supply of Early Care and Education Placements in Regulated Care

DACCA and More at Four provide subsidies for placements in regulated child care programs (see Table 4).

Table 4.
Placement in regulated child care programs

PBIS Minimum Standard: 90% of children receiving subsidy will be enrolled in regulated child care programs.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
DACCA Subsidy	100% (5200 of 5200)	100% (4377 of 4377)
More at Four	80% (193 of 241)	86% (335 of 388) ¹

¹ This represents the children placed in private child care sites only; 53 MAF slots were located in the Public Schools.

Quality of Child Care Placements

The quality of placements achieved by Choosing and Using and DACCA surpass both the state's minimum requirement and their own projections for 2007-08. 85% of children enrolled in private child care sites through the More at Four Program are placed in 4-5 star facilities (see Table 5).

Table 5.

Placement or enrollment in high quality, regulated child care programs

PBIS Minimum Standard: 3.25 average star rating of child care placements in regulated child care programs, OR....		
	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Service Providers		
Choosing & Using	3.8	4.00
DACCA Subsidy	3.36	3.73
PBIS Minimum Standard: 50% of children will be enrolled in 4-5 star facilities.		
	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Service Providers		
More at Four	80% (193 of 241)	85% (284 of 335) ²

²This represents the children placed in private child care sites only; 53 MAF slots were located in the Public Schools. Includes 51 children that were in a 4-star site that dropped to 3 stars as of 3/08 and 23 children that were in a 3-star site that moved up to 4 stars in 12/07.

The average star rating of placements for children receiving subsidy administered by DACCA is 3.73. Note that projected outcomes were exceeded in spite of the transition from three-component to two-component licenses. 85% of children receiving subsidy, enrolled in child care through More at Four, are placed in 4-5 star facilities (see Table 6).

Table 6.

Subsidized child placements or enrollment in regulated child care programs

PBIS Minimum Standard: 3.25 average star rating of placements for children receiving subsidy in regulated child care programs, OR...		
	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Service Providers		
DACCA Subsidy	3.63	3.73
PBIS Minimum Standard: 60% of children receiving subsidy are in 4 or 5 star rated child care programs.		
	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Service Providers		

More at Four	80% (193 of 241)	85% (284 of 335) ³
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³ This represents the children placed in private child care sites only; 53 MAF slots were located in the Public Schools.

The average star rating of placements for children with special/developmental needs, receiving subsidy through DACCA, falls below the PBIS minimum standard of 4 stars at 3.56. 100% of children with special/developmental needs, enrolled in child care through the More at Four Program, are placed in 4-5 star facilities (see Table 7).

Table 7.
Subsidized placements for children with special/developmental needs in high quality, regulated child care programs

PBIS Minimum Standard: 4 average star rating of subsidized child placements for children with special/developmental needs (includes dev day and all child care early education programs) OR...		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
DACCA Subsidy	4.0	3.56
PBIS Minimum Standard: 75% of children with special/developmental needs and receiving subsidy are in 4 or 5 star rated child care program.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
More at Four	80% (28 of 35)	100% (34 of 34)

In addition to achieving state standards for average star ratings and enrollment of subsidy children, Durham County's Smart Start dollars are also being used successfully to encourage child care providers to apply for increased star ratings and national accreditation (CC Quality Enhancement) or to help them maintain their high star ratings and national accreditation (CC Quality Maintenance). As state licensing requirements have shifted from the three-component to the two-component system, both Child Care Quality Enhancement and Quality Maintenance activities have exceeded expectations for sites that have completed assessment/reassessment and have increased stars and maintained stars. However, there were also a number of sites that were in the assessment process and were waiting for scale results, assessment dates or visits, or assessment of staff education and therefore the results for those sites were not known at the time of the Year End Reports. The Partnership also holds DACCA accountable for awarding Smart Start subsidy funds for placements in centers that meet

a high standard of quality, and subsidized placements exceed the projected outcome (see Table 8).

Table 8.
Other Quality Placement-related Outcomes

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Child Care Quality Enhancement	80% (24 of 30) of CC facilities will apply to DCD either a) for at least a 3-star license OR b) to increase current star rating by at least 1 star.	99% (71 of 72)
	80% (19 of 24) of CC facilities who apply to DCD will receive either a) at least a 3-star license OR b) at least a 1-star rating increase.	100% (60 of 60) ⁴
	80% (4 of 5) of CC facilities under contract for TA that are not currently accredited will apply for national accreditation.	100% (11 of 11)
	50% (2 of 4) of CC facilities under contract for TA who apply will receive national accreditation.	75% ⁵ (3 of 4)
Child Care Quality Maintenance	50% (55 of 110) of CC facilities under contract with QM and having a 3-, 4-, or 5-star license will apply to be re-assessed.	95% (69 of 73)
	75% (42 of 55) CC facilities who apply will maintain their current star rating.	95% ⁶ (40 of 42)
	50% (55 of 110) of CC facilities that are under contract with QM, willing to accept children receiving subsidy, and having a 3-, 4-, or 5-star license will apply to be re-assessed.	78% (57 of 73)
	40% (4 of 10) accredited CC facilities under contract with QM will apply for national re-accreditation.	100% (8 of 8)
	75% (3 of 4) of CC facilities who apply for national accreditation will be re-accredited.	50% (2 of 4)
DACCA Subsidy	The average star rating for all placements for children receiving Smart Start subsidy funds will be 3.67.	4.09

⁴There were 11 additional sites served that had not completed assessment at the time of the report: 3 were waiting on assessment dates and 8 were waiting for scale results.

⁵Although 11 CC providers that have been served under a contract for QE services have applied for national accreditation, only 4 applications (including self-study) had been completed at the time of the year-end report. 3 of the 4 centers that completed the application process were successful in achieving national accreditation.

⁶ Of the 69 sites that applied for re-assessment, 40 maintained their current star rating, 16 were waiting on assessment dates or visits, 4 were waiting on scale results, 3 were waiting for assessment of staff education, 3 programs requested to be switched to QE after applying, 2 did not maintain their stars, and 1 program closed.

Early Care and Education Professional Development and Support

Smart Start dollars in Durham County fund a variety of support mechanisms that enable teachers to continue their education, thereby increasing their value to a Ready Community. Support mechanisms include professional development counseling (Grow a Teacher), substitute teachers for teachers enrolled in day-time classes (CC Substitute, TEACH AmeriCorps), high quality standards for employment (More at Four), and salary supplements tied to educational achievement (WAGE\$). Although turnover and vacancy affected the impact of Grow a Teacher in its first year of funding, all other strategies had a positive impact in Durham County in FY 2007-08 (see Table 9).

Table 9.
Education and Professional Development Outcomes

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Child Care Substitute Program	100% of lead teachers receiving a substitute to pursue course for college credit (20 of 20) will enroll in 3 credit hours worth of courses toward their lead teacher education points.	100% (16 of 16)
	80% of lead teachers receiving a substitute to pursue courses for college credit (16 of 20) will complete at least 3 semester credit hours in early childhood education with a grade of C or better.	94% (15 of 16)
Grow a Teacher	80% (32 of 34) CC teachers that received professional development counseling and have a written professional development plan will enroll in ECE-related courses.	25% ⁷ (15 of 61)
	80% (12 of 15) CC teachers that enrolled in the early childhood education program will earn at least 3 semester credit hours in ECE-related courses with a grade of C or better.	73% (11 of 15)
	100% (1 of 1) undergraduate student scholarship recipients will complete at least 12 semester credit hours toward their degree in ECE with a grade of C or better.	100% (1 of 1)
More at Four	90% (11 of 12) of MAF lead teachers who do not yet have the B-K license will complete at least 6 semester hours with a C or better towards their 4-year degree.	100% (10 of 10)

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
	90% (12 of 13) MAF assistant teachers who do not yet have the CDA or AA degree in ECE will complete at least 6 semester hours with a C or better towards their AA degree in ECE.	50% (5 of 10)
	75% (38 of 51) MAF lead teachers will attend at least one Teacher Training event.	100% (26 of 26)
	The median salary plus supplement for MAF teachers with a 4-year degree in ECE or its equivalent will be at least \$11.23 per hour.	\$16.28
T.E.A.C.H. AmeriCorps	100% of child care teachers who receive release time (20 of 20) will be enrolled in at least 3 credit hours in ECE/CD.	100% (25 of 25)
	80% of child care teachers (12 of 15) who receive release time will earn at least 3 credit hours towards their lead teacher education points.	88% (22 of 25)
WAGE\$	22% of Durham County WAGE\$ participants (who are active on 6-30-08) will submit documentation during the fiscal year showing they have completed additional coursework.	32%
	The median salary, including WAGE\$ supplement, for Durham County WAGE\$ teachers with a 2-year degree in ECE or its equivalent will be at least \$8.98 per hour.	\$13.46 ⁸
	The median salary, including WAGE\$ supplement, for Durham County WAGE\$ teachers with a 4-year degree in ECE or its equivalent will be at least \$11.23 per hour	\$15.21 ⁹

⁷New staff joined the Grow a Teacher program (in September 2007 and again in January 2008) missing key enrollment periods for the next semester.

⁸The median salary for Durham teachers at level 6 (AAS ECE or its equivalent).

⁹The median salary for Durham teachers at level 8 (BA/BS ECE or its equivalent).

Salary supplements administered by WAGE\$ in Durham County have had a positive impact on keeping turnover of participating teachers well below the state's minimum standard of 25% (see Table 10).

Table 10.
S10 – Stability/Turnover

PBIS Minimum Standard: The turnover rate among staff in regulated child care centers is equal to or less than 25%.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes

		(Outputs)
WAGE\$	The annual turnover rate of Durham County WAGE\$ participants will be 25% or lower.	15%

Ready Community - Health/Early Intervention Services

Table 11 lists the funded partners who are directly supporting a Ready Community by providing children and families with health and early intervention services.

Table 11.
Direct Service Providers supporting a Ready Community through health and early intervention services

1. Child Care Based Mental Health Initiative (CCBMHI)	This activity increases the capacity for childcare providers to foster social-emotional development and address the mental health issues of children by offering trainings in the “Caring for Children with Challenging Behaviors” curriculum. In addition, child care-based therapy services are provided to approximately seven high-risk children who are uninsured or under-insured.
2. Durham Inclusion Support Services (DISS)	The Durham Inclusion Support Services Program provides consultation, technical assistance and training to child care providers and families who care for a child for whom there is a developmental, behavioral or social-emotional concern.
3. Early Childhood Outreach (EChO)	EChO provides consultation, support and referral services to Durham child care providers and families when a child’s behavior presents a challenge.
4. Early Childhood Support Program	This project assists parents of children with, or at-risk for, developmental delays, by providing financial assistance (through subsidized treatment or reduced fees) for limited direct therapy, equipment, specialized care or supplies, and/or high-risk intervention.
5. Healthy Families Durham	Healthy Families Durham is an intensive, home-based family support program with the goals of preventing child abuse, promoting child health and identifying special needs. The project serves low-income, high-risk families starting during pregnancy through 3 years of age using the Parents as Teachers curriculum.
6. Healthy Smiles Healthy Kids	The Healthy Smiles, Healthy Kids Expansion program will provide dental nutrition education and outreach to family members of preschool children living in families with incomes under 200% of the federal poverty level.
7. Hispanic/Latino Consultation Services	This project provides interpretation and translation to Spanish-speaking families of children with, or at-risk for, special needs who receive early intervention services in Durham County.
8. Nutrition Consultation	A Registered Dietician consults with food preparation staff, teachers and directors in licensed child care centers and homes, and to parents of enrolled children, in order to improve the nutritional value of meals served, improve compliance with child nutrition rules and the quality of mealtime interactions, and support parents in understanding the importance of nutrition in their child’s development.

Four funded partners (DISS, EChO, Healthy Families Durham, and Hispanic/Latino Consultation) provide initial developmental screenings for children who are at-risk for special needs. All four programs have had success in identifying children who are

potentially eligible for special services and ensuring that they are referred for the full developmental evaluation at CDSA or DPS (see Table 12).

Table 12.
Early intervention for children with or at-risk for special needs

PBIS Minimum Standard: 3% of total 0-2 population will be identified and receive early intervention services; AND 3% of total 3-5 population will be identified and receive special education.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
DISS	66% of children (4 of 6) will be referred to CDSA/DPS for early intervention and will receive an evaluation	75% (3 of 4)
EChO	80% (5 of 6) referred to CDSA/DPS for early intervention will receive an evaluation.	75% (9 of 12)
Healthy Families Durham	80% (8 of 10) children referred to CDSA/DPS for early intervention will receive an evaluation.	100% (12 of 12)
Hispanic/Latino Consultation	80% (26 of 32) of children referred to CDSA/DPS for early intervention will receive an evaluation.	53% (9 of 17) ¹⁰

¹⁰Of the 17 children who were referred for evaluation by CDSA or DPS, 9 had received evaluations by the end of the fiscal year; 2 referrals were still pending evaluation; parents refused an evaluation for 1 child; and 5 referrals could not be processed while DPS waited for families to complete Referral Forms. DPS does not have a procedure for following up on referrals from external agencies like HLCS. In FY 2008-09, HLCS plans to follow up with families on a monthly basis to ensure that Referrals Forms are completed and eligible children receive evaluations.

Healthy Families Durham has exceeded its own expectations for having eligible children enrolled in Health Check and accessing well child care (see Table 13).

Table 13.
Medicaid-eligible children enrolled in Health Check and accessing well child care

PBIS Minimum Standard: 70% of Medicaid-eligible children enrolled in Health Check will have accessed well child care.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Healthy Families Durham	90% (128 of 142) of children receiving HFD services who are at least 2 weeks old will be enrolled in Health Check and will have accessed well child care.	95% (154 of 161)

Smart Start dollars fund a variety of other Health/Early Intervention activities for children, including working with parents and teachers to manage children with challenging behaviors in their classrooms (CCBMHI, DISS, EChO), improving or

maintaining the developmental growth of special needs children through financial support for assistive technology and materials (Early Childhood Support), providing dental education to parents and facilitating the scheduling of dental appointments for their children (Healthy Smiles Healthy Kids), and providing translation and interpretation services so Spanish-speaking parents can have full access to the services for which their children are eligible (Hispanic/Latino Consultation). Most of these programs have exceeded their own expectations. The Healthy Smiles outcome related to dental appointments being made at the Health Department Dental Clinic after attending a dental nutrition workshop has been a challenge. While attendance at the workshops has been high, the activity has not captured a high rate of appointments being made at the Dental Clinic as a result of the workshop. There are several reasons for this including: a staff position vacancy for the majority of the year, the dental nutritionist no longer has access to schedule appointments for the dental clinic, and participants may have made an appointment outside of the dental clinic. For the upcoming year the activity will follow-up with a sample of workshop attendees regarding behavior changes and whether dental appointments were made outside of the dental clinic (see Table 14).

Table 14.
Other Health/Early Intervention Outcomes for Children

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
CCBMHI	70% (11 of 15) children will reach 2/3's of their treatment goals at the time of service termination.	100% (8 of 8)
DISS	90% (22 of 24) children served by DISS will be able to remain in their child care settings.	89% ¹¹ (8 of 9)
	75% (14 of 18) parents will agree or strongly agree that they have seen improvement in the areas of concern they identified for their child.	86% ¹² (6 of 7)
EChO	25% (18 of 70) children who do not receive CDSA or DPS evaluation/services will receive additional private (i.e., non-EChO) therapies or interventions.	33% (23 of 69)
	90% (45 of 50) of children involved in closed EChO cases will be in a stable child care environment and linked to any needed early intervention services.	92% (54 of 59)
Early Childhood Support	(a) 25% of children who receive specialized therapies or interventions (31 of 125) will maintain their developmental growth, and (b) 75% (94 of 125) will improve their developmental skills as reported by assisting professionals.	a. 90% (62 of 69) ¹³ b. 10% (7 of 69) ¹³
Healthy Smiles/Healthy Kids	20% (150 of 750) of the preschool	0.88% ¹⁴

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
	children of parents/caregivers who attend a workshop will have appointments made for them at the dental clinic.	(10 of 1,142)
Hispanic/Latino Consultation	100% of children (225 of 225, age 0-5) for whom HLCS translates or interprets will receive early intervention services.	100% ¹⁵ (242 of 242)

¹¹DISS was a new activity this year. 11 children have been served to date. However, 2 of them were not in care (either looking for placement with DISS help or starting child care in fall 2008).

¹²Outcome is based on a 64% response rate. Surveys were sent to all 11 parents served. 7 surveys were returned.

¹³Outcome is based on a 57% response rate. Surveys were given to parents of 122 children. 69 surveys were returned.

¹⁴When parents/caregivers come to the dental clinic for an appointment, they are given a survey which asks how they learned about the dental clinic. Most of them indicate that they learned about the clinic by word of mouth. Few parents/caregivers say they learned about it through participation in an HSHK workshop.

¹⁵HLCS provided interpretation/translation services to 242 children during one or more stages of the early intervention process including screening, evaluation, IEP/IFSP development, and receipt of therapeutic services.

Several programs also provide services to increase parents' awareness and understanding of maintaining positive behaviors (DISS), supporting their child's development (Early Childhood Support), and implementing good nutritional practices (Healthy Smiles, Nutrition Consultation). Most of these activities met or exceeded their expected outcomes. Two others made significant progress toward their expected outcomes (see Table 15).

Table 15.
Health/Early Intervention Outcomes for Parents

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
DISS	75% (14 of 18) parents will agree or strongly agree that as a result of program activities they have gained new knowledge and skills that they have used to help their child.	71% ¹⁶ (5 of 7)
Early Childhood Support	80% of families who participate in the project (48 of 60) will report that they contacted the provider or resource or will contact them within the program year.	76% ¹⁷ (22 of 29)
	80% of families who participate in the project (one or all components, 100 of 125) will report that overall service/supports provided by this project helped them to better understand their child's needs and development and enabled them to better help their child with his/her development.	92% ¹⁸ (47 of 51)
Healthy Smiles/Healthy Kids	80% (400 of 500) parents/caregivers who attend a workshop will report an increase in knowledge about dental health.	98% ¹⁹ (58 of 59)
	90% (113 of 125) of randomly sampled parents (25% of 500) who attend a workshop will agree or strongly agree that lessons from the workshop have led to changes that positively	90% (53 of 59)

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
	affect their child's dental health.	
Nutrition Consultation	80% of workshop attendees will report increased knowledge about child nutrition based on one or more of the parent activities.	100% (45 of 45)
	80% of Focus Group parents will report a positive change in behavior related to child nutrition based on one or more of the parent activities.	100% (2 of 2) ²⁰

¹⁶Outcome is based on a 64% response rate. Surveys were sent to all 11 parents served. 7 surveys were returned.

¹⁷Outcome is based on a 73% response rate. Surveys were given to 40 families. 29 surveys were returned.

¹⁸Outcome is based on a 46% response rate. Surveys were given to 112 families. 51 surveys were returned.

¹⁹Outcome is based on a 47% response rate. 125 surveys were sent to a random sample of participating parents. 59 surveys were returned.

²⁰The parent focus group drew only 2 participants. Data collection was therefore augmented with a survey of parents at enrolled facilities. 78 parents responded. 70 of them (90%) reported positive change in knowledge related to child nutrition.

In addition to working with parents, these same programs work directly with child care teachers and facilities to increase their awareness and understanding of how to work with special needs children and how to implement good nutritional practices. More than half of these activities met or exceeded their expectations (see Table16).

Table 16.

Health/Early Intervention Outcomes for Care Givers and Service Agencies

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
CCBMHI	80% (24 of 30) of teachers enrolled in the CCCB trainings will report the implementation of a minimum of 2/3's of their action plan goals.	81% (39 of 48)
	80% (24 of 30) teachers who complete the training series (minimum of 4 sessions) will name at least one way to manage challenging behaviors that they learned in the training.	88% ²¹ (30 of 34)
DISS	As a result of training, 95% (53 of 56) of all providers receiving training will agree or strongly agree that they have used new knowledge and skills in working with children with or at risk for special needs.	87% ²² (52 of 60)
EChO	80% (75 out of 94) of participating child care providers will strongly agree or agree that this workshop provided them with new knowledge and skills.	98% ²³ (168 of 171)
Healthy Smiles/Healthy Kids	75% (30 of 40) child care teachers who implement the Oral Health self-study module will successfully complete the module.	95% (18 of 19)

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Hispanic/Latino Consultation	100% of the documents translated for DCCSN member agencies (40 out of 40) will be rated useful or very useful by the member agencies that request translation services.	98% (37 of 39)
Nutrition Consultation	90% (23 of 25) 1 st year child care facilities enrolled in the program will have improved their nutrition and physical activity policies and practices by implementing at least 4 goals related to nutrition and 2 goals related to physical activity.	75% ²⁴ (21 of 28)
	80% (40 of 50) workshop attendees (child care personnel) will report an increase in knowledge about child nutrition.	100% (20 of 20)

²¹Outcome is based on an 83% response rate. Surveys were sent to 41 teachers. 34 surveys were returned.

²²Outcome is based on a 28% response rate (so far). Surveys were sent to 215 teachers who attended trainings. At year-end, 60 surveys had been returned.

²³Outcome is based on 97% response rate. Surveys were sent to 176 workshop participants. 171 surveys were returned.

²⁴75% of participating child care facilities completed all of their goals. Another 18% completed the majority of their goals but for various reasons were unable to complete all goals.

Outcomes for Ready Families

Table 17 lists the funded partners who are directly supporting Ready Families through parent education and family literacy activities.

Table 17.
Direct Service Providers Supporting Ready Families

1. FAMOSA	FAMOSA provides Spanish-speaking parents with referrals to community resources, crisis intervention, advocacy, interpretation/translation, counseling, ESL classes, parent education, and family literacy activities. The children of these families are provided with a developmentally appropriate group experience during the parents' workshops.
2. Welcome Baby Family Resource Center	Welcome Baby provides emotional and educational support to parents and caregivers. Families with newborns can speak with a parent support volunteer, attend support groups and receive problem-solving assistance from staff. Developmentally-appropriate information about young children is distributed through newsletters, parenting workshops, and a lending library. The Motherread/Fatheread family literacy curriculum is offered in both English and Spanish. Families in need can receive car seats for a fee of only \$10 after attending training and free clothing.

Family Support

Parenting skills workshops presented by FAMOSA and Welcome Baby have led participating parents to feel increased competence and confidence about their ability to apply what they have learned (see Table 18).

Table 18.
Parenting Skills

PBIS Minimum Standard: 90% of families report they “agree” or “strongly agree” that they felt competent and confident to apply the parenting information presented in a Smart Start funded activity.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
FAMOSA	90% (27 of 30)	100% ²⁵ (39 of 39)
Welcome Baby	90% (54 of 60)	100% ²⁶ (50 of 50)

²⁵Outcome is based on a 91% response rate. Out of 124 primary caregivers that participated in ongoing activities, 43 were eligible to complete a survey. 39 surveys were returned.

²⁶Outcome is based on a 100% response rate. Out of 176 total participants, 50 were eligible to complete a survey. 50 surveys were returned.

School Readiness is enhanced when parents read and engage in early literacy activities with their children. FAMOSA and Welcome Baby offer several opportunities for parents, especially Spanish-speaking parents, to learn how to engage their children in a wide variety of literacy activities. Since many of the parents come to these programs with very low literacy levels, they have a long way to go to reach the standard of engaging in literacy activities 4 or more times a week. Taken together, FAMOSA and Welcome Baby have had mixed success in achieving this outcome (see Table 19).

Table 19.
Family Literacy

PBIS Minimum Standard: Of the families who reported engaging in literacy activities with their children less than 4 times a week before participating in a Smart Start funded literacy activity, 60% report that they increased the number of times they engaged in literacy activities to 4 or more times a week.		
Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
FAMOSA	60% (18 of 30)	63% ²⁷ (15 of 24)
Welcome Baby	60% (15 of 25)	50% ²⁸ (10 of 20)

²⁷Outcome is based on a 94% response rate. 73 primary caregivers participated in ongoing activities. 36 were eligible to complete a survey. 34 surveys were returned. Of these 34, 24 reported engaging in literacy activities fewer than 4 times a week before the family literacy sessions.

²⁸Outcome is based on a 100% response rate. Of 41 total participants, 26 were eligible to take the survey. 26 surveys were completed. Of these 26, 20 reported engaging in literacy activities fewer than 4 times a week before the family literacy sessions.

When FAMOSA’s and Welcome Baby’s family literacy outcomes are examined for general improvement, as opposed to a fixed level of achievement, the results reflect that participating parents are increasing their levels of engagement in literacy activities with their children. Parents also reported that spending time in FAMOSA’s Preschool Room had a positive effect on their children’s readiness for school (see Table 20).

Table 20.
Other Family Support Outcomes for Literacy and School Readiness

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
FAMOSA	90% of eligible parents/guardians (36 of 40) will report an increase in the number of times per week they engaged in literacy activities with their child.	79% ²⁹ (19 of 24)
	75% (9 of 12) of primary caregivers who make use of the Preschool Room at least 8 times will agree that their child has improved in at least one area of school readiness or that they felt more prepared for their child to start Kindergarten as a result of their child’s participation in the Preschool Room.	100% (15 of 15)
Welcome Baby	90% of eligible parents/guardians (32 of 35) will report an increase in the number of times they engaged in literacy activities with their child.	90% ³⁰ (18 of 20)

²⁹Outcome is based on a 94% response rate. 73 primary caregivers participated in ongoing activities. 36 were eligible to complete a survey. 34 surveys were returned. Of these 34, 24 reported engaging in literacy activities fewer than 4 times a week before the family literacy sessions.

³⁰Outcome is based on a 100% response rate. Of 41 total participants, 26 were eligible to take the survey. 26 surveys were completed. 20 reported engaging in fewer than 4 literacy activities per week before participating in the Motherhead series.

Healthy Families Durham and Welcome Baby have had success in improving parents' confidence and skills to raise their children (see Table 21).

Table 21.
Other Family Support Outcomes for Parent Education

Service Providers	Projected Outcomes (Outputs)	Actual Outcomes (Outputs)
Healthy Families Durham	75% (64 of 85) families receiving services for at least 6 months will show improvement in at least 1 of the 4 areas measured by the HOME Inventory.	72% ³¹ (21 of 28)
Welcome Baby	90% of parents/guardians who responded to the survey after attending a minimum of 4 Now & Later sessions (22 of 24) will report that they agree or strongly agree that they are more confident about ways to raise their child because they participated in the program.	94% ³² (32 of 34)
	80% of parents/guardians surveyed will agree or strongly agree that having a phone support volunteer made their transition to parenthood easier.	91% ³³ (39 of 43)

³¹Outcome is based on 67% response rate. 67 valid pre- and post-tests were received from 100 participating mothers. Of the 67, 39 scored at the top of the scale on the pre-test and therefore could not show improvement. Of the remaining 28, 21 (72%) showed improvement on at least one area of the 4 areas measured by the HOME Inventory.

³²Outcome is based on a 100% response rate. Of 75 total participants, 34 were eligible to take the survey. 34 surveys were completed.

³³Outcome is based on a 52% response rate. There were 83 total phone support participants. 43 of them completed phone surveys.

Collaborative Activities

In addition to making referrals between funded partners and other community agencies, a goal of Durham's Partnership for Children is to encourage and increase collaboration between these same agencies. At mid-year and year-end, the funded partners provide a summary of their collaborative activities. These activities are distinct from referrals and fall into three categories: (1) Community Networking (e.g., sharing information, participating in local action committees or councils), (2) Sharing Resources (e.g., personnel, facilities, materials), and (3) Joint Activities (specifically planning and implementing joint activities or services).

In FY 2007-08, funded partners collaborated with more than 100 Durham community organizations. About half of the collaborative activities that were reported (50%) fell into the category of Sharing Resources. Resource sharing activities included providing space for other agencies' activities, receiving or supplying personnel for training activities, and managing community events. A third of collaborative activities (34%) involved sharing information with other agencies, serving on advisory boards and working committees, and attending monthly or quarterly meetings to ensure continued communication about ongoing programs. The remaining 16% of activities involved joint planning and implementation of community events and training workshops.

The top 10 collaborators cited by the funded partners are:

1. Durham County Health Department
2. Child Care Services Association
3. Durham Council for Children with Special Needs
4. Durham Alliance for Child Care Access
5. Welcome Baby
6. Operation Breakthrough - Head Start
7. Durham Public Schools
8. Durham County Department of Social Services
9. More at Four Program
10. El Centro Hispano

Summary of Accomplishments

Looking across all outcomes reported in all program areas, it is evident that the majority of the outcomes for which the funded partners are responsible have been met or exceeded (75%). Nearly two-thirds (65%) of the funded partners' outcomes exceeded expectations. Relatively few (16%) did not meet expectations for a variety of reasons, none of which suggests a specific pattern for concern (see Table 22).

Table 22.
Accomplishment of Outcomes by Program Area ^{34, 35}

Program Area	Exceeded expectations	Met expectations	Made significant progress³⁶	Did not meet expectations
ECE Quality of Placements	16	1	1	2 ³⁷
ECE Staff	9	3		4 ³⁸
Health/Early Intervention	18	3	5	4 ³⁹
Family Support	9	1	1	3 ⁴⁰
TOTALS	52	8	7	13
Percents	65%	10%	9%	16%

³⁴Numbers in this table include 7 miscellaneous outcomes that were not included in the outcomes tables for Ready Community and Ready Families.

³⁵Table reflects outcomes as reported by the funded partners, without reference to related outputs (i.e., whether they were achieved) or survey response rates.

³⁶An outcome was considered to reflect significant progress if it was within .05 points (in the case of star ratings) or 5 percentage points of expectations.

³⁷Reflects less than expected average quality of subsidized placements for children with special/developmental needs and greater than expected difficulty in maintaining national accreditation.

³⁸Reflects some shortfalls in enrollment in ECE classes and earned semester credit hours.

³⁹Reflects (H/EI) less than expected performance on a variety of outcomes; including improvement of developmental skills, scheduling dental appointments, acquisition of specific knowledge and skills, and accomplishment of teacher action plan goals.

⁴⁰Reflects (FS) less than expected growth in weekly literacy activities and knowledge of community resources.

Evaluation Observations

As the Partnership moves forward in FY 2008-09 to enhance and improve the evaluation activities of its funded partners, The Program Evaluation Group will continue to support this objective by addressing the following issues that have emerged during our tenure as the Partnership's External Evaluator:

- **Compiling unduplicated counts** – Currently, there is no process in place to compare the service or client rosters for programs that serve individual children. Therefore, the Partnership is unable to determine the total *unduplicated* number of children who receive direct services through ECE placement, H/EI services, or Family Support activities.
- **Raising funded partner survey response rates** – As indicated in the footnotes to many of the tables in this report, response rates on surveys administered by the funded partners vary a great deal. In FY 2007-08, they ranged from 23% to 100%, with the mean response rate being about 69%. In order to understand or assess the true impact of the funded partners' activities, it is essential to raise response rates to a narrower and more consistent range of 80-100%.
- **Measuring PBIS EDU10** – To achieve the minimum standard for EDU10, "60% of children will be enrolled in 1-5 star rated child care centers that have 4 or 5 lead teacher education points." The number of LTEPs earned by individual child care programs is available from the North Carolina Division of Child Development. However, the contribution of individual teachers to a center's LTEPs is not readily available to the funded partners who might use it to target their efforts with teachers in a more strategic way to improve performance on EDU10. Improved performance is critical in the next two years as all local partnerships must achieve the minimum standard of 60% enrollment by June 2010.
- **Collecting client feedback data** – For a number of years, funded partners were instructed to collect data on client satisfaction with services overall. This led to global measures of satisfaction but did not provide information that would enable them to distinguish effective practices from ineffective ones. All funded partners have begun to think about how to collect better feedback from their clients about the effectiveness or usefulness of specific activities. Many of them have requested technical assistance in order to craft new data collection tools for this purpose.