

The 2012 Plan

A plan to significantly improve the lives of children in Hillsborough County by 2012.

The Strategic Plan of the Children's Board of Hillsborough County

July 14, 2002

Our Mission

helping improve the lives of our community's children and families.

Strategic Focus

developing a comprehensive system of care with an emphasis on ensuring adequate services and the use of best practices for children in the pre-natal to age eight group.

Organizational Values

striving to be customer driven and provide the highest level of quality in everything we do.

Governing Board

Honorable Carolyn Bricklemyer, Chair

Hillsborough County School Board

David A. Kennedy, Vice-Chair

Kennedy Frost Investments, Inc.

Michele Vogel, Secretary/Treasurer

Northern Trust Bank

Honorable Katherine Essrig

Circuit Judge, Juvenile Dependency Div. D

Valerie Hubbard-Goddard

Helping Hand Day Nursery

Thomas L. Hernandez

Regulatory Affairs TECO Energy

Dr. Earl Lennard

Hillsborough County Schools Superintendent

Lynn Richard

Department of Children & Families

Commissioner Ronda Storms

Hillsborough County Commission, District IV

Deborah J. Tamargo

American Heart Association

John W. Bakas, Jr., Esq.

Board Attorney

Dr. Luanne J. Panacek

Executive Director

Table of Contents

Executive Summary	3
I. The Challenge to our Community	5
II. Meeting the Challenge	7
A. The Role of the Family	
B. The Role of the Neighborhoods & Informal Support Systems	
C. The Role of the Community as a Whole	
D. The Role of the Children's Board	
III. The Strategic Plan	11
A. Core Strategy & Rationale	
B. Shared Community Outcomes	
C. Strategic Initiatives	
a. Comprehensive Health	
b. Family Support and Education	
c. Early Childhood Education and Care	
D. Activities in Each Strategic Initiative	
E. Implementing the Plan: FY 2003 Goals	
IV. References	14

Executive Summary: *The 2012 Plan*

The Children's Board of Hillsborough County (CBHC) is a special taxing district dedicated to improving the lives of children and families by developing local prevention and early intervention services.

While other organizations address the needs of our young children, no other public institution provides the umbrella for leadership, coordination and oversight of children's services as the Children's Board which is a part of the state Children's Services Councils.

2012 Strategic Plan

The newly created 2012 strategic plan will serve as a policy roadmap for the Children's Board to follow for the next ten years. The focus of the Plan is to assure all children will be ready to enter school. It will do so by developing comprehensive and integrated services to pregnant women and children from birth to age eight, and their families.

Recent research has demonstrated the critical importance of caring adult relationships, proper health care and intellectual and social stimulation for very young children. These factors significantly affect brain development in the early years. Brain development in the early years impacts the remainder of our lives in numerous ways. Therefore it is critical that we do what we can to ensure the children of our community have positive and nurturing experiences in their early years.

The focus on children being ready for school will occur through three strategic initiatives: comprehensive health, family support and education, and early childhood education and care. These initiatives will work toward Hillsborough County's shared community outcomes of learning, safety, and wellness.

Overall, the plan emphasizes:

1. Funding for prevention services for the very young of our community.
2. The use of proven practices that have been successful
3. Improving the capability of existing service providers.
4. Effecting practice and systems improvements in the community.
5. Advocating for policy and funding strategies to maximize the impact of our limited resources.

The strategic plan will result in the following benefits for our county:

- A comprehensive system of prevention services to ensure children are born healthy and are given the experiences and supports that prepare them for school
- A measurable impact of the children's service systems and supports
- The wide use of research-based practices
- The leveraging of additional fiscal resources

To begin implementation of the plan in fiscal year 2003, CBHC will:

1. Establish a pilot project for the three strategic initiatives in the 33612 high-need zip code.
2. Establish a new Early Learning and Literacy model .
3. Develop additional Family Support & Resource Centers.
4. Develop specific business plans to guide implementation of strategic initiatives.

Our ability to learn, to work with others, to behave constructively are all impacted by our experiences as very young children. This plan seeks positive experiences for all our children so that they may be ready for school and the subsequent benefits of an education.

I. The Challenge to our Community

The children of Hillsborough County are our future. While we believe this to be true, each year in Hillsborough County, the following facts are significant:

- 6,500 of the 13,000 children entering kindergarten have at least one significant risk factor present (poverty, single parent home, low maternal education, minority language status, or mother unmarried at the child's birth; Zill, Collins, West, & Hausken, 1995). These risk factors increase the probability of school failure and poor outcomes later in life.
- More than 2,600 of these 6,500 children are actually assessed as not being cognitively or behaviorally "ready" for school (Zill et al., 1995).
- 1,600 Hillsborough County children under age three have been identified who show developmental delays significant enough to qualify for government-funded services (Powell, 2002).

Two significant changes in our country and our community during the last three decades require us to examine existing policies, services and child-rearing practices.

- The first is the vast amount of knowledge, generated by research across all the sciences, that identifies critical factors that influence the degree to which children get off to a good, healthy start or one fraught with potential life-long obstacles and delays.
- The second significant change involves our ability to effectively apply this new knowledge given high levels of poverty, increasing numbers of single parent households, the economic need for both parents to work in many families, the increasing number of young children, including infants, being cared for in out-of-home settings that vary considerably in quality, and our increasing awareness of the profound negative effects of stress and violence on young children.

The assumption until relatively recently was that child development was like an inverted pyramid; that is, as an infant grows into toddler-hood and preschool age, the developmental base gradually builds. Research bears out that the pyramid of development is not inverted; that is, the developmental foundation upon which all further capacity is based grows extremely rapidly from the 5th month of gestation through three years of age. The bigger this base, the greater the potential for optimal development over time. If there are barriers or adverse conditions in these early months of development, the likelihood is that the future capacity for development will be diminished.

Significant costs are associated with our failure to provide the most comprehensive and solid developmental base for children from the time a mother is pregnant until the time children begin to read. It is a well-documented fact that every \$1 invested on primary prevention saves at least \$7 in more expensive remedial and treatment programs (High/Scope Educational Research Foundation, 1999). Therefore, it is both a wise and humane investment for our community to focus increased resources on our very young children and their families.

This investment cannot be piecemeal or isolated. The social, emotional, cognitive and physical development of a child occurs in an integrated and interdependent manner. Programs that address only one domain of development, or deal only with the child will not be most effective. In order to be most effective, programs must be comprehensive and integrated, dealing with the needs of the child as well as the needs of the parents or primary caregivers.

While the availability of services and supports for infants and toddlers has increased and interventions have improved over the last decade, this developmental age group continues to be the most under-funded and underserved. We continue to have too many children who suffer from neglect and abuse, who are not ready for school, who may not have the opportunity to develop into fully functioning adults. While we wait, the number of children in need continues to grow, as does the scope and complexity of the challenge we face.

II. Meeting the Challenge

The Children's Board serves Hillsborough County as a catalyst for change. Our mission... **to improve the lives of children and families in the county** ... has historically been carried out through a focus on prevention and early intervention services and supports. However, the Children's Board alone cannot meet the challenge of ensuring the optimal development of young children in our county. Shared responsibility lies with families, neighborhoods and our community as a whole. Only together can we focus our efforts and resources to have a demonstrable impact on improving the growth and development of our youngest citizens.

A. The Role of the Family

Family members and other caregivers have primary responsibility for providing the appropriate and varied experiences their children need for full development. Contrary to what some may believe, most parents want to be good parents. However, because it isn't necessary to take a class, or pass a test, or have a license to be a parent, many are ill equipped for life's biggest job. Parents may lack appropriate parenting skills for a number of reasons including being a child or teen themselves, being uneducated, having been a victim of abuse or neglect or simply being overwhelmed by or having limited opportunities due to life circumstances. These parents can be successful if they have appropriate support and guidance available to them, and if they access these supports. Similarly, many alternate caregivers of young children (e.g. friends, relatives, family day care center and child care center staff) also need support and education to acquire and apply the skills necessary for promoting the health and development of young children. Without the full involvement of families, the goals of this plan cannot be fulfilled.

B. The Role of the Neighborhoods and Informal Support Systems

While the family has primary responsibility for ensuring the optimal development of children, neighborhoods and the social supports they can provide have a secondary, yet essential, role.

Neighborhoods include both those established by physical or geographic boundaries and those established based on common affiliations or shared identity (e.g., churches, ethnic groups). The geographic neighborhood can provide a safe environment for play, a community of caring adults, and a set of familiar places. The affiliation neighborhood can provide a group identity, familiar and repetitive experiences, and access to appropriate role models.

Neighborhoods with strong resident involvement and leadership historically have been more effective than government interventions in manifesting and sustaining improvements over time. If residents are the catalyst for change it is likely that there will be a greater investment of personal time and resources to make and maintain improvements. Every neighborhood, no matter how impoverished, has its own resources and assets that if gathered and appropriately directed can be a powerful tool for improving quality of life.

Social support that can be provided within a neighborhood is equally as important as resident involvement and leadership. There was a time when many of the informal supports (as opposed to formal services) that families needed could be found next door, down the block, or through social networks and neighborhood-based institutions such as churches. “Social supports, both given and received, are those actions that influence the quality of our life most directly. These actions include everything from love, affection, and friendship, to material assistance, advice and companionship. The presence of these actions or behaviors, the actual and perceived amount of support given, and the balance between the giver and the taker, all contribute to the level of our adjustment, stability and satisfaction in life” (Panacek, 1994). It is the presence of these types of supports that can help a family through a crisis, lend a hand when a job is lost or rent cannot be paid, or simply provide good advice to resolve a problem.

Neighborhoods where these types of connections exist or can be established can provide invaluable assistance in improving the quality of life for children and their families. In addition, once these supports are in place they typically sustain over time. So while formal services we receive may end, informal supports can be present throughout our lives and can help us avoid, when appropriate, the need for costly professional intervention.

C. The Role of the Community as a Whole

Our community in its entirety has an important role in ensuring the optimal development of children. Communities in which children are valued and where there is evidence that the healthy growth and development of children is paramount, can be identified across the country. These are communities in which government, business, neighborhood leadership, faith-based institutions and individual citizens work together to shift the accepted community norm to the highest standards and expectations in health care, childcare and parent education and support to promote the optimum development of their children.

In these model communities, all forces work together to find and secure the necessary funding and resources, raise standards and quality of care and assure access to all the services and supports any family may need.

D. The Role of the Children’s Board

We live in a community where several hundreds of millions of dollars are spent on programs serving children and families of all ages, without including the costs associated with public education. The \$23 million generated by the Children’s Board is a relatively small piece of this larger fiscal context. However, unlike other community and state sources of funding, CBHC local tax dollars are discretionary (non-categorical and not

mandated by local or state government to be spent on any specific program or service). Therefore the potential power and effect of these dollars is magnified. By directing these “flexible” fiscal resources in a more strategic manner, the Children’s Board can play an important, even vital role, in improving the development of young children.

In our first decade of operation, the Children’s Board funding policy was to respond to identified priorities and needs across the broad spectrum of prevention and early intervention services to children of all ages as these needs surfaced. While this approach has been the standard, accepted funding approach it has often resulted in a diffuse approach to funding that has not allowed clear assessment of impact. And while CBHC has multiplied or “maximized” our local dollars through matching and leveraging with local, state and federal funds, this approach has been more reactive —the result of maximizing opportunities as they arise —rather than a creating new avenues for and a planned approach to leveraging dollars with a strategic goal in mind. In addition, it has become increasingly clear that while many of the CBHC funded services and supports are identified as “prevention,” they in reality they address the “symptoms” rather than the underlying cause.

This new strategic plan rests on the assumptions that the Children’s Board can have more impact through **focusing** our fiscal and staff resources on a narrower target population, seeking ways to maximize dollars to direct at this target population, and providing more services and supports that promote health and well-being thereby preventing problems before they occur. This shift in funding approach can best be characterized as moving from a needs-based model to an investment model.

To fully implement the investment model, the Children’s Board will increase its emphasis on the following:

- **Focus** Narrowing the boundaries for funding and other resource allocation actions will enable the Children’s Board to demonstrate return on investment (impact). The focus chosen is that of prenatal care and children birth through age 8.
- **Selecting the Best Practice/Best Provider** Identifying the best practices that will effectively and efficiently improve children’s health, safety, behavior and ability to learn and selecting the best provider or entity to deliver these best practices.
- **Improving the Capability of Existing Providers** Building and improving the infrastructure and management capability of child serving entities to improve the effectiveness of their services and supports and improving ways in which we measure the impact of these services and support in addressing broader community outcomes.
- **Practice and Systems Improvements** Promoting practice and system improvements through planning, analysis, and dissemination of new field based knowledge. Promoting collaborative, comprehensive, integrated approaches to the delivery of services and supports to ensure that they are responsive to the consumer and as cost-effective as possible.

Initiating innovative demonstration projects to test new field information and best practices.

- ***Advocating for Policy and Funding*** Identifying strategies to maximize the impact of our resources through public policy changes and the leveraging of additional revenue sources at local, state and national levels.

During the next 5-10 years, the effectiveness of the Children's Board will be measured against the impact we have made, both directly and in collaboration, in improving the outcomes for young children. This includes the effectiveness of the system of services and supports that have been created or enhanced, the wide use of best practices, and the additional fiscal resources leveraged or tapped for our county.

III. The Plan

This plan serves as a policy roadmap for the Children’s Board to follow over the next ten years. Today we know our destination but the specific routes we will take will be developed in the coming year through the development of “business plans” with our community stakeholders. While other entities in our community address the needs of young children and their families such as the Healthy Start Coalition and the School Readiness Coalition, no single public institution provides the umbrella for leadership, coordination, and oversight to ensure comprehensive, integrated services and supports to pregnant women and children birth to age 8, and their families. The Children’s Board welcomes the opportunity to take on this challenging role.

A. The Core Strategy and Rationale

The Core Strategy in this plan is to concentrate an increasing proportion of CBHC financial and staff resources on services and supports to pregnant women and children birth to eight years of age over the next ten years.

Rationale for the Strategy. Research has indicated a high correlation between the achievement of age appropriate developmental skills in young children and positive outcomes in teenage and adult years. While the core strategy could emphasize school readiness alone and thereby focus on children up to age 5, the age range is purposely extended to age 8 to recognize the importance of reading as a significant predictor of teen and adult success (Daniel, Clarke, & Ouellette, 2001). The focus on pregnant women and children, birth to age 8 is important for the following reasons:

- Accessible, quality pre-natal care is directly correlated to healthy birth outcomes (Zigler & Hall, 2000).
- Early brain development research indicates the critical importance of development from at least 25 weeks of gestation through the preschool years (Zigler & Hall, 2000).
- Parent/child attachment and bonding are essential to healthy social and emotional functioning (Zigler & Hall, 2000).
- Intervention at the earliest points of development provides the highest likelihood of interrupting the cycle of poor outcomes from one generation to the next (Zigler & Hall, 2000).
- Gains made during the preschool years need to be supported through the transition to kindergarten for sustained improvements (Zill et al., 1995).

- Optimal child development is inextricably linked to the appropriate care and support given by the family and other caregivers therefore interventions need to target the child in the context of the family (caregiver) (Hawkins & Catalano, 1992).
- Grade level literacy by age 8 is highly correlated to success in school including graduation from high school (Daniel et al., 2001), while the inability to read is highly correlated to a host of poor outcomes as a teen and adult such as school drop out, juvenile delinquency, teen pregnancies, and unemployment (Lloyd, 1978; McGill-Franzen, 1987; McGill-Franzen & Allington, 1992).
- The services and supports needed by young children and their families often cut across different service systems (e.g., health, early childhood education and care, child welfare, parent education) therefore requiring special effort to ensure easy access, the integration of services, and the reduction of duplication of effort (Stroul, 1996).

B. Shared Community Outcomes

The Children’s Board along with other community funders have examined ways to use the same outcomes and objectives with provider programs we jointly fund. As a result of this work, four global outcomes have been identified that would capture desired outcomes from each of the major funding agencies. These are called shared community outcomes. The outcomes we seek (both parent and child) with the programs we fund can be collapsed into the following four:

- Learning
- Safety
- Behavior
- Wellness

C. Strategic Initiatives: The CBHC’s contribution to shared community outcomes

The Children’s Board will implement its core strategy through three interdependent strategic initiatives that work toward the shared community outcomes. Each initiative includes an array of services and supports, many of which cross initiatives.

1. **Comprehensive Health** aims at promoting the physical and social, emotional, and behavioral health of young children.
2. **Family Support & Education** aims to provide easy access to information, education, services, and both informal and formal supports, to families with young children or needing pre-natal care.
3. **Early Childhood Education & Care** aims at increasing the quality and developmental appropriateness of care and instruction in all settings providing child care and early childhood education including cen-

ter-based child care, family day care homes and relative and neighbor care giving.

D. Activities in Each Strategic Initiative

Each initiative will be implemented through a range of activities. Some activities may, in practice, cross over more than one initiative. The timing, scope and specific programmatic components of each activity will be determined during the business planning process based on community needs, funding opportunities, system gaps, community and system readiness and internal capacity.

E. Implementing the Plan: Goals for FY 2003

To implement this plan, the CBHC will engage in the following activities:

1. Establish a pilot project (Zip Code 33612) to test all the strategic initiatives
2. Establish the Parent Services Project (Kellogg) to test specific program strategies in 33612
3. Finalize a decision on current and additional Family Support & Resource Centers
4. Develop business plans for each of the strategic initiatives
 - a. The business plan will identify the programmatic model(s) that will be used based on known best practices
 - b. The business plan will identify pro forma budgets
 - c. The business plan will identify any specific human resource issues
 - d. The business plan will identify specific performance indicators
 - e. The business plan will identify time lines for each activity
 - f. The business plan will include an empowerment evaluation component
5. Develop a short and long term funding plan that will address leverage and matching funds, technical assistance and analysis, resource allocation percentages, program funding criteria, supports for other age groups, external funding sources, revenue maximization, and local millage rates.
6. Develop an internal organizational plan consistent with the strategic plan.
7. Develop a comprehensive research design and impact study.

References

- Daniel, J., Clarke, T., & Ouellette, M. (2001). *Issue Brief: Developing and Supporting Literacy-Rich Environments for Children*. Washington, DC: National Governors Association Center for Best Practices.
- Hawkins, J. P., & Catalano, R. F. (1992). *Communities that Care: Action for Drug Abuse Prevention*. San Francisco, CA: Jossey-Bass.
- High/Scope Educational Research Foundation (1999). *High Quality Preschool Program Found to Improve Adult Status*. Ypsilante, MI: High/Scope Educational Research Foundation.
- Lloyd, D. N. (1978). Prediction of school failure from third-grade data. *Educational and Psychological Measurements*, 38, 1193-1200.
- McGill-Franzen, A. (1987). Failure to learn to read: Formulating a policy problem. *Reading Research Quarterly*, 22(4), 475-490.
- McGill-Franzen & Allington, (1992). The grid lock of low achievement: Perspectives on policy and practice. *Remedial and Special Education*, 12, 20-30.
- Panacek-Howell, L. (1994). *An Examination of the Social Lives of Children with Serious Emotional or Behavioral Challenges*. Tampa, FL: University of South Florida.
- Powell, D. (2002). *Social and emotional needs of young children and their families in Hillsborough County*. Tampa, FL: The Children's Board of Hillsborough County.
- Stroul, B. A. (1996). *Children's Mental Health: Creating Systems of Care in a Changing Society*. Baltimore, MD: P. H. Brookes Publishing.
- Zigler, E. F., & Hall, N. W. (2000). *Child Development and Social Policy: Theory and Applications*. Boston, MA: McGraw Hill.
- Zill, N., Collins, M., West, J., & Hausken, E. G., (1995). Approaching Kindergarten: A look at preschoolers in the United States. *Young Children*, 51, 35-38.