

**CCCS Early Elementary Subgroup
January 29, 2015 1pm**

Patrick Henry Building, Conference Room #1
1111 East Broad Street Richmond, VA 23219
Via Conference Call: 866-842-5779; and pass code 4399398107

- I. Welcome and Introductions

- II. Presentations on Existing Services to At Risk Families
 - Aleta Lawson, Head Start Collaboration Director from the Department of Social Services
 - Lisa Specter-Dunaway, CEO CHIP of Virginia and Home Visiting Consortium

- III. Discussion of Metrics to Measure Success

- IV. Planning for Additional Meetings

Home Visiting & School Readiness

Commonwealth Council on Childhood Success

Early Education Subgroup

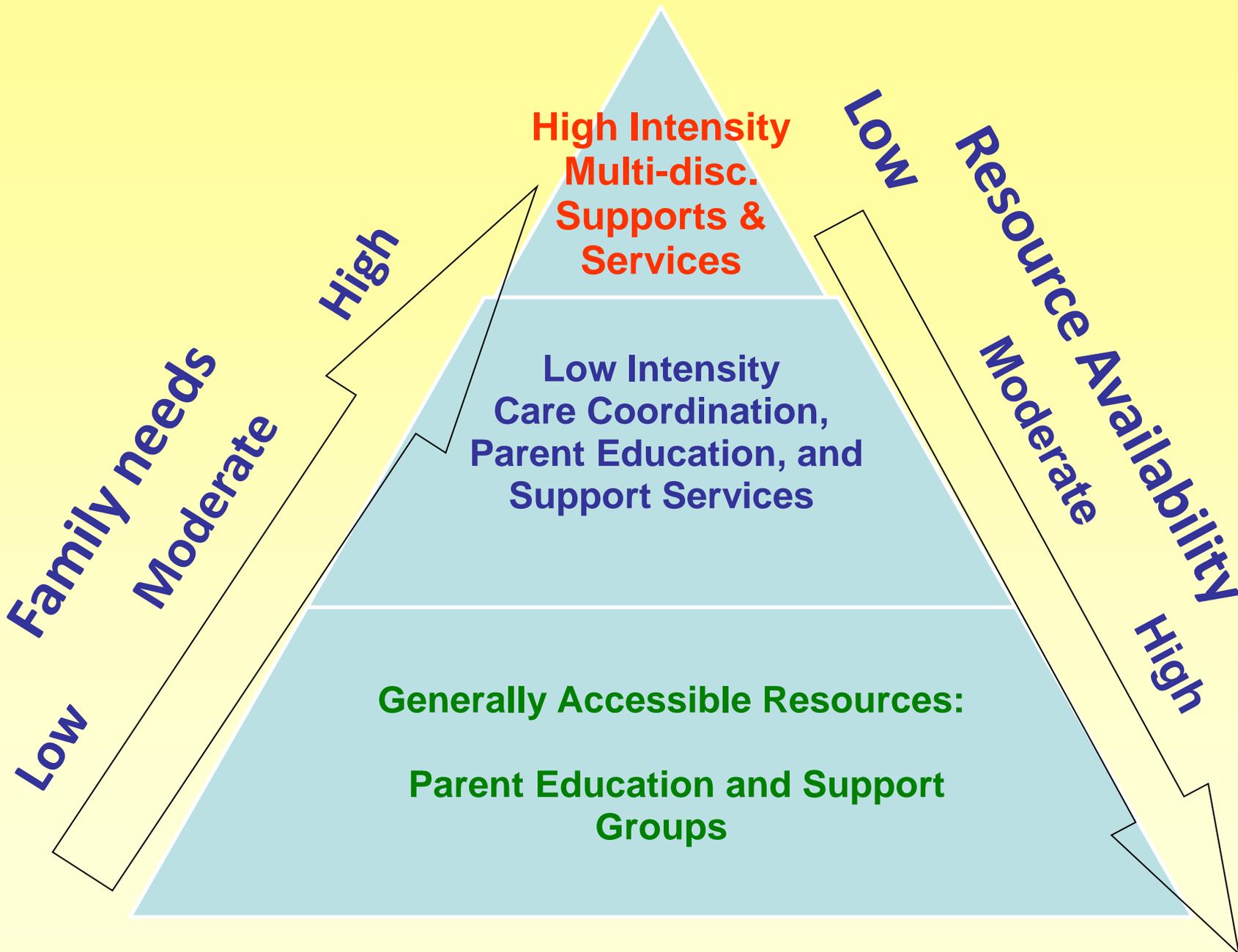
**Lisa Specter-Dunaway, CEO
CHIP of Virginia
Lspecter@chipofvirginia.org**

**Virginia Home Visiting Consortium
www.homevisitingva.com**

1.29.15

Home Visiting & School Readiness

- Comprehensive
- Strengths-based
- Voluntary
- Family's Turf
- Connect to Community Resources
- Average 2 yrs participation
- Pre-natal – 6 years



Virginia Home Visiting Programs - Enrollment & Eligibility Periods

HV Model	prenatal	birth	through age 3 months	through age 1	through age 2	through age 3	through age 5 kindergarten entry
Resoure Mothers (teens only)							
Healthy Start							
Nurse Family Partnership (first time parents only, enr. <28wks)							
Project Link (women using substances) services extend beyond age 5							
Healthy Families							
CHIP							
Parents as Teachers							

Enrollment window
 Max. length of service by child's age

Virginia Home Visiting Programs – Target Population & Staffing

Home Visiting Program	Target Population	Staffing
Resource Mothers	Prenatal–1 year	Community Health Workers
	Teen parents	
Healthy Start/Loving Steps	Prenatal–1 year	Dieticians & Community Health Workers
	At-risk	
Nurse-Family Partnership	Prenatal–2 years	RNs
	First time parents	
Project Link	Pregnant and parenting substance using women	SA Counselors or Social Workers
Healthy Families VA	Prenatal–age 5	Family Support Workers
	At-risk	
CHIP of Virginia	Prenatal–age 6	RNs & Parent Educators
	Low-income	
Parents as Teachers	Prenatal–age 6	Parent Educators
	Low-Income	

Home Visiting and School Readiness

- ❑ Significant increases in immunization rates, well-child compliance, health insurance coverage and identification of a medical home
- ❑ Increase in enrollment in preschool/Head Start
- ❑ Significantly reduced ER visits and hospitalizations among asthmatic children
- ❑ Increase in family well-being including employment and stable housing
- ❑ PAT = better school readiness and third grade achievement, more positive parenting behaviors, and lower child maltreatment

Parents as Teachers

We're Going to School

- Parents' Role in Leading the Transition Process**
- Growing in Leadership**
- School Readiness for Parents and Children**
- Play**
- Healthy Families**
- Self-Regulation**
- Challenging Behaviors**
- Parenting Behaviors**
- Family Supports**
- Transition to Preschool**
- Transition to Kindergarten**

Home Visiting and School Readiness

- Pilot in South Hampton Roads
- United Way, Public Housing, Norfolk
- Modeled after Harlem Children's Zone
- Enrolling Pregnant Teens
- Tracking their Children through High School

Home Visiting and School Readiness

Proposed Pilot - Charlottesville

- Executive Functioning
- Self-Regulation
- Comparison Group

Toddler Steps: Continuing to Work Towards Equal Footing in Early Education



Memorandum of Understanding (MOU)



Fall Kindergarten : Percentage At or Above PALS Benchmark

100%

90%

80%

70%

60%

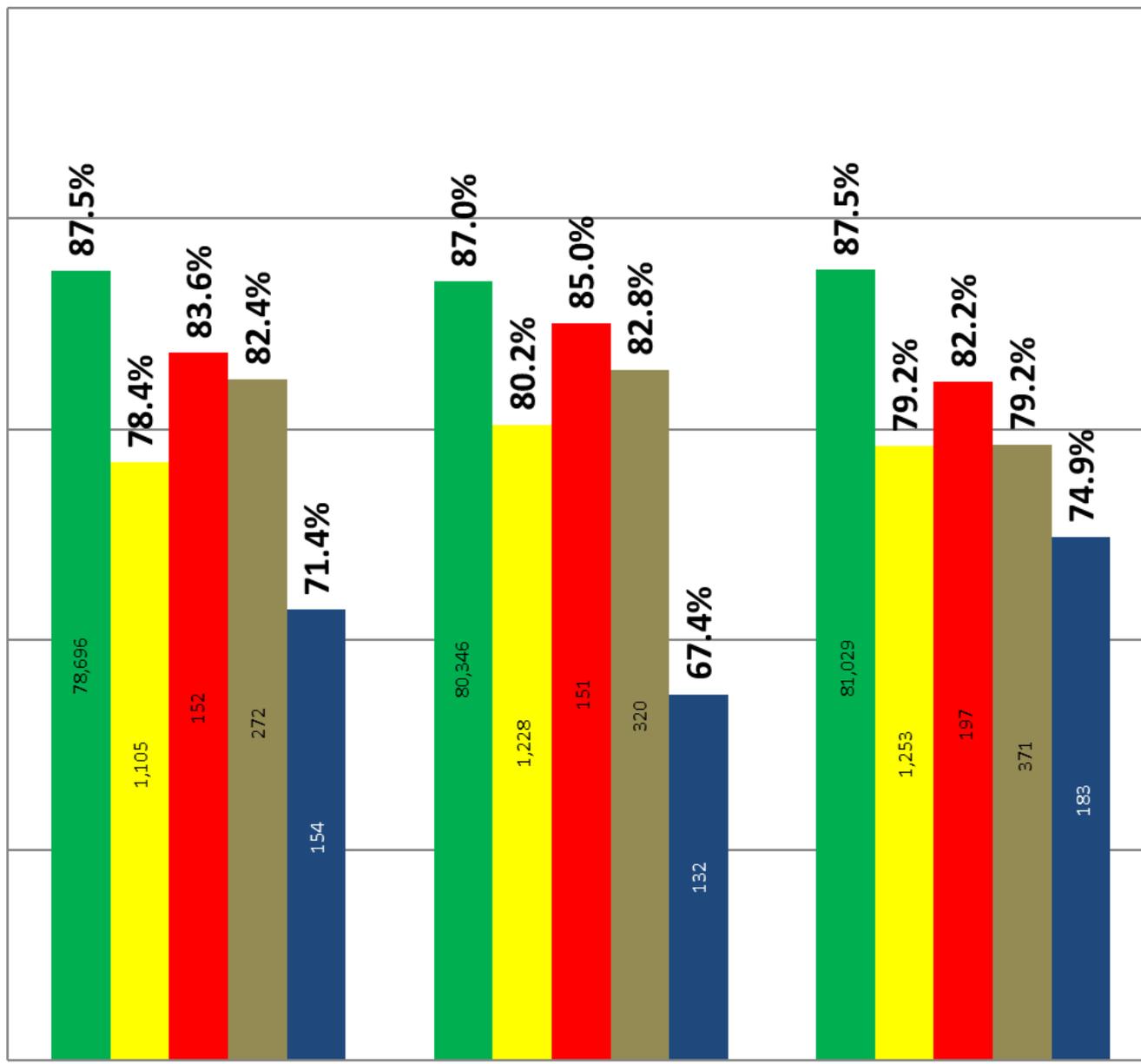
50%

- Virginia
- RCPS
- Head Start cohort
- Head Start:ALL
- CHIP students

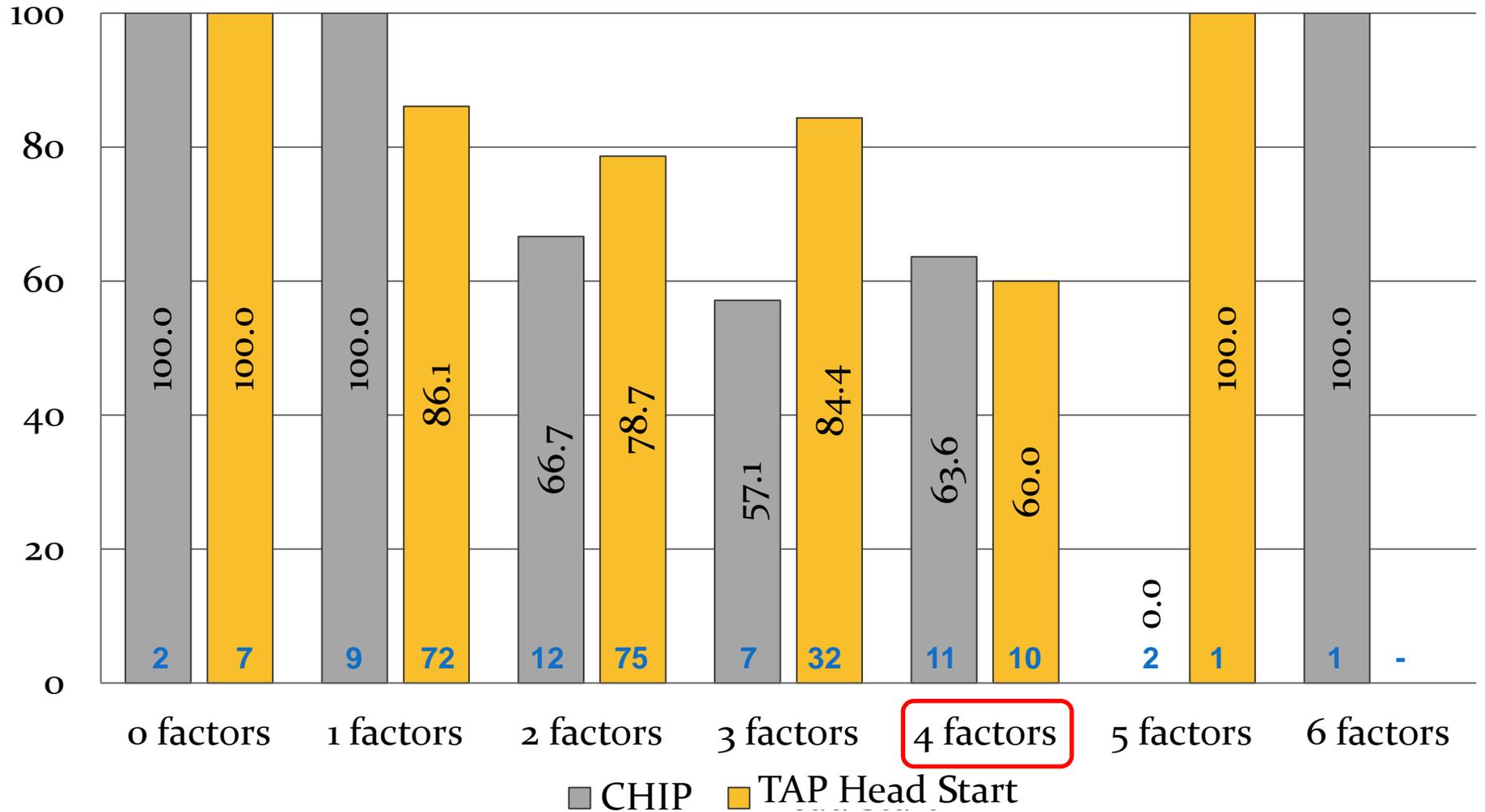
Fall 2011

Fall 2012

Fall 2013



FALL PALS Kindergarten Performance as a function of aggregate number of risk factors



Spring 2013 cohort. The risk factors: parent mental health, homeless, referral source/discharge reason(CHIP), food/clothing assistance (TAP Head Start), substance abuse, dual language learner, child abuse, economic status, and parent education level.

a few preliminary findings

Students who enrolled in TAP Head Start at age 3 did **BETTER** (85.07%), than those who enrolled in TAP Head Start at age 4 (76.19%), on the K PALS assessment.

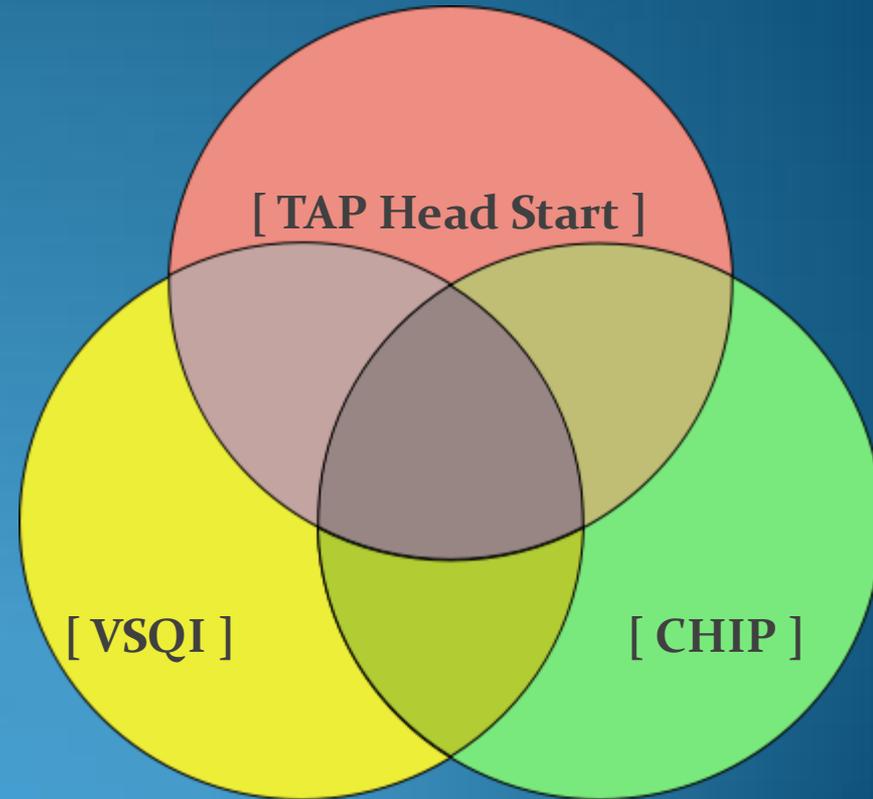
Dual Language Learners, from either CHIP or TAP Head Start, scored about 20 points **LOWER** when compared to non-dual language learners on the PALS K assessment.

Students who started at CHIP closer to their birth date did **BETTER** on the K PALS assessment when compared to those who started later.

additional topics of analysis



Risk Factors & Academic Performance



Commonwealth Council on Childhood Success
Early Elementary Subgroup
January 29 Meeting Notes

In Person Attendees:

Steven Staples, Superintendent, Dept of Education (Chair)
Karla Blasquez, Parent/ Loudoun Public Schools
Patricia Popp, Education of Homeless Children and Youth
Jim Baldwin, VA Association of Elementary School Principals
Ben Kiser, Virginia Association of School Superintendents
Aleta Lawson, Head Start Coordinator
Lisa Specter-Dunaway, CHIP of Virginia
Robin Haldiman, CHIP of Roanoke

Conference Call Attendees:

Dora Wynn, Brunswick County Public Schools
Karla Blasquez, Parent/ Loudoun Public Schools
Hillary Press, VA Counselors Association
Burnette Scarboro, NOVA PTA
Shannon Venable, Dominion

Presentations on Existing Services to At Risk Families

Aleta Lawson, Head Start Collaboration Director from the Department of Social Services

Aleta serves as the Collaboration Director for all the Head Start grantees in Virginia, and provided the group with an overview of the comprehensive services the program is required to provide to children outside of the educational curriculum. Her overview document (attached) includes more detailed information on all aspects of her presentation.

Roughly 16,600 children in VA are served by Head Start (3-5 year olds) and Early Head Start (birth -36 months) each year; this is out of roughly 500,000 children under the age of 5, roughly 35% of which are born to Medicaid eligible mothers. Total funding for the program is roughly \$113 million a year, which creates 3500 jobs in the state.

Her document explains all the health, behavioral, dental, and nutritional services that are provided to these children; as well as information about educational resources for parents, home visits (by family services staff and teachers), program participation by parents, and more.

Members had questions about the demand and wait lists – which tend to be largest in Fairfax and Tidewater. Aleta explained that children are pulled off the wait list based on the severity of their need (income eligibility, disability status, etc), not whether they were first in line.

When possible, children who are on the wait list are referred to VPI programs and to child care providers who accept subsidies. However, there are communities where none of this programming exists and at risk children are falling through the safety net. Hillary noted that Fairfax County offers summer programs for title 1 students who do not have any preschool experience and have fallen through such gaps, the group agreed to hear more about this program later on in the spring.

Aleta explained that a majority of teachers must be working towards their bachelor's degree if they don't already have it, and there is funding in the program to help with professional development. However, she noted that no VA school offer a bachelors in early childhood which means teachers who want bachelors in this are often manipulating other teaching programs to meet their needs and interests.

There were also questions about data on outcomes for these children, and though every child is tested 3 times a year on a certain set of domains, not all programs use the same instrument so the data can't be easily aggregated. Therefore the Commonwealth has no ability to track Head Start kids and their outcomes after they enter the public school system.

<Potential Recommendation for the Data and Governance Workgroup?>

Lisa Specter-Dunaway, CEO CHIP of Virginia and Home Visiting Consortium

Lisa is the CEO of CHIP of Virginia, which is one of the home visiting organizations in the state. She also is the chair of the Home Visiting Consortium, a coalition of all the home visiting providers in the state.

Lisa's power point (attached) provides an overview of the various programs, the communities they serve, and models and curriculum they each use. It's clear that while there is a high demand for home visiting, and the outcomes are demonstrable, only 12% of the need is being met statewide due to basic lack of resources. Questions were raised about services provided in challenged school communities, and while many of those communities have programs available they don't have the scale to begin bending the curve. Home Visiting programs are funded through a variety of state funds, federal and nonprofit grants, and traditional nonprofit fundraising.

These providers faces similar problems with data collection and looking at longitudinal outcomes of children. Each program has data, but the metrics are not consistent or useful for VLDS at this point. <*Potential Recommendation for the Data and Governance Workgroup?*>

Robin then shared information about a project currently underway in Roanoke , funded by the local United Way and facilitated by VA Tech Carilion Research Center, which helps connect the data from children served with their outcomes in Roanoke City and Botetourt County schools. Preliminary findings show that children do better in kindergarten the earlier they begin receiving services as a young child. The next phase of the project will be to dig into the various risk factors that contribute to a child's early experiences to help determine the most impactful to ultimately inform service provision.

Discussion of Metrics to Measure Success

The group then began a discussion about which metrics should be considered when measuring the success of children in early elementary school. One of the major questions raised was: what is our capacity to track data that yields valuable information on outcomes? It was noted that it may need to be answered over the course of the spring in partnership with the Data and Governance workgroup.

The expanded progress report/ report card used by some localities (like Fairfax) may be something to consider on this front. It was also noted that the social learning component is not currently reflected in PALS, and that should be considered as we make recommendations.

The group agreed that literacy fluency by 3rd grade is the golden benchmark, and that should guide any assessments and inform policy at every age before then.

Plans for Additional Meetings

February 5, 2015 at 1pm Webinar on Kindergarten Assessments (UVA and E3 will present on their recent studies of different assessment tools)

February 18, 2015 at 1pm in Conference Room 1 of the Patrick Henry Building; and via conference call: 866-842-5779 and with pass code 4399398107 (K teacher panel presentation and K readiness issues discussion)

March 4, 2015 at 1pm Webinar (Fairfax early Literacy Program and Prek Summer camp presentations; plus Kindergarten data (retention rates, # pre-school experience) from VDOE)

March 30, 2015 at 2pm in Conference Room 1 of the Patrick Henry Building and via conference call: 1-866-842-5779 and with pass code: 8047865834 **Please note the date and conference number change** (Achievement Gap discussion and development of preliminary areas of focus for recommendations)

May 4, 2015 3-5pm: Meeting of the full Commonwealth Council on Childhood Success, West Reading Room, Patrick Henry Building, 1111 East Broad Street Richmond, VA 23219



Virginia Head Start State Collaboration Office
Aleta Lawson - Director



Comprehensive Services and Transition Overview
Presented to
Commonwealth Council on Childhood Success
Early Elementary Subgroup
January 29, 2015
Revised February 4, 2015

2013-2014 Program Year Statistics

• Children Served	16,593
➤ HS – 3-5/Kindergarten Entry	14,071
➤ EHS – Birth-36 Months	2,390
➤ Migrant/Seasonal HS – Birth-5	132
• Children by Age	
➤ 5 Years or Older	127
➤ 4 Years Old	8,492
➤ 3 Years Old	5,667
➤ 2 Years Old	1,093
➤ 1 Year Old	728
➤ Less than 1 Year Old	486
• Children with an IEP or IFSP	1,721
• Pregnant Women Served	233
• Families Served	15,485
• Homeless Families Served	891
• Homeless Children Served	983
• Staff/Jobs	3,516
• Volunteers	19,934
• Total Funding	\$113,075,922

Comprehensive Services

A. Health, Developmental and Behavioral Screening and Follow-Up

- **Screening** - Within first 45 days of enrollment, all children must receive culturally appropriate sensory, developmental and behavioral screening. If any needs are identified through screening, Early Head Start (EHS) and Head Start (HS) programs must work with families to provide linkages and access to specialists.
- **Follow Up** – Within 90 days of enrollment, programs must ensure all children have a **source of health care and are up-to-date on all primary and preventative health care** to include:
 - Medical Home and Medical Services
 - Dental Home and Dental Services
 - Mental Health Services
 - Early Intervention and Special Needs – Part B/619 and Part C Services
- **Funding** – EHS/HS funds may be used for medical and dental services when no other source of funding is available.

B. Child Social – Emotional Health

- **Mental Health Consultation** – Programs must offer a regular schedule of **on-site mental health consultation** involving a mental health professional, program staff, and parents. Consultants must also assist in connecting children with developmental concerns or who demonstrate atypical development to other community mental health resources, as needed.

C. Nutrition

- **Nutritional Services** – Programs must ensure that nutritional services contribute to the development and socialization of enrolled children. Programs must meet the nutritional needs and feeding requirements of each child.
 - Each child in a program must receive meals and snacks that provide **1/2 to 2/3** of the child's daily nutritional needs, depending upon the length of the program day.
 - All children who have not received breakfast at the time they arrive must be served a **nourishing breakfast**.
 - **Dental Hygiene/Tooth brushing** – Programs must provide age-appropriate tooth cleaning/brushing for each child and promote effective dental hygiene among children and families.
 - **Nutritional education** must be provided to parents in an appropriate format (e.g., newsletters, workshops, parent conferences).
 - All programs must participate in the USDA CACFP and other programs as appropriate.

D. Family Partnerships

- **Family Goal Planning and Services**
 - **Family Partnership Agreements** – Programs must work with parents to develop family partnership agreements that describe family goals and responsibilities, as well as timetables, strategies, and evaluation of progress in achieving these goals.
 - **Services and Resources** – Programs must work with families to access services and resources that are responsive to each family’s goals, including:
 - ✓ Emergency/Crisis Assistance such as food, housing, clothing, and transportation
 - ✓ Education and other appropriate interventions, including participation in counseling programs or receiving information on mental health issues, such as substance abuse, child abuse and neglect, and domestic violence
 - ✓ Opportunities to participate in family literacy programs
 - ✓ Opportunities for continuing education, employment training, and other employment services through formal and informal networks in the community
 - **Home Visits** – Family Services Staff provide a minimum of two home visits with parents each year, and additional visits as required based upon the family’s needs. Additionally, teaching staff conduct at least two home visits each year, along with at least two staff-parent conferences and classroom orientation sessions at the beginning of the program year. Families and children enrolled in EHS/HS through the home-based option (vs. center-based) receive weekly home visits, during which a staff member works with the parent(s) on appropriate early childhood education activities to be conducted with the child in addition to family goal planning and services outlined above.
- **Program Governance** – Programs must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program. This structure must consist of the following groups, as required:
 - Policy Council – comprised of EHS/HS parents (at least 51%) and community representatives. Policy Council members also elect a representative to serve on the Grantee’s Board of Directors.
 - Policy Committee – established at the delegate level.
 - Parent Committee – established at the center level. Parent Committees elect a member to represent them on the Policy Council.
- **Parent Participation (Voluntary)**
 - Head Start settings must be open to parents during all program hours.
 - Parents must be welcomed as visitors and encouraged to observe children and participate with children in group activities as often as possible.
 - Parents must be provided opportunities to participate in the program as volunteers or employees.

- **Parent Education** – Programs must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs of their children, to include medical, dental, nutrition, behavioral, and mental health education programs.
- **Parents as Advocates** – Programs must encourage and support parents in becoming involved in community advocacy by:
 - Providing families with information about community resources
 - Encouraging families to influence community services to better meet their needs
 - Providing families opportunities to work together and with other community members on activities that interest them
 - Providing education and training to parents to prepare them to exercise their rights and responsibilities over their children’s educations
 - Working with parents to assure they become their children’s advocate as they transition into a difference care and education setting.

E. Community Partnerships – Programs must take an active role in community planning to encourage strong communication, cooperation, and information sharing with community partners in order to improve the delivery of services to children and families.

- **Community Collaboration** – Programs must take affirmative steps, such as developing interagency agreements, to establish collaborative relationships with community organizations that deliver necessary services to children and families, including:
 - ✓ Health Care Providers
 - ✓ Oral Health Providers
 - ✓ Mental Health Providers
 - ✓ Nutritional Service Providers
 - ✓ Local Part B/619 and Part C agencies for services for children with special needs
 - ✓ Family Preservation and Support Services
 - ✓ Child Protective Services
 - ✓ Child Care Providers
- **Advisory Committees**
 - Health Services Advisory Committee – made up of EHS/HS parents, professionals, and other volunteers from the community.
 - Other Service Advisory Committees – as needed to address program service issues and to respond to community needs.

School Readiness and Transition Services

School Readiness - Defined by the Office of Head Start (OHS) as "children are ready for school, families are ready to support their children's learning, and schools are ready for children." All elements of Early Head Start and Head Start programming are implemented with the ultimate outcome of school readiness as the goal. An overview of this approach, *Framework for Effective Everyday Practice: Supporting School Readiness for All Children* is available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice>. Additional resources on school readiness are available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system>.

Transition – All transition practices are based upon the *Head Start Program Performance Standards* mandate that programs must establish and maintain procedures to support successful transitions for enrolled children and families into- and out of- Early Head Start and Head Start, including:

- **Transition Planning**
 - **EHS** – Must be undertaken at least **six months prior to the child's third birthday**.
 - **HS** – Transition Plans are established for each four-year-old child at the beginning of the year prior to their entry into kindergarten, essentially providing **twelve months of transition planning**.
- **Child Records** – Coordinating with other agencies or schools to ensure that individual EHS/HS children's relevant records are transferred to the next placement in which a child will enroll.
- **Communication** – Between EHS/HS and their counterparts in other placements or settings to facilitate continuity of programming.
- **Training/Activities** – Initiating joint transition-related training and activities for EHS/HS staff and other early education and care staff in the community.

Transition Resources

Extensive transition resources are available for Early Head Start/Head Start programs at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/transition/plan.html>. Some examples include the following:

- *Get Ready for Kindergarten* – Activity Calendar for Teachers
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/docs/transition-calendar.pdf>
- Transition Plan Example – <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/transition/plan.html>

Additional Information and Resources – www.eclkc.ohs.acf.hhs.gov

Respectfully submitted,
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