



Early Childhood Education in the North Country

■ Infrastructure and gaps for birth to three year olds in Clinton, Franklin, and Essex Counties.

Final Report prepared for the Adirondack Foundation

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Target Population Questions

Present Programs and Provider Groups

Ref. No.	Points	Question	EHS	EA	CC	EI	WIC	CCCCNC	FR	MIECHV	PLPG	CCPH	ECCH	Libraries	FF FRC	FDCH	CDCC	SLPG
Q1.1	6 pts	Targeted population	6	4	4	2	6	4	4	4	2	4	4	2	4	0	0	2
Q1.2	6 pts	Region served	2	2	2	6	6	4	2	6	2	2	2	6	2	6	6	4
Q1.3	2 pts	Broad or narrow coverage	2	2	2	2	2	0	2	0	2	2	2	0	0	2	0	0
Q1.4	6 pts	Ability to reach all children	4	6	6	6	2	0	6	0	4	6	0	0	0	2	0	0
Q1.5	8 pts	Solicitation strategy	8	6	3	6	6	6	8	6	8	8	8	6	3	0	0	0
Q1.6	6 pts	How many kids served	2	0	2	2	6	6	N/A	6	2	0	4	0	6	2	0	N/A
34 pts		Target Population Total	24	20	19	24	28	20	22	20	22	22	20	9	13	16	8	6

Social Issues Questions

Q2.1	6 pts	Support nutrition and health	6	4	2	0	6	2	4	4	2	2	2	2	0	2	2	2	0
Q2.2	4 pts	Pre-birth or family planning	4	4	4	0	4	0	2	2	2	2	2	0	0	0	0	0	0
Q2.3	6 pts	Comprehensive family care	6	6	6	2	2	6	4	4	4	2	2	0	4	0	0	6	
Q2.4	3 pts	Public outreach	3	3	1	2	3	2	1	2	2	2	2	1	1	0	0	0	
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	4	1	4	3	4	4	4	4	4	3	3	3	4	
Q2.6	5 pts	How many service areas	5	3	5	5	1	3	1	1	1	1	1	1	3	1	1	1	
Q2.7	2 pts	Socialization support	2	2	1	2	0	2	0	2	0	0	0	1	2	1	1	2	
Q2.8	3 pts	In home support	3	3	3	3	0	0	3	0	3	3	3	0	0	0	0	N/A	
33 pts		Social Issues Total	33	29	26	18	17	19	18	19	16	16	9	13	7	7	7	13	

System Integration Questions

Q3.1	8 pts	School readiness skills	8	8	8	8	0	5	0	5	2	2	8	2	2	5	0	0
Q3.2	4 pts	Follow recognized standards	4	4	3	4	4	4	4	0	0	0	4	3	0	0	0	0
Q3.3	5 pts	Constant funding stream	5	5	3	5	5	1	5	1	5	5	5	5	5	5	5	N/A
Q3.4	5 pts	Assist with transportation	2	2	2	2	0	0	2	0	2	2	0	0	2	0	0	0
Q3.5	4 pts	Available evaluation tools	4	4	3	4	4	4	3	N/A	0	0	0	0	0	0	0	N/A
Q3.6	4 pts	Require professional development	4	4	2	0	4	4	0	0	2	0	0	0	4	4	4	N/A
Q3.7	3 pts	Hours a day coverage	N/A	N/A	N/A	N/A	N/A	2	N/A	0	N/A	N/A	0	3	3	3	3	0
33 pts		System Integration Total	27	27	21	23	17	20	14	8	9	9	17	17	16	17	17	0

Enhancement Capacity Questions

Q4.1	12 pts	Funding stabilization	0	0	12	0	0	12	0	12	0	0	0	0	0	0	0	0
Q4.2	15 pts	Improved public outreach	10	10	10	0	10	15	15	15	10	0	15	10	0	0	15	0
Q4.3	18 pts	Expansion of scope	18	18	18	12	0	18	18	18	18	18	18	12	0	0	0	0
Q4.4	18 pts	Improved locations(s)	0	18	12	0	12	12	0	18	0	0	18	12	0	0	18	0
Q4.5	15 pts	Increase scope of services	15	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0
Q4.6	18 pts	Integration possibilities	0	0	0	0	0	12	0	18	0	0	18	18	12	12	12	18
96 pts		Enhancement Capacity	45	48	54	13	23	88	34	84	29	19	72	54	13	13	53	24

BT3 Service Points Total			87	78	68	65	64	59	59	49	48	48	46	39	39	32	24
			<i>Early Head Start</i>	<i>Early Advantages</i>	<i>Catholic Charities</i>	<i>Early Intervention</i>	<i>Women, Infant, and Child</i>	<i>Family Resource Centers (CCCCNC)</i>	<i>Maternal Infant Early Childhood Visiting</i>	<i>Professionally-led Parenting Groups</i>	<i>Clinton County Public Health</i>	<i>Essex County Public Health</i>	<i>Libraries</i>	<i>Families First Family Resource Centers</i>	<i>Family Day Care Homes</i>	<i>Child Day Care Centers</i>	<i>Self-Led Parenting Groups</i>

Figure 1: Color-coded matrix showing BT3 programs and provider groups present in Clinton, Essex, and Franklin Counties. Programs and provider groups are listed by order of score (highest scoring programs on the left and lowest scoring programs on the right). Cumulative scores are displayed along the bottom (highlighted in yellow).

Report Synopsis

Adirondack Foundation requested an assessment of current coverage, shortcomings, and opportunities for education support of 0-3 year olds in Clinton, Franklin, and Essex Counties of northern New York State. The age class, 0-3 years of age (BT3), has been targeted specifically to understand which programs (governmental and private) are in place within each county, which programs are targeting community needs, and where gaps exist in programming or infrastructure.

We assessed and described 21 BT3 programs and provider groups using a standardized assessment protocol. Our standardized assessment protocol is a robust, transparent, and repeatable procedure aimed at identifying coverage and gaps of BT3 programs. We assessed programs present in these three counties as well as select programs not currently present.

This assessment summary consists of scores of programs and providers in Clinton, Essex, and Franklin Counties, an analysis of results including perceived gaps in BT3 infrastructure, and a presentation. Program scores as well as all completed Standardized Assessment Forms are included in this report. These forms provide information on programing coverage as well as shortcomings and areas of potential enhancement and/or expansion. We are confident that this summary, as well as the assessment forms included herein, will help facilitate targeted enhancement opportunity planning for BT3 infrastructure in Clinton, Franklin, and Essex Counties.

An oral presentation was given on September 27th, 2014 to participants of the Freedom of Movement Baby Conference at the Child Care Coordinating Council of the North Country in Plattsburgh, NY. This oral presentation was catered to child care providers and included only research methods and basic results. This summary aims to describe our findings in a more comprehensive manner.

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Key Findings

The BT3 infrastructure is comprised of programs that are 1) comprehensive and include home visitation, 2) comprehensive and center-based, 3) public health related, and 4) child care. Together, these four types of programs provide services for BT3 children and their families from birth to kindergarten or pre-kindergarten. Each county has programs fitting the criteria of each type. Below we highlight the programs from each county in order of BT3 Service Points.

Type 1: Comprehensive home visitation

1. Essex County Early Head Start (87 points)
2. Clinton County Early Advantages (78 points)
3. Franklin County Catholic Charities (68 points)

Type 2: Comprehensive center-based

1. Clinton and Franklin County Family Resource Centers (59 points)
2. Essex County's Family Resource Center (39 points)

Type 3: Public Health

1. Franklin County Maternal Infant Early Childhood Visiting (59 points)
2. Clinton County Public Health (48 points)
3. Essex County Child Health (48 points)

Type 4: Child Care (all counties)

1. Family Child Care Homes (39 points)
2. Child Care Centers (32 points)

Programs outside the three county study region offer insight into how improvements can be made to the BT3 infrastructure. The Chemung County School Readiness Project scored 86 BT3 service points. The Chemung County's model can be adapted to the specific needs of Clinton, Franklin, and Essex counties. Further work will target the four types of services listed above to improve the BT3 infrastructure as a whole by suggesting specific initiatives within each program or provider group on a per sub-region basis.

Adirondack Birth to Three Partnership Conveyor Belt of Existing Birth to Three Services

The Adirondack Foundation

- Public health home visiting
- Comprehensive w/home visiting
- Comprehensive center-based
- Child care

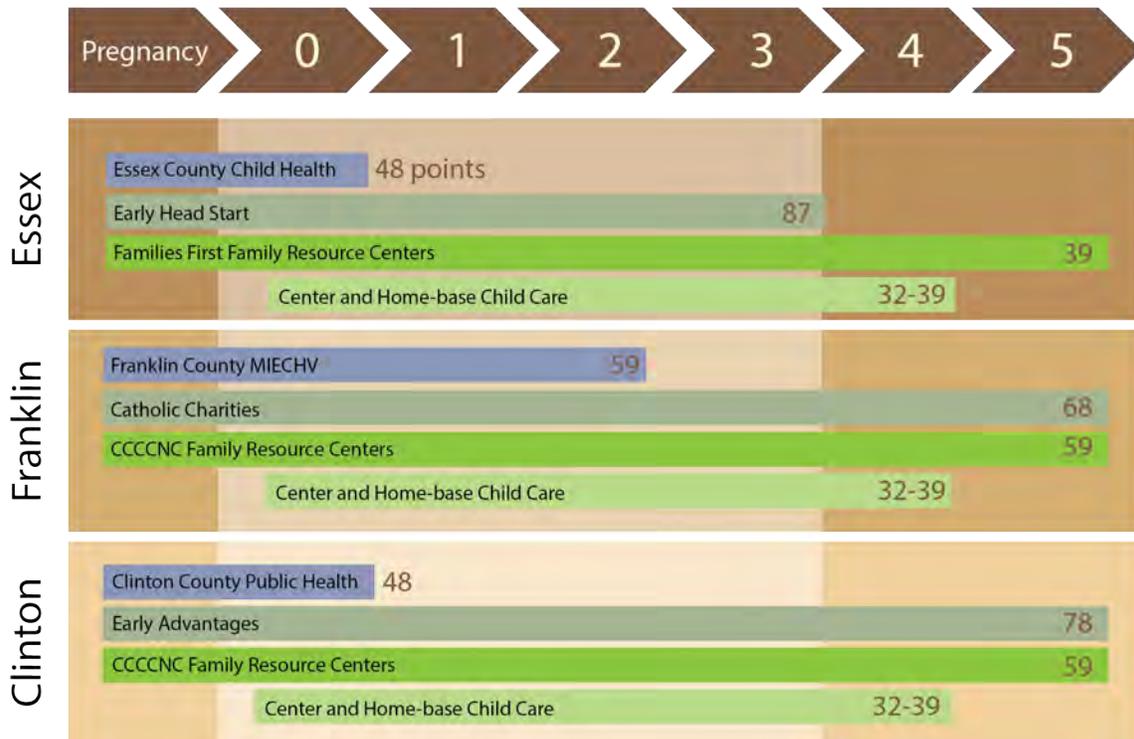


Figure 2: Birth to three services per county including public health home visiting, comprehensive programs with home visiting, comprehensive center-based programs, and child care. This figure does not include some of the more specialized programs, including Woman, Infants, and Children, Library Reading Programs, or Parenting Groups.

Introduction

Adirondack Research scored each of 21 programs and provider groups using a series of questions in three broad categories: *Target Population*, *Social Issues*, and *System Integration*. These three categories, or sections of the assessment protocol, include issues pertinent to families and children between the ages of zero to three in our region. A fourth category, *Enhancement Capacity*, asks questions that identify programmatic needs, challenges, and opportunities. Together, the first three sections provide a cumulative score denoting program reach, i.e. whether a program is covering our population's needs. The fourth section, *Enhancement Capacity*, provides a score denoting the level of opportunity that exists for program or provider improvement. The standardized assessment protocol allows us to identify areas of improvement or expansion potential across a wide array of programs.

Assessing the programs and provider groups in Clinton, Essex, and Franklin Counties helps us identify gaps that exist in infrastructure. Infrastructure is a broad term and includes the array of services provided for children, the ability of services to reach families across our rural landscape, and the inter-relationships between service providers, family needs, and school readiness.

Our main questions for this research are:

1. Does sufficient programming exist to provide services to children that need it most?
2. What are the gaps in early childhood education infrastructure in the North Country?
3. Can current programs be enhanced to influence more children?
4. What challenges are providers facing in our region?
5. Do programs outside of our region offer solutions?

Our standardized assessment of birth to three infrastructure allows us to pinpoint gaps in services and opportunities for program and infrastructure enhancement. Our goal is to provide this information to administrators and then solicit feedback so that we can work together to find manageable solutions.

Programs and Providers selected for analysis

Programs

1. Early Head Start
2. Early Advantages
3. Catholic Charities
4. Early Intervention
5. Family Resource Center/Childcare Coordinating Council of the North Country (Clinton and Franklin Counties)
6. Family Resource Center/Families First (Essex Co)
7. Franklin County MIECHV (Maternal, Infant and Early Childhood Home Visiting Program).
8. Essex County Child Health
9. Clinton County Public Health
10. Women, Infants, and Children
11. Library Reading Program

Provider Groups

12. Licensed Child Care Centers
13. Family Day Care Homes
14. Professionally-led Parenting Groups
15. Parent-led Parenting Groups

Programs operating outside our region

16. Chemung County School Readiness Project
17. Even Start
18. Vermont Birth to Three
19. New York 2-2-1
20. Parent-Child Home Program
21. Nurse Family Partnership

Results

Top Scoring Programs (Overall)

The top programs were the comprehensive early childhood programs that include home visitation as part of their offerings. These three programs are located in each of the three counties. Early Head Start in Essex, Early Advantages in Clinton, and Catholic Charities in Franklin County.

All sections combined (Target Population, Social Issues, System Integration)

1. Early Head Start (87 points)
2. Early Advantages (78 points)
3. Catholic Charities (68 points)

Where or why did these programs excel? These three programs scored highest because they are the most comprehensive, include home visitation, target many social and school readiness issues, and follow state and national standards.

Top Scoring Programs by Section

The top scoring programs within each of the three assessment sections are listed below.

Section 1: Target Population

1. WIC (28/34)
2. Early Head Start (24/34)
2. Early Intervention (24/34)
3. Clinton, Essex, and Franklin public health programs (scores equal) (22/28)

Where or why did these programs excel? They scored highly in this section because they integrate health care/public health and home visitation into their programming. This method allows these programs to reach more children. WIC does a great job reaching infants and pregnant women, but focuses on nutrition and health, not on school readiness. For this reason, WIC stands out among the rest in this section only. The public health programs excelled because they reach children at the place where they live.

Section 2: Social Issues

1. Early Head Start (33/33)
2. Early Advantages (29/33)
3. Catholic Charities (26/33)

Where or why did these programs excel? These programs all excelled in questions relating to enhancing child-parent relationships and providing socialization support.

Section 3: System Integration

1. Early Head Start (27/30)

2. Early Advantages (27/30)
3. Early Intervention (23/30)
4. Catholic Charities (21/30)

Where or why did these programs excel? All of these programs have relatively low variability in funding and they all follow recognized standards/evaluation tools and address school readiness skills.

Top Scoring by Types of Programs

The top scoring programs were the comprehensive home visitation programs within each county. The BT3 infrastructure is comprised of these comprehensive programs as well as programs that are center based (Family Resource Centers), programs that are aimed at discovering and reaching more children (Public Health), and programs that are considered to be child care (Child Care Homes and Centers). The following list of strengths are broken down into four types of service programs, 1) comprehensive with home visitation, 2) comprehensive center-based, 3) public health related, and 4) child care. Together, these four types of programs provide services for BT3 children and their families from birth to kindergarten or pre-kindergarten. Each county has programs fitting the criteria of each type. Below we highlight the best scoring programs and explain why that program scores higher than the programs in the adjacent counties.

Type 1: Comprehensive home visitation

1. Early Head Start (87 points)
2. Early Advantages (78 points)
3. Catholic Charities (68 points)

Where or why did these programs excel? Early Head Start scored highest because it supports nutrition and health and is slightly better aimed at the target population. All three of these programs are very similar and work similarly well at addressing BT3 needs. There are a few gaps or shortcomings of Catholic Charities that are discussed below. These are all very comprehensive programs.

Where are the gaps? There are two gaps that exist in this group. Early Head Start in Essex County is limited to 72 children. Funding to cover more than 72 children may be helpful when more than 72 qualified children are identified in some years. Catholic Charities in Franklin County limits itself to mothers under the age of 24. Mothers older than 24 residing in Franklin County are not targeted by a program. Early Advantages in Clinton County may be an entity able to cover this gap through geographic expansion.

Type 2: Comprehensive center-based

1. CCCNC Family Resource Centers (59 points)
2. Families First Family Resource Centers (39 points)

Where or why did these programs excel? The Family Resource Centers administered through the Child Care Coordinating Council of the North Country offer more services targeted to the BT3 community than does the Families First FRC in Elizabethtown. The CCCCNC FRCs should be the model for Essex County to follow. FRC programs assist families in their caregiving roles, strengthen informal support among families, offer needed resources either directly or through community referrals, and promote community investment.

Where are the gaps? The shortcomings are related primarily to scope of services being offered in light of staffing and location limitations. The Families First FRC in Elizabethtown (Essex County) has lost sight of the intended focus of the program and has used their FRC as a gateway into their mental health programs. The Families First FRC has the potential to reach at risk families with typically developing children in order to prevent child abuse and neglect but Families First has not done so to date.

Type 3: Public Health

1. Franklin County Maternal Infant Early Childhood Visiting (59 points)
2. Clinton County Public Health (48 points)
3. Essex County Child Health (48 points)

Where or why did these programs excel? The Franklin County Maternal Infant Early Childhood Visiting Program scored higher than the other two public health programs. They scored higher because they strive to develop a relationship with families and continue those relationships throughout each child's first 3+ years. This is the public health is a model that should be used to make the other counties public health better for BT3.

Where are the gaps? The Franklin County program is less than one year old and strives to make improvements. One gap in this program, and it is similar in other public health programs, is that they a limited ability to solicit families through outreach because they have no money to do so. The main gap related to public health programs is their ability to reach and maintain sustained contact with every family to offer services or referrals.

Type 4: Child Care

1. Family Child Care Homes (39 points)
2. Child Care Centers (32 points)

Where or why did these programs excel? Both groups of providers scored relatively low as compared to other BT3 programs assessed. Family Child Care homes excelled over Child Care Centers because of their broad coverage and much greater number of children served.

Where are the gaps? Family Child Care Homes scored highest in the Target Population section as compared to the other two sections. They reach a lot of BT3 children because they are distributed throughout the region and a lot of working families use their services. They do not, however, solicit at risk children, nor do they offer programming specific to this group's needs. These two provider groups scored the lowest of any other program within the Social Issues section. They also scored lowest for Enhancement Capacity, although QUALITYstarsNY may provide opportunities for increasing the scores within this section.

Greatest enhancement capacity

The following programs scored highly for their capacity to be enhanced through outside efforts. These scores reflect the number of ways in which a program can be enhanced and does not denote a level of improvement to the BT3 infrastructure as a whole.

1. CCCNC Family Resource Centers (88 points)
2. Professionally-led parenting Groups (84 points)
3. Library Reading Programs (72 points)

Questions with greatest enhancement capacity

Some questions in section 4 scored higher than others. The questions that scored high more often, across multiple programs, highlight the importance of these enhancement opportunities for the BT3 infrastructure as a whole. These questions are listed below along with the names of the programs that would benefit from these enhancements.

1. Expansion potential (Q4.3)
 - Early Advantages
 - Early Head Start
 - CCCNC FRC
 - Professionally-Led Parenting Groups
2. Improved Outreach (Q4.2)
 - CCCNC FRC
 - MIECHV
 - Library Reading Programs
 - Professionally-Led Parenting Groups
 - Early Advantages
3. Integration into other programs (Q4.6)
 - Library Reading Programs
 - Professionally-Led Parenting Groups
 - CCCNC FRC

4. More locations (Q4.4)

Early Advantages

Professionally-Led Parenting Groups

Overall stand-out programs for enhancement

1. CCCNC Family Resource Centers
2. Early Head Start and/or Early Advantages
3. Public Health (specifically Franklin County MIECHV)
4. Libraries and Professionally-led parenting Groups

Focus areas to target for BT3 Infrastructure Enhancement

1. Home Visitation Programing
2. Outreach and Discovery (reaching all children)
3. Quality Day Care

Target Population Questions			Outside the North Country					
Ref. No.	Points	Question	Chemung	PCHP	NFP	VB3	Even Start	211
Q1.1	6 pts	Targeted population	6	6	6	6	6	6
Q1.2	6 pts	Region served	0	0	0	0	N/A	6
Q1.3	2 pts	Broad or narrow coverage	N/A	N/A	N/A	N/A		0
Q1.4	6 pts	Ability to reach all children	6	6	6	2	6	N/A
Q1.5	8 pts	Solicitation strategy	8	8	3	N/A	6	0
Q1.6	6 pts	How many kids served	6	6	6	6	N/A	N/A
34 pts		Target Population Total	26	26	21	14	18	12
Social Issues Questions								
Q2.1	6 pts	Support nutrition and health	6	2	6	2	0	N/A
Q2.2	4 pts	Pre-birth or family planning	0	0	2	0	0	N/A
Q2.3	6 pts	Comprehensive family care	6	4	4	6	2	N/A
Q2.4	3 pts	Public outreach	3	3	2	1	2	1
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	1	4	N/A
Q2.6	5 pts	How many service areas	5	3	3	1	1	0
Q2.7	2 pts	Socialization support	2	1	N/A	0	2	N/A
Q2.8	3 pts	In home support	3	3	3	0	3	N/A
33 pts		Social Issues Total	29	20	24	11	14	1
System Integration Questions								
Q3.1	8 pts	School readiness skills	8	8	8	8	8	N/A
Q3.2	4 pts	Follow recognized standards	4	4	4	4	4	N/A
Q3.3	5 pts	Constant funding stream	5	N/A	5	5	0	5
Q3.4	5 pts	Assist with transportation	2	5	N/A	N/A	5	N/A
Q3.5	4 pts	Available evaluation tools	4	4	4	4	3	N/A
Q3.6	4 pts	Require professional development	N/A	4	N/A	4	4	N/A
Q3.7	3 pts	Hours a day coverage	N/A	0	N/A	3	N/A	N/A
33 pts		System Integration Total	23	25	21	28	24	5
Enhancement Capacity Questions								
Q4.1	12 pts	Funding stabilization	N/A		0	0	N/A	N/A
Q4.2	15 pts	Improved public outreach	0	15	10	0	N/A	15
Q4.3	18 pts	Expansion of scope	N/A	12	12	18	N/A	18
Q4.4	18 pts	Improved locations(s)	N/A	0	18	0	N/A	0
Q4.5	15 pts	Increase scope of services	15	0	0	10	N/A	N/A
Q4.6	18 pts	Integration possibilities	N/A	18	18	18	12	0
96 pts		Enhancement Capacity	16	47	60	48	13	34
BT3 Service Points Total			86	71	66	62	56	18

Figure 3: Color-coded matrix showing BT3 programs present outside the study region. Programs and provider groups are listed by order of score (highest scoring programs on the left and lowest scoring programs on the right). Cumulative scores are displayed along the bottom (highlighted in yellow).

Methods for performing program assessments

Criteria for including Programs and Providers for assessment

Programs and provider groups were selected for analysis if they provide programming that directly influences children or parents of children ranging in age from 0-3 years. Programs assessed that are present within any of the three counties of Clinton, Essex, or Franklin range from comprehensive programs that target a wide range of social issues and include home visitation. These include Early Intervention and Early Head Start but also include specialized targeted programs like Women, Infants, and Children (WIC). A few programs not present within these three counties were selected for analysis based on interest of the BT3 Advisory Committee to see if the study area could benefit from establishing these programs or simply by using them as models. Programs assessed that are not currently present in Clinton, Franklin, and Essex Counties include the Chemung County School Readiness Project, Vermont Birth to Three, 2-2-1 NY, Even Start, Parent Child Home Program, and the Nurse Family Partnership.

We decided not to assess agencies that administer programs for two reasons. We wanted a standardized assessment form that could evaluate programming at a level directly linked to the assessment's target population of 0-3 year olds at social, economic, and educational risk. We also wanted to evaluate programs to an extent that the information gained could assist the Adirondack Foundation in enhancing current programming or by augmenting current programming initiatives with supplemental programming. As an alternative to assessing agencies directly using a standardized assessment protocol, we chose to highlight linkages of funding and inter organization cooperation on each assessment's cover page and synopsis. The agencies that administer many of the programs assessed in this report include Adirondack Community Action Program, Child Care Coordination Council of the North Country, and Families First. We also highlight some of the larger funding agencies that are integral to the operations of the programs assessed. These include New York State Office of Children and Family Services, Council on Children and Families (CCF), and others.

Provider groups, like Programs, were also assessed using our standardized assessment protocol. Provider groups are similar to Programs in that Provider groups provide services directly to children age 0-3 and their families. Provider groups include licensed childcare facilities, play groups and mentoring networks, and home-based child care centers. We recognize that providers will score differently than programs using the same assessment form, however we designed a single standardized assessment form to meet the evaluation criteria of both categories. It should be noted that the assessments are designed for comparison among entities within each category (e.g. providers or programs), or within each type (e.g. comprehensive home visiting) and the assessments are not designed for comparison of programs to providers, and vice versa.

As mentioned above, we selected programs and providers based on criteria of relevancy to the study area and to the target population. Some programs, such as Early Intervention, were evaluated using a single form for all working programs in the three counties of Clinton, Essex, and Franklin, while some programs, such as Family Resource Centers (FRCs), were assessed separately depending on their administering agency. We chose to evaluate the FRCs administered through Families First separately from the FRCs administered through the Child Care Coordinating Council of the North Country. In cases

like this, where we split programs by counties or administering entities, we are able to parse more meaningful information from our assessments.

Assessment form design

The Standardized Assessment Form (SAF) was designed to evaluate how programming in the three county study area of Clinton, Franklin, and Essex Counties meets the educational preparedness needs of the *at risk* or *high need* BT3 community. NYS defines high need families as those who need extra help due to; isolation; lack of sufficient personal, social, or community supports; or to those who can benefit from support related to their family situation. We approached assessing programming in the study area on a per program or provider group basis by asking a series of questions in three broad categories: *Target Population*, *Social Issues*, and *System Integration*. These three categories, or sections of the assessment protocol, include target issues that have been brought to our attention through the Adirondack Foundation BT3 Advisory Committee, The Adirondack Foundation Report titled Assessment of Pre-K access - Phase 1. A snapshot of Essex County, compiled by Kara Page (Page, 2014), and through our own research on the topic (Gebhard, 2009; Williams, 2011; ECSWG, 2014; NYSECAC, 2014).

By grouping target issues, we are able to quantify strengths and weaknesses of each assessed program within our geographic region. A fourth category, *Areas for Improvement*, asks questions that identify programmatic needs, challenges, and opportunities. Together, the first three sections provide a cumulative score denoting program effectiveness, i.e. whether a program is working or not, based on a range from 0-100 points. The fourth section, *Areas of Improvement*, provides a score denoting the level of opportunity that exists for program or provider improvement. The standardized assessment protocol allows us to identify areas of improvement or expansion potential across a wide array of programs.

Information required to complete each form was accessed through phone calls, agency visits, internet searches, online databases, and other publicly accessible information.

Assessment protocols have been used for a wide variety of social and ecological issues. In general, assessment protocols share a series of questions evaluating system characteristics as well as potential impacts on resources. Scores are given for each question and then the scores are totaled to produce a final evaluation. In agricultural or ecological applications, these assessments are often linked to control measures. In our case, the evaluations are linked to program improvement opportunities. This basic approach has been used for a variety of applications, ranging from region-specific evaluations of invasive species (Carlson et al. 2008; Jordan et al. 2012) to program evaluations for early child care programs (Malone et al. 2011).

Form Components

Cover Page:

The cover page for each assessment is designed to give an “at a glance” preview of the assessed program or provider group. The cover page includes the name of the program, assessor and date assessed, country distribution, entity type, funding sources,

section scores, and an abbreviated synopsis. The program overview is on the following pages and continues with all assessment questions covering the following four sections.

Target Population:

Questions regarding regional access to the target population comprise the first section and add up to 34 points. Together, questions in this section address a program or provider group's ability to reach the target birth to three community in our study area. Questions ask how families are solicited for inclusion in programming, the breadth of socioeconomic levels catered to, the ability to provide services in a wide geographic area and how many children and/or families are served through the assessed program.

Social Issues:

This section contains questions adding up to 33 points, or approximately 1/3 of the available survey points. Questions ask how well the assessed program provides programming to address the social issues of the birth to three community. Questions ask about a program's scope of services, outreach, parent inclusion in programming, in-home support, and child socialization support.

System Integration:

One key factor in evaluating programs and providers is the ability of individual programs to be integrated into larger programs, or to lead into future programs for older children. Questions within this section ask about each program's incorporation of school readiness skills, presence of recognized standards for services, funding stability, evaluation tools, and professional development of their staff.

Areas for Improvement:

The largest section of this ranking system is designed to elucidate areas that can be feasibly enhanced through outside intervention. The scores from this section are not added to the scores of previous sections, but rather provide an assessment of improvement potential. In addition to a number score for this section, each question includes a narrative answer with a description of ways in which these programs can be improved through modifications towards target population reached, social issues addressed, or activities offered that enhance integration with other existing systems. The final score for this section represents potential for improvement.

Explanation on how questions were devised

Sections, as well as the questions within each section were compiled to address the important components of a region's birth to three infrastructure. The two most influential sources of information used for form question development were "Infants and toddlers in the policy picture; A self-assessment checklist for states" (Gebhard, 2009) and 'Comprehensive early childhood system-building: A tool to inform discussions on collaborative, cross-sector planning' (Early Childhood Systems Working Group, n.d.).

Additions and Expansions

Standardized assessment protocols and resultant Assessment Ranking Forms are designed to be added to or expanded. Additions can include new programs and providers

as these entities emerge in our region or are deemed important or worthy of assessment by Adirondack Foundation. Likewise, programs and providers can be re-evaluated as new services are offered - allowing for dynamic evaluation of changing programs. Forms themselves also can be altered by adding questions. The transparency of this protocol lends itself to improvement, if needed. This protocol can also be adapted to highlight a service offered in one location or region that is absent from a target region. In a case like this, a program could be evaluated independently for a specific place. Each additional program or provider would incur a set fee per program. This fee is listed under Schedule for payments.

Analysis of Overall Score

Final scores are tabulated for each section as well as for the first three sections collectively. When insufficient information is present to respond to a question, it is scored as unknown. In these cases the maximum potential points for that question are reduced to obtain a total possible point denominator for the section. The final score for sections one through three is given as a relative maximum score (numerator divided by denominator), which is equal to the sum of scores from each section divided by the total possible. This method allows for comparison of programs that may not all exhibit the same areas of service. In simple terms, it allows us to create a percentage or fraction to account for missing data. Using this method of scoring, a score of 82 out of 90 (91.1%) would rank higher than a score for another program of 60 out of 85 (70.6%) for sections one through three.

The fourth section, *Enhancement Capacity*, combines a summative score with descriptive information on shortcomings and possible solutions. We recognize that planning solutions and estimating feasibility of implementing them are beyond the scope of this project. This section will, however, identify improvement options with general ideas for increased and/or expanded programming and services. Improvement options will be based on shortcomings discovered in sections one through three.

Synopsis

Each assessment concludes with a synopsis of the program or provider group's score. The synopsis is intended to give a clear description of how and why each assessment arrived at its particular score. Included in each program synopsis is a description of each program's strengths and weaknesses as well as that program's enhancement potential. These synopses are very useful for determining, at a glance, which programs have gaps, which ones can be improved, or which ones can be expanded. Synopses of programs not present in the study region highlight opportunities or barriers that exist for establishing new programming. The format of the synopsis is consistent across all assessments, as follows:

1. Name and administering agency, with description of counties where present/assessed.
2. Brief description of services that meet criteria for assessment of effectiveness in programming for BT3 target population.
3. Effectiveness score, with distinction between Sections if they are different from one another (e.g. if Target Population is scored Very Effective, but Social Issues

- is scored Ineffective, this should be noted here).
4. Description of strengths and weaknesses with specific reference to section and questions where scores are notable.
 5. Clear description of how these strengths or weaknesses are pertinent to the goals of the Adirondack Foundation, the BT3 Committee, and the other programs for which the current assessment is being compared.
 6. Description of the organization under which the services or programs are administered along with a description of how the administering organization or the program itself coordinates with other entities in the study area to accomplish the programmatic goals.
 7. Description of the funding agencies under which the assessed program receives funding.
 8. Description of Improvability score with an explanation of how the program could be improved. A clear distinction between expansion, cooperation with another agency/program, or through introduction of a program not currently present in the study area is important here. We also state how the program or provider group could be enhanced to meet the perceived community needs of the BT3 Committee using available knowledge of other programs in the area.

Questions

1. TARGET POPULATION

- 1.1. Does the program target or limit itself from population socio-economic levels?
- 1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?
- 1.3. Is this program limited in its ability to provide services to rural areas?
- 1.4. Does this program reach unregistered children?
- 1.5. What percentage of the population as a whole does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

2. SOCIAL ISSUES

- 2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?
- 2.2. Are pre-birth or family planning services offered by this program?
- 2.3. Comprehensive family care (Does the program offer services to the family as a whole as a way to address social issues in the home? E.g. Parent education, family welfare, employment services, health services)
- 2.4. Provides support for group environments among families in a public or private setting. Group environments are settings with more than four families (in-home day care facilities with no outside of the facility activates would receive a score of 0 for this question unless they serve greater than six children.
- 2.5. Does this program or provider work to enhance child-parent relationships.
- 2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.
- 2.7. Does this program or provider incorporate basic socialization support for children and families. If so, please describe how.
- 2.8. Is in-home support and visitation part of this program?

3. SYSTEM INTEGRATION

- 3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)
- 3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)
- 3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.
- 3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or stipend to families? Note situations where transportations services are limited financially).
- 3.5. Do transportation services exist for all geographic reaches of the study area? Note situations where transportations services are limited geographically).
- 3.6. Does program or provider possess and use publicly accessible evaluation criteria?

- 3.7. Does programming require and/or provide professional development opportunities for staff?
- 3.8. Are professional development requirements and standards burdensome to program operation and/or staff recruitment and retention?
- 3.9. Are after care options made more accessible through this program or provider? (For example, is there a bussing service to afternoon care facility if program provides services for only morning hours? Does the program or provider coordinate with scheduling for other programs or providers to which children will transfer?)
- 3.10. For how many hours per day does this program offer services?

Citations for form development

- Early Childhood Systems Working Group (ECSWG) (n.d.) Comprehensive early childhood system-building: A tool to inform discussions on collaborative, cross-sector planning. <
http://www.buildinitiative.org/Portals/0/Uploads/Documents/ECSWG%20Systems%20Planning%20Tool_2014.pdf>; [Accessed on July 10, 2014].
- Gebhard, B. (2009) Infants and toddlers in the policy picture; A self-assessment checklist for states. <<http://www.zerotothree.org/public-policy/building-early-childhood-systems/checklistsinglesmar5.pdf>>; [Accessed on July 10, 2014].
- Jordan, M. J., Gerry Moore, G., and Weldy, T. W. (2012) New York State Ranking System for Evaluating Non-Native Plant Species for Invasiveness. The Nature Conservancy.
<http://www.nyis.info/pdf/New_York_State_Invasive_Plant_Ranking_System_Review_2012.pdf>; [Accessed on May 20, 2014].
- Malone, L., Kirby, G., Caronogan, P., Trout, K., and Boller, K. (2011) Measuring quality across three child care quality rating and improvement systems. Department of health and Human Services. http://www.mathematica-mpr.com/publications/pdfs/earlychildhood/measuring_three.pdf; [Accessed on May 20, 2014].
- New York State Early Childhood Advisory Council (NYSECAC) (2014) New York State's High-Quality Infant and Toddler Services System. <
http://www.nysecac.org/files/9314/0388/6080/Description_of_I-T_System.pdf>; [Accessed on July 10, 2014].
- Williams, D. T. and Mann, T. L. (2011) Early childhood education in rural communities: Access and quality issues. Fairfax, VA: UNCF/Frederick D. Patterson Research Institute.

Early Childhood Education in the North Country

Infrastructure and gaps for birth to three year olds



Ezra Schwartzberg and Catherine Kraft
Adirondack Research LLC, Saranac Lake, NY

Freedom of Movement for Babies Conference
Plattsburgh, NY
September 27th, 2014



Introduction

Our approach:

- Learn about all Birth to Three (BT3) programs in the North Country
- Bring people together and seek input
- Gain insight on solutions
- Facilitate cooperation
- Enhance programing

Adirondack Foundation is a community foundation that develops the resources to address emerging issues. Our goal is to make the BT3 infrastructure work better by building upon the programs that already exist.



Scientific approach to assessing BT3

- Analyze programing based on services and their ability reach children
- Determine gaps in BT3 infrastructure
- Use data to find solutions (through enhancement, expansion, or creation)

Introduction

Our focus:

- At risk children and their families (at or below 150% poverty level)
- Birth to three years of age
- Typically developing children

Geographic area and service providers:

- Clinton, Franklin, and Essex Counties
- Programs and provider Groups



Methods

Choosing programs and provider groups

- We chose programs that offer services rather than agencies

Programs

- Early Head Start
- Early Advantages
- Early Intervention
- Family Resource Centers (Families First)
- Family Resource Centers (CCCCNC)
- Essex County Child Health
- Clinton County Public Health
- MIECHVP
- Women, Infants, and Children
- Catholic Charities
- Library Reading Program

Provider groups

- Child Care Centers
- Child Care Homes
- Professionally-led Parenting Groups
- Parent-led Parenting Groups

Not here

- Even Start
- Parent-Child Home Program
- Nurse Family Partnership
- Vermont Birth to Three
- NY 2-1-1
- Chemung County School Readiness Project

Methods

Question based surveys

- Standardized Assessment Protocol
- Same questions for each program
- Quantifiable
- Matrix-based analysis

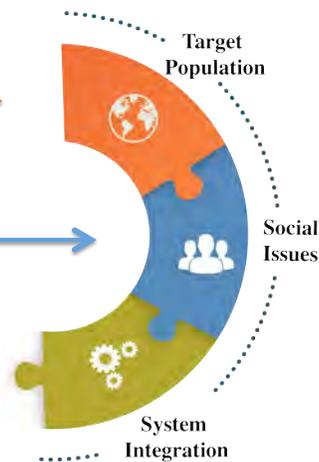


Questions are in your packet

Methods

Sections that target BT3 issues

- **Target Population** → How well does a program reach our BT3 target population?
- **Social Issues** → Which social issues are addressed through programming?
- **System Integration** → How does each program fit into the system as a whole?



Enhancement Capacity

- **Improvability** → Targets ways in which programming scope, reach, or collaboration can be enhanced

Results – Our Programs

Target Population Questions			Present Programs and Provider Groups															
Ref. No.	Points	Question	EHS	EA	CC	EI	WIC	CCCCNC	FR	MIECHV	PLPG	CCPH	ECCH	Libraries	FF FRC	FDCH	CDCC	SLPG
Q1.1	6 pts	Targeted population	6	4	4	2	6	4	4	2	4	4	4	2	4	0	0	2
Q1.2	6 pts	Region served	2	2	2	6	6	4	2	6	2	2	2	6	2	6	6	4
Q1.3	2 pts	Broad or narrow coverage	2	2	2	2	2	0	2	0	2	2	2	0	2	0	0	0
Q1.4	6 pts	Ability to reach all children	4	6	6	6	2	0	6	0	4	6	0	0	2	0	0	0
Q1.5	8 pts	Solicitation strategy	8	6	3	6	6	6	8	6	8	8	8	6	3	0	0	0
Q1.6	6 pts	How many kids served	2	0	2	2	6	6	N/A	6	2	0	4	0	6	2	N/A	
34 pts		Target Population Total	24	20	19	24	28	20	22	20	22	22	22	20	9	16	8	6
Social Issues Questions																		
Q2.1	6 pts	Support nutrition and health	6	4	2	0	6	2	4	4	2	2	2	0	2	2	2	0
Q2.2	4 pts	Pre-birth or family planning	4	4	4	0	4	0	2	2	2	2	0	0	0	0	0	0
Q2.3	6 pts	Comprehensive family care	6	6	6	2	2	6	4	4	2	2	0	4	0	0	6	
Q2.4	3 pts	Public outreach	3	3	1	2	3	2	1	2	2	2	1	1	1	0	0	0
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	4	1	4	3	4	4	4	4	4	3	3	3	4
Q2.6	5 pts	How many service areas	5	3	5	5	1	3	1	1	1	1	1	3	1	1	1	
Q2.7	2 pts	Socialization support	2	2	1	2	0	2	0	2	0	0	1	2	1	1	2	
Q2.8	3 pts	In home support	3	3	3	3	0	0	3	0	3	3	0	0	0	0	0	N/A
33 pts		Social Issues Total	33	29	26	18	17	19	18	19	16	16	9	13	7	7	13	
System Integration Questions																		
Q3.1	8 pts	School readiness skills	8	8	8	8	0	5	0	5	2	2	8	2	2	5	0	
Q3.2	4 pts	Follow recognized standards	4	4	3	4	4	4	0	0	0	4	3	0	0	0	0	
Q3.3	5 pts	Constant funding stream	5	5	3	5	5	1	5	1	5	5	5	5	5	5	N/A	
Q3.4	5 pts	Assist with transportation	2	2	2	2	0	0	2	0	2	2	0	0	2	0	0	
Q3.5	4 pts	Available evaluation tools	4	4	3	4	4	4	3	N/A	0	0	0	0	0	0	N/A	
Q3.6	4 pts	Require professional development	4	4	2	0	4	4	0	2	0	0	0	4	4	4	N/A	
Q3.7	3 pts	Hours a day coverage	N/A	N/A	N/A	N/A	N/A	2	N/A	0	N/A	N/A	0	3	3	3	0	
33 pts		System Integration Total	27	27	21	23	17	20	14	8	9	9	17	17	16	17	0	
Enhancement Capacity Questions																		
Q4.1	12 pts	Funding stabilization	0	0	12	0	0	12	0	12	0	0	0	0	0	0	0	0
Q4.2	15 pts	Improved public outreach	10	10	10	0	10	15	15	10	0	15	10	0	15	10	0	15
Q4.3	18 pts	Expansion of scope	18	18	18	12	0	18	18	18	18	18	18	18	12	0	0	0
Q4.4	18 pts	Improved location(s)	0	18	12	0	12	12	0	18	0	0	18	12	0	0	18	
Q4.5	15 pts	Increase scope of services	15	0	0	0	0	15	0	0	0	0	0	0	0	0	0	
Q4.6	18 pts	Integration possibilities	0	0	0	0	0	12	0	18	0	0	18	18	12	12	18	
96 pts		Enhancement Capacity	45	48	54	13	23	88	34	84	29	19	72	54	13	13	53	
BT3 Service Points Total			87	78	68	65	64	59	59	49	48	48	46	39	39	32	24	

Results – Our Programs

Target Population Questions			Present Programs and Provider Groups															
Ref. No.	Points	Question	EHS	EA	CC	EI	WIC	CCCCNC	FR	MIECHV	PLPG	CCPH	ECCH	Libraries	FF FRC	FDCH	CDCC	SLPG
Q1.1	6 pts	Targeted population	6	4	4	2	6	4	4	2	4	4	4	2	4	0	0	2
Q1.2	6 pts	Region served	2	2	2	6	6	4	2	6	2	2	2	6	2	6	6	4
Q1.3	2 pts	Broad or narrow coverage	2	2	2	2	2	0	2	0	2	2	2	0	2	0	0	0
Q1.4	6 pts	Ability to reach all children	4	6	6	6	2	0	6	0	4	6	0	0	2	0	0	0
Q1.5	8 pts	Solicitation strategy	8	6	3	6	6	6	8	6	8	8	8	6	3	0	0	0
Q1.6	6 pts	How many kids served	2	0	2	2	6	6	N/A	6	2	0	4	0	6	2	N/A	
34 pts		Target Population Total	24	20	19	24	28	20	22	20	22	22	22	20	9	16	8	6
Social Issues Questions																		
Q2.1	6 pts	Support nutrition and health	6	4	2	0	6	2	4	4	2	2	2	0	2	2	2	0
Q2.2	4 pts	Pre-birth or family planning	4	4	4	0	4	0	2	2	2	2	0	0	0	0	0	0
Q2.3	6 pts	Comprehensive family care	6	6	6	2	2	6	4	4	2	2	0	4	0	0	6	
Q2.4	3 pts	Public outreach	3	3	1	2	3	2	1	2	2	2	1	1	1	0	0	0
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	4	1	4	3	4	4	4	4	4	3	3	3	4
Q2.6	5 pts	How many service areas	5	3	5	5	1	3	1	1	1	1	1	3	1	1	1	
Q2.7	2 pts	Socialization support	2	2	1	2	0	2	0	2	0	0	1	2	1	1	2	
Q2.8	3 pts	In home support	3	3	3	3	0	0	3	0	3	3	0	0	0	0	0	N/A
33 pts		Social Issues Total	33	29	26	18	17	19	18	19	16	16	9	13	7	7	13	
System Integration Questions																		
Q3.1	8 pts	School readiness skills	8	8	8	8	0	5	0	5	2	2	8	2	2	5	0	
Q3.2	4 pts	Follow recognized standards	4	4	3	4	4	4	0	0	0	4	3	0	0	0	0	
Q3.3	5 pts	Constant funding stream	5	5	3	5	5	1	5	1	5	5	5	5	5	5	N/A	
Q3.4	5 pts	Assist with transportation	2	2	2	2	0	0	2	0	2	2	0	0	2	0	0	
Q3.5	4 pts	Available evaluation tools	4	4	3	4	4	4	3	N/A	0	0	0	0	0	0	N/A	
Q3.6	4 pts	Require professional development	4	4	2	0	4	4	0	2	0	0	0	4	4	4	N/A	
Q3.7	3 pts	Hours a day coverage	N/A	N/A	N/A	N/A	N/A	2	N/A	0	N/A	N/A	0	3	3	3	0	
33 pts		System Integration Total	27	27	21	23	17	20	14	8	9	9	17	17	16	17	0	
Enhancement Capacity Questions																		
Q4.1	12 pts	Funding stabilization	0	0	12	0	0	12	0	12	0	0	0	0	0	0	0	0
Q4.2	15 pts	Improved public outreach	10	10	10	0	10	15	15	10	0	15	10	0	15	10	0	15
Q4.3	18 pts	Expansion of scope	18	18	18	12	0	18	18	18	18	18	18	18	12	0	0	0
Q4.4	18 pts	Improved location(s)	0	18	12	0	12	12	0	18	0	0	18	12	0	0	18	
Q4.5	15 pts	Increase scope of services	15	0	0	0	0	15	0	0	0	0	0	0	0	0	0	
Q4.6	18 pts	Integration possibilities	0	0	0	0	0	12	0	18	0	0	18	18	12	12	18	
96 pts		Enhancement Capacity	45	48	54	13	23	88	34	84	29	19	72	54	13	13	53	
BT3 Service Points Total			87	78	68	65	64	59	59	49	48	48	46	39	39	32	24	

Results – Our Programs

County Nursing/Public Health

Target Population Questions			Present Programs and Provider Groups															
Ref. No.	Points	Question	EHS	EA	CC	EI	WIC	CCCNC	FR	MIECHV	LPG	CCPH	ECCH	libraries	FF FRC	FDCH	CDCC	SLPG
Q1.1	6 pts	Targeted population	6	4	4	2	6	4	4	4	2	4	4	2	4	0	0	2
Q1.2	6 pts	Region served	2	2	2	6	6	4	2	6	2	2	6	2	6	6	4	4
Q1.3	2 pts	Broad or narrow coverage	2	2	2	2	2	0	2	0	2	2	2	0	2	0	0	0
Q1.4	6 pts	Ability to reach all children	4	6	6	6	2	0	6	0	4	6	0	0	0	2	0	0
Q1.5	8 pts	Solicitation strategy	8	6	3	6	6	6	8	6	8	8	8	6	3	0	0	0
Q1.6	6 pts	How many kids served	2	0	2	2	6	6	N/A	6	2	0	4	0	6	2	N/A	
34 pts		Target Population Total	24	20	19	24	28	20		22	20	22	22	20	9	16	8	6
Social Issues Questions																		
Q2.1	6 pts	Support nutrition and health	6	4	2	0	6	2	4	4	2	2	2	2	0	2	2	0
Q2.2	4 pts	Pre-birth or family planning	4	4	4	0	4	0	2	2	2	2	2	0	0	0	0	0
Q2.3	6 pts	Comprehensive family care	6	6	6	2	2	6	4	4	2	2	2	0	4	0	0	6
Q2.4	3 pts	Public outreach	3	3	1	2	3	2	1	2	2	2	2	1	1	0	0	0
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	4	1	4	3	4	4	4	4	4	3	3	3	4
Q2.6	5 pts	How many service areas	5	3	5	5	1	3	1	1	1	1	1	3	1	1	1	1
Q2.7	2 pts	Socialization support	2	2	1	2	0	2	0	2	0	0	1	2	1	1	2	
Q2.8	3 pts	In home support	3	3	3	3	0	0	3	0	3	3	0	0	0	0	0	N/A
33 pts		Social Issues Total	33	29	26	18	17	19		18	19	16	16	9	13	7	7	13
System Integration Questions																		
Q3.1	8 pts	School readiness skills	8	8	8	8	0	5	0	5	2	2	8	2	2	5	0	0
Q3.2	4 pts	Follow recognized standards	4	4	3	4	4	4	4	0	0	0	4	3	0	0	0	0
Q3.3	5 pts	Constant funding stream	5	5	3	5	5	1	5	1	5	5	5	5	5	5	N/A	0
Q3.4	5 pts	Assist with transportation	2	2	2	2	0	0	2	0	2	2	0	0	2	0	0	0
Q3.5	4 pts	Available evaluation tools	4	4	3	4	4	4	3	N/A	0	0	0	0	0	0	0	N/A
Q3.6	4 pts	Require professional development	4	4	2	0	4	4	0	2	0	0	0	0	4	4	4	N/A
Q3.7	3 pts	Hours a day coverage	N/A	N/A	N/A	N/A	N/A	2	N/A	0	N/A	N/A	0	3	3	3	0	
33 pts		System Integration Total	27	27	21	23	17	20		14	8	9	9	17	17	16	17	0
Enhancement Capacity Questions																		
Q4.1	12 pts	Funding stabilization	0	0	12	0	0	12	0	12	0	0	0	0	0	0	0	0
Q4.2	15 pts	Improved public outreach	10	10	10	0	10	15	15	15	10	0	15	10	0	0	0	15
Q4.3	18 pts	Expansion of scope	18	18	18	12	0	18	18	18	18	18	18	12	0	0	0	0
Q4.4	18 pts	Improved location(s)	0	18	12	0	12	12	0	18	0	0	18	12	0	0	0	18
Q4.5	15 pts	Increase scope of services	15	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0
Q4.6	18 pts	Integration possibilities	0	0	0	0	0	12	0	18	0	0	18	18	12	12	12	18
96 pts		Enhancement Capacity	45	48	54	13	23	88	34	84	29	19	72	54	13	13	53	
BT3 Service Points Total			87	78	68	65	64	59		59	49	48	48	46	39	39	32	24

Programs Outside our Region

Chemung County School Readiness Project

- An overarching mechanism to coordinate available BT3 programming
- Established in Chemung County, NY in 2006 to address kindergarten readiness in 3 local districts through nursing home visits, excellent childcare, parent education and 100% access to UPK programming.

Vermont Birth to Three

- Mechanism for enhancing BT3 care through child care providers
- Established in 2011 to address gaps and augment existing services to directly support registered home-based child care providers, children, and families.

2-1-1

- A telephone and web based information and referral system to assist individuals with day-to-day human service needs
- 2-1-1 is meant to complement 9-1-1 by filling the gap between emergencies and urgent non-public-safety needs, including child-related services.

Results – Outside Programs

Target Population Questions			Outside the North Country					
Ref. No.	Points	Question	Chemung	PCHP	NFP	VB3	Even Start	211
Q1.1	6 pts	Targeted population	6	6	6	6	6	6
Q1.2	6 pts	Region served	0	0	0	0	N/A	6
Q1.3	2 pts	Broad or narrow coverage	N/A	N/A	N/A	N/A		0
Q1.4	6 pts	Ability to reach all children	6	6	6	2	6	N/A
Q1.5	8 pts	Solicitation strategy	8	8	3	N/A	6	0
Q1.6	6 pts	How many kids served	6	6	6	6	N/A	N/A
34 pts		Target Population Total	26	26	21	14	18	12
Social Issues Questions								
Q2.1	6 pts	Support nutrition and health	6	2	6	2	0	N/A
Q2.2	4 pts	Pre-birth or family planning	0	0	2	0	0	N/A
Q2.3	6 pts	Comprehensive family care	6	4	4	6	2	N/A
Q2.4	3 pts	Public outreach	3	3	2	1	2	1
Q2.5	4 pts	Enhance child-parent relationships	4	4	4	1	4	N/A
Q2.6	5 pts	How many service areas	5	3	3	1	1	0
Q2.7	2 pts	Socialization support	2	1	N/A	0	2	N/A
Q2.8	3 pts	In home support	3	3	3	0	3	N/A
33 pts		Social Issues Total	29	20	24	11	14	1
System Integration Questions								
Q3.1	8 pts	School readiness skills	8	8	8	8	8	N/A
Q3.2	4 pts	Follow recognized standards	4	4	4	4	4	N/A
Q3.3	5 pts	Constant funding stream	5	N/A	5	5	0	5
Q3.4	5 pts	Assist with transportation	2	5	N/A	N/A	5	N/A
Q3.5	4 pts	Available evaluation tools	4	4	4	4	3	N/A
Q3.6	4 pts	Require professional development	N/A	4	N/A	4	4	N/A
Q3.7	3 pts	Hours a day coverage	N/A	0	N/A	3	N/A	N/A
33 pts		System Integration Total	23	25	21	28	24	5
Enhancement Capacity Questions								
Q4.1	12 pts	Funding stabilization	N/A		0	0	N/A	N/A
Q4.2	15 pts	Improved public outreach	0	15	10	0	N/A	15
Q4.3	18 pts	Expansion of scope	N/A	12	12	18	N/A	18
Q4.4	18 pts	Improved locations(s)	N/A	0	18	0	N/A	0
Q4.5	15 pts	Increase scope of services	15	0	0	10	N/A	N/A
Q4.6	18 pts	Integration possibilities	N/A	18	18	18	12	0
96 pts		Enhancement Capacity	16	47	60	48	13	34
		BT3 Service Points Total	86	71	66	62	56	18

- Chemung School Readiness Project
- Parent-Child Home Program
- Nurse Family Partnership
- Vermont Birth to Three
- Even Start*
- 2-1-1 New York

*no longer in operation

How is this information used?

More than just numbers

- Referenced scores
- Detailed information on questions
- Funding sources
- Program synopsis
- Enhancement opportunities
- Identifies program limits

Gives us a point of reference on gaps

- What are other communities doing?
- Do others face similar challenges?
- What strategies can we borrow

Data Analysis

What gaps exist?

- Some communities lack services
- Some counties lack programs
- Some programs lack funding

Capacity to fill gaps

- Expanding programs across counties
- Identifying cooperation potential
- Some programs are models



BT3 PROGRAM ASSESSMENT FORM

Documentation:
List counties:
This is an Essex County program. However, similar programs exist in all three counties.
Sources of information:
Kraft, 2014.

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?
A. Coverage is narrow 0
B. Coverage is broad 2
U. Unknown or not applicable

Documentation:
Describe range and/or limitations of geographic distribution of services. If B is selected, list other school districts, villages, or cities where services are provided or absent.
The names can access children throughout the entire county.
Sources of information:
Kemp-Appelbach, 2014.

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways.)
A. Limited to urban or suburban areas and have limited mechanisms to reach families that are geographically distant or do not have the home for other reasons 0
B. Efforts/revisions to address access to services on a limited basis 2
C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, housing) 4
D. Designed specifically and able to target all families qualified to receive service 6
U. Unknown or not applicable

Documentation:
Identify methods that overcome access limitations.
The names can access children throughout the entire county.
Sources of information:
Kemp-Appelbach, 2014.

1.5. How does this program solicit children BT3 for services?
A. Program only works with families that seek services on their own without intervention but not limited to family, neighbors, friends, healthcare, and social services 0
B. Reaches families for services who referred by other agencies or individuals (e.g. including members of phone. Every member of a newborn in eligible for one home visit regardless of income or child health concerns. The Essex County nurses distribute packets of information to all members of newborns, even if phone contact has not been made. 3
C. Sinks out families and children directly through public outreach events 6
D. Unknown or not applicable 8

Documentation:
Identify how unengaged families are reached through this program, or ways in which Program visitors and mothers of newborns can be referred to these programs from hospitals, doctors' offices, Department of Social Services, Early Intervention assessment centers, or neighborhood. The maternal public health nurses attempt to contact every mother of a newborn by phone. Every member of a newborn in eligible for one home visit regardless of income or child health concerns. The Essex County nurses distribute packets of information to all members of newborns, even if phone contact has not been made.
Sources of information:

3

Standardized assessment forms developed by Adirondack Research ©2014

Conclusions

Important programs that exist

- Early Head Start and Early Advantages
- Family Resource Centers CCCNC
- Child Care Providers (center and home-based)
- County nursing/public health programs
- Professionally-led parenting groups

Gaps in the current infrastructure

- Locations of resources and providers
- Integration of healthcare for early detection/referral
- Region-wide home visitation for BT3
- Integration of school readiness with child care (centers and home-based)



Conclusions

Specific issues that have come to light

Limited children reached through Early Head Start (100% poverty level, 72 children)

- What are the issues and can we help find solutions?

EHS Child Care Partnership Grants has support for child care providers

- Can we help child care providers reach 1800 performance standard points?

Family Resource Center locations

- Should we encourage satellite FRCs?

County nursing/public health programs offer outreach potential

- Can we help facilitate better incorporation of healthcare into BT3 infrastructure (e.g. Clinton Public Health → Healthy Families Clinton)

What are the next steps?

Next Steps

Adirondack Foundation's Goal

"To make the BT3 infrastructure work better by building upon the programs that already exist."

How:

- Facilitate integration and cooperation
- Overcome challenges to obtaining grants
- Enhance coverage and opportunities across county lines



Next Steps

Stakeholder feedback and support – we have the data, now we need input

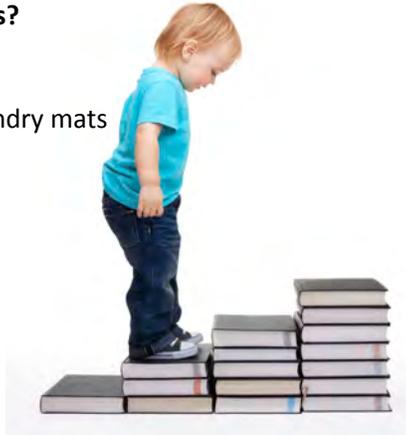
- How do provider concerns and needs fit with perceived gaps?
- What would BT3 providers like to see implemented in the region?
- Would day care providers consider implementing QUALITYstarsNY?
- What information would you like us to provide?

What programs can expand to more communities?

- Home visitation in Franklin County
- Family Resource Centers in Essex County
- Library reading programs at FRCs, books at laundry mats

What tools can be developed?

- Integration of nursing with other resources
- Concerted outreach under a common name
- Child Care Center/Homes-based networks
- Coordination mechanism for all BT3 services



Process

Identify target areas

- Gather input on target areas (our gaps)

Choose focal programs

- Determine how existing programs overlap
- Identify funding and integration across county lines

Use framework to accomplish goals

- Start taking action
- Emulate mechanisms employed by other regions

We need help from you

- *Your questions*
- *Your concerns*
- *Your input*



Thank you – Questions?

**This research would not be possible
without your help!**

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Ezra Schwartzberg and Cathy Kraft – Adirondack Research
Melissa Eisinger and Cali Brooks – Adirondack Foundation



BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Early Head Start

BT3 Service Points: Very Effective (80-100) *Form date: 7 July 2014*

Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: Essex

Date assessed: July 16, 2014

Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input type="checkbox"/> 0	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Federal grant	

D. SECTION SCORES

Target Population: 24/34	Social Issues: 33/33
System Integration: 27/30	Cumulative (%): 86.59

Improvability: 43/96=44.79
Synopsis: The Early Head Start (EHS) program in Essex County is administered by Adirondack Community Action Program, Inc. (ACAP). EHS is a federally funded community-based program for low-income families to promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children, and to promote healthy family functioning. EHS scored strongly at a 86.59 (Very Effective). The EHS Improvement potential was 44.79 (Hard to Improve).

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Early Head Start (EHS) is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. The program was designed in 1994 by an Advisory Committee on Services for Families with Infants and Toddlers formed by the Secretary of Health and Human Services. Its mission is:

- to promote healthy prenatal outcomes for pregnant women,
- to enhance the development of very young children, and
- to promote healthy family functioning.

In New York and nationally, Early Head Start programs (for pregnant women, infants, and toddlers) promote school readiness for children in low-income families by providing comprehensive educational, health, nutritional, and social services. Parents play a large role in the programs, both as primary educators of their children and as participants in local programs. EHS provides pre-literacy and literacy experiences in a multi-cultural environment.

From the beginning, New York's Head Start and Early Head Start programs have focused on the well-being of the whole child through in-depth nutrition, health, education and family development services for children (<http://www.nyheadstart.org/what-is-head-start/>).

EHS providers are mandated to do the following...

- Help parents find a medical home for their child(ren). Providers are required to ensure that each child has a continuous source of accessible, coordinated health care.
- Ensure that well-child care (immunizations and dental care) are up to date.
- Conduct health and developmental screenings on all children.
- Identify nutritional needs and provide healthy meals and snacks/assess nutritional status
- Design and implement a nutritional program that meets the nutritional and feeding requirements for each child.
- Provide an environment that is safe, clean, and inviting as well as one that promotes learning.
- Provide relationships that are consistent and secure through parenting education and family support services, collaborate and coordinate with community agencies. ("Supporting Infants and Toddlers in the Child Welfare System: The Hope of Early Head Start; Technical Assistance Paper No.9" 2005)

The EHS program in Essex County is administered by Adirondack Community Action Program, Inc. (ACAP).

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
EHS is targeted at low income families. Key factors in determining eligibility are family income, which is evaluated by the federal poverty guidelines (at or below 100% of the poverty level), and involvement in the child welfare system. These include children who have been physically, mentally or emotionally abused; children who have been neglected; infants whose parents have exposed them to drugs or alcohol and do not have a suitable caretaker; and children whose parents have died, gone to jail, or been hospitalized. Ten percent of the EH children may be above the poverty level and 10% of the EH children served must be diagnosed with a disability, which is defined as having an Individualized Family Service Plan (IFSP) and is enrolled in Early Intervention (EI).
Sources of information:
Hopper, 2014; Frawley, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

EHS is present only in Essex County (Hopper, 2014).

The Federal EHS program is offering agencies the chance to apply for "Early Head Start and Child Care Partnership Grants". The Joint Council for Economic Opportunity of Clinton and Franklin Counties, Inc. (JCEO) considered applying for this grant. It would have allowed 72 low-income children of working parents to receive EHS supports in licensed daycare centers and/or home-based daycare programs. JCEO decided not to pursue this grant. In a series of emails, Ann Fraser, Training Coordinator for The Childcare Coordinating Council of the North Country (CCCCNC), stated, "...It seems as though the project will be too unwieldy for [JCEO] to manage given the geography, child care availability, challenges of meeting the [1800] performance standards and a host of other concerns." Robert Frawley, Deputy Director, NYS Council on Children and Families, then responded, "The big problem is that Head Start programs know how difficult it is to fully meet Head Start Performance Standards and they are very wary about taking on a grant that depends on partners [family and center-based child care providers] who they may not be able to control as opposed to staff who they can control. Other Early Head Start programs in other areas of the state recognize the opportunity to serve more kids and are going for it. But, since they need to serve a minimum of 72 children, it is particularly complicated in a large rural area." Mickey Hopper, Director of the EHS program at ACAP said she thought there may be an agency based in Jefferson County considering applying for this grant to provide daycare-based EHS services in some portions of some North Country counties.

Sources of information:

Hopper, 2014; Fraser, 2014; Frawley, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

BT3 PROGRAM ASSESSMENT FORM

EHS has offices and group socialization spaces in the following locations: AuSable Forks, Elizabethtown, Willsboro, Lake Placid, Moriah, Saranac Lake, Schroom Lake, and Ticonderoga. EHS is primarily a home based program with socialization provided twice a month at the office/ group socialization spaces.
Sources of information:
Hopper, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations
EHS provides home and community based services as well as opportunities for families to gather at spaces located in eight communities within Essex County. The EHS grant in Essex County allows them to serve no more than 72 pregnant women and children at any one time. Eligible clients in excess of those 72 slots are placed on a waiting list.
Sources of information:
Hopper, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
EHS receives referrals from other community agencies as well as physicians' offices. When they have time, the staff will canvas neighborhoods and knock on doors to find out if there are families with very young children who might be eligible to participate in EHS.
Sources of information:
Hopper, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

Documentation:

If available, document coverage for each of the three target counties within the study area:
If each county had a free-standing EHS grant, it is possible that there could be over 200

BT3 PROGRAM ASSESSMENT FORM

pregnant women and young children served.
Sources of information:
Kraft, 2014

Total Possible	34
Section One Total	24

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score 6

Documentation:

Describe key representative programs or services:
EHS providers are mandated to identify nutritional needs and provide healthy meals and snacks and to assess nutritional status of each child. Reimbursement for snacks and meals comes through CACFP (Child and Adult Care Food Program (formerly USDA)). They also help to design and implement a nutritional program that meets the nutritional and feeding requirements for each child. EHS employs three nurses in Essex County who can do pre-and post-natal checks and assist families with healthcare needs.

Sources of information:
Hopper, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score 4

Documentation:

Describe key representative programs or services:
Pre-birth services are provided to families. Those families then tend to continue to participate in EHS after their child(ren) are born.

Sources of information:
Hopper, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score 6

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Describe key representative programs or services:

EHS provides comprehensive family care in order to address social issues in the home. Each family works with the staff to create a family development plan that focuses on all different needs of the family including social, economic, and the child's developmental needs. The families receive assistance and referrals for health and mental health services, including alcohol and substance abuse treatment and assistance with quitting smoking. Parents receive referrals for adult education, adult literacy, and job skills training to foster family's independence. Families get help in obtaining income support, health insurance, safe housing and the like.

Sources of information:

Hopper, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- | | |
|--|---|
| A. Public outreach is not part of programing or services | 0 |
| B. Limited public outreach programing or services, primarily targeted to advertising efforts | 1 |
| C. Moderate programing or services targeting families not currently considering BT3 services | 2 |
| D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care | 3 |
| U. Unknown or not applicable | |

Score 3

Documentation:

Describe key representative programs or services as well as a description of public events: EHS staff canvas neighborhoods and knock on doors to find out if there are families with very young children who might be eligible to participate in EHS. They attend some of the WIC clinics held in Essex County, collaborate with MOMS program (a pre- and post-natal program for Medicaid eligible mothers) in Essex County and attend local fairs and community events. They provide informative posters to providers.

Sources of information:

Hopper, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- | | |
|--|---|
| A. There is no connection between parents and services | 0 |
| B. Limited programing or services related to child-parent relationships | 1 |
| C. Moderate programing or services related to child-parent relationships | 3 |
| D. Specifically designed to provide programing or services related to child-parent relationships | 4 |
| U. Unknown or not applicable | |

Score 4

Documentation:

Describe key representative programs or services:

Each family works with the staff to create a set of family goals that focuses on all different needs of the family including social, economic, and the child's developmental needs. The hallmark of EHS is their focus on attempting to create strong family structure and strengthening parenting skills.

Sources of information:

Hopper, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- | | |
|-----------------|---|
| A. None | 0 |
| B. 1-2 | 1 |
| C. 3-4 | 3 |
| D. Five or more | 5 |

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

5

Documentation:

Describe key representative programs or services:

EHS in Essex County provides health snacks and (on occasion) meals for their families. They participate in public events in the community. They make home visits. The Essex County EHS has a mental health professional on its staff. The hallmark of the EHS program is parent education. The Essex County EHS does not provide financial assistance, special education programs or daycare to their families. The federal EHS model can allow for center based services which would then include daycare but that is not the grant model for Essex County.

Sources of information:

Hopper, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

2

Documentation:

Describe socialization support either in facilities or in community settings:

EHS services are provided at home, in the EHS group socialization spaces and out in the community, including libraries, playgrounds, and so forth..

Sources of information:

Hopper, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

3

Documentation:

Specify in-home services covered:

The model of the Essex County EHS program is home-based.

Sources of information:

Hopper, 2014

Total Possible	33
Section Two Total	33

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

In New York and nationally, Early Head Start programs promote school readiness for children in low-income families by providing comprehensive educational, health, nutritional, and social services. Parents play a large role in the programs, both as primary educators of their children and as participants in local programs. EHS provides pre-literacy and literacy experiences in a multi-cultural environment.

Sources of information:

NYS Headstart web site

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- | | |
|--|---|
| A. Does not follow program standards | 0 |
| B. Follows state-wide program standards province. | 3 |
| C. Follows state- and nation-wide program standards. | 4 |
| U. Unknown or not applicable | |

Score

Documentation:

List standards incorporated:

EHS follows the standards developed for the Head Start Program, adapting those standards to the needs of the BT3 population. The Head Start Program Performance Standards define curriculum as a written plan that includes:

- Goals for children's development and learning;
- Experiences through which they will achieve the goals;
- Roles for staff and parents to help children to achieve these goals; and
- Materials needed to support the implementation of a curriculum.

The plan must also be based on the Program Performance Standards and sound Child Development Principles. Early Head Start programs may choose to purchase a curriculum. However, this set of materials should complement the program and parent's beliefs, and be individualized to meet the needs of children enrolled in the program. (Refer to [Head Start Performance Standards and Other Regulations] Section 1304.21(c)(1)). In addition, if the curriculum does not encompass all aspects of health and address all relevant Program Performance Standards, then it must be expanded and adapted.

Sources of information:

Federal Headstart web site

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- | | |
|---|---|
| A. This program has closed due to lack of funding | 0 |
| B. This program has variable funding and portions of programming or services have been lost in recent years | 1 |
| C. Funding is variable, causing variations in access to services by target populations | 3 |
| D. Funding is constant (whether adequate for programs or not) | 5 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe funding variation and effects on program or provider:

EHS is funded through a federal grant.

Sources of information:

Hopper, 2014

3.4. Does the program or provider assist with transportation needs, either by

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providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

EHS staff may provide occasional rides to important appointments such as the physician's or into the socialization center for playgroup. The EHS staff try to help families tap into personal resources rather than relying on EHS staff for transportation.

Sources of information:

Hopper, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

Miki Hopper described their assessment tools in an email. I have paraphrased her information.

This year EHS used the FY14 Monitoring Protocol which comes from ACF/HHS/OHS (Administration for Children and Families/US Dept. of Health and Human Service/Office of Head Start). This is the tool that the Federal Reviewers use to evaluate the program and it accesses all aspects: Management, fiscal, communication, enrollment, attendance, physical plant, etc. Program outcomes/results would be on the web contained in annual PIR results and EHS will probably post their Program Improvement Plan (PIP) on the web this coming year. This would be the goals or areas to develop as a result of the Annual Program Assessment.

The Denver III screening tool is administered within 45 days of a children entering the program. Teaching Strategies Gold assessment is performed and documented for each child four times a year. This assessment is how EHS derives children's outcomes. It is not a publicly accessible tool as it is web based and the individual results are confidential.

Sources of information:

Hopper, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

One facet of the grant requires that all of the family support staff gather in Elizabethtown

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once a month for formal educational programs and for informal support.

Sources of information:

Hopper, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- | | | |
|----|---------------------------|---|
| A. | 1-3 hours | 0 |
| B. | 4-6 hours | 2 |
| C. | Over six hours | 3 |
| U. | Unknown or not applicable | |

Score U

Documentation:

Describe what part of the native range is similar in climate to New York:

The staff person is required to provide at least 1.5 hours of services each week for a one child family. That time will increase if there are additional children in the home. It is customary that a two child family would receive at least two hours of services per week. If the family is in crisis and needs additional time, that family might receive three or more hours that week. The time provided is dependent on the needs of the family and child at the time the service is being provided. In addition, there are two playgroup sessions held at the socialization center each month. The session cannot last longer than three hours because of daycare regulations.

Sources of information:

Hopper, 2014

Total Possible	30
Section Three Total	27

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question

3.3). In other words, would stabilization of funding stream aid in program stability?

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe:

Funding is generally stable. In 2013, the Federal Sequestration resulted in an abrupt loss of funds for the period of time. That money is, theoretically, being reinstated but the EHS program had to submit a supplemental grant to regain monies lost. As of the date of this survey, the EHS program in Essex County had not received any of the money they had applied for.

Sources of information:

Hopper, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |

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U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Increased outreach efforts to target additional families would help to keep the pool of waiting applicants full. As families move from the service area, those waiting can then be served. However, there are only 72 EHS slots available in Essex County. Perhaps families on the EHS waiting list could be provided information on complimentary programming, for instance through a Family Resource Center.

Sources of information:

Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

ACAP could work to expand their current service level of 72. I'm not sure the scope of the grant cycle or when ACAP could ammend their application to serve more children. I also don't know if ACAP would feel comfortable adding slots. They are able to keep their current 72 slots filled but may not feel able to continuously fill more than that.

If additional money was available to ACAP, a dream would be to develop one or two center based sites to provide free, full day, good quality daycare with wrap around programming /extended hours for working families who fall within the income guidelines. It would allow unemployed parents to work on furthering their own education, to gain job skills, or to do volunteer work within their towns and villages.

Transportation is always an issue in rural Essex County. Money could be directed at providing additional transportation for needy EHS families.

Sources of information:

Hopper, 2014; Frawley, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

At this time, the EHS model is based on home visitation. All areas of the county are covered.

Sources of information:

Kraft, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0

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- | | | |
|----|--|----|
| B. | Improvements are possible, but impractical within this programs current scope | 10 |
| C. | Improvements are possible and would result in needed services (list possible services) | 15 |
| U. | Unknown or not applicable | |

Score 15

Documentation:

Describe potential to increase services offered:

In lieu of expanding the Essex County EHS program itself, the parent agency, ACAP, might be interested in operating some sort of complementary program such as Family Resource Centers or small satellite FRCs. Such programs could serve any family, regardless of income, within the ACAP catchment area (please see the CCCCNC/FRC assessment).

Another thought would be to operate a small program identical to EHS in function but one not funded through the federal EHS grant. Perhaps families on the waiting list for the 72 EHS slots could be accommodated in that way.

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe level of effort:

EHS, by virtue of its funding stream, must operate as an independent entity. However, Miki Hopper firmly believes that the programs serving families and young children need to figure out ways to collaborate in order to reach as many needy families as possible.

Sources of information:

Hopper, 2014

Total Possible	96
Section Four Total	43

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Early Head Start (EHS) program in Essex County is administered by Adirondack Community Action Program, Inc. (ACAP). Early Head Start is a federally funded community-based program for low-income families with infants and toddlers and pregnant women. Its mission is to promote healthy prenatal outcomes for pregnant women, to enhance the development of very young children, and to promote healthy family functioning. EHS scored strongly at a 86.59 (Very Effective). EHS scored perfectly within the Social Issues domain and also scored strongly in System Integration. It scored weaker in Target Population because it is a program only available in Essex County. EHS services focus on bolstering the family structure in order to support young children. They have a good method for attracting potential families (outreach, referrals and door-to-door inquiry). The services EHS provides are delivered in the home. This eliminates the problems with transportation in a rural county and also insures that the family is contacted every week. The optimal service plan is developed by the family for the

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family. The components of the EHS program include parent-child relationships, socialization, health, nutrition, safety and literacy. Their funding stream is usually stable. The biggest weakness is that this program is only available in Essex County. Other potential provider agencies have elected not to pursue EHS grants because of the daunting application and on-going accreditation process. The EHS program is administered by ACAP, Inc. out of Elizabethtown, NY. ACAP also provides Senior Services, Child Care Resource and Referral, Parent Information, Child Care Provider Information, Child Care Provider Training, Food Shelves, Employment and Training/Career Center, Head Start/Early Head Start and Weatherization & Energy programs. EHS collaborates with the Essex County Public Health Department (WIC/MOMS) and refers families and family members to other community organizations to fulfill needs that are not directly addressed by EHS. EHS receives its funding from the Federal government. The EHS Improvement potential was 44.79 (Hard to Improve). However, monies funneled into neighboring Clinton and Franklin County agencies could allow EHS-like services to be provided within Clinton and Franklin Counties. Money given to ACAP could allow the creation of a childcare center to provide quality daycare for poor working families or to allow unemployed parents the time to pursue education, job training or volunteer opportunities within the community.

References for assessment:

- NYS Head Start. (2014) <<http://www.nyheadstart.org/what-is-head-start/>>; [accessed on July 16, 2014]
- Federal Head Start, (2014) <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Curriculum/Definition%20and%20Requirements/edudev_art_00204_072505.html>; [accessed on July 16, 2014]
- Kraft, C. Personal Opinion
- Hopper, M. Director Head Start/Early Head Start, Adirondack Community Action Program, Inc. (2014) Personal Correspondence.
- Frawley, R. Deputy Director; NYS Council on Children and Families. (2014) email dated June 25, 2014.
- Griffin, A. Training Coordinator for The Childcare Coordinating Council of the North Country. (2014) email dated June 25, 2014.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Healthy Families Clinton (Early Advantages; Behavioral Health Services North, Inc.)

North Country Effectiveness Score: Effective (60-79) *Form date: 7 July 2014*

Improvement Potential: Hard to Improve (0-49)

Counties where operating: Clinton
 Date assessed: August 22, 2014
 Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
NYS Office of Children and Families	United Way (minor source)
Donations (minor source)	

D. SECTION SCORES

Target Population: 18/34	Social Issues: 29/33
System Integration: 27/30	Cumulative (%): 76.28%

Improvability: 46/96=47.9%

Synopsis: Behavioral Health Services North, Inc., operates Healthy Families Clinton (HFC). HFC is a pro-active primary prevention program which works to strengthen families in order to reduce instances of abuse and neglect and works to improve school readiness. HFC's Effectiveness score was at the high end of "Effective". Their Improvability score was at the upper range of "Hard to Improve".

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Early Advantages (EA), administered by Behavioral Health Services North, Inc., operates two home-based programs. The keystone program is Healthy Families Clinton (HFC). HFC is a pro-active primary prevention program which works to strengthen families in order to reduce instances of abuse and neglect and works to improve school readiness. The second program is the Parent Aide Program. The Parent Aide Worker helps parents under stress and those school-aged children who have been referred to the program by the Department of Social Services. This tends to be a crisis management program.

This survey focuses on HFC alone. HFC follows the standards and curriculum of Healthy Families NY which in turn comes out of the national program conceived by Prevent Child Abuse America.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

HFC provides services to pregnant women and new families regardless of income, although the at-risk families served are often in the lower socio-economic levels. These services are offered at no charge.

Sources of information:

Piper, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

HFC is offered in Clinton County.

Sources of information:

Piper, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin

BT3 PROGRAM ASSESSMENT FORM

Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
HFC services are provided in the family homes throughout the entire county.

Sources of information:

Piper, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programing in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 6

Documentation:

Identify methods that overcome access limitations

HFC services are provided in the family homes throughout the entire county.

Sources of information:

Piper, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 6

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

HFC has been working hard to get OB/GYN practices to refer pregnant women in the second trimester of pregnancy. The doctor's in Clinton County have tended to be resistant. However, one practice has embraced the HFC model and is now referring at-risk pregnant women to HFC. The local hospital, Champlain Valley Physician's Hospital (CVPH) routinely refers at-risk families of newborns to HFC. HFC families must be enrolled by the time the baby is six weeks old. Families can refer themselves but that is not the most typical route to services. I chose to score this as C because the program works so hard at reaching eligible women in the most efficient manner possible.

Sources of information:

Piper, 2014; Kraft, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2

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- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

Documentation:

If available, document coverage for each of the three target counties within the study area:

This program is only available in Clinton County. Currently it is serving 70 families.

Sources of information:

Piper, 2014

Total Possible	34
Section One Total	18

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

HFC is a broad program. Although its services tend to focus on social needs as well as literacy and school readiness, healthy lifestyle choices is certainly part of the educational focus. HFC can refer families to other community agencies such as WIC for additional nutritional and health support.

Sources of information:

Piper, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

HFC targets pregnant women in their second trimester of pregnancy and will continue to work with and support the families until the child becomes a preschooler, at roughly three to five years of age.

Sources of information:

Piper, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2

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- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

HFC works to strengthen parent-child relationships, helps families create and meet goals, helps parents develop both personally and professionally, and connects at-risk families with other community agencies for additional assistance.

Sources of information:

BHSN website, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Traditional outreach (attending public events) is not necessarily the most efficient way to reach the at-risk families that HFC targets. However, since the HFC program works so hard to reach families through the medical system (physicians and the hospital) I elected to score this as D.

Sources of information:

Piper, 2014; Kraft, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Every facet of this program is designed to enhance child-parent relationships over a long time period (often up to five years).

Sources of information:

BHSN website, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

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Documentation:

Describe key representative programs or services:

HFC provides home visits, offers regular community events, supports mental health and provides extensive parent education.

Sources of information:

Piper, 2014; BHSN website, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe socialization support either in facilities or in community settings:

HFC offers two types of community gatherings throughout the year. Some of those programs are open to any member of the community. Other gatherings are targeted to the HFC participants only.

Sources of information:

Piper, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score 3

Documentation:

Specify in-home services covered:

All services provided by HFC are home-based.

Sources of information:

Piper, 2014

Total Possible	33
Section Two Total	29

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programing (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 8

Documentation:

List curricula or readiness skills offered:

HFC targets school readiness through improved parent-child relationships, through improved family functioning, and through increased early literacy.

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Sources of information:

Piper, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programing (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 4

Documentation:

List standards incorporated:

HFC uses a standardized curriculum (Florida State Curriculum in Home Visits) to support their families. HFC sites are credentialed through Healthy Families NY (Piper, 2014). New York has done much to improve the national Healthy Families model including building a comprehensive data system, funding training and technical assistance resources, and conducting several evaluation studies. There is a much stronger research base for the New York program than for the national program. The New York program has been designated as a Promising Program by the Brookings Institution, so it stands out from the other state programs (Frawley, 2014).

Sources of information:

Piper, 2014; HFNY website, 2014; Frawley, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programing included in this analysis? Please describe programing that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programing or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score 5

Documentation:

Describe funding variation and effects on program or provider:

The primary source of funding for the HFC is through the NYS Office of Children and Families. Some supplemental money can be accessed through United Way funds and/or donations. My impression was very little funding is from United Way or donations.

Sources of information:

Piper, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score 2

Documentation:

List transportation programs, incentives and restrictions:

Staff receive assistance with travel expenses.

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Sources of information:
Piper, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score 4

Documentation:

Describe evaluation materials and requirements where applicable:
Data is collected and studies have been conducted throughout the United States which demonstrated the efficacy of this program.
Sources of information:
Piper, 2014; HFNY website, 2014

3.6. Does programing require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score 4

Documentation:

Describe professional development opportunities and requirements:
All staff are trained to implement this curriculum and staff receive continuing education.
Sources of information:
Piper, 2014; HFNY website, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe:
This program does not provide supports on a daily basis.
Sources of information:
Piper, 2014

Total Possible	30
Section Three Total	27

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

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- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe:

Funding has been stable for the program in Clinton County.

Sources of information:

Piper, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |
| U. | Unknown or not applicable | |

Score 10

Documentation:

Describe outreach potential:

The most effective way of reaching pregnant women is through their OB/GYNs. It has been challenging to get those practices to refer their at-risk patients to the HFC program.

Sources of information:

Piper, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- | | | |
|----|--|----|
| A. | This program does not lend itself to being expanded or integrated into other programs | 0 |
| B. | This program model could be expanded, but would require an outside group to provide services fitting that model | 12 |
| C. | This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. | 18 |
| U. | Unknown or not applicable | |

Score 18

Documentation:

Describe expansion potential:

Ether Piper stated that BHSN would like to add satellite offices in Franklin and Essex Counties to provide the Health Families program to those areas.

Sources of information:

Piper, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- | | | |
|----|---|----|
| A. | Improvements are not needed, or are not possible | 0 |
| B. | Improvements are possible, but impractical or costly | 12 |
| C. | Improvements are possible and would result in improvements to accessibility | 18 |
| U. | Unknown or not applicable | |

Score 18

Documentation:

Describe geographic constraints or opportunities:

Ether Piper stated that BHSN would like to add satellite offices in Franklin and Essex Counties to provide the Health Families program to those areas.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Piper, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programing/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:

This program model is already targeting a broad range of topics outlined in sections 1-3.

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe level of effort:

This is a highly structured program that is not likely to be absorbed by another agency nor would BHSN add another program into HFC.

Sources of information:

Kraft, 2014

Total Possible	96
Section Four Total	46

4. FORM SYNOPSIS

Section score and improvability synopsis:

Early Advantages (EA), administered by Behavioral Health Services North, Inc., operates two home-based programs. This survey focuses on their keystone program, Healthy Families Clinton (HFC). HFC is a pro-active primary prevention program which works to strengthen families in order to reduce instances of abuse and neglect and works to improve school readiness. This program is available only in Clinton County.

HFC's effectiveness score was 76.28% which is on the upper end of the "Effective" range. HFC scores most strongly in both Social Issues and System Integration. HFC targets a broad range of issues in at-risk families. HFC scored lower in Target Population because it is only available in Clinton County and therefore the numbers of children served is low.

HFC appears to be a remarkable program. It uses a standardized curriculum. There have been studies of other Healthy Family programs throughout the country which demonstrate its effectiveness in preventing child abuse and maltreatment as well as improving school readiness skills in young children. HFC is a home-based program so accessibility is not an issue. It is a long term program, ideally supporting women early in their pregnancy then continuing seamlessly throughout the birth and early childhood. The areas of support offered are wide with staff trained to help families access community resources for any areas of need including education, health, nutrition, etc. Its limitation is geographical because there are no Healthy Family programs in Franklin or Essex Counties.

BT3 PROGRAM ASSESSMENT FORM

HFC is administered by Behavioral Health Services North, Inc. (BHSN). BHSN provides behavioral health services to children and adults in the community, businesses, and schools.

HFC receives the majority of their funding through the NYS Office of Children and Families.

HFC's Improvability score is 47.9 which is at the upper range of "Hard to Improve". Their funding for the Clinton County program is reasonably stable. This is not a program that would lend itself to being absorbed into another nor would it take on an outside program. The largest area of improvement would be expansion into Franklin and/or Essex Counties.

References for assessment:

Piper, E. Director Early Advantages Program; Behavioral Health Services North, Inc. (2014) Personal correspondence.

Kraft, C. (2014) Personal opinion.

Behavioral Health Services North, Inc. (2014) <<http://www.bhsn.org/home-visiting.php#parentaide>>; [accessed on August 22, 2014]

Healthy Families New York. (2014) <<http://www.healthyfamiliesnewyork.org/>>; [accessed on August 22, 2104]

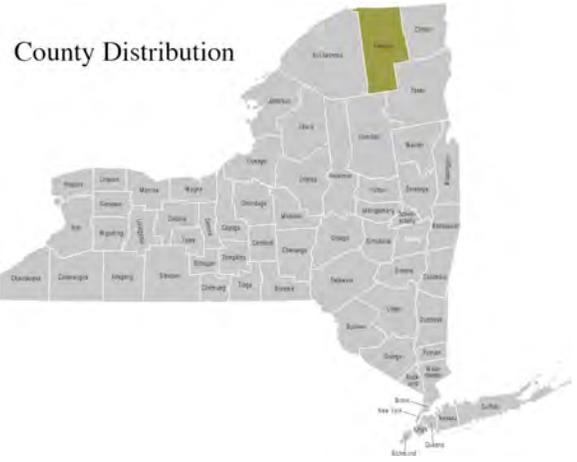
Fawley, R. Deputy Director; NYS Council on Children and Families. (2014) email dated September 18, 2014.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Catholic Charities

North Country Effectiveness Score: Effective (60-79) *Form date: 7 July 2014*
Improvement Potential: Improvable (50-79)

Counties where operating: Franklin
 Date assessed: August 6, 2014
 Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Wide distribution
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
United Way	Private Contributions
Maternity and Early Childhood Foundation Grant	Diocese of Ogdensburg
See Q 3.3 for more	

D. SECTION SCORES

Target Population: 19/34	Social Issues: 26/33
System Integration: 21/30	Cumulative (%): 68%

Improvability: 52/96=54% Synopsis: Catholic Charities (CC) intensive case management programs, to support pregnant and parenting youth, are present only in Franklin County. They scored at 68% (“Effective”). The Improvability Score was 54% (“Improvability”). Their strength is in highly personalized case management for very young families. The weakness is that this program is not available in Essex or Clinton Counties.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

"Catholic Charities, here in Northern New York, was established by the Diocese of Ogdensburg in 1917. Since then, it has grown from a small agency dedicated to the care of the elderly, unmarried parents, and infants into a multi-service agency. It has added services for couples, family, children, youth, and communities.

In response to the needs of people, Catholic Charities has developed offices in each area of the North Country (Watertown, Ogdensburg, Malone, and Plattsburgh). Regional offices adapt services to the needs of their area. [The] services help people to build bridges to healthier lives. Catholic Charities historically has maintained a partnership with the parishes and other community stakeholders." (<http://www.cathcharities.org/aboutus.html>,2014)

This assessment looks at the agency as a whole but primarily targets the intensive case management services provided by the Franklin County office. These case management services support pregnant moms as well as young parents and their children. There are two case management programs for pregnant and parenting youth. One targets mothers and families under 20 years of age and the other program targets mothers who are age 20-24.

Incidentally, the Franklin County office of Catholic Charities also has program called "Baby World" open to all community members which provides gently used clothing, furniture, toys and baby supplies and they operate a food pantry in Malone.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
Although the case management services provided by the Franklin County office of Catholic Charities (FCCC) tend to serve low income, at-risk mothers and families, there is no financial restriction. Services are provided based on need.

Sources of information:

Lamica, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score 2

Documentation:
 List counties
 The intensive case managements provided by Catholic Charities is only available in Franklin County.
 Sources of information:
 Lamica

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 2

Documentation:
 Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
 Case management services are available to any young parent (primarily mothers) who seek out this service within Franklin County. Currently, the majority of the case load is in northern Franklin County.
 Sources of information:
 Lamica, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 6

Documentation:
 Identify methods that overcome access limitations
 The intensive case management programs offered by CC are available to all families. Some of the services are provided in the family's home and if transportation is an issue, CC can help out with transportation costs.
 Sources of information:
 Lamica, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 3

Documentation:
 Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
 CC receives referrals from high schools, WIC, public health, DSS, and OBGYN offices.

BT3 PROGRAM ASSESSMENT FORM

However, Joelle Lamica, the director, said word of mouth has the biggest effect on their case load. CC has brochures they distribute through the above community programs.
Sources of information:
Lamica, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score 2

Documentation:

If available, document coverage for each of the three target counties within the study area: The CC case management programs are targeting 40 households of pregnant and parenting youth (roughly 84 mothers, fathers and children supported). Because the agency supports hundreds more families through their food pantry, diaper program and Baby World, I scored this question as B.

Sources of information:
Lamica, 2014

Total Possible	34
Section One Total	19

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- | | | |
|----|---|---|
| A. | No health or nutrition-related programing or services | 0 |
| B. | Limited programing or services related to nutrition and health | 2 |
| C. | Moderate programing or services related to nutrition and health | 4 |
| D. | Specifically designed to provide programing or services related to nutrition and health | 6 |
| U. | Unknown or not applicable | |

Score 2

Documentation:

Describe key representative programs or services:

The CC intensive case management does not specifically provide health and nutrition counselling. However, the case managers are strong advocates for health and nutrition support and will refer their clients to WIC, to Cornell Cooperative Extension for "Eat Smart NY" and to the food bank. CC also provides milk cards (through a grant from Stewart's Shops). The case managers work hard to make sure that their mothers and the young children attend all medical appointments as well.

Sources of information:
Lamica, 2014

2.2. Are pre-birth or family planning services offered by this program?

- | | | |
|----|--|---|
| A. | No existing pre-birth or family planning services offered | 0 |
| B. | Pre-birth services offered | 2 |
| C. | Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services | 4 |
| U. | Unknown or not applicable | |

BT3 PROGRAM ASSESSMENT FORM

Score

Documentation:

Describe key representative programs or services:

CC does not provide family planning services. Their intensive case management begins with the young pregnant mothers (pre-birth services). The goal of the initial intensive case management is to help the mothers deliver full term, healthy weight babies.

Sources of information:

Lamica, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- | | |
|--|---|
| A. No existing comprehensive family care services | 0 |
| B. Some existing comprehensive family care services (list below) | 2 |
| C. Several existing comprehensive family care services (list below) | 4 |
| D. Designed specifically for comprehensive family care services (list below) | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe key representative programs or services:

CC intensive case managers work with young parents to create as optimal a home life as possible. To that end, the case managers provide parent education and in-home support. They make sure the mothers understand the need for consistent pre-natal care for themselves and for pediatric care for their child(ren). The case managers refer their parents to other agencies, such as the One Stop Work Source, for job training and to continue their education (GED and college).

Sources of information:

Lamica, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- | | |
|---|---|
| A. Public outreach is not part of programming or services | 0 |
| B. Limited public outreach programming or services, primarily targeted to advertising efforts | 1 |
| C. Moderate programming or services targeting families not currently considering BT3 services | 2 |
| D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care | 3 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

CC has limited means to engage in public outreach. They provided brochures to schools, public health offices, and doctor's offices. Joelle Lamica is invited to speak at community meetings such as the Youth Coalition, the hospital and the Comprehensive Community Service Initiative. These speaking engagements are to inform other community agencies rather than directly targeting pregnant and parenting youth.

Sources of information:

Lamica, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- | | |
|---|---|
| A. There is no connection between parents and services | 0 |
| B. Limited programming or services related to child-parent relationships | 1 |
| C. Moderate programming or services related to child-parent relationships | 3 |
| D. Specifically designed to provide programming or services related to child-parent relationships | 4 |

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The MECF case manager teaches “The Incredible Years” parenting class to the youngest group of parents served by CC. Both case managers model appropriate parent-child interactions and provide support and guidance to young parents to enhance those relationships.

Sources of information:

Lamica, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

CC offers food through the food pantry and milk cards from Stewart’s Shops. They participate in a limited amount of public outreach. Their intensive case managers provide their services both in the parents’ homes and in the community or office. Those managers also provide parent education. Recently, CC received a grant that is allowing CC to provide a family counselor one day a week.

Sources of information:

Lamica, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

Families (both parents and children) get together once a month during the monthly support group meetings.

Sources of information:

Lamica, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

Intensive case management can be provided both in the homes and in the community or office.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Lamica, 2014

Total Possible	33
Section Two Total	26

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 8

Documentation:

List curricula or readiness skills offered:

The families who receive the intensive case management services have children born full term and at healthy weights. These children receive adequate nutrition, appropriate medical care and have emotionally healthy relationships with their family members. According to the Early Head Start National Resource Center’s “School Readiness Goals for Infants and Toddlers in Head Start and Early Head Start Programs”, “The foundations for school readiness begin in pregnancy and continue for the first three years. For infants and toddlers, school readiness refers to the developing capacity of children to self-regulate; develop close, secure personal relationships with adults and peers; demonstrate curiosity in, pay attention to and explore people and objects in the environment; demonstrate a sense of self-confidence; and communicate effectively. This developing capacity depends on the child having good health and receiving proper nutrition. And it all happens within the context of close, nurturing culturally responsive relationships with parents, caregivers, extended family and community.” Incidentally, Joelle Lamica said when CC has had the opportunity to support families over the course of years, they notice the children say please and thank you and are willing to follow simple directions.

Sources of information:
Lamica, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 3

Documentation:

List standards incorporated:

“The Incredible Years”, which is taught by the MECF case manager, and “Baby Basics”, which is used by both case managers, are both standardized programs. Other than that, CC does not use standardized programming. However, CC used to provide Medicaid Service Coordination which is another form of very structured case management. A number of years ago, Medicaid restructured their case management services so agencies such as CC were no longer able to offer Medicaid funded case management. However, CC continues to

BT3 PROGRAM ASSESSMENT FORM

utilize that model for much of their practice.
Sources of information:
Lamica, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:
CC pursues any and all funding available. Their funding at this time comes from the following: Maternity and Early Childhood Foundation (MECF) grant (for the intensive case management program targeting pregnant and parenting youth under 20 years of age), United Way, the Diocese of Ogdensburg, private donations, Franklin County Department of Social Services, Emergency Food and Shelter grant (for diapers), Stewart's Shops (for milk cards and transportation assistance), the Regional Food Bank, Daughters of Charity grant (for mental health counsellor) and Franklin County Division for Youth. The grant from Daughters of Charity is a one year grant but has the possibility of renewal. The funding sources are variable. For instance, CC lost MECF grant several years ago because of funding cut-backs but was able to secure the grant once more beginning this summer.
Sources of information:
Lamica, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:
CC is able to give mothers travel tokens for gas or for public transportation in order to get to doctor's appointments.
Sources of information:
Lamica, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe evaluation materials and requirements where applicable:

The outcomes for the CC intensive case management programs are healthy birth outcomes (full term babies and healthy birth weight (greater than six pounds)). The agency tracks whether or not MECF parents complete The Incredible Years course. CC and the United Way monitor stable housing within their case management clients (e.g. are those young parents avoiding eviction). The case managers monitor whether the pregnant mothers are keeping up with their pre-natal appointments and then are keeping up with their child(ren)'s pediatrician appointments and immunizations. CC tracks how many of the participating parents complete their education, how many go on to college, and how many are employed. These statistics are provided to their funders and are used for grant applications but are not available to the public.

Sources of information:

Lamica, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

2

Documentation:

Describe professional development opportunities and requirements:

Professional development is not required but is encouraged. However, Joelle Lamica reported that the agencies of the North Country work to inform each other as professional development opportunities arise, especially those that are free since funding for continuing education is limited. CC does pay for some courses for their employees. Because professional development is considered important and is supported, I chose to score this as B.

Sources of information:

Lamica, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

U

Documentation:

Describe what part of the native range is similar in climate to New York:

Because case management is offered to individual mothers, each for relatively short periods of time, this question is not applicable.

Sources of information:

Lamica, 2014

Total Possible	30
Section Three Total	21

4. IMPROVABILITY

BT3 PROGRAM ASSESSMENT FORM

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score

Documentation:

Describe:

CC has to constantly scramble to maintain adequate funding. CC (sometimes with the help of other community agencies) seems to be very flexible in their approach to funding their programs. If CC is providing a program that loses funding, they often will seek out alternative grants to continue that program. Joelle Lamica stated it takes approximately five different grants to fund the case manager who works with the young mothers ages 20-24. The other case manager (for mothers and families up to age 20) is funded through the MECF grant. Ms Lamica also said CC would expand their programing if they had more funding. For instance, if there were funding for another case manager, that funding would allow CC to serve an additional 20 households of pregnant and parenting youth.

Sources of information:

Lamica, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

It is felt that additional outreach would help CC increase its influence on BT3 families but without the funds to hire additional case managers, there will still be a limit to the numbers of families served (approximately 20 households per case manager).

Sources of information:

Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

If CC had sufficient funds for additional case managers, additional outreach and additional office space (including satellite office(s) in southern Franklin County, more pregnant and parenting youth could be supported.

Sources of information:

Kraft, 2014; Lamica, 2014

4.4. Can the location of these programs be improved by being more geographically

BT3 PROGRAM ASSESSMENT FORM

available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 12

Documentation:

Describe geographic constraints or opportunities:
Adding satellite offices could help with program access but would not be possible because of budgetary constraints.

Sources of information:
Kraft, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:
It is felt that CC is already providing the services for the BT3 population that is within their mission.

Sources of information:
Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe level of effort:
Again, it is felt that CC is already providing the services for the BT3 population that is within their mission. It is unlikely that this program would integrate into another agency or that this agency would be able to take on an outside program.

Sources of information:
Kraft, 2014

Total Possible	96
Section Four Total	52

4. FORM SYNOPSIS

Section score and improvability synopsis:

Catholic Charities (CC) intensive case management programs are present only in Franklin County. These case management programs support pregnant and parenting youth up to age 24. In addition, CC also has program called "Baby World" open to all community members, which provides

BT3 PROGRAM ASSESSMENT FORM

gently used clothing, furniture, toys and baby supplies. CC also operates a food pantry and can supply some diapers, formula and milk to needy families in Franklin County.

CC intensive case management scored at 68% which is considered to be “Effective”. It’s lowest subcategory score was in “Target Population” at 56%. CC scored lower in this area because it is only available in one county, CC doesn’t have the staff or budget for a substantial outreach program and, due to the intensive nature of case management, each of their two case managers can only support a total of 40 households (roughly 85 parents/children). CC reaches additional community members through some of their smaller programs such as the food pantry and Baby World.

CC’s strength lies with its individualized programming. Each pregnant mother has the opportunity to develop a close personal relationship with her case manager. As a result, the pregnant mothers are giving birth to full term and healthy weight babies. That relationship continues as the case manager helps the new (very young) parents deal with parenting and household management skills. CC has a close working relationship with other community agencies to facilitate referrals to those agencies for assistance with additional family needs such as food, education, employment and housing. Their weakness, in terms of this study, is related to location. This program is only available in Franklin County. Support for pregnant and parenting youth in Clinton and Essex Counties is supplied by other agencies. Some church groups also work to support young families. In addition, limited funding is a constraint on the numbers of case managers CC can hire which, in turn, limits the number of households that can be supported.

The Catholic Charities office in Malone is part of the larger organization operated out of the Diocese of Ogdensburg. Each office develops programming to support specific needs within that office’s geographic location. The program director in Malone, Joelle Lamica, has worked in that community for decades and has an excellent rapport with other community agencies. Referrals flow easily from one agency to the next. Their funding at this time comes from the following: Maternity and Early Childhood Foundation (MECF) grant (for the intensive case management program targeting pregnant and parenting youth under 20 years of age), United Way, the Diocese of Ogdensburg, private donations, Franklin County Department of Social Services, Emergency Food and Shelter grant (for diapers), Stewart's Shops (for milk cards and transportation assistance), the Regional Food Bank, Daughters of Charity grant (for mental health counsellor) and Franklin County Division for Youth. The funding sources are variable.

Catholic Charities Improvability Score was 54% which is considered “Improvable”. Stabilization of funding and an increase in funding could allow CC to reach more families through outreach and could expand the numbers of households supported through their case management program. It is not likely that CC would expand the types of services they offer nor would they be likely to integrate an outside program into their agency. Their programming fits their mission.

References for assessment:

- Early Childhood Learning and Knowledge Center. Early Head Start National Resource Center's "School Readiness Goals for Infants and Toddlers in Head Start and Early Head Start Programs: Examples from the Early Head Start National Resource Center". 2012
<<https://eclkc.ohs.acf.hhs.gov/hslc/hs/sr/faq>> [accessed on August 13, 2014]
- Lamica, J. Director Catholic Charities (Malone office). 2014. Personal correspondence.
- Kraft, C. opinion

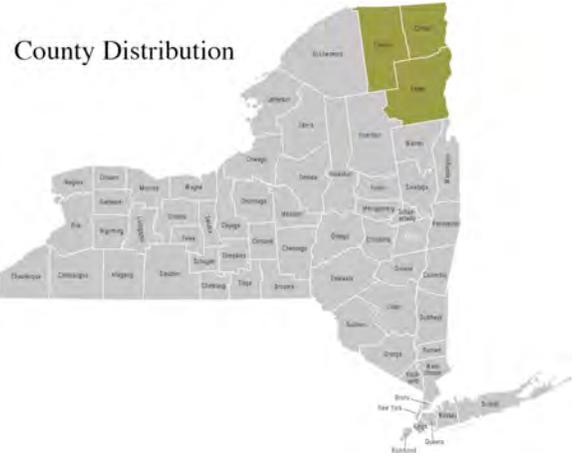
BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Early Intervention

BT3 Service Points: Effective (60-79)
Form date: 7 July 2014

Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: Clinton, Franklin, Essex
 Date assessed: July 17, 2014
 Assessors: C. Kraft, E. Schwartzberg



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Wide distribution
Franklin	Wide distribution
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input checked="" type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Medicaid	Private Insurance
Department of Health	

D. SECTION SCORES

Target Population: 24/34	Social Issues: 18/33
System Integration: 23/30	Cumulative (%): 67.01

Improvability: 12/96 Synopsis: Improvability of the Early Intervention program would most likely be limited to expanding the scope of programming offered. Increased programming may help expand the number or scope of services offered. It is noted that an outside group would need to provide services fitting the existing model, rather than the Early Intervention program expanding it's focus/scope of services.
--

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Early intervention (EI) is a system of services that helps babies and toddlers with developmental delays or disabilities. Early intervention focuses on helping eligible babies and toddlers learn the basic and brand new skills that typically develop during the first three years of life, such as physical (reaching, rolling, crawling, and walking); cognitive (thinking, learning, solving problems); communication (talking, listening, understanding); social/emotional (playing, feeling secure and happy); and self-help (eating, dressing).

If an infant or toddler has a disability or a developmental delay in one or more of these developmental areas, that child will likely be eligible for early intervention services. Those services will be tailored to meet the child's individual needs and may include: Assistive technology (devices a child might need), audiology or hearing services, speech and language services, counseling and training for a family, medical, nursing, psychological, or nutrition services, or occupational and physical therapy.

Services may also be provided to address the needs and priorities of the child's family. Family-directed services are meant to help family members understand the special needs of their child and how to enhance his or her development. Early intervention is available in every state and territory of the United States. The Individuals with Disabilities Education Act (IDEA) requires it—Part C of IDEA, to be precise.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

Early Intervention (EI) provides services to children determined to have, at the time of assessment, a developmental disability without regard to socio-economic levels or the location of the home within the county. At the time of the assessment, caregivers fill out a Family Needs Assessment Form. If families indicate a need for assistance, the EI provider agency tries to connect that family with various other social services agencies or gives the family brochures surrounding their particular need(s). If a child is admitted to the EI program and is found to be significantly developmentally delayed, money is available through NYS Office for Persons with Developmental Disabilities (OPWDD). This is considered a waiver program and a service coordinator from the agency would be in charge of funneling money from OPWDD to the needy EI families for items such as clothing, toys, baby gates, or air conditioning units (for asthmatic children).

Sources of information:

Celotti, 2014; Roddy, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

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- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

EI is a state wide program so is available in all three counties. Some targetted children in parts of each county, especially Essex and Clinton Counties, do not have access to certain therapies, especially Physical Therapy and Occupational Therapy. The case managers reported that they feel this situation arises because there are too few therapists and/or therapists with full case loads (Celotti, 2014; Driscoll, 2014). Provider agencies are under intense financial pressure (see Question 3.3) (Roddy, 2014). Although no case manager would make a statement for the record, the reality is that most agencies prefer that their clinicians provide services in as time efficient a manner as possible. Agencies will agree to provide services in all areas of the county, at least in theory. In practice, it is a better fiscal choice to have the available therapists and educators see children who live clustered in fairly close proximity. This does not seem to be the issue in Franklin County where Adirondack Arc is the only provider. Adirondack Arc's issues tend to revolve around the provision of speech therapy because of problems with recruitment and retention of therapists (Cantwell, 2014). I know from my time as employee with Adirondack Arc that all of the clinicians and educators travel to all areas of the county as long as there is room in their daily schedule (Kraft, 2014).

Sources of information:

Cantwell, 2014; Celotti, 2014; Driscoll, 2014; Kraft, 2014; Roddy, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

EI is widely present throughout all three counties. Occasionally the case managers have difficulty obtaining certain services because of therapist availability as described above.

Sources of information:

Celloti, 2014; Driscoll, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

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The Philosophy of EI is to reach all qualifying children regardless of location. Services for EI are provided in the child's "natural environment" which includes home, daycare, and community sites at the parents' discretion (Celotti, 2014). Provider agencies may offer reimbursement for mileage or an agency vehicle for their employees' use but are not mandated to do so (Roddy, 2014). Self employed practitioners use their own vehicles and declare mileage as a deduction on their income tax. As described in Question 1.2, there are children in some areas of the counties that have difficulty access services. However, that is the exception rather than the rule so I elected to rate the EI program as "D. Designed specifically and able to target all families qualified to receive service."

Sources of information:
Celotti, 2014; Roddy, 2014

1.5. How does this program solicit children BT3 for services?

- | | | |
|----|--|---|
| A. | Program only works with families that seek services on their own without intervention | 0 |
| B. | Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) | 3 |
| C. | Seeks out families and children directly through public outreach events | 6 |
| D. | Seeks out families and children directly in their natural setting | 8 |
| U. | Unknown or not applicable | 8 |

Score 6

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Most EI children are reached through referrals from physicians, public health personnel, WIC, and the like. These are mandated referral streams defined by NYS law (NYSDOH), although participation in EI is strictly up to the parent(s). Each county and provider agency distributes pamphlets and has web links (as does New York State) to help direct parents to get assistance for their child. County representatives set up information booths at health and county fairs, distributing brochures, posters, and trinkets with the county EI logo to the public (Cantwell, 2014; Celotti, 2014; Driscoll, 2014). Lucianna Celotti, from Essex County, said she goes to social services' and doctors' offices to educate those providers about EI services and will give them items to distribute to their clients.

Sources of information:
Cantwell, 2014; Celotti, 2014; Driscoll, 2014; NYSDOH, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | 6 |

Score 2

Documentation:

If available, document coverage for each of the three target counties within the study area:
At the time of the assessment, the three EI programs were serving 244 children; 50 children in Franklin, 44 in Essex and 150 in Clinton County.

Sources of information:
Roddy, 2014; Celotti, 2014; Driscoll, 2014

Total Possible	34
Section One Total	24

2. SOCIAL ISSUES

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2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Nutrition services are considered to be an EI service according to the NYS Department of Health EI website (NYSDOH, 2014). However, there has always been a problem finding and retaining registered dieticians for EI families. Since NYS implemented a change in the way individual clinicians contract to provide EI services a couple of years ago, there are no longer any registered dieticians available to EI families (Driscoll, 2014).

Sources of information:

NYSDOH, 2014; Driscoll, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

EI provides no pre-birth or family planning services.

Sources of information:

Kraft, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The EI program stresses parent and family education regarding typical child development and ways the parents can work with their child(ren) to promote typical developmental patterns. In other words, EI practitioners teach parents and family members how to carryover the therapy and educational sessions each week. EI practioners and service coordinators assist parents seeking out specialized health care for their developmentally delayed children but EI does not pay for that healthcare nor does EI assist family members in seeking healthcare for themselves. EI also does not provide social service intervention to the family as a whole nor does it address employment for family members.

Sources of information:

Kraft, 2014; Roddy, 2014

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2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programming or services 0
- B. Limited public outreach programming or services, primarily targeted to advertising efforts 1
- C. Moderate programming or services targeting families not currently considering BT3 services 2
- D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events: EI provider agencies and all three counties have brochures and web page links. I found a huge level of variability within the web pages. I believe if I were a parent searching for support on-line but without prior knowledge of the EI program, I would not be able to find web-based assistance. The county representatives stated they attend health fairs and their respective county fairs. They distribute brochures and give away items with EI logos and contact information. They also supply posters to physicians' offices and other places where parents of young children gather.

Sources of information:

Celotti, 2014; Driscoll, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programming or services related to child-parent relationships 1
- C. Moderate programming or services related to child-parent relationships 3
- D. Specifically designed to provide programming or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Parent-child relationships are the cornerstone of EI services. EI services are provided with a caregiver in attendance. In the case of a working parent, services are provided at a daycare, friend or relative's home. If the parent is not usually available for routine therapy sessions, there are quarterly meetings scheduled with the parent and team to review the services at a time that is convenient for the family (Kraft, 2014). There is great emphasis on caregiver carry-over. Parents are encouraged to attend therapy sessions, take notes and to ask questions (NYSDOH, 2011).

Sources of information:

Kraft, 2014; NYSDOH, 2011

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

EI provides special education, home visits, parent education, mental health support via the therapists and educators and is presents at some public events. EI does not provide daycare,

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although EI services can be provided in a daycare setting. EI does not provide food or money to the families. Practitioners often disseminate information regarding local food banks and agencies that provide assistance with items such as diapers, clothing, toys, and other need household items.

Sources of information:
Kraft, 2014; Roddy, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

2

Documentation:

Describe socialization support either in facilities or in community settings:
Children receive services through EI in the child's "natural environment". This includes home, daycare, playgroups and anywhere in the community that the child regularly goes or where the parent wishes the child to go. This also includes providing services with other children, friends and relatives in attendance (Celotti, 2014; Kraft, 2014; Roddy, 2014)
According to the NYS EI web site (NYSDOH, 2014), EI services can be provided in a clinic setting as well but that is not the model used in the three targeted counties of this study.

Sources of information:
Celotti, 2014; Kraft, 2014, NYSDOH, 2014; Roddy, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

3

Documentation:

Specify in-home services covered:
All services provided to a qualified child are provided in the child's "natural environment". Services are usually provided in the child's house, although services also may be provided at a daycare, in playgroups or any other community setting the parent wishes. According to NYS, EI services can be provided in a clinic setting as well but that is not the model used in the three targeted counties of this study. The initial evaluation is usually conducted at the home and the subsequent team meetings are also normally held at the child's home.

Sources of Information:
Celotti, 2014; Kraft, 2014

Total Possible	33
Section Two Total	18

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5

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- D. This program has a large focus on providing school readiness skills 8
U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

All services provided to a qualified EI child are designed to move the child's functional skills toward that of a typically developing child of the same age. Children receiving services through EI often will transition into a supported, center-based preschool program at age three. These programs can be center based programs for children with developmental disabilities, integrated preschool programs, or Head Start. Occasionally, the parents of an EI child will decide to have preschool services provided at home until the child is ready to attend a local public school. The EI team and the preschool program staff meet to insure carry-over. Any necessary therapies move with the child as he/she transition from EI to preschool (Kraft, 2014; Roddy, 2014). Again, as the child transitions from preschool to public school, if that child continues to need support in Kindergarten, the preschool program and the public school personnel work to provide continuity of care (Kraft, 2014).

Sources of information:

Kraft, 2014; Roddy, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
B. Follows state-wide program standards province. 3
C. Follows state- and nation-wide program standards. 4
U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993. EI is strongly regulated through the Federal and State governments. A list of standards is beyond the scope of this questionnaire but can be found on line in the NYS Health Department web page. In addition, each therapist or educator is bound by their own licensing boards for best practices or evidence based practices.

Sources of information:

NYSDOH, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
B. This program has variable funding and portions of programming or services have been lost in recent years 1
C. Funding is variable, causing variations in access to services by target populations 3
D. Funding is constant (whether adequate for programs or not) 5
U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

Funding for EI services is steady but dependent on rates set by NY State. The agencies

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receive reimbursement from Medicaid and/or private insurance first. Any gap between that reimbursement and the NYS mandated rates are made up by the Department of Health. The provider agencies lose money every year (Roddy, 2014; Celotti, 2014). The last rate adjustment was in 2011 (NYSDOH, 2014).

Sources of information:

Celotti, 2014; NYSDOH, 2014; Roddy, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

Employees of some agencies receive either mileage (although not always at the full federal rate) or an agency vehicle. This is strictly at the agency's discretion and is not mandated by EI regulations. Private contractors can deduct mileage on their income taxes. Therapists and educators are aware that travel is a condition of employment. In the case of Adirondack Arc, their therapists and educators can provide transportation to the EI children and their families, when necessary, within Franklin County (Roddy, 2014). Essex County does not allow providing agencies to transport children and parents (Kraft, 2014).

Sources of information:

Kraft, 2014; Roddy, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

"Under the NYS Early Intervention Program, the multidisciplinary evaluation team may use a combination of standardized instruments and procedures and informed clinical opinion to determine a child's eligibility for early intervention services." (NYSDOH, 2014). There are a wide variety of standardized tests available for use, including (but not limited to) the Developmental Assessment of Young Children (DAYC, 2013) and the Battelle Developmental Inventory (BDI, nd). Both of these tools evaluate children starting at birth and assess the five domains, Personal-Social, Adaptive, Motor, Communication, and Cognitive ability. If a child has an evident delay in one of these domains, a therapist may do a more in-depth assessment using a therapy specific assessment tool such as the Peabody Developmental Motor Scales (PDMS). The PDMS assesses fine and gross motor skills and is utilized by Physical and Occupational Therapists.

Sources of information:

BDI, nd; DAYC, 2013; NYSDOH, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0

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- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score 0

Documentation:

Describe professional development opportunities and requirements:

Early Intervention has not requirements for continuing education (Roddy, 2014). Each therapeutic discipline has requirements for continuing education as a condition of licensure. Some provider agencies do have staff development days. For instance, when I was employed by Adirondack Arc, their preschool program followed the public school calendar which included staff development days twice a year. Adirondack Arc often hired a speaker who was relevant to all of us serving children from birth to five and the EI therapists were encouraged to attend those sessions (Kraft, 2014).

Sources of information:

Kraft, 2014; Roddy, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe what part of the native range is similar in climate to New York:

Typically, EI children are seen by each clinician/educator for roughly 45 minutes at a time. There can be up to three clinical sessions per day unless a variance is granted by the county and insurers. Most families find three sessions in one day challenging to schedule and to tolerate, especially in light of irregular sleep patterns and eating schedules (Celotti, 2014; Kraft, 2014).

Sources of information:

Celotti, 2014; Kraft, 2014

Total Possible	30
Section Three Total	23

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:

In very simple terms, EI receives their funding for each child's visit from either Medicaid or private health insurance up to the level those insurers will cover. The NYS Department of Health supplies money to bring the reimbursement rate up to the mandated rate which is set by the Department of Health. The EI provider agencies lose money each year (Roddy,

BT3 PROGRAM ASSESSMENT FORM

2014; Celotti, 2014). An infusion of funds would stabilize the EI provider agencies but would not change their state mandated services.

Sources of information:

Celotti, 2014; Roddy, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe outreach potential:

EI utilizes outreach in a moderate way through the use of brochures, posters, internet presence, and attendance at health fairs, county fairs, fun days for children and the like. It is felt that increasing outreach service would probably not result in a significant difference in enrollment (Kraft, 2014). Most of the referrals into EI come from outside professional sources such as doctors' offices, public health nurses, WIC clinics, the Department of Social Services and so on (Cantwell, 2014; Celotti, 2014; Driscoll, 2014).

Sources of information:

Cantwell, 2014; Celotti, 2014; Driscoll, 2014; Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- | | | |
|----|--|----|
| A. | This program does not lend itself to being expanded or integrated into other programs | 0 |
| B. | This program model could be expanded, but would require an outside group to provide services fitting that model | 12 |
| C. | This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. | 18 |
| U. | Unknown or not applicable | |

Score 12

Documentation:

Describe expansion potential:

The EI model could be used by many agencies to provide services for targeted families. I believe the biggest difficulty would be creating a funding stream for such a program, since EI is able to offer its very individualized, home-based services because of a consistent and mandated funding stream. There are many socially, geographically, educationally, and financially isolated families in these three counties which create inherent risks for the family as a whole and for the young children of those families. Creating a model that works with families in the children's natural environments could be very beneficial to many families who have not accessed assistance. I would assume that reaching out to parents of young children in such a personal way would help to pave the way for those parents and children to continue to participate in enriching programming throughout both preschool and public school.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- | | | |
|----|---|----|
| A. | Improvements are not needed, or are not possible | 0 |
| B. | Improvements are possible, but impractical or costly | 12 |
| C. | Improvements are possible and would result in improvements to accessibility | 18 |
| U. | Unknown or not applicable | |

BT3 PROGRAM ASSESSMENT FORM

Score 0

Documentation:

Describe geographic constraints or opportunities:
 EI already reaches out to families throughout all three counties (Celotti, 2014; Driscoll, 2014; Roddy, 2014).
 Sources of information:
 Celotti, 2014; Driscoll, 2014; Roddy, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- | | | |
|----|--|----|
| A. | Infrastructure or model does not lend itself to increasing programming/services | 0 |
| B. | Improvements are possible, but impractical within this programs current scope | 10 |
| C. | Improvements are possible and would result in needed services (list possible services) | 15 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe potential to increase services offered:
 There is minimal need to increase services that EI provides within the three county area. Services not provided by EI could be provided by another agency within the same geographical area.
 Sources of information:
 Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe level of effort:
 EI would not lend itself to either integrating into another program or integrating another program into it because of the regulations surrounding the provision of services.
 Sources of information:
 Kraft, 2014

Total Possible	96
Section Four Total	12

4. FORM SYNOPSIS

Section score and improvability synopsis:

Early Intervention (EI) provides services to children determined to have a developmental disability in Clinton, Essex, and Franklin Counties. Most EI children are reached through referrals from physicians, public health personnel, and WIC, mandated by NYS law (NYSDOH). EI provides special education, home visits, parent education, mental health support via the therapists and educators and is presents at some public events. EI does not provide daycare, although EI services can be provided in a daycare setting. EI does not provide food or money to the families, although practitioners disseminate information regarding local food banks and agencies that provide assistance with items such as diapers, clothing, toys, and other need household items. All services provided to a qualified EI child are designed to move the child's functional skills toward that of a typically developing child of the same age. Children

BT3 PROGRAM ASSESSMENT FORM

receiving services through EI often will transition into a supported, center-based preschool program at age three. These programs can be center based programs for children with developmental disabilities, integrated preschool programs, or Head Start. Occasionally, the parents of an EI child will decide to have preschool services provided at home until the child is ready to attend a local public school.

EI Scored in the upper end of the "Effective" range for the Target Population and System Integration sections. Scores fell within the "Moderate" range for the Social Issues section, in part due to lower scores relating to contributions towards general health and comprehensive family care (see Q 2.1-2.3). Other questions that lowered the score included (Q 1.1 and 1.6) within the Target Population section highlighting the limited scope of children that meet the criteria for program participation.

Improvability of the Early Intervention program may be limited to expanding the scope of programming offered to reach children not meeting criteria for program involvement (developmental health issues). Increased programming may help expand the number or scope of services offered. It is noted that an outside group would need to provide services fitting the existing model, rather than the Early Intervention program expanding it's focus/scope of services.

References for assessment:

Battelle Developmental Inventory (BDI) (n.d.) <<http://www.riverpub.com/products/bdi2/index.html>>; [Accessed on June 28, 2014].

Peg Cantwell, Franklin County Nursing. (2014) Personal Correspondence.

Cathy Kraft, Physical Therapist, 2014. Personal Opinion.

Lucianna Celotti, 2014. Essex County Early Intervention. (2014) Personal Correspondence.

Vicki Driscoll, Clinton County Early Intervention. (2014) Personal Correspondence.

Developmental Assessment of Young Children (DAYC) (2013)

<<http://www.proedinc.com/customer/productview.aspx?id=5157>>; [Accessed on June 28, 2014].

New York State Department of Health (NYSDOH) (2011) The Early Intervention Program; A Parent's Guide. <<https://www.health.ny.gov/publications/0532.pdf>>; [Accessed on June 28, 2014].

New York State Department of Health (NYSDOH) (2014) Early Intervention Program.

<http://www.health.ny.gov/community/infants_children/early_intervention/>; [Accessed on June 28, 2014].

Deb Roddy, Adirondack ARC Program Director. (2014) Personal Correspondence.

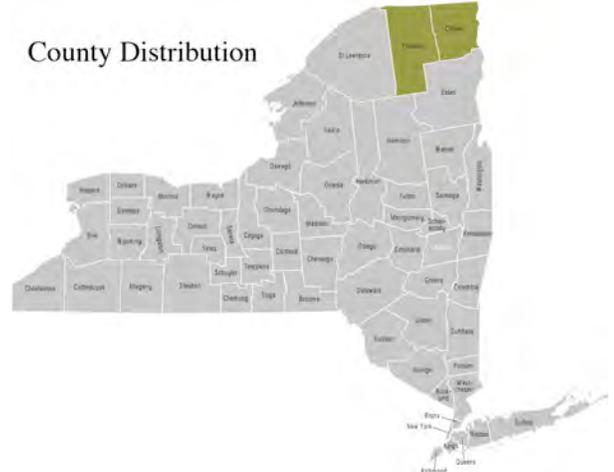
BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Family Resource Centers/CCCCNC

BT3 Service Points: Moderately Effective (50-59) *Form date: 7 July 2014*
Enhancement Capacity: Very Improvable (80-100)

Counties where operating: Clinton and Franklin
 Date assessed: July 8, 2014
 Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Narrow distribution
Clinton	Narrow distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Select one				
B1.2. What services does the entity provide in the study area to the target population?				
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits			
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education			
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Department of Health	United Way
NYS Office of Temporary and Disability Assistance	NYS Office of Children and Family Services
SUNY Research Foundation	Eastern Adirondack Health Care Network

D. SECTION SCORES

Target Population: 20/34	Social Issues: 19/33
System Integration: 20/33	Cumulative (%): 59.00

Improvability: 84/96=87.50

Synopsis: Family Resource Centers offer a diverse set of services, but fail to deliver due to constraints on locations, staff, and as a result, programming. The overall score was Moderately Effective, with strengths evenly distributed across all sections. Potential for improvements exist in many areas, and overall, improvement potential is Very Improvable for FHCs, with a score of 87.50.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Family resource centers (FRCs) are easily accessible, strength-based programs that support families in communities across New York State. FRCs are flexible, family-focused, and culturally sensitive. Services and programs are based on local needs, building on existing planning processes with community and inter-disciplinary participation.

FRCs work in partnership with other community agencies and parents. FRC programs assist families in their caregiving roles, strengthen informal support among families, offer needed resources either directly or through community referrals, and promote community investment. Services build on protective factors that can reduce child abuse and maltreatment. These factors include parental resiliency, social connections, knowledge of parents and child development, concrete support in time of need and social and emotional competence in children.

FRC services are open to families with children of any age with an emphasis on high need families with children ages 0-5. NYS defines high need families as those who need extra help due to; isolation; lack of sufficient person, social, or community supports; or to those who can benefit from support related to their family situation.

The location of services should be based on a community assessment to determine the location of the most high-need populations and where there is a lack of similar services. Due to resource limitations, services may be targeted to specific high need areas, as opposed to the entire county. Satellite sites, program events and home visits can be used to reach more isolated, hard-to-engage families.

Services may include:

- Parent skill training
- Drop-in centers
- Home visiting
- Job training
- Substance abuse prevention
- Violence prevention
- Services for children with special needs
- Mental health or family counseling
- Childcare
- Literacy
- Respite and crisis care services
- Assistance with basic economic needs
- Housing

In this catchment area, services are limited to parent skill training, parenting supports and developmental screening, drop-in centers, violence prevention, referrals for childcare, and referrals to link families in need with mental health services and job training.

This assessment will address only the three FRCs located in Clinton and Franklin Counties. Those FRCs are administered by the Childcare Coordinating Council of the North Country (CCCCNC). The third FRC is located in Essex County. It is administered by Families First. Because the Essex County FRC functions somewhat differently than the ones in Clinton and Franklin County, an independent assessment will more clearly describe the effectiveness of these programs under their respective administering entities.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |

BT3 PROGRAM ASSESSMENT FORM

- C. Provides assistance and resources tailored to low-income families 4
- D. Designed specifically for low-income and poverty-level families 6
- U. Unknown or not applicable

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

There is no qualifying criteria to utilize the services at a Family Resource Center. However, at least in Clinton and Franklin Counties, one-third of the families reaching out to the Resource Center are living in poverty (Basiliere, 2014).

Sources of information:

Basiliere, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

Family Resource Centers are present in Clinton and Franklin Counties. FRCs are also located in 15 other NY counties.

Sources of information:

CCCCNC, 2014; NYSFRC, n.d.

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

The local FRCs are present in limited geographical areas as follows: Family Connections in Plattsburgh, Families R Us in Malone, and Family Matters in Tupper Lake. Each center welcomes any families who wish to attend but attendees need to have their own transportation (Basiliere, 2014). According to "Guidelines for New York State Family Resource Centers", (NYSFRC, n.d.) the location of services should be based on a community assessment to determine the location of the most high-need populations and where there is a lack of similar services. Due to resource limitations, services may be targeted to specific high need areas, as opposed to the entire county. There was a program site in Saranac Lake, at St. Bernard's School, but it had to close a couple of years ago due to financial constraints (Basiliere, 2014).

Sources of information:

CCCCNC, 2014; NYSFRC, n.d.; Basiliere, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are 0

BT3 PROGRAM ASSESSMENT FORM

- geographically distant or do not leave the home for other reasons
- B. Has mechanisms to address access to services on a limited basis 2
 - C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
 - D. Designed specifically and able to target all families qualified to receive service 6
 - U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

FRCs are located in areas of highest concentration of need. The three FRCs in the study are located in the largest towns in their geographical area. A few years ago, the parent agency, CCCCNC, had sufficient funding to administer satellite FRCs in Ellenburg, Morrisonville, Keeseville, Ticonderoga, and Moriah. These "mini-FRCs" were held once a week in town halls or schools. Since that time, the funding for those satellite FRCs dried up and they were closed.

Sources of information:

Basilieri, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Staff from the Resource Centers attend fun fairs, health fairs and other community events to promote their programs. The parent agency, the Childcare Coordinating Council of the North Country, does not have a marketing budget so their ability to engage in outreach is limited. Many families are referred to Family Resource Centers through the Department of Social Services, Early Intervention, WIC (Women, Infants, and Children), family court, pediatrician offices, and by other family members. When the family court becomes involved with parents (because of issues such as abuse and neglect), the court may require the parents take a parenting class offered through one of the FRCs. The courts are also beginning to request developmental screening of children who have been abused or neglected (Basilieri, 2014). Those children are usually referred to a local FRC for the developmental screening.

Sources of information:

Basilieri, 2014; CCCCNC, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

Documentation:

If available, document coverage for each of the three target counties within the study area: In 2013, the FRCs served 876 children in Clinton and Franklin counties. The children were ages 0-5 with the average age of 4 years old (Basilieri, 2014).

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Basiliere, 2014; CCCNC, 2014

Total Possible	34
Section One Total	20

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- | | |
|---|---|
| A. No health or nutrition-related programming or services | 0 |
| B. Limited programming or services related to nutrition and health | 2 |
| C. Moderate programming or services related to nutrition and health | 4 |
| D. Specifically designed to provide programming or services related to nutrition and health | 6 |
| U. Unknown or not applicable | |

Score 2

Documentation:

Describe key representative programs or services:

Family Resource Centers do not provide nutritional counseling but the center in Malone teaches the “Eat Smart NY” (ESNY) curriculum in conjunction with Cornell Cooperative Extension. This program is available to any family who qualifies for or receives benefits under the “Supplemental Nutrition Assistance Program” (SNAP) formerly known as food stamps. ESNY provides nutrition education materials and sponsors education events and classes in local communities on a variety of nutrition topics such as healthy eating on a budget, smart shopping for vegetables and fruit, healthy meal planning, basic cooking and food safety skills, weight control and physical activity. The goals of the Eat Smart New York program are to:

- Eat more fruits and vegetables
 - Drink less sugar-sweetened beverages
 - Exercise more and balance calories eaten as part of a healthy lifestyle
- (<http://otda.ny.gov/programs/nutrition/>)

I asked why there is no ESNY program at the Family Resource Center in Tupper Lake. Apparently the Cornell Cooperative Extension was unable or unwilling to travel from Malone to Tupper Lake in order to help the FRC set up the ESNY program. In Plattsburgh, the ESNY program is presented through the Cornell Cooperative Extension office, not the FRC.

The Malone “Families R Us” FRC is the site of a free summer breakfast and lunch program for any child ages 0-18 years old. This meal program is sponsored by JCEO (Joint Council for Economic Opportunity). JCEO supplies the food and the FRC prepares and serves it (Basiliere, 2014)

Sources of information:

<http://otda.ny.gov/programs/nutrition/>; Basiliere, 2014; CCCNC, 2014

2.2. Are pre-birth or family planning services offered by this program?

- | | |
|---|---|
| A. No existing pre-birth or family planning services offered | 0 |
| B. Pre-birth services offered | 2 |
| C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services | 4 |
| U. Unknown or not applicable | |

Score 0

Documentation:

Describe key representative programs or services:

Family Resource Centers do not provide prenatal or family planning services.

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Sources of information:
Basiliere, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Family Resource Centers address a wide variety of family needs in an effort to prevent neglect and abuse and to promote healthy development in young children. The Childcare Coordinating Council of the North County runs the Family Resource Centers in Clinton and Franklin Counties. They provide the following programs to their families in Plattsburgh, Malone, and Tupper Lake: Parents Anonymous®, Developmental Screenings, Supervised Visitation, Parenting Education Programs, and Playgroups. The FRC also provide referrals for vocational and health services.

Sources of information:

Basiliere, 2014; CCCCNC, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Staff from the Resource Centers attend fun fairs, health fairs, and other community events to promote their programs. The parent agency, the Childcare Coordinating Council of the North County, does not have a marketing budget so the ability to engage in outreach is limited.

Sources of information:

Basiliere, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Family Resource Centers are easily accessible, strength-based programs that support

BT3 PROGRAM ASSESSMENT FORM

families in communities across New York State. Family Resource Centers are flexible, family-focused, and culturally sensitive. Services and programs are based on local needs, building on existing planning processes with community and inter-disciplinary participation. The centers work in partnership with other community agencies and parents. FRC programs assist families in their caregiving roles, strengthen informal support among families, offer needed resources either directly or through community referrals and promote community investment. Services build on protective factors that research shows can reduce child abuse and maltreatment. These factors include parental resiliency, social connections, knowledge of parenting and child development, concrete support in time of need and social and emotional competence in children. (NYSFRC, n.d.) The FRC in Clinton and Franklin Counties specifically utilize Parents Anonymous; Playgroups; Supervised visitation; and Parent Training Intervention (“The Incredible Years”) (Basiliere, 2014).

Sources of information:

Basiliere, 2014; NYSFRC, n.d.

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- | | |
|------------------------------|---|
| A. None | 0 |
| B. 1-2 | 1 |
| C. 3-4 | 3 |
| D. Five or more | 5 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe key representative programs or services:

FRCs provide and/or participates in public events. They support optimal mental and emotional health for all of their participants. All FRCs focus on parent education. I gave the FRCs credit for food. The FRC in Malone teaches the "Eat Smart NY" curriculum and is providing free breakfast and lunches to children from birth to 18 years of age. All FRCs offer healthy snacks as a model of appropriate food choices.

Sources of information:

Basiliere, 2014; CCCCNC, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- | | |
|---|---|
| A. Socialization support is not covered by this program | 0 |
| B. Socialization support is covered, but limited to in-facility | 1 |
| C. Socialization is a part of the program in community settings | 2 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe socialization support either in facilities or in community settings:

The centerpiece of all FRCs is the family centered classroom/playroom space available to all families. FRCs are often the first place where very young children get to interact with other toddlers and non-familial adults. FRCs offer field trips for activities that parents and their children will enjoy such as library story times, children’s programming at the Lake Placid Center for the Arts, the mall in Plattsburgh, and so on.

Sources of information:

Basiliere, 2014; Tanner, 2014

2.8. Is in-home support and visitation part of this program?

- | | |
|------------------------------|---|
| A. No | 0 |
| B. Yes | 3 |
| U. Unknown or not applicable | |

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Score 0

Documentation:

Specify in-home services covered:

A couple of years ago, the FRC in Clinton and Franklin Counties had the funding for a “Kinship” program. This was a program to specifically target children who were being raised by relatives other than their biological parents. I personally know of several instances where the grandparents have custody of their grandchildren because the biological parents are incapable of raising their own children due to substance abuse, imprisonment, a history of abuse and/or neglect and so on. Within the parameters of the Kinship Program, staff from the resource center could make a home visit if the family so desired. The funding for this Kinship program only lasted 18 months. Since funding was lost for the Kinship Program, the local FRCs do not provide home based services.

Sources of Information:

Basilieri, 2014

Total Possible	33
Section Two Total	19

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- | | | |
|----|---|---|
| A. | This program is not designed to incorporate school readiness skills | 0 |
| B. | Minimal efforts are made for school readiness and are limited to social interactions only | 2 |
| C. | School readiness skills are part of the program curriculum, at least in part | 5 |
| D. | This program has a large focus on providing school readiness skills | 8 |
| U. | Unknown or not applicable | |

Score 5

Documentation:

List curricula or readiness skills offered:

The FRCs target school readiness by targeting parenting skills. It is felt that parents who have strong parenting skills tend to raise children who are ready for school. Parents who embrace their responsibilities as parents also are more likely to be supportive of their child(ren)’s education.

FRC playgroups offer very young children their very first group experiences. With the support of their parents, children get to participate in early pre-school type activities such as listening to adults (other than their parents), sitting still in a circle to attend to stories or songs, sitting in chairs at the tables for crafts or snack, taking turns, and so on (Basilieri, 2014). I chose to assess the FRCs at a score of 5 rather than 8 because the FRC’s focus is to target parent behavior and skills in order to improve childhood outcomes rather than targeting the children’s skills.

Sources of information:

Basilieri, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- | | | |
|----|---|---|
| A. | Does not follow program standards | 0 |
| B. | Follows state-wide program standards province. | 3 |
| C. | Follows state- and nation-wide program standards. | 4 |
| U. | Unknown or not applicable | |

Score 4

Documentation:

List standards incorporated:

BT3 PROGRAM ASSESSMENT FORM

FRCs use some evidence based curriculum and programming such as “The Incredible Years” and “Parents Anonymous”. The local FRCs are members of the National Association for the Education of Young Children (NAEYC). NAEYC provides guidance for early childhood education. All of the FRC programming is developmentally appropriate practice based on NAEYC guidelines (Basiliere, 2014).

Sources of information:
Basiliere, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score 1

Documentation:

Describe funding variation and effects on program or provider:

As described in question 1.4, the FRCs in Clinton and Franklin County lost their Kinship Program because the grant cycle was only 12 months. The administrative agency, the Childcare Coordinating Council of the North Country (CCCCNC), was able to continue funding that program for an additional six months before it had to be discontinued.

The CCCCNC received a different two year grant through NYS which paid for 2.5 FTE staff positions at the FRCs. These workers actively reached out to engage and retain at risk families. The staff were able to work closely with the Department of Social Services (DSS) caseworkers and the local EI programs to reach families that were struggling. Jamie Basiliere of the CCCCNC said that experts have found families who are poor, poorly educated, or who have a child or adult within the family who is developmentally disabled have the highest risk of child maltreatment. The local FRCs were able to target at risk families during that two year grant (Basiliere, 2014). Since the funding was lost after two years, those 2.5 FTE positions were eliminated from the FRCs in Franklin and Clinton Counties.

Sources of information:
Basiliere, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score 0

Documentation:

List transportation programs, incentives and restrictions:

The local FRCs do not provide any transportation to the attending families. New York State indicates that transportation services may be provided but those services are contingent on funding sources.

Sources of information:
NYS brochure, Publication 5071 (09/08)

BT3 PROGRAM ASSESSMENT FORM

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

The FRCs administered by CCCNC utilize “The Protective Factors Survey” (PFS). The PFS is a pre- and post- evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development (Friendsnrc, 2014). This survey is given pre- and post- course to the parents who attend “The Incredible Years” parenting program and “Parents Anonymous” (Basiliere, 2014).

Sources of information:

Basiliere, 2014; Friendsnrc, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

The FRC staff in Clinton and Franklin Counties are required, by contract, to attend the three day NYS Prevent Child Abuse conference in Albany every April (Basiliere, 2014)

Sources of information:

Basiliere, 2014; CCCNC, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

Documentation:

Describe what part of the native range is similar in climate to New York:

All FRC provide, at minimum, 25 hours a week of services such as: structured, curriculum-based, parenting education, informal parenting education and support (family support and child development activities), caregiver-child interaction activities (drop in playgroups and family outings), information and referral including sharing resource materials, health related programs, parent leadership development and peer support. The program is designed so that parents and their young children can come and go in a very informal manner. The parenting classes offered by the FRCs are more formal, lasting 1-2 hours per session.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Basiliere, 2014

Total Possible	33
Section Three Total	20

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 12

Documentation:

Describe:

The administrative agency, CCCCNC, has lost staffing, programming sites, and programs because of decreased funding. The income to operate the FRCs originates from grants.

Sources of information:

Basiliere, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 15

Documentation:

Describe outreach potential:

Jamie Basiliere feels strongly that if her agency, CCCCNC, had a staff person who was responsible for marketing, along with the money necessary to print quality brochures and posters, the FRCs would be able to reach out to more needy families.

Sources of information:

Basiliere, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 18

Documentation:

Describe expansion potential:

The FRC model could easily expand into additional villages in Franklin and Clinton Counties. In addition, it would be possible to reinstate the "mini FRC" programs that were lost from Ellenburg, Morrisonville, Keeseville, and Ticonderoga, perhaps adding additional satellite FRCs in towns such as Saranac, Brushton, St. Regis Falls, and so forth.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

As described in question 4.3, it would be possible to extend FRCs to more village locations. Full-time FRCs could be located in more villages within Franklin and Clinton Counties and satellite FRCs could be set up in some of the smaller hamlets. However, the FRC model does not lend itself to reaching families living in geographical isolation. Providing bussing for families would be cost prohibitive.

Sources of information:

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

There is potential for expansion of the existing programming to reach more families. As described in question 1.4, FRCs could be added to more villages and hamlets. Marketing could be added to increase outreach (question 1.5 and 2.4). The "Eat Smart NY" program might be able to be extended to the Tupper Lake site (question 2.1). It would be possible to reinstate programs that have been lost due to funding cuts such as the outreach to at risk families and the Kinship Program (see questions 2.8 and 3.3).

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score

Documentation:

Describe level of effort:

The FRCs already work in collaboration with some other local agencies (e.g. Cornell Cooperative Extension and JCEO, question 2.1) and provide referral services to the families being served for programs that the FRCs don't offer (question 2.3). It could be possible that another, smaller program might be integrated into the FRCs administered by CCCCNC. As with any expansion of services, there would need to be an increase in financial resources to operate any program.

Sources of information:

Kraft, 2014

BT3 PROGRAM ASSESSMENT FORM

Total Possible	96
Section Four Total	84

4. FORM SYNOPSIS

Section score and improvability synopsis:

Family Resource Centers in Franklin and Clinton counties are administered by the Childcare Coordinating Council of the North Country (CCCCNC) and scored in the Very Effective range for all three sections (Target Population, Social Issues, and System Integration). Programming offered seems to be relevant to the needs of the BT3 population, with shortcomings related mostly to scope of services being offered in light of staffing and location limitations.

Improvability scored Very Improvable, in part to many areas with potential to be improved as well as relative ease of improvement. This is not to say that improvement is easy, but based on the scoring of this assessment, there are several areas that could be improved, given funding, based on the scope of services offered, or the scope of services offered in the past.

References for assessment:

- Basilere, J. Executive Director Childcare Council of the North Country. (2014) Personal Correspondence.
- Child Care Coordinating Council of the North Country (CCCCNC) (2014) CCCCNC Annual Report. <<http://www.cccnc.org/pdfs/11annreport.pdf>>; [Accessed on July 11, 2014].
- Kraft, C. (2014) Personal Opinion.
- National Resource Center for Community-Based Child Abuse Prevention (Friendsnrc) (2014) Protective Factors Survey. <<http://friendsnrc.org/protective-factors-survey>>; [Accessed on July 7, 2014].
- New York State Office of Temporary and Disability Assistance (OTDA) 2014. "Eat Smart New York" <<http://otda.ny.gov/programs/nutrition>>; [accessed on 2 July, 2014].
- New York State Family Resource Center Network (NYSFRCN) (n.d.) Guidelines for New York State Family Resource Centers. NYS Publication 5071(09/08). <<http://www.ocfs.state.ny.us/main/publications/Pub5071.pdf>>; [Accessed on July 3, 2014].
- Tanner, D. Family Matters. (2014) Personal Correspondence.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Family Resource Center/Families First

BT3 Service Points: Ineffective (40-49) *Form date: 7 July 2014*

Enhancement Capacity: Improvable (50-79)

Counties where operating: Essex

Date assessed: July 9, 2014

Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit				
B1.2. What services does the entity provide in the study area to the target population?				
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits			
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education			
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Child Care Coordinating Council of the North Country (CCCNC)	

D. SECTION SCORES

Target Population: 9/34	Social Issues: 13/33
System Integration: 17/33	Cumulative (%): 39.00

Improvability: 52/96=54.16
Synopsis: The only Family Resource Center (FRC) in Essex County (Elizabethtown) is operated by Families First. Families First's mission is to provide support to parents who are dealing with children diagnosed with mental health issues, and does not directly support a program to provide services to very young children who are developing in a typical manner.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

The only Family Resource Center (FRC) in Essex County is operated by Families First. Families First's mission is to provide support to parents who are dealing with children diagnosed with mental health issues. Their FRC was not their initial focus and, in fact, only became a part of their programming in 2000. The funding for the FRC in Essex County comes from the Childcare Council of the North Country (CCCCNC). CCCCNC operates the 3 FRCs analyzed in the "Family Resource Center/Childcare Council of the North Country" assessment.

"Families First was founded in 1992 with a central idea: families who have children with emotional/behavioral challenges shouldn't have to struggle alone. Compelling evidence demonstrated that families were in fact struggling alone.... Virtually the only services available to families [in Essex County] were the traditional fifty minute hour of therapy and on the other end of the spectrum, residential placement. The gap between these services was vast and empty"
(http://www.familiesfirstessex.org/who_we_are/history.html)

According to the Families First website, "The [Families First] Family Resource Center (FRC) Program is open to all families in Essex County. Services are provided in collaboration with community members and are based on the needs of the families. FRC programs emphasize building strengths and abilities in order to maximize the capacity of families to raise health children and contribute to their communities. Families First provides a wide array of services through its FRC Program including but not limited to the following:

- Educational Workshops
- Support Groups
- Information and Referral
- Family Social Programs
- Strengths and needs assessments
- Assistance with Basic Needs
- Structured Playgroups
- Resource Library

Family Resource Centers benefit families in that:

- Parents and caregivers become more aware of child development and their skills are enhanced.
- Parents interact and communicate positively with their children.
- Families are connected with other families and are involved in their communities."
(Families First 2013 Annual Report)

Traditionally, FRCs are a program to support families of very young children in an effort to prevent child abuse and neglect. The Families First care model uses their FRC as the gateway for all families seeking mental health services. From the Families First FRC, families can access increasingly intensive supports for themselves and their mentally ill child(ren) (Griffin, 2014). Please refer to the Family Resource Center/CCCCNC assessment for a further description of traditional FRC programs.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |

BT3 PROGRAM ASSESSMENT FORM

- C. Provides assistance and resources tailored to low-income families 4
- D. Designed specifically for low-income and poverty-level families 6
- U. Unknown or not applicable

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

There are no qualifying criteria to utilize the services at Families First Family Resource Center. Last year, the Families First FRC served approximately 40 families with children between 0 and 5 years of age. Of those families, 32% of the families (13 children) earned below \$10,000, 14% (7 children) earned below \$15,000 and 18% (7 children) earned less than \$25,000 (Griffin, 2014).

Sources of information:

Griffin, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

The Families First FRC serves families in Essex County (Griffin, 2014).

Sources of information:

Griffin, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

The Families First FRC is present in Elizabethtown. There are no satellite centers located anywhere in the remainder of Essex County (Griffin, 2014).

Sources of information:

Griffin, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Identify methods that overcome access limitations
 The Families First FRC is present in Elizabethtown (Griffin, 2014).
 Sources of information:
 Griffin, 2014

1.5. How does this program solicit children BT3 for services?

- | | | |
|----|--|---|
| A. | Program only works with families that seek services on their own without intervention | 0 |
| B. | Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) | 3 |
| C. | Seeks out families and children directly through public outreach events | 6 |
| D. | Seeks out families and children directly in their natural setting | 8 |
| U. | Unknown or not applicable | |

Score 3

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
 According to the Families First Development Director, Ann Griffin, Families First (FF) does not work through a referral system. The FF philosophy is that families need to buy into the programming so families must seek out services independently. I am under the impression that the Families First FRC has functioned primarily as an entry path for families seeking assistance for their children with mental health issues, rather than a community base for all families with young children. Ann said that the agency is working to change the focus of the Families First FRC (see question 2.5). The agency, Families First (as opposed to the FRC), participates in Elizabethtown Day in July and they host a picnic in the summer and an annual cider pressing party in the fall. Families First attends local fairs and networking events as well as participates in a literacy event in Plattsburgh at the Mall. Families First has a web site with a basic description of all of their programming (Griffin, 2014; Families First website). I chose to score this question as a three. Even though this is a program that only works with families that seek services on their own without intervention (answer A) this program also works to educate the public about their programming through public outreach events (answer C).
 Sources of information:
 Griffin, 2014; Families First, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

If available, document coverage for each of the three target counties within the study area:
 Last year, the Families First FRC served 40 children from 0-5 years of age (Griffin, 2014).
 Sources of information:
 Griffin, 2014

Total Possible	34
Section One Total	9

2. SOCIAL ISSUES

BT3 PROGRAM ASSESSMENT FORM

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Although the Families First FRC does not provide nutritional guidance or healthcare services (other than mental health services through Families First), they do have a food shelf and they partner with local farms in the summer to provide fresh vegetables and fruits to needy families. Snacks are provided at the Families First FRC but are limited to crackers and juice (Griffin, 2014).

Sources of information:

Griffin, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The Families First Family Resource Center does not provide prenatal or family planning services (Griffin, 2014).

Sources of information:

Griffin, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The FRC operated by Families First offers playgroups in collaboration with Early Head Start which help model appropriate parent-child interactions. The Families First FRC offers a weekly family support group. This is a venue to allow parents to create relationships with other parents of young children. It is a place to discuss parenting issues and to develop parenting strategies with a professional staff person in attendance. This FRC has a resource library with materials to lend families. The Families First FRC sponsors periodic training on autism awareness, suicide prevention and, in conjunction with the Childcare Coordinating Council of the North Country, offers parenting education. The Families First FRC does not provide employment or health services but will help make referrals to families in need (Griffin, 2014).

BT3 PROGRAM ASSESSMENT FORM

Sources of information:

Griffin, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programming or services 0
- B. Limited public outreach programming or services, primarily targeted to advertising efforts 1
- C. Moderate programming or services targeting families not currently considering BT3 services 2
- D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score 1

Documentation:

Describe key representative programs or services as well as a description of public events: The agency, Families First (as opposed to the FRC), participates in Elizabethtown Day in July and they host a picnic in the summer and an annual cider pressing party in the fall. Families First attends local fairs and networking events as well as participates in a literacy event in Plattsburgh at the Mall. Families First has a web site with a basic description of all of their programming (Griffin, 2014; Families First website). I chose to score this question as a one, rather than 2, because the focus of the Families First FRC has strayed from the 0-5 population over the years to families with older children with mental health concerns.

Sources of information:

Griffin, 2014; Families First, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programming or services related to child-parent relationships 1
- C. Moderate programming or services related to child-parent relationships 3
- D. Specifically designed to provide programming or services related to child-parent relationships 4
- U. Unknown or not applicable

Score 3

Documentation:

Describe key representative programs or services: The FRC operated by Families First is supposed to serve families of children ages 0-5 years. Over the years, since its inception in 2000, the focus of the Families First FRC has blurred. The Families First FRC has been focusing more on families of older children who struggle with mental health and behavioral issues rather than on the zero to five population. Families First acknowledges that they have strayed from the pure intent of the FRC. They are working to broaden their reach to families of children birth to five, regardless of income or child(ren)'s diagnosis. Families First will be running a weekly playgroup starting in September, as well as a parent support group, and sponsoring a minimum of 2 trainings geared to the parents of kids 0-5 (Griffin, 2014). I chose to rate this question as a 3, rather than a 4 because the program focus has drifted from the target population.

Sources of information:

Griffin, 2014; NYSFRC, n.d.

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score 3

Documentation:

Describe key representative programs or services:

The FRC at Families First provides food through their food shelf. They hold three yearly public events, as a part of their entire agency's marketing plan (not outreach for the Families First FRC alone) and also attend local fairs and networking sessions. The focus of Families First is on the mental health of children. They support mental and emotional health of their parents through the family support groups and through parent education (Griffin, 2014).

Sources of information:

Griffin, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe socialization support either in facilities or in community settings:

The centerpiece of the Families First FRC is the family centered classroom/playroom space available to all families. FRCs are often the first place where very young children get to interact with other toddlers and non-familial adults. Families who participate in the center-based playgroups join Families First at the Elizabethtown Day celebration in July, the annual agency picnic during the summer and the cider pressing party in the fall (Griffin, 2014).

Sources of information:

Griffin, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score 0

Documentation:

Specify in-home services covered:

The Families First FRC does not provide home based services. The core programs that Families First offer (the Family Support Program, Intensive Case Management, and Home and Community Based Waiver Services Program) are all provided in the home and community but are geared to families of children with mental health issues (Families First website).

Total Possible	33
Section Two Total	13

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0

BT3 PROGRAM ASSESSMENT FORM

- | | | |
|----|---|---|
| B. | Minimal efforts are made for school readiness and are limited to social interactions only | 2 |
| C. | School readiness skills are part of the program curriculum, at least in part | 5 |
| D. | This program has a large focus on providing school readiness skills | 8 |
| U. | Unknown or not applicable | |

Score 2

Documentation:

List curricula or readiness skills offered:

Families First has been collaborating with Early Head Start to run playgroups at the Families First FRC. As described in question 2.5, the focus of the FRC at Families First has drifted away from the zero to five year old population. Families First is working to strengthen their FRC program to support families of very young children. Consequently, they are planning on running some playgroups themselves in the near future (Griffin, 2014). FRC playgroups offer very young children their very first group experiences. With the support of their parents, children get to participate in early pre-school type activities such as listening to adults (other than their parents), sitting still in a circle to attend to stories or songs, sitting in chairs at the tables for crafts or snack, taking turns, and so on (Basiliere, 2014). I chose to assess the Families First FRC at a score of 2 rather than 5 because this FRC has drifted from the intended focus of the zero to five year old population.

Sources of information:

Griffin, 2014; Basiliere, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- | | | |
|----|---|---|
| A. | Does not follow program standards | 0 |
| B. | Follows state-wide program standards province. | 3 |
| C. | Follows state- and nation-wide program standards. | 4 |
| U. | Unknown or not applicable | |

Score 3

Documentation:

List standards incorporated:

It appears to me that the Families First FRC in Essex County is primarily a resource center for parents and a play group site for families with young children. Ann Griffin said that their play space is equipped with developmentally appropriate toys. Early Head Start (EHS) has been supervising formal play groups at the Families First FRC. EHS is bound by both state and federal standards so the play groups run by EHS do follow state and federal standards. Families First is not a member of the National Association for the Education of Young Children (NAEYC) (Griffin, 2014; Early Childhood Learning and Knowledge Center).

Sources of information:

Griffin, 2014; Early Childhood Learning and Knowledge Center

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- | | | |
|----|--|---|
| A. | This program has closed due to lack of funding | 0 |
| B. | This program has variable funding and portions of programming or services have been lost in recent years | 1 |
| C. | Funding is variable, causing variations in access to services by target populations | 3 |
| D. | Funding is constant (whether adequate for programs or not) | 5 |
| U. | Unknown or not applicable | |

Score 5

Documentation:

Describe funding variation and effects on program or provider:

BT3 PROGRAM ASSESSMENT FORM

The FRC operated by Families First receives all of their funding through the Childcare Coordinating Council of the North Country (CCCCNC). The funding is stable (Griffin, 2014). Please refer to the Family Resource Center/CCCCNC assessment for further fiscal details.

Sources of information:
Griffin, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

The local FRCs do not provide any transportation to the attending families. New York State indicates that transportation services may be provided but those services are contingent on funding sources.

Sources of information:
NYCFRC, n.d.

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

It appears that there is not as much formal programming at the Families First FRC when compared to the FRCs operated by CCCCNC. When the Families First FRC hosts a parent training session, that trainer comes from CCCCNC and uses the Protective Factors Survey as described in the Family Resource Center/CCCCNC assessment.

Sources of information:
Griffin, 2014; Friendsnrc, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

Ann Griffin, Development Director from Families First is required to attend the three day NYS Prevent Child Abuse conference in Albany every April.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Griffin, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score 3

Documentation:

Describe what part of the native range is similar in climate to New York:
The Families First center is open M-F from 8:30-4:30 and is also open for some weekend events.

Sources of information:
Griffin, 2014

Total Possible	33
Section Three Total	17

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3)? In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:
The income to operate the FRCs originates from grants (Basiliere, 2014). Apparently Families First doesn't have to apply for the grant to fund their FRC because that funding is funneled from the Childcare Coordinating Council of the North Country (CCCCNC) directly to Families First. When asked about variability in funding, Ann Griffin, Development Director, stated that Families First feels the funding for their FRC is stable. She stated that they have not lost any portion of that programming due to funding variability (Griffin, 2014).

Sources of information:
Basiliere, 2014; Griffin, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 10

Documentation:

Describe outreach potential:
All of the non-profits struggle with allocation of limited funds. I feel all could benefit from

BT3 PROGRAM ASSESSMENT FORM

funding targeted at promoting their services. Families First only has one center to serve all of Essex County. Increasing outreach could help more families become aware of the services that the FRC at Families First in Elizabethtown provides. However, given the vast geographical spread of the county, it is unlikely the majority of families could take advantage of the program located in Elizabethtown alone.

Sources of information:
Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

Based on my assessment of the Family Resource Centers operated by CCCNC, I would think that Essex County would be an ideal place to expand the FRC model. However, I'm not certain that Families First would be the proper agency to carry out that expansion. Their mission is to provide services to families raising children with mental health issues. It is my impression that most of those children are older than the children that the FRC model traditionally embraces. I believe it would require another agency to step in to operate the FRCs in Essex County, at least those outside of Elizabethtown.

Sources of information:
Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

As described in question 4.3, the families in Essex County would benefit from broader access to FRCs but, in my opinion, expansion in Essex County would require a different agency to step in to operate any additional FRCs.

Sources of information:
Kraft, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

I believe that the FRC operated by Families First is functioning to the best of its ability at this time. The mission of Families First does not directly support a program to provide services to very young children who are either developing in a typical manner nor children

BT3 PROGRAM ASSESSMENT FORM

who may have cognitive or physical impairments. Their mission is to support families whose children have mental health issues.

Sources of information:

Kraft, 2014; Families First, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score

18

Documentation:

Describe level of effort:

I did not discuss this with Ann Griffin, Development Director for Families First. The is solely my opinion based on my assessment of the CCCCNC model of FRCs vs the Family First model. I think it would benefit the families of Essex County to have a different agency operating the FRC in Elizabethtown (which certainly would not prevent Families First from collaborating with that agency). It would make sense to have all of the FRC's in the county administered by one parent agency in order to provide continuity of service throughout the county.

Sources of information:

Kraft, 2014

Total Possible	96
Section Four Total	52

4. FORM SYNOPSIS

Section score and improvability synopsis:

The only Family Resource Center (FRC) in Essex County (Elizabethtown) is operated by Families First. Families First's mission is to provide support to parents who are dealing with children diagnosed with mental health issues. Their FRC was not their initial focus and, in fact, only became a part of their programming in 2000.

The Families First FRC program scored at a 39%, “Ineffective”. Family Resource Centers operating within state and federal standards score much higher (the CCCCNC FRCs scored at 59%). It appears that Families First lost sight of the intended focus of the program and began to use their FRC as a gateway into their mental health programs. The Families First FRC has the potential to reach at risk families with typically developing children in order to prevent child abuse and neglect but Families First has not done so to date. In addition, Essex County is very large. There is only one program site for the entire county. Families First FRC scored within “Moderately Effective” in section three, System Integration, but that higher score was primarily because of other agencies supporting them financially (CCCNC monies) and through programming (Early Head Start playgroups).

At the state and federal level, Family Resource Centers provide services and supports to at-risk families in order to prevent child abuse and neglect. The Families First FRC is supposed to be following that model. However, Families First has drifted from that focus. Currently, the Families First FRC is being used as the portal for parents seeking mental health support for their child(ren). The funding for the Families First FRC in Essex County comes from the Childcare Council of the North Country (CCCCNC). Families First has been told in the 2014-2015 fiscal year their FRC needs to function in the same manner as the CCCCNC FRCs operating in Clinton and Franklin Counties or they will lose their funding.

Families First FRC scored at 54.16% in “Improvability”, which is considered to be improveable. Because Families First receives their funding for their FRC directly from another agency (CCCCNC),

BT3 PROGRAM ASSESSMENT FORM

Families First hasn't felt that they are affected by variability in funding. All agencies would benefit from increased outreach. The at-risk families of Essex County would benefit from access to Family Resource Centers throughout the entire county. The Families First FRC appears to be functioning to the best of its ability at this time. However, the mission of Families First does not directly support a program to provide services to very young children who are either developing in a typical manner nor children who may have cognitive or physical impairments. The mission of Families First is to support families whose children have mental health issues.

References for assessment:

- Basilere, Jamie, Executive Director Childcare Council of the North Country. 2014. Personal Correspondence.
- Early Childhood Learning and Knowledge Center (ECLKC) (2014) <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Curriculum/Definition%20and%20Requirements/edudev_art_00204_072505.html>; [accessed 10 July, 2014]
- Families First (2014) <http://www.familiesfirstessex.org/who_we_are/history.html>, http://www.familiesfirstessex.org/what_we_do/programs_services.htm, <http://www.familiesfirstessex.org/who_we_are/financials.html>; [accessed on 9 July, 2014]
- Friendsnrc (2014) Protective Factors Survey. <<http://friendsnrc.org/protective-factors-survey>>; [Accessed on 7 July, 2014]
- Griffin, Ann., Development Director, Families First. 2014. Personal Correspondence.
- Kraft, Catherine. 2014. Personal Opinion.
- New York State Family Resource Center Network (NYSFRCN) (n.d.) Guidelines for New York State Family Resource Centers. NYS Publication 5071(09/08).

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Clinton County Public Health Maternal and Children's Health

North Country Effectiveness Score: Ineffective (40-49) *Form date: 7 July 2014*

Improvement Potential: Hard to Improve (0-49)

Counties where operating:	Clinton County
Date assessed:	August 21, 2014
Assessors:	C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Select one	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
NYS Article 6	Lead Prevention Grant
Immunization Grant	

D. SECTION SCORES

Target Population: 22/34	Social Issues: 16/33
System Integration: 9/30	Cumulative (%): 48.45

Improvability: 28/96=29.16
Synopsis: The Clinton County Maternal Public Health nurses operate the Improved Pregnancy Outcome (IPO), Newborn Postpartum (NBP) and Families Services (FS) Programs. These programs serve pregnant women and children who are medically/developmentally at risk. They are very successful in what they do but, the programs scored at a 48.45, or "Ineffective" level and the Improvability score was 29.16, "Hard to Improve" because of the narrow target of their programming.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Clinton County Public Health nurses provide three programs that target pregnant mothers and young children. The Improved Pregnancy Outcome (IPO) program provides pregnant woman with information about community services, parenting, normal pregnancy, dental care, nutrition, and healthy lifestyle choices. The county also sponsors a Newborn Postpartum (NBP) program to mothers and their babies up to six weeks of age. Nurses reach out to all new mothers offering information and education regarding breastfeeding, bottle feeding, immunizations, typical child development, sleeping and daycare. Clinton County Public Health nurses are also able to follow children beyond six weeks of age through their Family Services (FS) program. This program is designed to monitor children who are considered to be at risk for medical/developmental problems. Children followed by FS can be monitored for as long a period as necessary.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

The three programs offered by Clinton County (IPO, NBP, and FS) are available to any resident of Clinton County at no charge. Participation is strictly voluntary. However, many of the families served are low income. In 2013, statistics revealed that 67% of the clients had social issues such as no insurance, problems with domestic violence, or mental, emotional or behavioral (MEB) challenges.

Sources of information:

Swiesz, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

This particular nursing program is only available in Clinton County but similar programs

BT3 PROGRAM ASSESSMENT FORM

exist in each of the other counties.

Sources of information:

Swiesz, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

These programs are open to any resident of Clinton County regardless of the family's location.

Sources of information:

Swiesz, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 4

Documentation:

Identify methods that overcome access limitations

These programs are open to any resident of Clinton County regardless of the family's location.

Sources of information:

Swiesz, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 8

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Pregnant women and mothers of newborns can be referred to these programs from hospitals, doctors' offices, Department of Social Service, Early Intervention assessment team(s), or self-referred. The maternal public health nurses attempt to contact every mother of a newborn in the county. Every mother of a newborn is eligible for one home visit regardless of income or child health concerns. The Clinton County nurses distribute packets of information to all mothers of newborns, even if phone contact has not been made.

Sources of information:

Swiesz, 2014

BT3 PROGRAM ASSESSMENT FORM

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

2

Documentation:
 If available, document coverage for each of the three target counties within the study area:
 In 2013, Clinton County received 100 referrals to their IPO program but only 66 pregnant women agreed to those services. In addition, 653 new mothers were attempted to be contacted by phone and all of those families received packets of information.
 Sources of information:
 Sweisz, 2014

Total Possible

34

Section One Total

22

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

2

Documentation:
 Describe key representative programs or services:
 The support the public health nurses supply is generally medically/developmentally related. They conduct developmental screenings, advocate for appropriate medical care and immunizations for the children, screen for lead exposure, and so on. As part of their support, they refer families to other agencies (such as WIC, family resource centers, Early Head Start) who can address the issues of nutrition and healthy lifestyles. In addition, the county has three International Board Certified Lactation Consultants (IBCLC) who help new mothers to successfully breast feed their new babies. The local hospital and county is working hard to encourage young mothers to breast feed, as opposed to bottle feed, their babies.
 Sources of information:
 Sweisz, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

2

Documentation:
 Describe key representative programs or services:

BT3 PROGRAM ASSESSMENT FORM

The IPO program is currently quite small. If an IPO mother is interested in participating in the NBP, she can also receive those services. Families are not automatically moved from the IPO program into the NBP program.

Sources of information:
Sweisz, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Although the programs offered through Clinton County Public Health Department target medical/developmental concerns, because the nurses make home visits they are aware of other issues within the home and make referrals to outside agencies. The nurses may refer their families to any number of other community agencies including Early Advantages, The Childcare Cooperating Council of the North County, Department of Social Services and so on.

Sources of information:
Sweisz, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

The Clinton County Public Health Department works to maintain strong ties to the local doctors' offices. The Health Department distributes brochures and reaches out to other community agencies as referral sources. The Public Health nurses attempt to contact every new mother in Clinton County shortly after their child(ren) is born. In addition, the Health Department maintains a website outlining their services.

Sources of information:
Sweisz, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe key representative programs or services:

The Public Health nurses are focused on the medical/developmental needs of the children. The nurses work with the parents to help them understand appropriate development in young children and also to understand their responsibilities as parents. This is the foundation for strong family bonds. In addition, because the nurses conduct home visits, those nurses are in an ideal position to refer needy families to other agencies to get further assistance. This additional assistance further strengthens family connections.

Sources of information:

Sweisz, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

IPO, NBP, and FS offers home visits and parent education.

Sources of information:

Sweisz, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

The Clinton County Public Health Department programs are conducted in families' homes and do not focus on socialization outside of the home.

Sources of information:

Sweisz, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

These services are provided in families' homes.

Sources of information:

Sweisz, 2014

Total Possible	33
Section Two Total	16

BT3 PROGRAM ASSESSMENT FORM

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

In Clinton County, the IPO program helps insure that mothers are carrying their pregnancies to term and have healthy weight infants which is a critical first step in school readiness.

The NBP program supports the BT3 children and their families in the area of health/normal development. The nurses refer needy families to outside agencies for additional support which, in turn, helps make the child(ren) ready for school. Because the nurses do not specifically follow educational curriculum and are only following medically/developmentally at-risk children, I chose to rate this as B.

Sources of information:

Sweisz, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

Although the lactation consultants follow a highly structured and standardized curriculum, the IPO, NBP and FS programs do not follow standardized programs. The Public Health nurses do follow their profession's best practices.

Sources of information:

Sweisz, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

The IPO, NBP, and FS programs receive their funding through Article 6 through the state, the DOH, Children's Special Healthcare needs, as well as lead prevention and immunization

BT3 PROGRAM ASSESSMENT FORM

grants. Funding is reasonably constant at this time.
Sources of information:
Sweisz, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:
The nurses receive assistance with transportation.
Sources of information:
Sweisz, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
The nurses conduct assessments based on their professional expertise but do not use standardized assessments to determine program efficacy.
Sources of information:
Sweisz, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:
Professional development is not required but is supported by this program. The nurses are encouraged (and receive some reimbursement) for conferences geared toward their practice areas.
Sources of information:
Sweisz, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

BT3 PROGRAM ASSESSMENT FORM

- | | | |
|----|---------------------------|---|
| A. | 1-3 hours | 0 |
| B. | 4-6 hours | 2 |
| C. | Over six hours | 3 |
| U. | Unknown or not applicable | |

Score U

Documentation:

Describe hours of service:

This question is not applicable to programming that serves individual families in their homes and has a widely variable visitation structure based on family needs.

Sources of information:

Sweisz, 2014

Total Possible	30
Section Three Total	9

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe:

Funding is fairly stable at this time.

Sources of information:

Sweisz, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |
| U. | Unknown or not applicable | |

Score 10

Documentation:

Describe outreach potential:

The IPO program could be expanded. It would be helpful if local OB/GYN offices would refer more pregnant women to the Public Health Department's IPO program but Joanne Swiesz said that those physicians have tended not to make the referrals that they could. This statement was corroborated by Esther Piper of Behavioral Health Services North (please refer to the Early Advantages survey). It is difficult to reach out to the pregnant women directly since they often have social issues which prevent them from being receptive to such programming. The NBP program already reaches out to every new mother in Clinton County. If the Public Health Department had the manpower, perhaps it would be helpful to contact new families by phone on a regular basis through their child(ren)'s first 6-12 months. Perhaps regular phone contact would allow the parents to become more comfortable with the idea of getting professional support.

Sources of information:

Sweisz, 2014; Piper, 2014; Kraft, 2014

BT3 PROGRAM ASSESSMENT FORM

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 18

Documentation:

Describe expansion potential:

It is felt that expansion of the Clinton County Public Health IPO and NBP programs could be possible and would be helpful in identifying and supporting all families of young children in Clinton County. I am basing this answer on the broader philosophy being embraced by the Franklin County Nursing services (please see the Franklin County Public Health Department Maternal Infant Early Childhood Visitation survey for more details). Of course, any expansion would require a significant increase in funding which is always a challenge.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe geographic constraints or opportunities:

At this time, these programs are able to reach all intersted families within Clinton County.

Sources of information:

Sweisz, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:

These programs currently does not have the infrastructure to increase services addressed in sections 1-3.

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score 0

Documentation:

Describe level of effort:

These two programs, IPO and NBP, cannot be incorporated into another agency and it is highly unlikely another agency's programming could be incorporated into this county agency.

Sources of information:

Kraft, 2014

Total Possible	96
Section Four Total	28

4. FORM SYNOPSIS

Section score and improvability synopsis:

Clinton County Public Health nurses provide three programs that target pregnant mothers and young children. The Improved Pregnancy Outcome (IPO) program supports pregnant woman, the Newborn Postpartum (NBP) program serves mothers and their babies up to six weeks of age, and Family Services (FS) program follows medically/developmentally at-risk children beyond that six week time constraint. These are all voluntary programs and serve residents of Clinton County regardless of income. The services are focused primarily on pregnant women and infants up through six weeks of age. The FS program follows developmentally at risk children beyond six weeks of age. Although this these programs are only offered in Clinton County, similar programs are offered in both Franklin and Essex Counties.

These two programs scored at a 48.45, or “Ineffective” level. Each program is quite effective providing services for their targeted populations but these populations are narrow in scope. IPO and NBP are found to be relatively ineffective when compared to broader programming offered in the catchment area.

Because the public health nurses are able to make phone contact with each new mother in the county, these programs scored well in the first section, Target Population. Because these programs are not standardized and don't use public accessible evaluation tools, nor are the staff required to take continuing educational courses, the IPO/NBP/FS programs scored lowest in the third section, System Integration. In section two, Social Issues, the IPO/NBP/FS programs scored just below the 50% level, primarily because these programs tend to be medical in nature, focusing in on healthy pregnancies and on children who have medical and/or developmental issues. However, it cannot be emphasized enough that the nurses play an instrumental role in referring needy families to other agencies for services not provided by the Health Department.

IPO, NBP and FS are programs administered by Clinton County Public Health Department. The Health Department has many roles including adult and child health, poison prevention, disease prevention, safety, water and sewerage, and rabies clinics. They also provide services for children with special health care needs and handle emergency preparedness. Please refer to their website for a complete description of their services.

The funding for the IPO, NBP and FS programming comes through NYS Article 6/Department of Health including grants for Lead Prevention and Immunization clinics.

The IPO, NBP and FS Improvability score was 29.16, "Hard to Improve". Because their funding is reasonably consistent at this time, the nurses already reach out to all new families throughout the entire county, the services are provided in the families' homes through the county, and Essex County Public Health is not likely to absorb any outside programs, there is not a lot that could change. However, with additional funding it may be that the nurses could expand their services to reach children that are not just medically or developmentally at risk, and to follow families and children for longer periods of time, similar to the Franklin County Public Health Department MIECHV program.

BT3 PROGRAM ASSESSMENT FORM

References for assessment:

Swiesz, Joanne. Director of Patient Services; Clinton County Public Health Department. (2014) Personal correspondence.

Piper, E. Director Early Advantages Program; Behavioral Health Services North, Inc. (2014) Personal correspondence.

Kraft, C. (2014) Personal opinion.

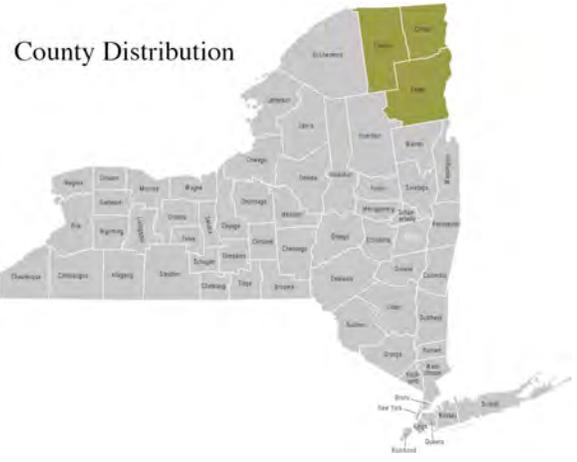
Clinton County Public Health Website. (2014) <<http://www.clintonhealth.org>>; [accessed August 22, 2014]

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Self-led organized parenting groups

BT3 Service Points: Ineffective (0-49) *Form date: 7 July 2014*
Enhancement Capacity: Improvable (50-79)

Counties where operating: Clinton, Essex, Franklin
 Date assessed: 7/16/2014
 Assessors: E. Schwartzberg



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Narrow distribution
Clinton	Narrow distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
None	

D. SECTION SCORES

Target Population: 6/34	Social Issues: 13/20
System Integration: 0/20	Cumulative (%): 28.38

Improvability: 61.45
Synopsis: Self-run parenting groups tend to be organized by parents that already have a good handle on early childhood education needs - these parents are taking their own initiative to get together in group settings. It is hard to envision expanding these types of programs to target the issues of the at risk BT3 community, however, these groups should be revisited in a future analysis of needs of the larger BT3 population.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

This program is non-typical from a program assessment point of view. We are targeting parent-initiated or community initiated parenting groups where all instruction, activities, and programming is supplied by the participating parents. These groups include organized programs such as Mothers of Preschoolers (MOPS) and MOMS Club, and social groups organized through social media such as CafeMoms. The criteria that link these programs together are that their participation is maintained by the participating parents rather than through an administering organization.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
These programs are not catered to at risk populations, but they also don't prevent access based on socio-economic level. Some groups are free, but some require a membership or per meeting fee. As examples, MOPS group suggests a yearly membership fee of \$24.95/year, but does not require it for participation (MOPS, 2014) and MOMS Club of Clifton park requires a \$25/year member dues (MOMS, 2014). MOPS has a scholarship program for parents that would like to participate but have a hard time paying the yearly fee (Fopert, 2014). MOPS is faith-based and mentions on its website that one goal of MOPS is for churches to reach young families (MOPS, 2014). Because this program group includes many different play groups and programs, I selected B - programs can address socioeconomic needs, although this depends on the program.

Sources of information:

MOPS, 2014; MOMS, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

Similar groups are present in all counties, although MOPS is only present in Essex County

BT3 PROGRAM ASSESSMENT FORM

(Lake Placid) (Fopert, 2014). CaféMoms has a group that meets in Plattsburgh, and MOMS Club is present in Saratoga, NY but is not present in the three county study area.

Sources of information:
MOPS, 2014; Fopert, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

Because these groups are member run, they tend to be clustered around population centers.

In general, they are not as common in the three county study area as they are elsewhere.

Sources of information:
MOPS, 2014; MOMS, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

These programs are very limited. Because they are member/participant run they tend to cater to non-target socio-economic groups.

Sources of information:
Schwartzberg, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

These programs work with families that seek services on their own.

Sources of information:
Schwartzberg, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0

BT3 PROGRAM ASSESSMENT FORM

- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

Documentation:

If available, document coverage for each of the three target counties within the study area:
Groups range in size. The MOPS group that meets in Lake Placid usually has between 20-25 individuals at each meeting. I don't think groups like this one would approach 100 or more participants in the three county area, but it is possible.

Sources of information:
Fopert, 2014

Total Possible
Section One Total

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Groups like these do not lend themselves to assistance activities beyond social interaction and support.

Sources of information:
Schwartzberg, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Again, services like these are not part of this type of programs infrastructure. Some groups like MOPS, however, have a fairly well developed curriculum for participating parents.

Sources of information:
Fopert, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0

BT3 PROGRAM ASSESSMENT FORM

- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Most groups are designed specifically to address family issues. Some programs, like MOPS, target specific faith-based issues, and others, like MOMS, target issues relevant to the participant group.

Sources of information:

MOPS, 2014; MOMS, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

In general, participant-run parent groups do not participate in public outreach events. Most groups are fairly simply organized and make use of word-of-mouth referrals from friends.

Sources of information:

Schwartzberg, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Most programs, due to their nature of creating a space and time for parents and children to socialize with other parents and children, provide programming specific to goal of enhancing child-parent relationships.

Sources of information:

Schwartzberg, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe key representative programs or services:
Public events and parent education.
Sources of information:
Schwartzberg, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe socialization support either in facilities or in community settings:
These groups meet in public or private settings and are designed to enhance socialization of both parents and children.
Sources of information:

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score U

Documentation:

Specify in-home services covered:
While some groups may meet at participants' homes, this question is not meant to be applicable for this type of situation.
Sources of information:

Total Possible	20
Section Two Total	13

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 0

Documentation:

List curricula or readiness skills offered:
The ability of parent-child social groups to provide school readiness curricula depends on the group. My understanding is that most groups in this category are targeting parents as a parent support network.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Schwartzberg, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:
These programs tend not to follow recognized standards for early childhood education.
Sources of information:
Schwartzberg, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:
This is not a funded program, although some groups are supported by interest groups or businesses. MOPS is administered and sponsored by Christian organizations.
Sources of information:
Fopert, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:
These programs all rely on participants having their own transportation.
Sources of information:
Schwartzberg, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3

BT3 PROGRAM ASSESSMENT FORM

- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
 Because these programs vary in scope, and because they are generally participant run, there is no need for evaluation measures.

Sources of information:
 Schwartzberg, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:
 These programs are run by participants, so this question is not relevant.

Sources of information:
 Schwartzberg, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

Documentation:

Describe what part of the native range is similar in climate to New York:
 Groups tend to meet for shorter periods of time.

Sources of information:
 Schwartzberg, 2014; Fopert, 2014

Total Possible	20
Section Three Total	0

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Describe:

These programs operate, largely, without outside funding.

Sources of information:

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Due to the simple fact that there is little or no outreach or advertising for this type of group, I would say it would benefit from public outreach.

Sources of information:

Schwartzberg, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

Services provided by these types of groups is fairly limited in scope. I feel it is unlikely that expansion of this type of programming could provide more services to the at risk BT3 population.

Sources of information:

Schwartzberg, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

I think transportation options may make these types of activities more accessible to families. Because groups are small and could be created around localized areas, transportation may be a relatively inexpensive option as compared to transportation to other program centers.

Sources of information:

Schwartzberg, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0

BT3 PROGRAM ASSESSMENT FORM

- | | | |
|----|--|----|
| B. | Improvements are possible, but impractical within this programs current scope | 10 |
| C. | Improvements are possible and would result in needed services (list possible services) | 15 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe potential to increase services offered:

In general, these programs have very limited infrastructure to increase scope. They are also based on participant-run initiatives, so they do not lend themselves to targeting specific social issues.

Sources of information:

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score 18

Documentation:

Describe level of effort:

At this point in the assessment process, I have not heard directly from anyone stating that integration of informal, participant-run parent groups could help expand other programs. Integrating play groups into other programs could lead to expansion of the playgroups themselves. However, we have no information regarding the benefits to other programs for inclusion of these playgroups.

Sources of information:

Total Possible	88
Section Four Total	51

4. FORM SYNOPSIS

Section score and improvability synopsis:

Self-run parenting groups tend to be organized by parents that already have a good handle on early childhood education needs. It is hard to envision expanding these types of programs to target the issues of the at risk BT3 community, however, these groups should be revisited in a future analysis of needs of the larger BT3 population. This program group scored as Ineffective with a cumulative score of (28.38). Such a low score makes sense since this program is not at all targeted towards at risk BT3 families. Nevertheless, it is important to include this type of program in our analysis, and we may find it to be a useful type of program to fit in with other programming in the region.

Of the three participant-run parent groups, MOPS was the most structured and included DVDs and other media and materials to facilitate group discussion and activities around pre-determined topics. The least structured program I came across in searching for area mothers groups was CafeMom, which was a web-based social network linking moms together in the Plattsburgh area. The greatest weakness I found shared across all of the participant-run parent groups was their ability to target and solicit participation from at risk BT3 families.

These groups collectively score 61.45 for enhancement capacity. Outreach potential, locations, and the ability to incorporate these types of groups into other existing programs were the strongest areas of potential improvement. There are relatively few groups like these in the area, and I feel the region would benefit from more groups like these.

BT3 PROGRAM ASSESSMENT FORM

References for assessment:

Mothers of Preschoolers (MOPS) 2014. <<http://www.mops.org/>>; [Accessed on July 16, 2014].
MOMS Club of Clifton Park (2014). <<http://www.cpmomsclub.org/home>>;[Accessed on July 17, 2014].
Fopert, E. Member of MOPS in Lake Placid. (2014) Personal Correspondence.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Franklin County Public Health Department Maternal Infant Early Childhood Visiting (MIECV)

BT3 Service Points: Moderately Effective (50-59) *Form date: 7 July 2014*

Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: Franklin
 Date assessed: July 14, 2014
 Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Wide distribution
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Governmental				
B1.2. What services does the entity provide in the study area to the target population?				
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits			
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education			
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
DOH including lead prevention and immunization grants	Some funding from Early Intervention and from Franklin County

D. SECTION SCORES

Target Population: 22/28	Social Issues: 18/33
System Integration: 14/30	Cumulative (%): 59.34

Improvability: 33/96=34.37

Synopsis: Franklin County's version of the Maternal Infant Early Childhood Visiting (MIECHV) program is administered by Franklin County Public Health Department (FCPHD) and is present broadly throughout Franklin County. This program is designed to deliver early childhood home visiting programs to pregnant women, expectant fathers, as well as parents and primary caregivers of young children birth to kindergarten. The FCPHD MEICHV program scored 79% in the target population section, 55% in social issues, and 47% in system integration for a cumulative score of 59.34% (moderately effective). Their Improvability Score was 34.37% (hard to improve). However, it is felt that FCPHD MIECHV could be the entry level agency for all BT3 programming in Franklin County.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

A year ago, Franklin County Public Health Department (FCPHD) explored ways to increase the productivity of their nursing staff. FCPHD elected to target pre-natal and early childhood health and safety. The FCPHD decided to create a maternal and infant/toddler support program based, in part, on the federal Maternal Infant Early Childhood Home Visiting (MIECHV) model. The long term goals of the MIECHV program in Franklin County include the following: to enhance overall health status and well-being of children and families, to foster healthy growth and development of children and families, to increase access to and appropriate utilization of preventive and primary health care services, to reduce the incidence of vaccine-preventable infections among children, and to reduce the incidence of intentional and unintentional childhood injuries. The FCPHD MIECHV, as a program within the Public Health Department also incorporates the goals and objectives of the NYS prevention agenda. In addition to the previous long term goals, FCPHD MIECHV strives to reduce the rates of maternal death, reduce the numbers of premature births, increase the incidence of breastfeeding, and to reduce the prevalence of dental caries in children. The FCPHD MIECHV program is less than a year old.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

The FCPHD MIECHV program does not target any particular socio-economic level of participant but the reality is that many of the families and children served do come from low-income families in Franklin County.

Sources of information:

Streiff, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

FCPHD MIECHV is present throughout Franklin County. It is operated by the public

BT3 PROGRAM ASSESSMENT FORM

health nurses in Malone and Saranac Lake.

Sources of information:

Streiff, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

The program covers any child ages birth to five or pregnant mother within Franklin County through a home visitation program.

Sources of information:

Streiff, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 6

Documentation:

Identify methods that overcome access limitations

This is a voluntary program for parents of children aged birth to five. Any family requesting, or agreeing, to services will be seen regardless of location.

Sources of information:

Streiff, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 8

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Families can self-refer by calling the Public Health offices. The nurses receive notification of all births from regional hospitals. They also are able to track birth certificates through a state website. The nurses are also notified, by the obstetrician, pediatrician, WIC, social services or other agencies, of high-risk families or any family desiring services. The nurses call these families and ask if the families would like the support of the public health nurses (Cantwell, 2014; Streiff). A high-risk families is identified as one with parents who are younger than 21, who have low income, who live in at-risk communities, who have a history of child abuse or neglect or who have other factors that can put healthy child

BT3 PROGRAM ASSESSMENT FORM

development in jeopardy (HRSA, 2014).
Sources of information:
Cantwell, 2014; Streiff, 2014; HRSA, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score

U

Documentation:

If available, document coverage for each of the three target counties within the study area:
This program is less than one year old. Erin Streiff, Supervisor Family Health Services Unit, Franklin County Public Health, said that the county is rolling out the FCPHD MIECHV program slowly with the nursing staff already employed by the DOH in order to meet their internal goals.
Sources of information:
Streiff, 2014

Total Possible	28
Section One Total	22

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- | | | |
|----|---|---|
| A. | No health or nutrition-related programing or services | 0 |
| B. | Limited programing or services related to nutrition and health | 2 |
| C. | Moderate programing or services related to nutrition and health | 4 |
| D. | Specifically designed to provide programing or services related to nutrition and health | 6 |
| U. | Unknown or not applicable | |

Score

4

Documentation:

Describe key representative programs or services:
The FCPHD MIECHV program focuses on prenatal health of pregnant mothers, making sure they attend all of their pre-natal appointments. The program then focuses on immunizations for the children, establishing a primary healthcare provider for the children and making sure each family has health insurance. Nutrition is discussed with families but is not one of their outcome measures. If nutrition seems to be a concern, the nurses can refer their families to WIC (Streiff, 2014). I chose to assign a 4 to this question because the program, at least at this time, tends to follow a medical model and does not provide direct nutritional counseling and support.
Sources of information:
Streiff, 2014

2.2. Are pre-birth or family planning services offered by this program?

- | | | |
|----|--|---|
| A. | No existing pre-birth or family planning services offered | 0 |
| B. | Pre-birth services offered | 2 |
| C. | Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services | 4 |

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U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Services are offered to pregnant woman. The nurses work with the pregnant mothers to make sure they get appropriate pre-natal care (Streiff, 2014). I scored this as a 2. Mothers who receive prenatal care are likely to continue with the program, at least in the short term, but records cannot be shared with another agency.

Sources of information:

Streiff, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The FCPHD MIECHV program currently focuses on the health of pregnant mothers and children. Nurses address child abuse and neglect, nutrition, exercise, and so on, in a conversational manner (as opposed to any formal curriculum). They also address home safety such as cribs, crib/bed location, smoke detectors, carbon monoxide detectors, clutter, baby gates, gun safety and other protective devices for toddlers. The nurses can refer families to other agencies if the nurses find that the family wants additional supports (Streiff, 2014). Erin Streiff indicated that her agency would like to have a list of the local agencies identified by this project, what services each agency provides, and who to contact to initiate referrals in order to make referrals easier and more efficient.

Sources of information:

Streiff, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programming or services 0
- B. Limited public outreach programming or services, primarily targeted to advertising efforts 1
- C. Moderate programming or services targeting families not currently considering BT3 services 2
- D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

The FCPHD MIECHV program has no funding stream for advertising or outreach. They have pamphlets located at providers offices, WIC, and at the Department of Social Services.

Sources of information:

Streiff, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programming or services related to child-parent relationships 1

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- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The FCPHD MIECHV nurses are very cognizant of issues that can arise when parent-child relationships are poor. They informally address some problems as they are able. They refer families to agencies that can specifically target those issues.

Sources of information:

Streiff, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

The FCPHD MIECHV program provides home visits and provides parent education with regard to pre-natal health care and healthcare for their child. FCPHD MIECHV doesn't provide parenting classes. Nurses will address some parenting issues during their visits.

Sources of information:

Streiff, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

At this time the FCPHD MIECHV program does not provide socialization support outside of the home.

Sources of information:

Streiff, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

Services are provided in the home.

Sources of Informaiton:

Streiff, 2014

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Total Possible	33
Section Two Total	18

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 0

Documentation:
 List curricula or readiness skills offered:
 The FCPHD MIECHV program does not focus on school readiness skills. In southern Franklin County, Peg Cantwell, RN, has a source of children's books she distributes to her families who live in Saranac Lake.
 Sources of information:
 Streiff, 2014; Cantwell, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 4

Documentation:
 List standards incorporated:
 The FCPHD MIECHV program follows both their internally generated standards as well as NYS Standards for Promoting Healthy Women, Infants and Children Action Plan.
 Sources of information:
 Streiff, 2014; NYSDOH, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score 5

Documentation:
 Describe funding variation and effects on program or provider:
 The funding stream for the Franklin County program comes from the NYS DOH via state aid and grants as well as through Early Intervention and Franklin County. The nurses provide these maternal and early childhood services as part of their employment with the

BT3 PROGRAM ASSESSMENT FORM

county.
Sources of information:
Streiff, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:
FCPHD MIECHV does not provide transportation assistance to the families they serve but the nurses get mileage to travel to the families' homes.

Sources of information:
Cantwell, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
The FCPHD MIECHV program is creating their own internal evaluation system to ensure their program is functioning efficiently and is targeting public health goals for pregnant mothers and young children. That document will not be made public but hard data regarding immunizations and general outcomes will be available on the web site once the program is fully incorporated into the Public Health Department.

Sources of information:
Streiff, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:
The nurses are not required, as a condition of employment, to obtain any continuing education credits. The nurses take courses on breastfeeding, child abuse, family planning options, children's mental health, and so forth in order to keep up to date.

Sources of information:
Streiff, 2014

3.7. For how many hours per day does this program or provider offer services? (If

BT3 PROGRAM ASSESSMENT FORM

services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe what part of the native range is similar in climate to New York:

This is a home-based program. Home visits last 30-45 minutes.

Sources of information:

Streiff, 2014

Total Possible	30
Section Three Total	14

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:

This program has steady funding at this time.

Sources of information:

Streiff, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 15

Documentation:

Describe outreach potential:

Franklin County wants to grow their FCPHD MIECHV program slowly, but eventually, funding to market the program would be very helpful. At this time there is no funding stream for outreach (Streiff, 2014). In addition, I believe it would be possible to use the FCPHD MIECHV program to supply every family of a new born in Franklin County with a packet of materials outlining the options available to parents of children birth to three years old. That service would need sufficient staffing to contact every family and money for the packets and postage.

Sources of information:

Streiff, 2014

4.3. Could this program model be expanded in size or scope (potentially through

BT3 PROGRAM ASSESSMENT FORM

integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 18

Documentation:

Describe expansion potential:

The FCPHD MIECHV program is hoping that this new program will be successful enough to hire additional nurses to serve families in Franklin County (Streiff, 2014). According to Erin Streiff, Public Health is looking (long term) into billing Medicaid for eligible clients, as well as other available funding streams such as block grants. When additional funding sources are secured, FCPHD will be able to look at hiring additional personnel.

Sources of information:

Streiff, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe geographic constraints or opportunities:

The FCPHD MIECHV program is only available in Franklin County (Streiff, 2014).

However, Essex and Clinton Counties also operates a home-based, nurse-focused family support programs (Koop, 2014; LaFave, 2014). (Please see Public Health Guidance and The Clinton County Newborn Postpartum Program assessments.)

Sources of information:

Streiff, 2014; Koop, 2014; LaFave, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:

The program model does not lend itself to adding services outside those already being provided.

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

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Score 0

Documentation:

Describe level of effort:

There are significant issues regarding client privacy within healthcare settings (Health Insurance Portability and Accountability Act (HIPAA)) which can make it difficult for separate agencies to work together (Streiff, 2014). I feel that HIPAA issues are not insurmountable, although it does add administrative layers to collaborating programs. I believe that integration would be unlikely but increased inter-agency collaboration would be possible and would be viewed positively.

Sources of information:

Streiff, 2014; Kraft, 2014

Total Possible	96
Section Four Total	33

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Franklin County Public Health Department (FCPHD) administers a Maternal Infant Early Childhood Visiting (MIECHV) program. It is present broadly throughout Franklin County. FCPHD MIECHV program works to deliver home visits to support pregnant women, expectant fathers, as well as parents and primary caregivers of young children birth to kindergarten. FCPHD MEICHV scored 79% in the target population section, 55% in social issues, and 47% in system integration for a cumulative score of 59.34% (moderately effective). The high score within the first section reflects the fact that FCPHD MIECHV nurses are allowed to contact every family with a newborn. I am not yet aware of any other program that has that ability. FCPHD MIECHV serves families in their homes regardless of income throughout all of Franklin County. The program does not actively solicit families through outreach because they have no money to do so. They learn of eligible families through doctors' offices, hospitals, other agencies and birth records. They then call these families. Families may self-refer. FCPHD MIECHV addresses parent and family education in broad strokes through the nurses who make the home visits. FCPHD MIECHV does not directly address school readiness or early literacy skills because it is a medical model operated by a public health agency. If families express an interest in additional assistance for the parents or child(ren), the nurses can make referrals to other supporting agencies. FCPHD MIECHV follows evidence based home visiting programs. The FCPHD MIECHV model conducts self-assessments. This local MIECHV program is administered by the Franklin County Public Health Department (FCPHD). Public Health provides the following services: Acute and Communicable Disease Control, Emergency Preparedness, Home Care, Immunizations, Lead Program, Maternal and Child Health, Rabies, Sexually Transmitted Diseases. The MIECHV nurses refer interested families to outside agencies for services not provided by Public Health. Public Health faces certain restrictions in their desire to collaborate with other agencies because of HIPAA regulations. The FCPHD's programs in their entirety receive funding from the NYS DOH, CSHCN (Children with Special Health Care Needs), Lead Prevention grant and Immunization grant, both funding through the NYS DOH. Also, Early Intervention and Franklin County direct money into the FCPHD. FCPHD MIECHV's Improvability Score was 34.37% (hard to improve). It is felt that although this program doesn't lend itself to expansion into parenting education, childhood education and socialization, it is uniquely positioned to be able to target every Franklin County family with a newborn. It is felt that FCPHD MIECHV could be the entry level agency for all BT3 programming in Franklin County.

References for assessment:

Health Resources and Services Administration (HRSA)

BT3 PROGRAM ASSESSMENT FORM

Maternal and Child Health (2014) <<http://mchb.hrsa.gov/programs/homevisiting/models.html>>; [accessed on July 14, 2104]; <<http://mchb.hrsa.gov/programs/homevisiting/index.html>>; [accessed on July 14, 2014]

Administration of Children and Families (ACF)/Office of Planning, Research and Evaluation. (2014) <<http://www.acf.hhs.gov/programs/opre/resource/revised-design-for-the-mother-and-infant-home-visiting-program-evaluation>> [accessed on July 14 2014] <<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/program-options/home-based/WhatIsTheMater.htm>>; [accessed on July 14, 2014]

Streiff, E. RN. Supervisor Family Health Services Unit, Franklin County Public Health. (2014) Personal Correspondence.

Cantwell, P. RN. Franklin County Public Health. (2014) Personal Correspondence

LaFave, P. RN. Clinton County Public Health. (2014) Personal Correspondence

Koop, R. RN. Essex County Public Health. (2014) Personal Correspondence

Kraft, C. (2014) Personal Opinion.

NYS Department of Health (2014); <https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/wic/>; [accessed on July 15, 2014]

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Essex County Child Health

North Country Effectiveness Score: Ineffective (40-49) *Form date: 7 July 2014*
Improvement Potential: Hard to Improve (0-49)

Counties where operating: Essex County
 Date assessed: August 14, 2014
 Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Wide distribution
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Governmental	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
NYS/Dept. of Health	Immunization Grants
Lead Prevention Grants	

D. SECTION SCORES

Target Population: 22/34	Social Issues: 16/33
System Integration: 9/30	Cumulative (%): 48.45

Improvability: 18/96=18.75

Synopsis: The Essex County Maternal Public Health nurses operate the Medicaid Obstetrical and Maternal Services (MOMS) and Essex County Child Health (ECCH) Programs. These programs serve pregnant women and children who are medically/developmentally at risk. They are very successful in what they do but, the programs scored at a 48.45%, or “Ineffective” level and the Improvability score was 18.75%, "Hard to Improve" because of the narrow target of their programming.

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Program or Provider overview:

The Essex County Maternal Public Health nurses operate two home-based programs that will be assessed as one, MOMS and Essex County Child Health (formerly Child Find).

Medicaid Obstetrical and Maternal Services (MOMS) Program provides complete pregnancy services to pregnant mothers whose household income is within 223% of the Federal poverty guidelines (e.g. up to \$35,078 allowable annual household income for a pregnant mother with no other children). This program allows those mothers to receive Medicaid insurance during their pregnancy and for three months afterward. It also provides Medicaid coverage for their newborn child(ren) for one year.

Essex County Maternal Child Health nurses offer free Essex County Child Health (ECCH) home visits for all high risk Essex County children, regardless of income, ages BT3. High risk can be defined as the child having newborn medical issues, medical issues that arise later in the child's life, parenting problems and environmental concerns. Essex County Child Health includes nursing assessment and education regarding child growth and development, parenting issues, nutrition and health concerns; anticipatory guidance for car seats, lead testing and immunizations; referrals as needed for insurance, doctor, WIC, early head start and other community organizations, services and programs; and continued follow-up after the baby's birth for newborn assessments and education regarding newborn care and breastfeeding.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
MOMS targets low income pregnant women. ECCH does not have any income restrictions but tends to serve low income families.

Sources of information:

Koop-Angelicola, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

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Documentation:

List counties

This is an Essex County program. However, similar programs exist in all three counties.

Sources of information:

Kraft, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

The nurses can access children throughout the entire county.

Sources of information:

Koop-Angelicola, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

The nurses can access children throughout the entire county.

Sources of information:

Koop-Angelicola, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Pregnant women and mothers of newborns can be referred to these programs from hospitals, doctors' offices, Department of Social Service, Early Intervention assessment team(s), or self-referred. The maternal public health nurses attempt to contact every mother of a newborn in the county. Rose Koop-Angelicola feels the nurses reach roughly 75% of these mothers by phone. Every mother of a newborn is eligible for one home visit regardless of income or child health concerns. The Essex County nurses distribute packets of information to all mothers of newborns, even if phone contact has not been made.

Sources of information:

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Koop-Angelicola, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score 0

Documentation:

If available, document coverage for each of the three target counties within the study area:
 There are only two nurses available to serve the pregnant women and high risk children BT3 in Essex County. Currently they are serving 12 MOMS clients and 22 ECCH children.
 Sources of information:
 Koop-Angelicola, 2014

Total Possible	34
Section One Total	22

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services:
 The support the public health nurses supply is generally medically/developmentally related. They conduct developmental screenings, advocate for appropriate medical care and immunizations for the children, screen for lead exposure, and so on. As part of their support, they refer families to other agencies (such as WIC, family resource centers, Early Head Start) who can address the issues of nutrition and healthy lifestyles.
 Sources of information:
 Koop-Angelicola, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services:
 The public health nurses address pre-natal healthcare with expectant mothers through the MOMS program. Occasionally, the child born to a MOMs mother will be explicitly referred into the Essex County Child Health program if the nurse feels that the baby is at

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risk for medical and/or developmental issues.

Sources of information:

Koop-Angelicola, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Although the ECCH program targets medical/developmental concerns, because the nurses make home visits, they are aware of other issues within the home and make referrals to outside agencies. The nurses may refer their families to Early Head Start or Child Preventive Services through the Department of Social Services. The nurses have also made referrals for issues related to domestic abuse, elder abuse, housing and utility needs and the like.

Sources of information:

Koop-Angelicola, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

I elected to rate this as C because the public health nurses attempt to contact every new mother in Essex County shortly after their child(ren) is born. In addition, the health department maintains a website outlining their services and also distributes brochures and posters. All of the public health department staff will distribute written material for all of the public health programs whenever possible. For instance, a staff person doing a presentation on HIV/AIDS will also distribute brochures regarding the MOMS and ECCH programs. The staff from public health mans a booth at the Essex County Fair each year to distribute brochures and posters.

Sources of information:

Koop-Angelicola, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

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Documentation:

Describe key representative programs or services:

The public health nurses are focused on the medical/developmental needs of the children. The nurses work with the parents to help them understand appropriate development in young children and also to understand their responsibilities as parents. This is the foundation for strong family bonds. In addition, because the nurses conduct home visits, those nurses are in an ideal position to refer needy families to other agencies to get further assistance. This additional assistance further strengthens family connections.

Sources of information:

Koop-Angelicola, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- | | |
|------------------------------|---|
| A. None | 0 |
| B. 1-2 | 1 |
| C. 3-4 | 3 |
| D. Five or more | 5 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe key representative programs or services:

MOMS and ECCH offers home visits and parent education.

Sources of information:

Koop-Angelicola, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- | | |
|---|---|
| A. Socialization support is not covered by this program | 0 |
| B. Socialization support is covered, but limited to in-facility | 1 |
| C. Socialization is a part of the program in community settings | 2 |
| U. Unknown or not applicable | |

Score

Documentation:

Describe socialization support either in facilities or in community settings:

ECCH visits are conducted in the family's home so does not include socialization in community settings. Again, if the nurses believe that there is a lack of socialization for the child, the nurses can refer the family to other agencies such as Early Head Start (throughout the county) or the Family Resource Center (in Elizabethtown).

Sources of information:

Koop-Angelicola, 2014

2.8. Is in-home support and visitation part of this program?

- | | |
|------------------------------|---|
| A. No | 0 |
| B. Yes | 3 |
| U. Unknown or not applicable | |

Score

Documentation:

Specify in-home services covered:

All MOMS and ECCH support is delivered in the family home.

Sources of information:

Koop-Angelicola, 2014

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Total Possible	33
Section Two Total	16

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 2

Documentation:

List curricula or readiness skills offered:

In Essex County, the MOMS program helps insure that mothers are carrying their pregnancies to term and have healthy weight infants which is a critical first step in school readiness. The ECCH program supports the BT3 children and their families in the area of health/normal development. The nurses refer needy families to outside agencies for additional support which, in turn, helps make the child(ren) ready for school. Because the nurses do not specifically follow educational curriculum and are only following medically/developmentally at-risk children, I chose to rate this as B.

Sources of information:

Koop-Angelicola, 2014; Kraft, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 0

Documentation:

List standards incorporated:

The MOMS and ECCH programs are primarily medical.

Sources of information:

Koop-Angelicola, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score 5

Documentation:

Describe funding variation and effects on program or provider:

The MOMS and ECCH programs receive their funding through Article 6 through the state, the DOH, Children's Special Healthcare needs (through EI), as well as lead prevention and

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immunization grants. PHG is separate from Public Health Nursing Service. A child who has significant medical needs can be served through the traditional public health care model and those services are billable to insurance companies. When a child no longer qualifies for billable services, that child can be referred to ECCH for long term monitoring. ECCH cannot bill insurance companies for their visits to medically/developmentally at-risk children.

Sources of information:
Koop-Angelicola, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

The nurses receive assistance with transporation.

Sources of information:

Koop-Angelicola, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

The nurses conduct assessments based on their professional expertise but do not use standardized assessments to determine program efficacy.

Sources of information:

Koop-Angelicola, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

Professional development is not required but is supported by this program. The nurses are encouraged (and receive some reimbursement) for conferences geared toward their practice areas.

Sources of information:

Koop-Angelicola, 2014

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3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe what part of the native range is similar in climate to New York:
 This question is not applicable to programming that serves individual families in their homes and has a widely variable visitation structure based on family needs. Some ECCH children are seen once, others weekly, bi-monthly or less frequently. MOMS participants are monitored on a more frequent basis.

Sources of information:
 Kraft, 2014

Total Possible	30
Section Three Total	9

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3)? In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:
 Funding is fairly stable at this time.

Sources of information:
 Koop-Angelicola, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe outreach potential:
 MOMS and ECCH already conducts outreach, primarily through the use of brochures and posters. Because the focus of these two programs is narrow (pregnant mothers within income guidelines and children who are medically/developmentally at risk) additional outreach is not likely to result in an increase in families served.

Sources of information:
 Kraft, 2014

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4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 18

Documentation:

Describe expansion potential:

It is felt that expansion of the Essex County public health maternal and young child programs could be possible and would be helpful in identifying and supporting all families of young children in Essex County. I am basing this answer on the broader philosophy being embraced by the Franklin County Nursing services (please see the Franklin County Public Health Department Maternal Infant Early Childhood Visitation survey for more details. Of course, any expansion would require a significant increase in funding which is always a challenge.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe geographic constraints or opportunities:

At this time, MOMS and ECCH is able to reach all qualifying families within Essex County.

Sources of information:

Koop, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:

This program currently does not have the infrastructure to increase services addressed in sections 1-3.

Sources of information:

Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18

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U. Unknown or not applicable

Score

0

Documentation:

Describe level of effort:

These two programs, MOMS and ECCH, cannot be incorporated into another agency and it is highly unlikely another agency's programming could be incorporated into this county agency.

Sources of information:

Kraft, 2014

Total Possible	96
Section Four Total	18

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Essex County Maternal Public Health nurses operate two home-based programs that are assessed as one. The Medicaid Obstetrical and Maternal Services (MOMS) Program provides complete pregnancy services to pregnant mothers whose household income is within 223% of the Federal poverty guidelines. Essex County Maternal Child Health nurses offer free Essex County Child Health (ECCH) home visits for all medically/developmentally at risk Essex County children, regardless of income, ages BT3. These particular services are offered in Essex County only, although each of the three counties have similar programs.

These two programs scored at a 48.45%, or “Ineffective” level. Each program is quite effective providing services for their targeted populations but these populations are narrow in scope. MOMS and ECCH are found to be relatively ineffective when compared to broader programming offered in the catchment area.

Because the public health nurses are able to make phone contact with each new mother in the county, these programs scored well in the first section, Target Population. Because these programs are not standardized and don't use public accessible evaluation tools, nor are the staff required to take continuing educational courses, the MOMS/ECCH programs scored lowest in the third section, System Integration. In section two, Social Issues, the MOMS/ECCH programs scored just below the 50% level, primarily because these programs tend to be medical in nature, focusing in on healthy pregnancies and on children who have medical and/or developmental issues. However, it cannot be emphasized enough that the nurses play an instrumental role in referring needy families to other agencies for services not provided by the Health Department.

MOMS and ECCH are programs administered by Essex County Public Health Department. The Health Department has many roles including cancer screening, running a certified home health agency, operating immunization, rabies, and HIV/STD clinics, and offering car seat checks, lead screening, WIC clinics. They also provide services for children with special health care needs and handle emergency preparedness. Please refer to their website for a complete description of their services.

The funding for the MOMS and ECCH programming comes through NYS Article 6/Department of Health including grants for Lead Prevention and Immunization clinics.

MOMS and ECCH Improvability score was 18.75%, "Hard to Improve". Because their funding is reasonably consistent at this time, the nurses already reach out to all new families throughout the entire county, the services are provided in the families' homes through the county, and Essex County Public Health is not likely to absorb any outside programs, there is not a lot that could change. However, with additional funding it may be that the nurses could expand their services in ECCH to reach children that are not just medically or developmentally at risk, similar to the Franklin County Public Health Department MIECHV program.

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References for assessment:

Essex County Public Health Web Site. (2014)

<http://www.co.essex.ny.us/EssexCountyPublicHealth/index_files/Page2494.htm>; [accessed August 15, 2014]

Koop-Angelicola, R. RN. Essex County Public Health Nurse. (2014) Personal correspondence.

Kraft, C. (2014) Personal Opinion.

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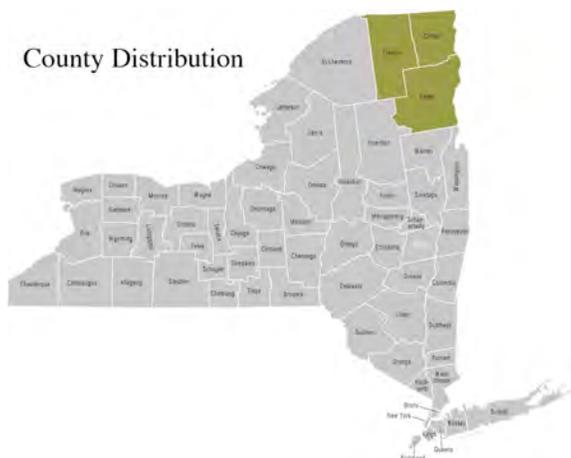
Program/Provider Name: Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

BT3 Service Points: Effective (60-79) *Form date: 7 July 2014*

Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: all
 Date assessed: July 21, 2014
 Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Wide distribution
Franklin	Wide distribution
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Select one				
B1.2. What services does the entity provide in the study area to the target population?				
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits			
<input checked="" type="checkbox"/> Food	<input type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education			
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Federally funded through USDA/FNS	

D. SECTION SCORES

Target Population: 28/24	Social Issues: 17/33
System Integration: 17/30	Cumulative (%): 71.26

Improvability: 22/96=22.91 Synopsis: Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education. The WIC target population are low-income, nutritionally at risk pregnant women, mothers, infants, and children birth to five. WIC's Effectiveness score is 71.26 which is in the middle of the "effective" range. WIC scored at 22.91 for Improvability ("Hard to Improve").

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Program or Provider overview:

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education.

The WIC target population are low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)

States.

- Infants (up to 1st birthday). WIC serves 53 percent of all infants born in the United States.

- Children up to their 5th birthday.

The following benefits are provided to WIC participants:

- Supplemental nutritious foods
- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is

- administered at the Federal level by FNS
- administered by 90 WIC state agencies, through approximately 47,000 authorized retailers.

- WIC operates through 1,900 local agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).

WIC's mission is to be a partner with other services that are key to childhood and family well-being, such as immunization. As an adjunct to services that provide immunizations, the WIC Program's role is to find out about a child's need for immunizations and share that information with parents, including where to get a child immunized. Because immunization rates of low-income children continue to lag behind those of more affluent children, a White House Executive Memorandum was issued in December 2000 directing WIC to screen the immunization records of all infants and children under the age of two at WIC certification visits. Parents are encouraged to bring their infant/child's immunization record to WIC appointments so that WIC staff can review the record as part of the WIC certification process. WIC provides a referral to immunization services, ideally to the child's usual source of medical care (Federal WIC web site).

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |
-

BT3 PROGRAM ASSESSMENT FORM

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
The WIC target population is low-income, nutritionally at risk pregnant women (through pregnancy and up to 6 weeks after birth or after the pregnancy ends), breastfeeding women (up to infant's 1st birthday), non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends), infants (up to 1st birthday) and children up to their 5th birthday. In addition, families who receive benefits from Food Stamps, Medicaid or Temporary Assistance for Needy Families are automatically eligible for WIC.

Sources of information:

NYS DOH web site, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

WIC clinics are present in all three counties

Sources of information:

NYS DOH website, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

WIC clinics are held in the following locations within the three counties: Lake Placid, Ausable Forks, Elizabethtown, Ticonderoga, Moriah, Keeseville, Port Henry and Schroon Lake, Plattsburgh, Champlain, Altona, Peru, Saranac Lake, Tupper Lake and Malone.

Sources of information:

Essex County website; Clinton County website; Louey, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Identify methods that overcome access limitations

The agencies operating the WIC clinics in each county hold clinics in many small communities through their catchment areas. Families must make arrangements to get to those clinics. However, if WIC is aware of families who are having difficulty with transportation, WIC tries to get those families involved with a program that can provide transportation, such as EHS in Essex County.

Sources of information:

Essex County website; Clinton County website; Berger, 2014

1.5. How does this program solicit children BT3 for services?

- | | | |
|----|--|---|
| A. | Program only works with families that seek services on their own without intervention | 0 |
| B. | Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) | 3 |
| C. | Seeks out families and children directly through public outreach events | 6 |
| D. | Seeks out families and children directly in their natural setting | 8 |
| U. | Unknown or not applicable | |

Score 6

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Families can be referred to WIC by physicians, hospitals, social services departments and the like. Agencies that provide WIC services often have websites with general information for current and interested participants including clinic calendars. WIC uses brochures and posters throughout the community. WIC staff members visit high schools, colleges, go to health fairs, and visit farmers markets (Essex Co, 2014; Clinton Co, 2014; Louey, 2014).

The agency administering the WIC program in Franklin County secured a grant recently to increase outreach to radio spots and a bill board (Louey, 2014).

Sources of information:

Essex County website, 2014; Clinton County website, 2014; Louey, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score 6

Documentation:

If available, document coverage for each of the three target counties within the study area:

In May, Essex County saw 920 participants of which 136 were children from birth to two years old and 271 were children from 2-5 years old. Franklin County has 1073 enrolled participants although not every participant attends a clinic each month. In June, Franklin County/Malone served 155 mothers, 176 infants, 138 one and two year old children and 265 children ages two to five. Saranac Lake served 14 mothers, 18 infants, 16 one and two year olds and 42 two to five year olds. The numbers for Tupper Lake were 25, 27, 12, and 36 respectively (Louey, 2014).

Sources of information:

Berger, 2014; Louey, 2014

Total Possible	34
Section One Total	28

2. SOCIAL ISSUES

BT3 PROGRAM ASSESSMENT FORM

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

WIC provides foods high in nutrients that are important for women and young children. WIC's goal is to ensure the health of participants and families by providing healthy foods. The WIC Food Package includes only 1% or skim milk for women and children two years of age and older, low-fat cheese and tofu option, whole grain cereals, oatmeal and canned or dried beans, whole grain breads with the option for whole grain tortillas or brown rice, and cash value vouchers for fresh, frozen and canned vegetables and fruits year round for women and children (women receive \$10.00 in vouchers and children receive \$6.00 in vouchers monthly). Because the WIC programs in Essex and Clinton Counties are operated by the county Public Health Departments, the WIC clinics in those counties also offer immunization clinics concurrent with their nutrition services. The Franklin County WIC program is administered out of North County Family Health Center (NCFHC) in Watertown (Jefferson County). NCFHC told the Franklin County Public Health Department that WIC and the nursing immunization clinics cannot be held concurrently in Franklin County because of privacy policies (Streiff, 2014).

Sources of information:

NYS DOH web site, 2014; Streiff, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Pregnant woman may qualify for WIC through delivery and six weeks afterwards (or six weeks after the pregnancy ends). I elected to score this as C because mothers who qualify for WIC during pregnancy, almost always qualify for WIC for their new babies so continue on in the program. WIC, in turn, will refer needy families to other agencies for services for the parents and the children (please see the EI and Family Resource Centers' assessments).

Sources of information:

Federal WIC web site, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe key representative programs or services:

WIC is able to offer immunization in conjunction with the Public Health Immunization clinics in Essex and Clinton counties because both WIC and the immunization clinics are operated by the Public Health Departments in those counties. Because both WIC and the immunization clinic are run by the same entity, the issues of confidentiality are not problematic. In Franklin County, Public health offers immunization clinics separately from WIC because of those privacy concerns (Streiff, 2014). Often, the clinics in Essex County also have health insurance facilitators to assist families with getting insurance and a cancer screening person who helps needy adults get cancer screenings such as mammograms and colonoscopies (Berger, 2014). WIC often refers families to other agencies for supports not offered through the WIC program (Streiff, 2014).

Sources of information:

Streiff, 2014; Berger

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Agencies that provide WIC services often have websites with general information for current and interested participants including clinic calendars. WIC uses brochures and posters throughout the community. WIC staff members visit high schools, colleges, go to health fairs, and visit farmers markets.

Sources of information:

Berger, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

WIC provides breast feeding support to new mothers (which helps mother-child bonding) and refers to other agencies for various family issues (Federal WIC website, 2014). They also counsel parents on reducing screen time, increasing group meal times and WIC staff promote family time by, for instance, distributing seeds for a family garden (Berger, 2014).

Sources of information:

Federal WIC web site, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1

BT3 PROGRAM ASSESSMENT FORM

- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

1

Documentation:

Describe key representative programs or services:

WIC helps low income families with their nutritional needs and will refer families to other agencies and medical facilities for other family issues. They provide parent education in the areas of nutrition.

Sources of information:

Federal WIC web site, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

0

Documentation:

Describe socialization support either in facilities or in community settings:

Other than the fact the WIC services are provided in a community clinic setting, there is no component of socialization offered through WIC.

Sources of information:

Federal WIC web site, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

0

Documentation:

Specify in-home services covered:

WIC services are provided in community clinics.

Sources of information:

NYS DOH web site, 2014

Total Possible	33
Section Two Total	17

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score

0

BT3 PROGRAM ASSESSMENT FORM

Documentation:

List curricula or readiness skills offered:
WIC does not provide school readiness programming.
Sources of information:
Federal WIC web site, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:
WIC is a federal program and follows USDA guidelines for nutrition for pregnant women and for young children.
Sources of information:
Federal WIC web site, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:
WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is administered at the Federal level by FNS, is administered by 90 WIC state agencies, through approximately 47,000 authorized retailers. WIC operates through 1,900 local agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).
Sources of information:
Federal WIC web site, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

List transportation programs, incentives and restrictions:

Each family is responsible for getting to their WIC clinic appointments. WIC attempts to link families with transportation needs to other agencies who may be able to assist, such as Early Head Start in Essex County.

Sources of information:

Berger, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

WIC saves lives and improves the health of nutritionally at-risk women, infants and children. The results of studies conducted by FNS and other non-government entities prove that WIC is one of the nation's most successful and cost-effective nutrition intervention programs. Since its beginning in 1974, the WIC Program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States.

Collective findings of studies, reviews and reports demonstrate that the WIC Program is cost effective in protecting or improving the health/nutritional status of low-income women, infants and children. Studies have demonstrated improved birth outcomes and savings in health care costs, improved diet and diet-related outcomes, improved infant feeding practices, immunization rates and regular source of medical care, improved cognitive development (improved vocabulary scores for children of mothers who participated in WIC prenatally and significantly improved memory for numbers for children enrolled in WIC after the first year of life), and improved prenatal nutritional status. In addition studies have found participation in WIC increase the likelihood of children having a regular provider of medical care and in improved growth rates.

Sources of information:

Federal WIC website, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

WIC is a very prescribed program and has strict training requirements for all staff according to their job description.

Sources of information:

Berger, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0

BT3 PROGRAM ASSESSMENT FORM

- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe what part of the native range is similar in climate to New York:
 Clinics generally last a couple of hours. Each providing agency determines the frequency, location and duration of the clinics. In Franklin County, the Malone clinic operates four days per week. The Tupper Lake and Saranac Lake clinics operate two time each month (Louey, 2014).

Sources of information:

Essex County and Clinton County Public Health Department web sites, 2014; Louey, 2014

Total Possible	30
Section Three Total	17

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:

Congress provides funding every year for WIC and has been doing so since the mid-1970's. Cindy Louey, from the Franklin County WIC office, pointed out that Essex and Clinton WIC programs are operated by the county which has more stable funding for their staff (in other words, those counties' staff are not strictly WIC employees). The Franklin County WIC program is administered by a non-profit agency. The people employed for the WIC clinic are only WIC employees. Their salaries are directly linked to the WIC funding stream.

Sources of information:

Federal WIC web site, 2014; Louey, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 10

Documentation:

Describe outreach potential:

Additional outreach can all provider agencies. WIC does a great job overall but does not access families directly at home. The county maternal nurses can access all families and provide information about WIC to families of young children (Streiff, 2014). Franklin County WIC is embarking on an outreach campaign funded by a separate grant. The parent organization, North Country Family Health Center, felt that more outreach was needed to target families and to educate them on eligibility requirements (Louey, 2014).

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Streiff, 2014; Louey, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe expansion potential:
WIC is a prescribed program that cannot be integrated into another program.
Sources of information:
Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 12

Documentation:

Describe geographic constraints or opportunities:
Essex County lost two clinic sites five years ago because those sites were serving less than 50 individuals. The State and County struggle to balance providing services to all who qualify while at the same time keeping related costs within budget constraints. The clinic sites were free but travel costs were too high to justify continuing to provide services at those sites.
Sources of information:
Berger, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:
WIC's services are prescribed by the Federal mandates.
Sources of information:
Federal WIC website, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

	Score	0
Documentation: Describe level of effort: WIC's services are prescribed by the Federal mandates. Sources of information: Federal WIC website, 2014		
Total Possible		96
Section Four Total		22

4. FORM SYNOPSIS

Section score and improvability synopsis:

Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals, and nutrition education. The WIC target population are low-income, nutritionally at risk pregnant women, breastfeeding women, non-breastfeeding postpartum women, infants, and children up to their 5th birthday. The WIC clinics in Essex and Clinton Counties also offer immunization services. WIC is present in all counties. It is administered by the Public Health Departments nursing program in Clinton and Essex Counties. In Franklin County, it is operated by North Country Family Health Center based out of Watertown who operate an office/clinic in Malone.

WIC's Effectiveness score is 71.26 which is in the middle of the "effective" range. They are very effective at reaching out and targetting families. Because they don't provide comprehensive family supports and school readiness skills, WIC scores much lower in the remainder of the questionnaire. WIC's strengths are as follows: WIC targets low income families and provides significant assistance with purchasing healthy foods. The clinics in Essex and Clinton Counties also hold concurrent public health immunization clinics which is convenient for families. WIC serves over 600 children BT3 in the three county area. WIC is an important referral source for other local agencies who provide services to young families. The funding stream for WIC is reasonably stable. The weakness are as follows: WIC is a nutrition program held in a clinic setting therefore services are not available outside of the clinic location or dates of service and it does not directly address social issues, school readiness, or parenting skills. WIC is administered by the Public Health Departments in Essex and Clinton Counties. These departments offer a wide variety of health related services to the residents of their counties. In Franklin County, WIC is operated by North Country Family Health Center (NCFHC) out of Watertown. NCFHC operates medical and dental clinics in Watertown and WIC offices in other population bases including Malone. WIC is funded through the Federal Government. Money is authorized annual by Congress. WIC scored at 22.91 for Improvability ("Hard to Improve"). Because the WIC program is constrained by Federal mandates, short of increasing the clinic locations to more rural areas, there is not a lot that can be changed.

References for assessment:

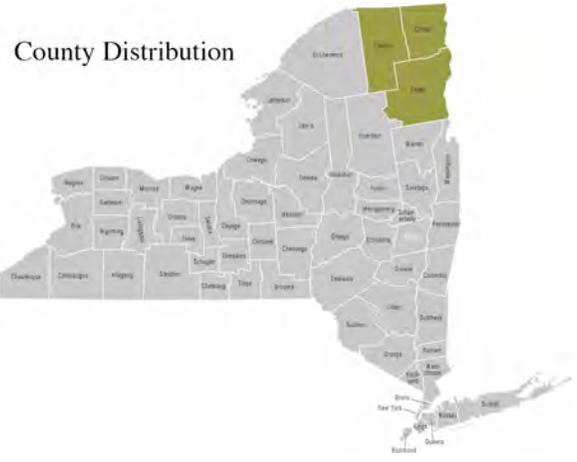
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- Streiff, E. RN. Supervisor Family Health Services Unit, Franklin County Public Health. (2014) Personal Correspondence.
- Kraft, C. (2014) Personal Opinion.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Libraries (Summer Reading Program)

BT3 Service Points: Ineffective (40-49) *Form date: 7 July 2014*
Enhancement Capacity: Improvable (50-79)

Counties where operating: All three counties
 Date assessed: 7/30/2014
 Assessors: E. Schwartzberg



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Wide distribution
Franklin	Wide distribution
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Foundations	State Library System

D. SECTION SCORES

Target Population: 20/34	Social Issues: 9/33
System Integration: 17/33	Cumulative (%): 48.00

Improvability: 73.00
Synopsis: The Summer Reading Program is offered at public libraries in the Clinton, Franklin, Essex County library system. The strengths of the library reading programs lie in the library systems fairly broad distribution across the study area as well as the focus on literacy, and hence role in school readiness. The weaknesses within the Target Population section were related to the ability of the libraries to bring their services to families outside of the libraries. This program could easily be expanded to more locations or by adding more timeslots to current programs at current locations or at Family Resource Centers.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

The community libraries in Essex, Franklin, and Clinton counties offer three services that target the 0-3 year old population. These include the Summer Reading Program, Storytime, and Evening Storytime.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | | |
|----|---|---|
| A. | The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. | Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. | Provides assistance and resources tailored to low-income families | 4 |
| D. | Designed specifically for low-income and poverty-level families | 6 |
| U. | Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
The libraries are open to all members of the public, however they do not target low-income families.

Sources of information:
Benson, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | | |
|----|--|---|
| A. | No presence in any of the target counties | 0 |
| B. | Present only in one county | 2 |
| C. | Present in two counties within northern New York | 4 |
| D. | Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. | Unknown or not applicable | |

Score

Documentation:

List counties
Libraries are present in all three counties of the study area.

Sources of information:
Benson, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- | | | |
|----|---------------------------|---|
| A. | Coverage is narrow | 0 |
| B. | Coverage is broad | 2 |
| U. | Unknown or not applicable | |

Score

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
Reading programs are offered in most libraries in the study area.

Sources of information:

Benson, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 0

Documentation:

Identify methods that overcome access limitations

These reading programs are limited to urban and suburban centers. The library system once had a BookMobile, but has been discontinued due to lack of funding.

Sources of information:

Benson, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 6

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

The Summer Reading Program solicits support through word of mouth, flyers, emails, and on social media, including Twitter and Facebook.

Sources of information:

Benson, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score 4

Documentation:

If available, document coverage for each of the three target counties within the study area:

The Saranac Lake Library recorded 145 participants in 2013, although many were repeats (Benson, 2014). The entire three county library system registered 998 children, approximately 30% of which were estimated to be between the ages of 0-3 years. The program attendance for 2013 was 4887 children (0-teen), with individual program

BT3 PROGRAM ASSESSMENT FORM

attendance between 10-30 children.
Sources of information:
Benson, 2014; Weaver, 2014

Total Possible	34
Section One Total	20

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Each Summer Reading Program session focusses on a selected topic. Nutrition is one of those topics covered.
Sources of information:
Benson, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Family planning is not part of the Summer Reading Program, however books on pre-birth and family planning are kept in the childrens section as well as in duplicate in another section of the Saranac Lake Free Library.
Sources of information:
Benson, 2014.

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Comprehensve family care is not a part of this program.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Benson, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:
Outreach for the Summer Reading Program is limited.

Sources of information:
Benson, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
Enhancing child-parent relationships is a key component of the reading programs at libraries. Specifically, behaviors are modeled that assist parents in teaching their children to read.

Sources of information:
Benson, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
These programs are public events and support parent education.

Sources of information:
Benson, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0

BT3 PROGRAM ASSESSMENT FORM

- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:
Libraries themselves are public spaces that help teach basic social skills in a specific public setting.

Sources of information:

Benson, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

No

Sources of information:

Benson, 2014

Total Possible	33
Section Two Total	9

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

The summer Reading Program and the other reading programs are designed to help families read together. Literacy is an important school readiness skill and is the main focus of all the library reading programs.

Sources of information:

Benson, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

BT3 PROGRAM ASSESSMENT FORM

The reading programs follow American Library Association standards.

Sources of information:

Benson, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

The funding for the Summer Reading Program at the Saranac Lake Free Library is extremely minimal. Peter Benson stated that they would run the program regardless of funding because of its importance and because the library has the ability to cover some program costs under their overall funding.

Sources of information:

Benson, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

There are no assistance programs related to transportation to these reading programs.

Sources of information:

Benson, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

Evaluation tools are not part of this program.

Sources of information:

Benson, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or

BT3 PROGRAM ASSESSMENT FORM

federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score 0

Documentation:

Describe professional development opportunities and requirements:
Continuing education is not required, however libraries provide educational opportunities through webinars for reading program coordinators.

Sources of information:
Benson, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score 0

Documentation:

Describe what part of the native range is similar in climate to New York:
The library reading programs last about two hours.

Sources of information:
Benson, 2014

Total Possible	33
Section Three Total	17

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3)?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 0

Documentation:

Describe:
Programming would continue at current levels regardless of funding.

Sources of information:
Benson, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Outreach could draw more participants for this program.

Sources of information:

Benson, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program could easily be expanded to more locations or by adding more timeslots to current programs at current locations. These programs cannot be expanded in scope.

Sources of information:

Benson, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

These programs could be improved by being more geographically diverse. The library system currently sends books to town halls to make reading materials available to families that are less likely to visit the library branches of the study area. A similar effort could target children ages 0-3 years.

Sources of information:

Benson, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

This program is limited to early childhood literacy.

Sources of information:

Benson, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

BT3 PROGRAM ASSESSMENT FORM

A.	Unlikely that this is possible do to type of program or provider group	0
B.	Integration possible, but impractical or costly	12
C.	Integration possible and would result in improvements to services offered for BT3 population	18
U.	Unknown or not applicable	

Score 18

Documentation:

Describe level of effort:

There are ample opportunities for enhancement of the Summer Reading Program through integration into other programs. For example, library staff could host the Summer Reading Program at area Family Resource Centers. Libraries could also offer a book club specifically targeting parents of children between the ages of 0-3 years.

Sources of information:

Benson, 2014

Total Possible	100
Section Four Total	73

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Summer Reading Program is offered at public libraries in the Clinton, Franklin, Essex County library system. Other similar programs are also offered at many of these libraries, including the Story Time and Evening Story Time. These reading programs offer services in two main areas - literacy and parent-family relationships. Literacy, of course, falls into the broad service category of school readiness. The BT3 Service Score for these reading programs was 52.00, falling within the Moderately Effective range. Points were not evenly distributed across the three sections. These programs scored highest for target Population (26/34). The strengths of the library reading programs lie in the library system's fairly broad distribution across the study area as well as the focus on literacy, and hence role in school readiness. The weaknesses within the Target Population section were related to the ability of the libraries to bring their services to families outside of the libraries. The library programs receive funding through the library system as well as directly from donors to the individual library branches. Each library is administered differently, and depending on the individual library's governance structure, funds for programing can come from different sources. The library reading programs scored in the higher part of the Improvable range for Enhancement Capacity. There are several means to increase effectiveness for these readership programs. The library system once had a Book Mobile that traveled to communities. The funding to support the Book Mobile has diminished, and such service could increase the geographic area of the libraries' programs, including the Summer Reading Program. This program could easily be expanded to more locations or by adding more time slots to current programs at current locations. These programs cannot be expanded in scope. There are ample opportunities for enhancement of the Summer Reading Program through integration into other programs. For example, library staff could host the Summer Reading Program at area Family Resource Centers. Libraries could also offer a book club specifically targeting parents of children between the ages of 0-3 years.

References for assessment:

- Benson, Peter. Library Director, Saranac Lake Free Library. (2014). Personal Corespondence.
 Weaver, Julie. CEF Libraries Outreach Coordinator. (2014). Personal Corespondence.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Child Day Care Centers

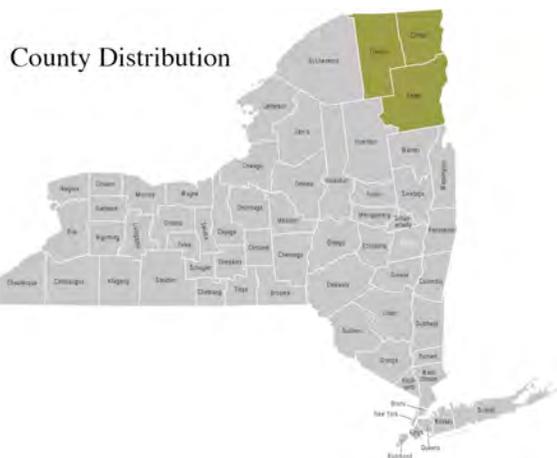
BT3 Service Points: Ineffective (40-49) *Form date: 7 July 2014*

Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: Clinton, Essex, Franklin

Date assessed: July 21, 2014

Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Narrow distribution
Clinton	Narrow distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Select one	
B1.2. What services does the entity provide in the study area to the target population?	
<input checked="" type="checkbox"/> Day care	<input type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Private	County Subsidies

D. SECTION SCORES

Target Population: 8/34	Social Issues: 7/33
System Integration: 17/33	Cumulative (%): 32.0%

Improvability: 12/96=12.5
Synopsis: Child Day Care Centers (CDCCs) care for children from six weeks through young school aged children in a school-like setting. They score at a 32% Effectiveness rating. They do not have a way of targeting at-risk families, do not reach rural at-risk families, and have limited ability to target many of the family concerns reflected in this survey. The Improvability score was 12.5. Adding CDCCs in Essex County through their Early Head Start program could bring CDCCs to northern and southern Essex County and could be a way to target at-risk families and to provide many of the services described in this survey.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Child Day Care Centers (CDCC) are licensed by NYS to provide child care in a school-like facility for children from six weeks through school aged. CDCC specifies a program or facility which is not a residence in which more than six children are served on a regular basis for more than three hours per day. Most CDCCs operate for 10-12 hours per day and are comprised of separate classrooms for each age of child.

Center-based programs that are exempt from licensing include: summer day camps, religious education classes, day treatment facilities, and programs for children three years of age or older operated by a public school district, and outside of New York City, nursery schools/preschools that care for children less than three hours a day.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
CDCCs provide care to children regardless of socio-economic levels. The CDCCs do not target at-risk families.

Sources of information:
Basiliere, 2013

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties
Child Day Care Centers are present in Essex, Franklin, and Clinton Counties.

Sources of information:
OCFS, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin

BT3 PROGRAM ASSESSMENT FORM

Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 0

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
 CDCCs are all located in the most populated areas, specifically, Keeseville, Plattsburgh, Rouses Point, Malone, and Saranac Lake. There are no CDCCs in the remainder of Essex County such as Elizabethtown, Ticonderoga, Port Henry or Schroon Lake.

Sources of information:
 OCFS, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 0

Documentation:

Identify methods that overcome access limitations
 Families must transport their children to CDCCs.

Sources of information:
 Basiliere, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 0

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

CDCCs do little solicitation. Much of the "advertising" is simply word of mouth.
 Occasionally CDCCs will ask parent for referrals to fill empty slots.

Sources of information:
 Basiliere, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score 2

Documentation:

If available, document coverage for each of the three target counties within the study area:
At this time the CDCCs in Clinton, western Essex and Franklin Counties have the capacity to care for 284 children between 6 weeks and 36 months.

Sources of information:
OCFS, 2014

Total Possible 34
Section One Total 8

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services:

Many of the CDCCs provide meals and snacks (Basiliere, 2014). If a CDCC provides food, the CDCC must provide four weeks of current meal and snack menus, as applicable, to be reviewed for nutritional content, variety and quality at the time of initial application and once every 24 months by a federal Child and Adult Care Food program specialist responsible for reviewing and approving menus, or by a person who has a bachelor's or master's degree with a major in food and institutional management or a closely related field, has completed a dietician internship, or has been certified as a registered dietician or has an equivalent state certification. Current menus for each week must be posted in a place readily accessible to parents and the Office (OCFS, 2014). The CDCCs do not provide parental education regarding nutrition or health although they can model appropriate behaviors.

Sources of information:
Basiliere, 2014; OCFS, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score 0

Documentation:

Describe key representative programs or services:

No pre-birth services are offered.

Sources of information:
OCFS, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

BT3 PROGRAM ASSESSMENT FORM

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:
 Describe key representative programs or services:
 No family or home services are offered by the CDCCs. The CDCCs must offer information about other community resources to families when they are in need of supportive social services not otherwise provided by the child day care center.
 Sources of information:
 OCFS, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:
 Describe key representative programs or services as well as a description of public events:
 Outreach is not a part of the CDCC programming.
 Sources of information:
 Basiliere, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:
 Describe key representative programs or services:
 Good quality CDCCs provide photos, newsletter, daily notes, etc. to their families which allow caregivers access to their child(ren)'s day. Some CDCDs will hold family events such as picnics or potluck meals. CDCC staff may also schedule periodic meetings with caregivers to discuss the child(ren). All of these activities can promote healthy parent-child relationships.
 Sources of information:
 Basiliere, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
CDCCs provide daycare to children and may provide food depending on each facility's policy.

Sources of information:
Basiliere, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:
CDCCs provide significant opportunity for socialization. It is usually limited to in-facility but CDCCs can go out community outings if they wish. Since no North Country CDCCs have busses, community outings are within walking distance.

Sources of information:
Basiliere, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:
In-home support is not a part of this program.

Sources of information:
Basiliere, 2014

Total Possible	33
Section Two Total	7

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

BT3 PROGRAM ASSESSMENT FORM

The CDCCs must establish a planned program of activities which are appropriate for the children in care, and which encourage normal progress in the development of cognitive, social, emotional, physical and language skills. Children must be provided with a program of self-initiated, group-initiated and staff-initiated activities which are intellectually stimulating and foster self-reliance and social responsibility (OCFS, 2014). State licensing requirements do not specify any particular curriculum. Some CDCCs utilize research based curriculum such as "Creative Curriculum" or "High Scope" (Basiliere, 2014).

Sources of information:

OCFS, 2014; Basiliere, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

Each CDCC must follow licensing requirements but there are no standards that must be followed.

Sources of information:

Basiliere, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

CDCCs receive payment directly from caregivers or through county subsidies for needy families.

Sources of information:

Basiliere, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

There is no transportation program associated with CDCCs.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Basiliere, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

The CDCCs are inspected by a Licenser out of Rensselaer, NY.

Sources of information:

Basiliere, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

Each person responsible for developing, directing, and supervising the daily activity programs for children (director) and each employee must complete a minimum of thirty (30) hours of training every two years. Fifteen (15) hours of such training must be received during the first six months of the program's first year of licensure or during the person's first six months of employment by the program. This initial fifteen (15) hours applies towards the total thirty (30) hour minimum requirement for each license period. Such training requirements shall also apply to any volunteer in such day care program who has the potential for regular and substantial contact with children. Training must address the following topics: principles of childhood development, nutrition and health needs of children, child day care program development, safety and security procedures, business record maintenance and management, child abuse and maltreatment identification and prevention, statutes and regulations pertaining to child day care, and statutes and regulations pertaining to child abuse and maltreatment.

Sources of information:

OCFS, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

Documentation:

Describe what part of the native range is similar in climate to New York:

BT3 PROGRAM ASSESSMENT FORM

CDCCs are free to set their own hours but generally offer 10-12 hours of childcare Monday through Friday.

Sources of information:

Basilieri, 2014

Total Possible	33
Section Three Total	17

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question

3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score

Documentation:

Describe:

CDCCs are paid by caregivers and through county subsidies to needy families.

Sources of information:

Basilieri, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Each CDCC has a fixed number of child care slots available. In Clinton and Franklin Counties, the occupancy rate tends to run between 85% and 95%.

Sources of information:

Basilieri, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program is not designed to target at-risk families although associating a CDCC with an Early Head Start program could be a way of targeting at-risk families. Please see Q4.6.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically

BT3 PROGRAM ASSESSMENT FORM

available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe geographic constraints or opportunities:
Family daycare providers (both licensed and exempt) fill in the geographical gaps between CDCCs. Please refer to the Family Day Care Homes assessment.

Sources of information:
OCFS, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe potential to increase services offered:
Programming offered through CDCCs can only be targeted at child care. CDCCs will make referrals to outside agencies as necessary.

Sources of information:
OCFS, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score 12

Documentation:

Describe level of effort:
In my opinion, one area that could benefit from the addition of a licensed CDCC would be Early Head Start in Essex County. The addition of a CDCC to that program would bring one or two high quality CDCCs to central and, perhaps, southern Essex County. These CDCCs would target at-risk families which the traditional CDCCs do not do and would be able to offer many more social services to these families. Please see the Early Head Start assessment for more details (Kraft, 2014).

Another possibility is that at some point an agency in the three county area may receive an Early Head Start-Child Care Partnership (EHSCCP) grant. This is a program that imbeds Early Head Start standards into FDCHs. However, FDCHs wishing to participate in this program would also have to agree to meet the stringent EHS performance standards (ACF, 2014). Apparently potential grantee agencies, such as JCEO (who already runs Head Start programs for four and five year olds), are uneasy about the prospect of partnering with child care providers. It is challenging to supervise employees. Apparently they feel it would be that much more challenging to supervise child care providers who are not employees and who are managing their own businesses (Frawley, 2014).

Sources of information:
Kraft, 2014; Frawley, 2014

BT3 PROGRAM ASSESSMENT FORM

Total Possible	96
Section Four Total	12

4. FORM SYNOPSIS

Section score and improvability synopsis:

Child Day Care Centers (CDCCs) care for children from six weeks through young school aged children in a school-like setting. In this catchment area, these centers operate Monday through Friday for 10-12 hours per day. These centers are located in populated areas within Clinton, Franklin and western Essex County (specifically Saranac Lake and Raybrook in Essex County).

CDCCs score at a 32% Effectiveness rating. This is not to say CDCCs do not provide important support to children and families of children in the BT3 age range. Rather, the CDCCs do not have a way of targeting at-risk families, do not reach rural at-risk families and have limited ability to target many of the family concerns reflected in this survey. Their strength is quality daycare in a safe, regulated, and inspected setting. Their weaknesses are in the area of targeting at-risk families, providing needed services beyond childcare and reaching families living in remote areas of the county.

Each CDCC is privately owned and operated. They are monitored by a licenser and receive technical support and training through the Child Care Coordination Council of the North Country (Franklin and Clinton CCDCs) and Adirondack Community Action Programs (Essex County). CDCCs receive payments directly from the child(ren)'s caregiver or through county subsidies for needy families.

CDCCs had a 12.5 Improvability score. There is little that additional financial support could do to change CDCCs in their traditional role. However, adding one or two CDCCs in Essex County through their Early Head Start program could bring CDCCs to northern and southern Essex County and could be a way to target at-risk families and to provide many of the services described in this survey. Please see the Early Head Start assessment. Another possibility would be to involve CDCCs in an Early Head Start-Child Care Partnership grant.

References for assessment:

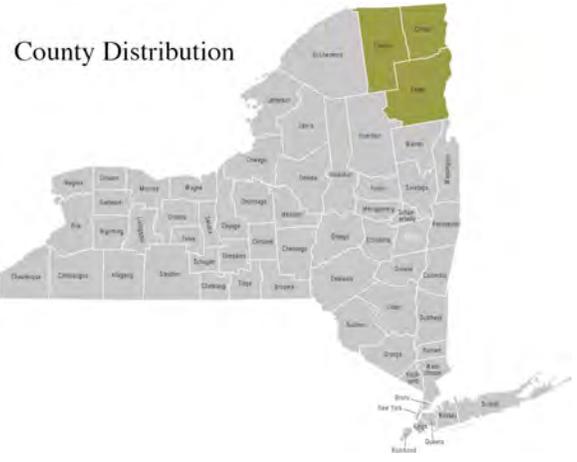
- NYS Office of Children and Family Services. (2014) <http://ocfs.ny.gov/main/childcare/regs/418-1_CDCC_regs.asp#s6> and <http://www.ocfs.state.ny.us/main/childcare/ccfs_template.asp#top_of_page>; [accessed on July 21, 2014]
- Basilieri, J. Executive Director Childcare Council of the North Country. (2014) Personal Correspondence.
- Kraft, C. (2014) Personal opinion
- Frawley, R. Deputy Director; NYS Council on Children and Families. (2014) email dated June 25, 2014.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Family Day Care Homes

BT3 Service Points: Ineffective (40-49) *Form date: 7 July 2014*
Enhancement Capacit: Hard to Improve (0-49)

Counties where operating: Clinton, Essex, Franklin
 Date assessed: July 21, 2014
 Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Wide distribution
Franklin	Wide distribution
Clinton	Wide distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Private	
B1.2. What services does the entity provide in the study area to the target population?	
<input checked="" type="checkbox"/> Day care	<input type="checkbox"/> Home visits
<input checked="" type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Caregivers	County subsidies

D. SECTION SCORES

Target Population: 16/34	Social Issues: 7/33
System Integration: 16/33	Cumulative (%): 39%

Improvability: 12/96=12.5
Synopsis: Family Day Care Homes (FDCH) provide care for six children from six weeks through five year old children in a safe, regulated and inspected home setting. They scored at a 39% Effectiveness rating. They do not have a way of targeting at-risk families, do not reach rural at-risk families and have limited ability to target many of the family concerns reflected in this survey including school readiness. They can serve rural families more efficiently than Day Care Centers. Their Improvability score was 12.5.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Family Day Care Homes (FDCH) provide care for children in a family home for three to six children. There must be one caregiver for every two children under two years of age. A family child care provider may care for seven or eight children at any one time if no more than six of the children are less than school age and the school-aged children receive care primarily before or after school. There must be one caregiver for every two children under two years of age. Also included in this survey are Group Day Care Homes (GDCH). GDCH provide care for seven to 12 children of all ages in a family home. A group family day care provider may provide child day care services to four school-age children. Care is provided by one lead care giver and at least one adult assistant. There must be one caregiver for every two children under two years of age.

Legally-exempt (informal) family child care providers (LEFCCP) provide child care for families receiving child care subsidies. LEFCCP are exempt from the family child care licensing process by caring for no more than two non-related children fulltime. If a provider is caring for children part-time, up to three hours or less, then there is no limit of un-related children. When care is provided for more than three hours, the total number of related and un-related children cannot exceed eight. LEFCCP play an important role in providing care outside of the typical Monday through Friday schedule. LECCPs are not being assessed in this survey but several comments pertinent to that model are included in this questionnaire.

FDCH providers must be registered and are monitored by NYS. GDCH are licensed and also monitored by NYS.

From this point forward, I will only refer to FDCH because the GDCH operate in a nearly identical manner.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
FDCH do not target their clients based on socio-economic levels but because of their widely accessible location throughout the county, may have more children that fall within that category. (LEDCP tend to serve low income families and often receive payment directly from the counties through the child care subsidy program.)

Sources of information:

Basilieri, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|--|---|
| A. No presence in any of the target counties | 0 |
|--|---|

BT3 PROGRAM ASSESSMENT FORM

- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:
 List counties
 FDCH are located in all counties.
 Sources of information:
 OCFS, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:
 Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
 FDCH are present throughout the counties.
 Sources of information:
 OCFS, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:
 Identify methods that overcome access limitations
 FDCH are located at private homes, some of which may be located in extremely rural settings. Families must transport their child(ren) to that setting but it is more likely that a FDCH would be close by a rural family than a Child Day Care Center (CDCC) (please see the CDCC assessment for details). (LECCP may travel to the child(ren)'s home to provide child care (Basiliere, 2014).)
 Sources of information:
 OCFS, 2014; Basiliere, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
 FDCHs do little solicitation. Much of the "advertising" is simply word of mouth. Occasionally FDCHs will ask parent for referrals to fill empty slots. Agencies such as the Child Care Coordinating Council of the North Country (CCCCNC) can assist interested parents in finding suitable daycare.
 Sources of information:
 Basiliere, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

6

Documentation:
 If available, document coverage for each of the three target counties within the study area: Each FDCH can care for six children, although only two can be between six weeks and 24 months. Clinton County has the equivalent of 135 FDCHs so can serve 810 children between six weeks and five years old. A very rough extrapolation suggests that 486 of those children could be between six weeks and 36 months old. In Franklin County there are 76 FDCH with 456 child care slots and the potential for roughly 274 BT3 children being cared for. In Essex County there are 50 FDCH, therefore 300 openings and approximately 180 children cared for from six weeks to 3 years of age.
 Sources of information:
 OCFS, 2014

Total Possible	34
Section One Total	16

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

2

Documentation:
 Describe key representative programs or services:
 According to program regulations, the FDCHs must share information on healthy food and beverage choices and the prevention of childhood obesity with parents (OCFS, 2014). FDCH providers are not qualified to do more than offer simple information based on what they have learned in their own training. Many of the FDCHs provide meals and snacks. FDCH providers who do so usually qualify for meal reimbursement through the Child and Adult Care Food Program (CACFP). Each provider submits their menus and attendance list to the CACFP agency (either the Child Care Council of the North Country or Adirondack Community Action Programs) for reimbursement. Jamie Basiliere of CCCNC said that

BT3 PROGRAM ASSESSMENT FORM

FDCH providers often get between \$200 and \$1100 per month of non-reportable reimbursement through CACFP.

Sources of information:

OCFS, 2014; Basiliere, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

No pre-birth services are offered.

Sources of information:

OCFS, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

FDCH do not provide comprehensive family care.

Sources of information:

OCFS, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Outreach is not part of FDCH programming.

Sources of information:

Basiliere, 204

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Good quality FDCHs provide photos, newsletter, daily notes, etc. to their families which allow caregivers access to their child(ren)'s day. FDCH providers generally get to speak to the caregiver in person when that caregiver comes to the FDCH. Providers are able to share details of the child(ren)'s day. Providers will call caregivers as well. All of these activities can promote healthy parent-child relationships.

Sources of information:

Basilieri, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

FDCH provide child care and may provide nutritious meals and snacks. According to licensure guidelines, the FDCHs must share information on healthy food and beverage choices and the prevention of childhood obesity with parents (OCFS, 2014).

Sources of information:

Basilieri, 2014; OCFS, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

FDCHs provide opportunity for socialization if there is more than one child present.

Socialization is usually limited to in-facility but FDCH providers can go out community outings if they wish. FDCH providers may transport their charges in their personal vehicles (Taylor, 2014).

Sources of information:

Basilieri, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

Child care is provided in the provider's home (OCFS, 2014). (LECCP may provide child

BT3 PROGRAM ASSESSMENT FORM

care in the child(ren)'s home (Basiliere, 2014)).

Sources of information:

OCFS, 2014; Basiliere, 2014

Total Possible	33
Section Two Total	7

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 2

Documentation:

List curricula or readiness skills offered:

FDCH providers must establish and implement a daily schedule of program activities that offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities, outdoor play time and a variety of large muscle activities throughout the day. There must be physical activity, appropriate to the ages of the children in care, every day. When care is provided to infants less than six months of age, the daily schedule must include short supervised periods of time during which the awake infant is placed on his or her stomach, back or side allowing them to move freely and interact socially, thus developing motor skills and social skills. I scored this at a 2, rather than a 5, because it appears that the programming regulations at FDCHs are less stringent than at Child Day Care Centers. This is most likely due to the fact that the provider may be caring for children across a wide age span.

Sources of information:

OCFS, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 0

Documentation:

List standards incorporated:

Each FDCH must follow licensing requirement but there are no standards that must be followed (Basiliere, 2014). Program regulations provide a foundation for high-quality care. New York's child care regulations were ranked second in the nation to only military child care regulations for quality and comprehensiveness. However, providing high-quality care requires providers to extend beyond the regulations. New York has begun implementation of a quality rating and improvement system (QUALITYstarsNY) that includes program standards that have been shown by the research to lead to improved child outcomes. Unfortunately, lack of funding does not allow for all programs to participate currently. Also, the National Family Child Care Association has developed an accreditation system that includes meeting higher program standards, but not many providers choose to become accredited (Frawley, 2014).

BT3 PROGRAM ASSESSMENT FORM

Sources of information:

Basilieri, 2014; Frawley, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

FDCHs receive payment directly from caregivers or through county subsidies for needy families.

Sources of information:

Basilieri, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

Families must transport their child(ren) to and from the FDCH. FDCH providers may transport children in the family vehicle (Taylor, 2014). (LECCP may travel to the child(ren)'s home or may transport a child(ren).)

Sources of information:

Basilieri, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

The FDCHs are inspected by staff from the Office of Children and Family Services.

Sources of information:

Basilieri, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

BT3 PROGRAM ASSESSMENT FORM

- | | | |
|----|--|---|
| A. | Professional development opportunities are not offered or required by this program | 0 |
| B. | Professional development credits are required by this program | 2 |
| C. | Professional development credits are required by and offered through this program | 4 |
| U. | Unknown or not applicable | |

Score 4

Documentation:

Describe professional development opportunities and requirements:
 Each FDCH provider must complete a minimum of thirty (30) hours of training every two years. Training must address the following topics: principles of childhood development, nutrition and health needs of children, child day care program development, safety and security procedures, business record maintenance and management, child abuse and maltreatment identification and prevention, statutes and regulations pertaining to child day care, and statutes and regulations pertaining to child abuse and maltreatment.

Sources of information:
 OCFS, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- | | | |
|----|---------------------------|---|
| A. | 1-3 hours | 0 |
| B. | 4-6 hours | 2 |
| C. | Over six hours | 3 |
| U. | Unknown or not applicable | |

Score 3

Documentation:

Describe what part of the native range is similar in climate to New York:
 FDCHs are free to set their own hours but generally offer 10-12 hours of childcare Monday through Friday. (Legally exempt child care (LECCP) providers often work outside of this model, providing overnight care and/or weekend care to children of working poor.)

Sources of information:
 Basiliere, 2014

Total Possible	33
Section Three Total	16

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe:
 FDCH receive payment from parents or through county subsidies.
 Sources of information:
 Basiliere, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|---|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
|----|---|---|

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- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Each FDCH can care for a fixed number of children, generally six children per one adult.

Sources of information:

OCFS, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program is not designed to target at-risk families.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

FDCHs are scattered around the counties.

Sources of information:

OCFS, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

FDCH typically do not have the capacity to provide additional services. There are models where home visiting programs or Early Head Start providers provide comprehensive services for the children and families attending family child care. Those models do not exist in this area. It is possible, at some point, for an agency in the three county area to receive an Early Head Start-Child Care Partnership (EHSCCP) grant. This is a new federal program that imbeds Early Head Start standards and comprehensive child and family

BT3 PROGRAM ASSESSMENT FORM

services into family, group family, and center-based child care programs serving low-income children. However, FDCHs wishing to participate in this program would also have to agree to meet the stringent EHS performance standards (ACF, 2014). Many Head Start and Early Head Start programs have been reluctant to develop proposals for this first round of funding. This reluctance is due to several factors including uneasiness about the prospect of partnering with child care providers and helping them reach these higher standards; difficulty in finding sufficient providers serving large numbers of low-income children; and other issues.

Sources of information:
Frawley, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score

12

Documentation:

Describe level of effort:

It is possible at some point an agency in the three county area may receive an Early Head Start-Child Care Partnership (EHSCCP) grant. This is a program that imbeds Early Head Start standards into FDCHs. However, FDCHs wishing to participate in this program would also have to agree to meet the stringent EHS performance standards (ACF, 2014). Apparently potential grantee agencies, such as JCEO (who already runs Head Start programs for four and five year olds), are uneasy about the prospect of partnering with child care providers. It is challenging to supervise employees. Apparently they feel it would be that much more challenging to supervise child care providers who are not employees and who are managing their own businesses (Frawley, 2014).

Sources of information:
ACF, 2014; Frawley, 2014

Total Possible	96
Section Four Total	12

4. FORM SYNOPSIS

Section score and improvability synopsis:

Family Day Care Homes (FDCH) care for six children from six weeks through five year old children in a home setting. (In addition, FDCH providers can care for two school-aged children which is not a part of this survey.) In this catchment area, these providers offer care Monday through Friday for 10-12 hours per day. FDCH providers are located throughout the three county area.

FDCHs score at a 39% Effectiveness rating. The FDCHs do not have a way of targeting at-risk families, do not reach rural at-risk families and have limited ability to target many of the family concerns reflected in this survey. Their strength is quality daycare in a safe, regulated and inspected setting. The FDCH scored higher than Child Day Care Centers (CDCCs) in the area of “target population” because the FDCHs are located all over the counties, not just in population centers. They can serve rural families more efficiently than CDCCs because they serve less children and are smaller and easier to open and operate. FDCH providers may transport children in their personal vehicles. Their weaknesses are in the area of targeting at-risk families, providing needed services beyond childcare and providing school readiness skills to young children.

Each FDCH is privately owned and operated. They are monitored by a staff person from the Office of Children and Family Services and receive technical support and training through the Child Care

BT3 PROGRAM ASSESSMENT FORM

Council of the North Country (Franklin and Clinton CCDCs) and Adirondack Community Action Programs (Essex County). FDCHs receive payments directly from the child(ren)'s caregiver or through county subsidies for needy families.

FDCHs had an Improvability score of 12.5 (Hard to Improve). There is little that additional financial support could do to change FDCHs in their traditional role. The only possible partnership could be with Early Head Start in an EHS-Child Care Provider partnership. That possibility is remote at this time.

References for assessment:

- NYS Office of Children and Family Services. (2014) <http://ocfs.ny.gov/main/childcare/regs/418-1_CDCC_regs.asp#s6> and <http://www.ocfs.state.ny.us/main/childcare/ccfs_template.asp#top_of_page>; [accessed on July 21, 2014]
- Basilieri, J. Executive Director Childcare Council of the North Country. (2014) Personal Correspondence.
- Taylor, A. Licensed Family Day Care Home provider. (2014) Personal Correspondence
- Kraft, C. (2014) Personal opinion
- Frawley, R. Deputy Director; NYS Council on Children and Families. (2014) email dated June 25, 2014.
- Administration for Children and Families. (2014) <<http://www.acf.hhs.gov/programs/ecl/early-head-start-child-care-partnerships>>; [accessed on July 22, 2014]

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Professionally-led parenting groups

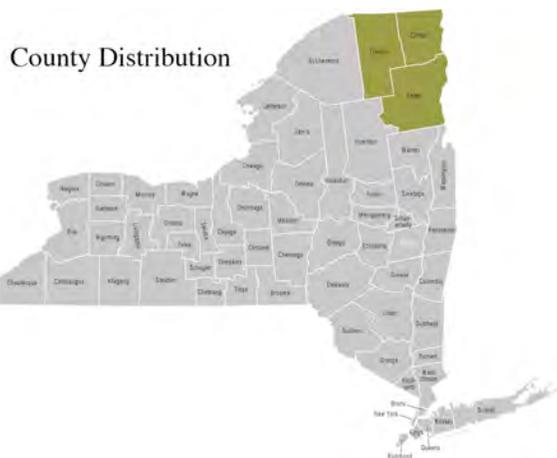
BT3 Service Points: Ineffective (40-49) *Form date: 7 July 2014*

Enhancement Capacity: Very Improvable (80-100)

Counties where operating: Clinton, Essex, Franklin

Date assessed: 7/16/2014

Assessors: E. Schwartzberg & C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Narrow distribution
Clinton	Narrow distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit				
B1.2. What services does the entity provide in the study area to the target population?				
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits			
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education			
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
CCCCNC	Grants
United Way	

D. SECTION SCORES

Target Population: 20/34	Social Issues: 19/33
System Integration: 8/29	Cumulative (%): 48.96

Improvability: 85/100
Synopsis: Professionally led parenting groups include community, Family Resource Center, or school initiated parenting groups where instruction, activities, and programming is supplied by the hosting organization. These programs target a lot of families and have the ability to operate in many locations. The main weaknesses of these programs are the limitation of services offered as well as the inability of these programs to reach people in their homes. Providing more locations and more parenting groups seems a logical step to increasing the scope and reach of these programs.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

This program is non-typical from a program assessment point of view. We are targeting community initiated, Family Resource Center, or school initiated parenting groups where instruction, activities, and programming is supplied by the hosting organization. These include center-based or daycare-based programs that are led by professionals, including but not limited to for-fee teachers or paid members of the public. The Parent-Child Play Groups administered through CCCCNC, Little Dippers parent-child group at Northern Lights school in Saranac Lake, and Mountain Tots in Essex are good examples of these types of programs. The program description from the Northern Lights website (Northern Lights, 2014) states "Parent and child can experience the Northern Lights School and community through Little Dippers, a place where children age birth to three play together and parents support one another. The teacher guides the children and parents through seasonal songs, finger plays and puppetry. While children play, the parents work with their hands creating simple toys. We bake bread, share snacks, and enjoy conversation as well as quiet time to observe each child. The children begin their imaginative journey at Northern Lights while parents provide gentle guidance." A similar program exists for children age 0-3 at the Lakeside Waldorf School located near Essex, NY (Lakeside, 2014). Their Mountain Tots program "meets one morning a week. This program, for children from birth to age 3 and their parents or caregivers, provides an opportunity for families to experience education inspired by the Waldorf philosophy and the unique educational experience Lakeside offers first-hand. Many of the same elements of the nursery and kindergarten programs are present: free play, time on the farm, circle, and a healthy, whole-food snack". The Child Care Coordinating Council of the North Country also provides infrastructure and funding for similar professionally led parenting groups in Clinton, Essex, and Franklin counties, although some programs have been discontinued due to lack of grant funding. The CCCCNC Parent Child Play Groups compliment the Waldorf school centered groups by serving a different subset of the population. A third professionally led parenting group covered in this assessment is Parents Anonymous™, which focuses on child abuse prevention. All programs assessed here have similarities that allow them to be pooled into one category (Professionally led parenting groups).

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
These programs are diverse and cover the range of target population from at-risk to all socio-economic levels. Parent Anonymous, for example, targets families at risk for child abuse and has a group that meets in the prison (Basiliere, 2014). Some group are free, but some require a membership or per meeting fee. As examples, Little Dippers, a mother/father and child group at Northern Lights School costs \$10 (Houghtlin, 2014) and Mountain Tots

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costs \$400 per year (Schmidt, 2014). The professionally led parenting groups offered through CCCCNC called parent Child Play Groups are free and are located in various locations (Bassiliere, 2014). All programs provide access to a range of socio-economic levels.

Sources of information:

Bassiliere, 2014; Houghtlin, 2014; Colarusso, 2014; Schmidt, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- A. No presence in any of the target counties 0
- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:

List counties

Groups are present in all three counties within that study area.

Sources of information:

Houghtlin, 2014; Schmidt, 2014, Bassiliere, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

These groups tend to center around population centers or existing schools. Groups are present in Essex, Saranac Lake, Keene Valley, Malone, Tupper Lake, and Plattsburgh.

Sources of information:

Houghtlin, 2014; Schmidt, 2014, Bassiliere, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

These programs are distributed throughout the study area, and while programs tend to be quite dispersed, I would say the coverage is moderate. There are five Parents Anonymous groups and eight Parent Child Play Groups in the study area. Lakeside School in Essex provides a satellite site for their Mountain Tots program once every two weeks at the Keene Valley Public Library. The Mountain Tots program held weekly at Lakeside School attracts participants from up to a 45 minutes drive away, including from Redford and Morrisonville in Clinton County. These programs do not provide transportation support but because they

BT3 PROGRAM ASSESSMENT FORM

operate at Family Resource Centers and other areas (community centers, schools, and prisons), they are fairly accessible to a wide geographic area.

Sources of information:

Schmidt, 2014; Basiliere, 2014

1.5. How does this program solicit children BT3 for services?

- | | | |
|----|--|---|
| A. | Program only works with families that seek services on their own without intervention | 0 |
| B. | Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) | 3 |
| C. | Seeks out families and children directly through public outreach events | 6 |
| D. | Seeks out families and children directly in their natural setting | 8 |
| U. | Unknown or not applicable | |

Score 6

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

The Little Dippers program in Saranac Lake has no advertizing budget but takes advantage of outreach events of Northern Lights School, including word of mouth, hanging flyers in town, Facebook, and newspapers. Little Dippers has manned outreach tables at the Saranac Lake Farmers' Market and Block Party. This season, Little Dippers is full (Houghtlin, 2014). Mountain Tots considers the Keene Valley program as outreach and provides that service pro bono (Schmidt, 2014). The CCCNC parenting group specifically seek families at the places they live, including the Algonquin Apartments in Saranac Lake (Colarusso, 2014). Parents Anonymous reaches at-risk families through intervention services and attendance at the parent Child Play Groups can be required by families on a case by case basis through the Department of Social Services (Basiliere, 2014).

Sources of information:

Basiliere, 2014; Houghtlin, 2014; Schmidt, 2014; Colarusso, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score 6

Documentation:

If available, document coverage for each of the three target counties within the study area:

Most of these programs are relatively small compared to the other programs assessed, however collectively, these programs reach quite a few children and their parents. Little Dippers in Saranac Lake has between 6-17 participating children between the ages of 0-3 every week (Houghtlin, 2014), Mountain tots, 5-12 (Schmidt), CCCNC, 3-19 in Saranac Lake when operating (Colarusso, 2014). Kristi Colarusso noted in our interview that the families attending her CCCNC parent group did not overlap with participants of the Northern Lights School Little Dippers group even though they operated within the same village. The Parent Child Play Groups reach 668 children in the three county study area. Parents Anonymous reaches 172 parents, 72 of whom are incarcerated (Basiliere, 2014).

Sources of information:

Basiliere, 2014; Houghtlin, 2014; Colarusso, 2014; Schmidt, 2014

Total Possible	34
Section One Total	20

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2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Part of the Little Dippers and Mt. Tots programming includes food preparation. Toddlers help shape bread dough and the teacher bakes the bread. Children eat the fun shapes they help create (Houghtlin, 2014). At Mountain Tots, parents and children make oatmeal and tea, set the table for the meal, and help clean up afterwards (Schmidt, 2014).

Sources of information:

Houghtlin, 2014; Schmidt, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Pre-birth services are not officially part of this program, but often expectant mothers' needs are incorporated into activities. I have seen cases where group members host a small baby shower or as an auxiliary event resulting from the group's activities (Schwartzberg, 2014; Schmidt, 2014). The CCCNC parenting groups ask participants to fill out a form prior to participating. This form asks about family planning and allows CCCNC the opportunity to refer participants to family planning services (Colarusso, 2014).

Sources of information:

Schwartzberg, 2014. Schmidt, 2014, Colarusso, 2014.

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Much of the curricula at professionally led play groups caters to comprehensive family care. A main goal of these programs is to encourage parent-child bonding and teaching/learning activities between parents and their young children. While most discussions on family issues at these groups is free-form, Vanessa Houghlin of Little Dippers will often ask participants to read an article covering a topic of interest one week for the next week. Emily Schmidt regularly incorporates guided reading into her program at Lakeside School. While this

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program does not focus on at-risk population concerns such as employment or health services, it does focus on other comprehensive needs of families, including social health and parenting support networks. Parents Anonymous and Parent Child Play Groups have more focus on comprehensive family care issues of members of the at risk population (Basiliere, 2014).

Sources of information:

Basiliere, 2014; Houghtlin, 2014; Schmidt, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programming or services 0
- B. Limited public outreach programming or services, primarily targeted to advertising efforts 1
- C. Moderate programming or services targeting families not currently considering BT3 services 2
- D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events: In general, most of these groups are advertised in a very limited fashion. Little Dippers has manned outreach tables at the Saranac Lake Farmer's Market and Block Party. In general, outreach is done on a volunteer basis for the Waldorf school programs and the Parent Child Play Groups. CCCNC advertises parent Child Play Group and Parents Anonymous into general outreach.

Sources of information:

Basiliere, 2014; Houghtlin, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programming or services related to child-parent relationships 1
- C. Moderate programming or services related to child-parent relationships 3
- D. Specifically designed to provide programming or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Most programs, due to their nature of creating a space and time for parents and children to socialize with other parents and children, provide programming specific to goal of enhancing child-parent relationships. The main goal of programs like Little Dippers is to encourage parent-child bonding and teaching/learning activities between parents and their young children. Most discussion center on these relationships and activities.

Sources of information:

Houghtlin, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

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Describe key representative programs or services:

Public events and parent education

Sources of information:

Basilieri, 2014; Houghtlin, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe socialization support either in facilities or in community settings:

These groups meet in public settings and are designed to enhance socialization of both parents and children. Parent Anonymous incorporates child care activities into the group meetings - children are taken care of separately from parents by support staff.

Sources of information:

Basilieri, 2014; Houghtlin, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score 0

Documentation:

Specify in-home services covered:

These programs meet at public locations.

Sources of information:

Houghtlin, 2014

Total Possible	33
Section Two Total	19

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 5

Documentation:

List curricula or readiness skills offered:

The ability of parent-child social groups to provide school readiness curricula depends on the group. Some groups, such as the Little Dippers and Mountain Tots teach school readiness skills as a curriculum. These school readiness skills include language, social skills, circle time, paying together, movement, and routine (Houghtlin, 2014).

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Houghtlin, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

Parent groups at the two Waldorf schools (Northern Lights and Lakeside School) follow Waldorf guidelines for early childhood education, but do not follow other standards.

Sources of information:

Schmidt, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

Funding is variable for all programs assessed. Some programs, like the play groups at Waldorf schools, are paid for by participants and can be subsidized by the schools when participation is low (Schmidt, 2014). The Parent-Child Play Groups administered by CCCNC receive funding through grants and as outreach and education components of larger programming. Some programming has declined due to lack of funding (Basiliere, 2014; Colarusso, 2014).

Sources of information:

Basiliere, 2014; Colarusso, 2014; Schmidt, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

These programs all rely on participants having their own transportation. When previous funding existed, CCCNC offered five mobile Family Resource Centers across the study area where Parent Child Play Groups were held. Because these programs no longer exist, I am scoring this answer as 0.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Basilieri, 2014; Houghtlin, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score U

Documentation:

Describe evaluation materials and requirements where applicable:

These programs vary in scope. The Little Dippers program at Northern Lights School does not perform evaluations, although (Houghtlin, 2014) expressed interest in starting to do this to some degree in the future.

Sources of information:

Houghtlin, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score 2

Documentation:

Describe professional development opportunities and requirements:

Northern Lights School and Lakeside School assist instructors with the costs of continuing education credits and conference fees.

Sources of information:

Houghtlin, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score 0

Documentation:

Describe what part of the native range is similar in climate to New York:

Most of these programs are under two hours long.

Sources of information:

Houghtlin, 2014

Total Possible	29
Section Three Total	8

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question

BT3 PROGRAM ASSESSMENT FORM

3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score 12

Documentation:

Describe:

The programs that are administered and run at the Waldorf schools fluctuate based on interest and funding from the school (Houghtlin, 2014). The CCCCNC parent-child groups fluctuate based on funding and have been cut in the past (Basiliere, 2014; Colarusso, 2014).

Sources of information:

Basiliere, 2014; Colarusso, 2014; Houghtlin, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 15

Documentation:

Describe outreach potential:

Yes, outreach is limited for these groups. All groups are willing to expand, given interest, which is affected by outreach activity.

Sources of information:

Basiliere, 2014; Schmidt, 2014; Houghtlin, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score 18

Documentation:

Describe expansion potential:

These types of groups could be expanded in the area. There are relatively few professionally-led parenting groups and I feel more groups, especially in out-of-town communities could benefit from programming. The Parent-Child Parenting Groups are incorporated into the Family Resource Centers and the Mountain Tots program is incorporated into the Keene Valley Library's parenting programming.

Sources of information:

Basiliere, 2014, Schmidt, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score 18

Documentation:

Describe geographic constraints or opportunities:
More locations, or transportation to current locations, would make these groups more accessible. The Satellite Family Resource Centers were a great way to increase participation in outlying communities (Basiliere, 2014).

Sources of information:
Basiliere, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- | | | |
|----|--|----|
| A. | Infrastructure or model does not lend itself to increasing programming/services | 0 |
| B. | Improvements are possible, but impractical within this programs current scope | 10 |
| C. | Improvements are possible and would result in needed services (list possible services) | 15 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe potential to increase services offered:
These programs are limited to public events and parent education.

Sources of information:
Houghtlin, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score 18

Documentation:

Describe level of effort:
Parent-child groups could be incorporated into in-home day care and daycare centers to increase parent-child relationships and home-based teaching and learning development. These programs, including Parent Child Play Groups and Parents Anonymous, are incorporated into services offered by Family Resource Centers and prisons respectively (Basiliere, 2014).

Sources of information:
Basiliere, 2014

Total Possible	100
Section Four Total	85

4. FORM SYNOPSIS

Section score and improvability synopsis:

Professionally led parenting groups include community, Family Resource Center, or school initiated parenting groups where instruction, activities, and programming is supplied by the hosting organization. This includes Parent-Child Play Groups administered through CCCNC, Little Dippers and Mountain Tots in Saranac Lake and Essex, and Parents Anonymous. These programs are present in all three counties. These programs focus on comprehensive family care and parenting support and some, like Mountain Tots and Little Dippers, incorporate food preparation into programming. These groups specifically target parents of young children, with exception to Parent Anonymous, ages 0-3. Professionally led parenting groups scored 68.75, right in the middle of the Effective range. Scores were

BT3 PROGRAM ASSESSMENT FORM

not evenly distributed across all three sections. This program group scored 32/34 for Target Population, 23/33 for Social Issues, and 11/29 for System Integration. This fairly high range of scores across sections highlights these programs' ability to provide services to the target population quite well, and at the same time highlights the inability of these programs to integrate into the system as a whole. The relative low score for System Integration results from lack of followed standards, funding stream, transportation infrastructure. Professionally led parenting groups scores very high (almost perfect) for the Target Population section. These programs target a lot of families and have the ability to operate in many locations. The main weaknesses of these programs are the limitation of services offered as well as the inability of these programs to reach people in their homes. Professionally led parenting groups are administered through Waldorf schools and CCCNC. CCCNC coordinates parenting groups at various Family Resource Centers as well at the prison. Professionally led parenting groups receive funding from participating schools as well as from the CCCNC, public grants, and United Way. Professionally led parenting groups scored 85 for Enhancement Capacity, falling within the Very Improvable range. While there are many opportunities for enhancement, providing more locations and more parenting groups seems a logical step to increasing the scope and reach of these programs. CCCNC once supported mobile Family Resource Centers that offered Child Parent Play Groups, however this funding has been discontinued.

References for assessment:

- Basilere, J. Executive Director Childcare Council of the North Country. (2014) Personal Correspondence.
- Houghtlin, Vanessa. Little Dippers Instructor, Northern Lights School. (2014) Personal Correspondence. Northern Lights (2014). Northern Lights Waldorf School website. <<http://www.northernlightsschool.org/>>; [accessed on July 18, 2014].
- Lakeside (2014). Lakeside Waldorf School website. <<http://www.lakesideschoolinessex.org/>>; [accessed on July 18, 2014].
- Schmidt, Emily. Sprouts Instructor, Lakeside School. (2014) Personal Correspondence.
- Schwartzberg, ezra. (2014) Personal Observation.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: 2-1-1 New York

BT3 Service Points: Unknown (fewer than 70 total points assessed)
Form date: 7 July 2014

Enhancement Capacity: Unknown (fewer than 70 total points assessed)

Counties where operating: Essex, Clinton and Franklin
 Date assessed: July 22, 2014
 Assessors: C. Kraft

County Distribution



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input checked="" type="checkbox"/>	Yes – continue to A1.2
<input type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Narrow distribution
Franklin	Narrow distribution
Clinton	Narrow distribution

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
United Way	Community foundations
Federal grants	State grants
Local funding	

D. SECTION SCORES

Target Population: 12/22	Social Issues: 1/8
System Integration: 5/5	Cumulative (%): NA

Improvability: 33/51
Synopsis: 2-1-1 New York is a telephone and web based information and referral system to assist individuals with day-to-day human service needs. Its strength is the fact it is accessible by phone or web site by anyone from anywhere in the region. Its weakness is that the information available, at least through the web site, is very inconsistent from one zip code to the next and is often not helpful for families who live in the North Country. The Effective Score and Improvement Potential were unusable due to a high number of non-applicable questions in our assessment protocol.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

2-1-1 New York is a telephone and web based information and referral system to assist individuals with day-to-day human service needs. 2-1-1 centers are staffed by trained specialists who assess the callers' needs and refer them to the help they need. The services are free, confidential, and accessible to everyone through multilingual capabilities. 2-1-1 is meant to complement 9-1-1 by filling the gap between emergencies and urgent non-public-safety needs, like food and shelter. The database is also available through the internet. There are five call centers state-wide. The Hudson Valley call center serves the Hudson Valley, Capital District, as well as the Adirondacks and Long Island (United Way, 2013). 2-1-1 programs are found throughout all of the United States with variable amounts of coverage depending on each state (2-1-1 USA, 2014).

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
Any person is free to access 2-1-1 by telephone or through their web site.

Sources of information:
United Way, 2013

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties
2-1-1 is accessible throughout all three counties either via telephone or the internet.

Sources of information:
Kraft, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

BT3 PROGRAM ASSESSMENT FORM

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score 0

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

Although individuals residing in the three counties can access 2-1-1, I found the information provided was very spotty. I called 2-1-1 and spoke to an operator. She was very pleasant but did not seem to want to take the time to do searches for this research. She said she thought the information on-line was similar to the database she had to work with. The internet searches were cumbersome. I had to access "advanced search" to be able to narrow my search by zip code. I checked out four needs in four zip code locations. I researched day care, dentist, food and clothes in Tupper Lake, Malone, Plattsburgh and Elizabethtown.

	Day Care	Dentist	Food	Clothes
Tupper Lake	Only services for special needs folks	Yielded nothing north of Albany. Most first-page results were located on Long Island.	Social Services	Listed one agency
Malone	Day care referral services in Plattsburgh, not in Malone		Social services and food banks	No near-by services listed.
Plattsburgh	Day care referral services in Plattsburgh		Social services and food banks	Listed services
Elizabethtown	Listed referral service		Social services and Adirondack Community Action Program (ACAP)	Listed Families First (they provide services for children with mental illness) and Office for the Aging.

Sources of information:
Kraft, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score U

Documentation:

Identify methods that overcome access limitations
2-1-1 is a referral and information program only.

Sources of information:
United Way, 2013

BT3 PROGRAM ASSESSMENT FORM

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 0

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

Families in need must be aware of the 2-1-1 system and must reach out to it.

Sources of information:

Kraft, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score U

Documentation:

If available, document coverage for each of the three target counties within the study area: The operator said they receive "a fair number of calls" from the Adirondacks as a whole but there is no way for me to determine who is accessing the services or where those folks are from.

Sources of information:

Kraft, 2014

Total Possible	22
Section One Total	12

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score U

Documentation:

Describe key representative programs or services:

2-1-1 is a referral and information program only.

Sources of information:

United Way, 2013

2.2. Are pre-birth or family planning services offered by this program?

BT3 PROGRAM ASSESSMENT FORM

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:
2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:
I assume the United Way advertises in some fashion, although when I checked out their web site 2-1-1 was not listed on their home page.
Sources of information:
Adirondack United Way, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Describe key representative programs or services:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:
 Describe key representative programs or services:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:
 Describe socialization support either in facilities or in community settings:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:
 Specify in-home services covered:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

Total Possible	8
Section Two Total	1

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0

BT3 PROGRAM ASSESSMENT FORM

- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score U

Documentation:
 List curricula or readiness skills offered:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score U

Documentation:
 List standards incorporated:
 2-1-1 is a referral and information program only.
 Sources of information:
 United Way, 2013

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score 5

Documentation:
 Describe funding variation and effects on program or provider:
 2-1-1 is funded through the local United Way Agencies, through community foundations, through Federal and State grants and through local governments.
 Sources of information:
 United Way, 2013

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score U

Documentation:
 List transportation programs, incentives and restrictions:

BT3 PROGRAM ASSESSMENT FORM

2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:
2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

Documentation:

Describe what part of the native range is similar in climate to New York:
2-1-1 is a referral and information program only.
Sources of information:
United Way, 2013

Total Possible	5
Section Three Total	5

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

BT3 PROGRAM ASSESSMENT FORM

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score U

Documentation:

Describe:

I have no way of assessing whether or not this program is constrained due to funding. I assume the funding is stable but don't know that for a fact.

Sources of information:

Kraft, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |
| U. | Unknown or not applicable | |

Score 15

Documentation:

Describe outreach potential:

Increased 2-1-1 visibility should help North Country families to access this referral system.

Sources of information:

Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- | | | |
|----|--|----|
| A. | This program does not lend itself to being expanded or integrated into other programs | 0 |
| B. | This program model could be expanded, but would require an outside group to provide services fitting that model | 12 |
| C. | This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. | 18 |
| U. | Unknown or not applicable | |

Score 18

Documentation:

Describe expansion potential:

It would be helpful if the database for the Adirondack region could be separated from the downstate data base to help potential users. The Adirondack database needs to be enhanced to provide North Country families access to information that is pertinent to each zip code.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- | | | |
|----|---|----|
| A. | Improvements are not needed, or are not possible | 0 |
| B. | Improvements are possible, but impractical or costly | 12 |
| C. | Improvements are possible and would result in improvements to accessibility | 18 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe geographic constraints or opportunities:

2-1-1 is available throughout NYS.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

United Way, 2013

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score U

Documentation:

Describe potential to increase services offered:
2-1-1 is an information and referral service.
Sources of information:
United Way, 2013

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score 0

Documentation:

Describe level of effort:
2-1-1 is free-standing
Sources of information:

Total Possible	69
Section Four Total	33

4. FORM SYNOPSIS

Section score and improvability synopsis:

2-1-1 New York is a telephone and web based information and referral system to assist individuals with day-to-day human service needs. 2-1-1 centers are staffed by trained specialists who assess the callers' needs and refer them to the help they need. I was unable to accurately assess this program since it is only an information and referral service. Its strength is the fact it is accessible by phone by anyone from anywhere in the region. It also has an extensive web site with health and human service agencies lists. Its weakness is that the information available, at least through the web site, is very inconsistent from one zip code to the next and is often not helpful for families who live in the North Country. 2-1-1 NY is funded by the United Way and through local, state, and federal grants. I was unable to assign an improvability score. However, it might be helpful if the Adirondack database were to be separate from the down state database and if the database was tweaked to provide services more closely aligned with local zip codes.

References for assessment:

- United Way of NYS. (2013) <<http://www.uwnys.org/index.php/component/content/article?id=24> 2-1-1 NY>; [accessed on July 23, 2014]
 United Way of the Adirondacks. (2014) <<http://www.unitedwayadk.org/>>; [accessed on July 23, 2014]

BT3 PROGRAM ASSESSMENT FORM

2-1-1 United States. (2014) <<http://www.211us.org/status.htm>>; [accessed on July 23, 2014]
Kraft, C. (2014) Personal Opinion

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Chemung County School Readiness Project

BT3 Service Points: Very Effective (80-100) *Form date: 7 July 2014*
Enhancement Capacity: Unknown (fewer than 70 total points assessed)

Counties where operating: None
 Date assessed: 9/8/2014
 Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input checked="" type="checkbox"/>	No – continue to B1.1; Yes <input checked="" type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Private	
B1.2. What services does the entity provide in the study area to the target population?	
<input checked="" type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input checked="" type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input checked="" type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Community Foundation	Chemung County

D. SECTION SCORES

Target Population: 26/32	Social Issues: 29/33
System Integration: 23/26	Cumulative (%): 85.71

Improvability: NA Insufficient points to score because of the nature of this project.

Synopsis: The Chemung County School Readiness Project (SRP) was launched in Chemung County, NY in 2006 to address kindergarten readiness in 3 local districts through nursing home visits, excellent childcare, parent education and 100% access to UPK programming. SRP scores at 87.65% effectiveness (very effective). There is no score available for improvability because fewer than 70 points could be assessed.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

In the early 2000's, the Community Foundation of Elmira-Corning and the Finger Lakes received a substantial, unexpected bequest that allowed them to consider funding large projects to benefit the citizens of their catchment area. The Chemung County School Readiness Project (SRP) was launched in Chemung County, NY in 2006 to address kindergarten readiness and, subsequently, economic growth - two identified areas of concern. The three participating school districts are Elmira, Elmira Heights and Horseheads. The SRP approach incorporates regular nursing home visits to all families of newborns within the county, promotes excellent early education programs, helps to educate parents, includes physical and behavioral health initiatives and then provides 100% access to universal pre-Kindergarten classes for all county four year olds. In their own words, the SRP "advances toward the goal of sending more students to kindergarten as able learners". The SRP brings together the healthcare community with education and human service systems to aid in system integration of health care with school readiness. SRP is not a free standing program as much as it is an overarching mechanism for identifying gaps in available programming. That mechanism also allows for on-going evaluation of existing programs in the community and for evaluation of the school readiness level of each new Kindergartener in the county.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

Every child in Chemung County is targeted for participation in the SRP regardless of income. I chose to score this as D because there are no barriers to accessing these services.

Sources of information:

CCSRP, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

This program is in Chemung County.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

CCSRP, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score U

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent

This program is in Chemung County.

Sources of information:

Kraft, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programing in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 6

Documentation:

Identify methods that overcome access limitations

This program reaches all children regardless of location within the county.

Sources of information:

CCSRP, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 8

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

The SRP nurses visit new parents at the hospital when the baby is a new born then continue to visit the family at home.

Sources of information:

Palmer, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score 6

Documentation:

If available, document coverage for each of the three target counties within the study area: The SRP serves over 90% of the children in Chemung County. There are 1000 births per year (Palmer, 2014). In comparison, their population of 88,840 is slightly higher than Clinton County's at 82,123. In addition, Franklin County has 51,622 residents and Essex has 39,325.

Sources of information:

Palmer, 2014; NYS Community Action Assoc., 2014

Total Possible	32
Section One Total	26

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score 6

Documentation:

Describe key representative programs or services:

Health and nutrition needs/concerns are addressed by various providers including the nurse home visitors, WIC, Family Resource Centers, Family Daycare providers, and physicians.

Sources of information:

CCSRP, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score 0

Documentation:

Describe key representative programs or services:

SRP involvement with families start when the child is born. Some agencies working under the SRP umbrella do offer pre-birth services but that is not the focus of this project.

Sources of information:

Palmer, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Health and nutrition needs/concerns are addressed by various providers including the nurse home visitors, WIC, Family Resource Centers, Family Daycare providers, and physicians.

Sources of information:

CCSRP, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programming or services 0
- B. Limited public outreach programming or services, primarily targeted to advertising efforts 1
- C. Moderate programming or services targeting families not currently considering BT3 services 2
- D. Provides programming or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

The nurse home visitors connect with every family within the county. In addition SRP attends public events to promote their program

Sources of information:

Palmer, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programming or services related to child-parent relationships 1
- C. Moderate programming or services related to child-parent relationships 3
- D. Specifically designed to provide programming or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

All aspects of the SRP work to enhance child-parent relationships to improve school readiness.

Sources of information:

CCSRP, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

SRP makes sure all families have access to quality daycare and parental education. SRP provides home visitation as an entry to the system. Nurse home visitors can refer needy children to Early Intervention for special education and other developmental needs. The

BT3 PROGRAM ASSESSMENT FORM

healthcare providers within SRP work to support families experiencing mental health issues. The SRP offers financial assistance through their Bridge Funding system. This system was implemented to secure child care slots and subsidy payments for eligible parents who lose their job and need child care while seeking employment. This program also facilitates cases where parents are temporarily laid off.

Sources of information:
CCSRP, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score 2

Documentation:

Describe socialization support either in facilities or in community settings:
SRP works to get families of very young children involved in community programs to address socialization needs. Recently, SRP created a Family-Child Coop to encourage families of young children who were reluctant to participate in other available programs (such as family resource centers) to be part of a play group. This Coop is similar to a family resource center but is run by parent volunteers. It is hoped that such programs pave the way for children to participate in pre-school classes then the UPK programming offered by the districts.

Sources of information:
Palmer, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score 3

Documentation:

Specify in-home services covered:
SRP nurse home visitors monitor children in their homes.

Sources of information:
CCSRP, 2014

Total Possible	33
Section Two Total	29

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 8

BT3 PROGRAM ASSESSMENT FORM

Documentation:

List curricula or readiness skills offered:

The entire focus of the SRP is school readiness by providing nurse home visiting, high quality early childcare and preschool education (including Head Start and UPK), parental education, and targeted physical and behavioral health initiatives.

Sources of information:

CCSRP, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programing (list standards incorporated)

- | | | |
|----|---|---|
| A. | Does not follow program standards | 0 |
| B. | Follows state-wide program standards province. | 3 |
| C. | Follows state- and nation-wide program standards. | 4 |
| U. | Unknown or not applicable | |

Score 4

Documentation:

List standards incorporated:

Chemung County childcare providers participate in QUALITYstarsNY. This is an initiative of the NYS Early Childhood Advisory Council and the program is being piloted in Chemung County. QUALITYstarsNY has established strict standards for center based and for family home based programs. The standards are based on nationally recognized best practices in early childhood education. Other agencies and programs within the SRP have their own standards to meet.

Sources of information:

QUALITYstarsNY, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programing included in this analysis? Please describe programing that has been reduced due to funding restrictions.

- | | | |
|----|--|---|
| A. | This program has closed due to lack of funding | 0 |
| B. | This program has variable funding and portions of programming or services have been lost in recent years | 1 |
| C. | Funding is variable, causing variations in access to services by target populations | 3 |
| D. | Funding is constant (whether adequate for programs or not) | 5 |
| U. | Unknown or not applicable | |

Score 5

Documentation:

Describe funding variation and effects on program or provider:

The initial five year pilot program was funded primarily by a \$1million grant through the Community Foundation and a matching \$1million grant from Chemung County. Beginning in 2012, those two entities continued to fund the program at a combined rate of \$367,684 per year. Most of the programs in the county work under established funding, similar to the funding streams this research project has addressed in other assessments. The monies provided by the Community Foundation and Chemung County have been targeted toward recruitment, training, salaries of two nurses, one nurse manager, and one clerical staff for this project, professional development for childcare providers, a part-time Parent Education Coordinator, and for the administration of the Early Childhood Environment Rating Scale in 4 year old classrooms.

Sources of information:

Palmer, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services

BT3 PROGRAM ASSESSMENT FORM

are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

There is a county transit system which needy families can utilize. Sometimes travel vouchers can be offered to families to help with the cost of transportation.

Sources of information:

Palmer, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

Each participating program/agency under the SRP uses their own evaluation tools. It is beyond the scope of this assessment to address them. In addition, the Center for Human Services Research at SUNY Albany conducted a baseline study in 2007-2008 and then conducted a follow up study in 2011. Measures were collected during the school registration process and included the following: Teacher Child Ratings System (TCRS), Child Observation Record (COR) and the Parent Assessment of Child Experiences (PACE). In addition, the county daycare providers are assessed through QUALITYstarsNY. The SRP Early Care and Education work group has implemented a standardized instrument for screening the readiness of incoming Kindergartners in all public elementary schools in Chemung County.

Sources of information:

CHSR, 2014; CCSRP, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

Although there is a strong emphasis on offering professional development to the various entities participating in the SRP, I chose to rate this as U because the requirements are variable from one program/agency to the next.

Sources of information:

CCSRP, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into

BT3 PROGRAM ASSESSMENT FORM

another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score U

Documentation:

Describe duration of services:

Because SRP is not a single program this question is not applicable.

Sources of information:

CCSRP, 2014

Total Possible	26
Section Three Total	23

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score U

Documentation:

Describe:

The funding provided by the Community Foundation and by Chemung County has been stable. These monies support the visiting nurses, professional development for daycare providers and fund a part-time Parent Education Coordinator. The funding for programs the other agencies operate might be variable but it is beyond the scope of this study to identify those agencies.

Sources of information:

Palmer, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 0

Documentation:

Describe outreach potential:

Every family is contacted within the county.

Sources of information:

CCSRP, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0

BT3 PROGRAM ASSESSMENT FORM

- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score U

Documentation:

Describe expansion potential:

SRP has provided the mechanism to allow various county programs/agencies to work closely with one another. Again, SRP is not a single program.

Sources of information:

CCSRP, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score U

Documentation:

Describe geographic constraints or opportunities:

This program is located throughout the entire county.

Sources of information:

CCSRP, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score 15

Documentation:

Describe potential to increase services offered:

Almost all services in sections 1-3 are already covered by SRP. The one area that might be expanded would be to reach out to pregnant women to help improve the odds of full term, healthy weight newborns. Pregnant woman can receive support through one of the agencies involved in the SRP (The Healthy Families Program) but it is not formally a part of the SRP.

Sources of information:

CCSRP, 2014; Palmer, 2014; Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score U

Documentation:

Describe level of effort:

SRP has provided the mechanism for many agencies/programs to work together for the common goal of getting all Chemung County students ready to learn.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
CCSRP, 2014

Total Possible	30
Section Four Total	15

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Chemung County School Readiness Project (SRP) was launched in Chemung County, NY in 2006 to address kindergarten readiness. The three participating school districts are Elmira, Elmira Heights, and Horseheads. The SRP approach incorporates regular nursing home visits to all families of newborns within the county, promotes excellent early education programs, helps to educate parents, includes physical and behavioral health initiatives, and then provides 100% access to universal pre-Kindergarten classes for all county four year olds.

SRP scored at 85.41 BT3 Service points (Very Effective). There was little variation in scoring throughout the three sections. The SRP visiting nurses enroll over 90% of the newborns in the county, visiting the families on a regular basis until the child(ren) turns 5 years old. The nurses monitor the development of the child(ren), make sure the child(ren) receives appropriate medical care, monitor nutrition, assist the parents with any concerns they may have, promote early literacy, refer parents to agencies for necessary supports, and help parents find appropriate childcare and/or early educational programs. The SRP ensures that the parents receive support and education in order to parent appropriately. The SRP ensures children receive all medical and mental health support necessary and then the SRP helps to direct every child to a suitable universal pre-kindergarten program. The SRP (administered through the Community Foundation) makes sure there are no gaps in services for the families of Chemung County. School readiness improved from 47.5% in 2006 to 68.6% in 2011.

The Community Foundation of Elmira-Corning and the Finger Lakes functions similarly to the Adirondack Foundation, channeling funding to local initiatives and concerns. Please refer to their website for details of their charitable projects. The Foundation provides the administration to run the SRP. A subcommittee of the Foundation, the Readiness Council, is the acting Board of Directors for the SRP. The SRP's goal is to help pre-existing local agencies to provide coordinated services to the birth to five population. The initial financial contribution was \$1 million over five years from the Foundation with a matching \$1 million coming from Chemung County. Since 2012, the Foundation and the County have continued to contribute a combined total of \$367,684 per year to this project. The bulk of that money has gone to train and fund two nurse home visitors (the nurses are employees of a local agency) and a full time RN supervisor, to upgrade family daycare homes through professional development, to hire a part-time Parent Education Coordinator, and to assess 4-year old classrooms using the Early Childhood Environment Rating Scales.

The SRP is funded by the Community Foundation and by Chemung County. The agencies which provide services to young families all have their own funding streams.

The SRP is not a free standing program but works to coordinate existing services. It is felt that the only improvement to this model would be to reach out to pregnant women (please refer to question 4.5 for clarification and to the "Early Advantages" or "Catholic Charities" surveys for examples of such programs).

References for assessment:

- SUNY Albany. (2011) <http://www.albany.edu/chsr/Chemung_Co_School_Readiness.shtml>; [accessed September 14, 2014]
- Chemung School Readiness Project. (2014) <<http://www.chemungschoolreadiness.com/>>; [accessed September 14, 2014]

BT3 PROGRAM ASSESSMENT FORM

Quality Star NY. (2014) <<http://www.qualitystarsny.org/discover-ingredients.php>>; [accessed September 10, 2014]

Palmer, S Director of Grants and Communication. Community Foundation. (2014) Personal Coorespondence.

NYS Community Action Association. (2014) <www.nyscommunityaction.org>; [accessed 9/8/2014]

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Vermont Birth to Three

BT3 Service Points: Effective (60-79) *Form date: 7 July 2014*
Enhancement Capacity: Hard to Improve (0-49)

Counties where operating: Not Present
 Date assessed: August 5, 2014
 Assessors: E. Schwartzberg

County Distribution
(Absent)



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input checked="" type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input checked="" type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit				
B1.2. What services does the entity provide in the study area to the target population?				
<input checked="" type="checkbox"/> Day care	<input type="checkbox"/> Home visits			
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health			
<input type="checkbox"/> Special Education	<input type="checkbox"/> Parent education			
<input type="checkbox"/> Public events	<input checked="" type="checkbox"/> Financial assistance			
B1.3 For what age of children are services?				
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Foundations	

D. SECTION SCORES

Target Population: 14/24	Social Issues: 11/33
System Integration: 28/28	Cumulative (%): 62.35

Improvability: 46.00
Synopsis: Vermont Birth to Three's primary purpose is to make Family Day Care Homes better. It does this by incorporating STep Ahead Recognition System (STARS) into existing home-based providers. The strengths of VB3 are its ability to capitalize on the decentralized network of Family Day Care Homes to integrate school readiness skills and comprehensive family care. There are, however, limitations to how services can be provided to at risk families and 0-3 year old children. A program like this in our study area could be useful in coordinating Early Head Start and school readiness skills at Family Day Care Homes.

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

The Vermont Birth to Three (VB3) program was designed specifically to meet the geographic challenges of Vermont. In Vermont, much like the Adirondacks, families are scattered in close-knit communities that are sometimes small and distant from larger population centers that can support Licensed Day Care Centers. As a result, families often rely on home-based child care centers to provide close-to-home child care services. The Vermont Birth to Three program makes Family Day Care Homes better through a system of initiatives. VB3 incorporates an improvement rating system called the STep Ahead Recognition System (STARS) to enhance day care compliance with Early Head Start; established the Starting Points Network to encourage professional development and peer support; provides outreach materials to “family, friends, and neighbor” child care homes; and established the Teaching Standards GOLD in a subset of Vermont day care providers in 2013-2014 to enhance school readiness skills. Vermont Birth to Three also facilitates other aspects of day care provider services by encouraging day care centers share services like book keeping through a Shared Services Alliance. Lastly, Vermont Birth to Three aids child care facilities and child care homes in providing a degree of comprehensive family care. VB3 does this through a program called Strengthening Families.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
Vermont Birth to Three incorporates an improvement rating system called the STep Ahead Recognition System (STARS). STARS is Vermont’s quality recognition and improvement system for child care, preschool, and after school programs and is overseen by the Vermont Agency of Human Services, Department for Children and Families, Child Development Division. As providers meet requirements to increase their STARS rating, they also incur benefits that are passed on to their families that have financial assistance subsidies in Vermont (STARS, 2013). This lowers tuition for families by decreasing the copays required of families. VB3 also works with non-traditional day cares, which they call "Families, Friends, and Neighbors". By reaching out and providing services to these groups, I feel that VB3 does reach families of all socio-economic levels and have scored this question a 6.

Sources of information:

STARS, 2013

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|--|---|
| A. No presence in any of the target counties | 0 |
|--|---|

BT3 PROGRAM ASSESSMENT FORM

- B. Present only in one county 2
- C. Present in two counties within northern New York 4
- D. Present within all three counties of Clinton, Franklin, and Essex. 6
- U. Unknown or not applicable

Score

Documentation:
 List counties
 The Vermont Birth to Three program is statewide in Vermont but is not currently in New York State.
 Sources of information:
 VB3 website, 2014; Gonyea, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:
 Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
 The Vermont Birth to Three program is not currently in New York State.
 Sources of information:
 VB3 website, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:
 Identify methods that overcome access limitations
 The Vermont Birth to Three program was designed specifically to meet the geographic challenges of Vermont. In Vermont, much like the Adirondacks, families are scattered in close-knit communities that are sometimes small and distant from larger population centers that can support Licensed Day Care Centers. As a result, families often rely on home-based child care centers to provide close-to-home child care services that facilitate families' ability to seek employment opportunities. As such, Vermont Birth to Three facilitates families' abilities to overcome geographic limitations associated with child care, while making child care resources better where the families live. VB3 does not have a home visitation component; therefore I have scored this question as 2.
 Sources of information:
 VB3 website, VB3, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6

BT3 PROGRAM ASSESSMENT FORM

- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score U

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
 Vermont Birth to Three outreach efforts are focused mainly on connecting home-based caregivers with available resources to improve quality child care for children birth to five years old (VB3, 2014). Parents gain access to STARS information, which they can use to aid in selecting home-based day care providers. VB3's focus is on outreach to day care providers that already have a clientele and are not as focused on outreach to families directly.

Sources of information:
 VB3, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score 6

Documentation:

If available, document coverage for each of the three target counties within the study area:
 The Vermont Birth to Three program reaches 400 providers in Vermont. Each provider can serve up to six children between the ages of 0-5 years.

Sources of information:
 VB3, 2014; Gonyea, 2014

Total Possible	24
Section One Total	14

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services:
 Health and nutrition initiatives are limited by this program. The Vermont Birth to Three program does participate in a Mentoring Program where mentors can help provide resources to providers that they can then pass along to the families they serve.

Sources of information:
 Gonyea, 2014

2.2. Are pre-birth or family planning services offered by this program?

BT3 PROGRAM ASSESSMENT FORM

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Family planning is not a part of this program.

Sources of information:

Gonyea, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Vermont Birth to Three offers comprehensive family care services by utilizing an approach called "Strengthening Families". This approach capitalizes on the naturally occurring relationship between home-based child care providers and families. This Strengthening Families approach facilitates enhancing a "Protective Factors Framework" (CSSP, 2014); factors within families' homes that help reduce stresses that can occur at home, by coordination of home-based day care centers' use of available tools. The Vermont Birth to Three program also coordinates a network of home-based day care centers using a spoke and hub model (multiple providers gather for meetings at a central location) to provide professional development and coaching of the Strengthening Families approach for home-based day care providers in a region. This program may fill a gap in Family Child Care Homes (see FCCH assessment, Q2.3).

Sources of information:

VB3 website, 2014; CSSP, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Outreach is generally limited to a few events. The Vermont Birth to Three program is in its relative infancy and is not currently focusing on outreach activities that target families.

Sources of information:

Gonyea, 2014

BT3 PROGRAM ASSESSMENT FORM

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

This program does work to enhance child-parent relationships via Family Day Care Homes through the mentoring program and the Strengthening Families programing.

Sources of information:

Gonyea, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Day Care and Finacial Assistance

Sources of information:

Gonyea, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

There is no programing offered that gets children and families out into social situations.

Sources of information:

Gonyea, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

No.

Sources of information:

Gonyea, 2014

BT3 PROGRAM ASSESSMENT FORM

Total Possible	33
Section Two Total	11

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills
0
- B. Minimal efforts are made for school readiness and are limited to social interactions only
2
- C. School readiness skills are part of the program curriculum, at least in part
5
- D. This program has a large focus on providing school readiness skills
8
- U. Unknown or not applicable

Score 8

Documentation:
 List curricula or readiness skills offered:
 The Vermont Birth to Three program encourages home-based child care providers to participate in the STARS program. This ranking program allows providers to become rated with up to five stars. Part of the criteria for moving up in STARS ratings are to show assessment results from accredited assessment standards. The STARS program encourages, through incentives, the use of the Teaching Standards GOLD assessment that incorporates school readiness skills into its evaluation. The STARS program will accept evaluations from other assessment programs, although STARS will not score them as high when assessed through Teaching Standards GOLD.
 Sources of information:
 Vaczy, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards
0
- B. Follows state-wide program standards province.
3
- C. Follows state- and nation-wide program standards.
4
- U. Unknown or not applicable

Score 4

Documentation:
 List standards incorporated:
 The Vermont Birth Through to program follows the SStep Ahead Recognition System (STARS). STARS is Vermont's quality recognition and improvement system for child care, preschool, and after school programs and is overseen by the Vermont Agency of Human Services, Department for Children and Families, Child Development Division. The Vermont Birth to Three program works to enhance participation in the STARS program through their outreach, initiatives, and programming.
 Sources of information:
 Vermont BTT, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding
0
- B. This program has variable funding and portions of programming or services have been lost in recent years
1
- C. Funding is variable, causing variations in access to services by target populations
3

BT3 PROGRAM ASSESSMENT FORM

- D. Funding is constant (whether adequate for programs or not) 5
U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:
The Vermont Birth to Three program is funded by The Permanent Fund for Vermont's Children, The Turell Fund, and the A.D. Henderson Foundation.
Sources of information:
VB3 Website, 2014.

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportation services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
B. Limited services or incentives offered (several restrictions exist) 2
C. A wide range of transportation services and/or incentives offered 5
U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:
Transportation is not part of this program, however this program does provide support to Family Day Care Homes that tend to be closer to families making use of services.
Sources of information:
VB3, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
C. Evaluation criteria is used and required 4
U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
The Vermont Birth to Three program utilizes an observational assessment measure called Teaching Strategies GOLD TM. The Vermont Birth to Three program has performed a pilot study using the Teaching Standards GOLD measure in Vermont in 2013. Final evaluation and data from this 2013 pilot study (VB3TSG, 2014) are available on the Vermont Birth to Three website (Vermont BTT, 2014).
Sources of information:
VB3 website, 2014; VB3TSG, 2014.

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
B. Professional development credits are required by this program 2
C. Professional development credits are required by and offered through this program 4
U. Unknown or not applicable

Score

Documentation:

BT3 PROGRAM ASSESSMENT FORM

Describe professional development opportunities and requirements:

Professional development is the cornerstone of the Vermont Birth to Three initiative. Vermont Birth to Three conducted a Teaching Strategies Gold training and implementation pilot in Chittenden County, Rutland County and the St. Johnsbury area, which ran from mid-2013 through spring 2014. Vermont Birth to Three also creates incentives for home-based child care centers to participate in STARS through the Spotlight on Quality Program, also offers peer mentoring for child care professionals through their in-house Peer Mentoring Program, and integrates with Vermont's Starting Points Networks to foster professional development across the state.

Sources of information:

VB3 website, 2014; VB3, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- | | | |
|----|---------------------------|---|
| A. | 1-3 hours | 0 |
| B. | 4-6 hours | 2 |
| C. | Over six hours | 3 |
| U. | Unknown or not applicable | |

Score 3

Documentation:

Describe duration of services:

The Vermont Birth to Three program assists home-based day cares that provide more than six hours of service to families each day.

Sources of information:

VB3, 2014

Total Possible	28
Section Three Total	28

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score 0

Documentation:

Describe:

Vermont Birth to Three has a key group of supportive funders.

Sources of information:

Gonyea, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- | | | |
|----|---|----|
| A. | Outreach does not fit into this program's or provider group's focus | 0 |
| B. | Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) | 10 |
| C. | Outreach opportunities would help this program increase this program's influence on BT3 families | 15 |
| U. | Unknown or not applicable | |

BT3 PROGRAM ASSESSMENT FORM

Score

Documentation:

Describe outreach potential:

Vermont Birth to Three has been in existence for three years and currently reached 50% of Family Child Care Homes in Vermont. At this point in their proposed ~10 year program plan, expanded outreach, especially outreach directed at families is not seen as beneficial.

Sources of information:

Gonyea, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program can, and is, being expanded to include Pre-school. Vermont Birth to Three integrates with another program under the umbrella of The Permanent Fund for Vermont's Children called the Vermont Community Pre-school Collaborative (VCPC). The VCPC helps Family Day Care Homes participate in and receive pre-school funding.

Sources of information:

Gonyea, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

Improvements in geographic access are not needed.

Sources of information:

Gonyea, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

This program does provide some services that address social issues, but are limited to those within the sphere of influence of Family Day Care Homes. The Vermont Birth to Three program attempts to influence social issues in the home by serving as a hub for information. Family Day Care Homes are often the only place that parents solicit advice on family and child care issues. In this sense, Family Child Care Homes and the Vermont Birth to Three program do possess the infrastructure to increase services to families. The practicality of

BT3 PROGRAM ASSESSMENT FORM

increased services could be argued.
Sources of information:
Gonyea, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score

18

Documentation:

Describe level of effort:

The Vermont Birth to Three program facilitates home-based partnerships that assist Family Day Care Homes with meeting requirements needed to cooperate with Early Head Start.

Sources of information:

Gonyea, 2014

Total Possible	96
Section Four Total	46

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Vermont Birth to Three (VB3) program was designed specifically to meet the geographic challenges of Vermont. In Vermont, much like the Adirondacks, families are scattered in close-knit communities that are sometimes small and distant from larger population centers that can support Licensed Day Care Centers. As a result, families often rely on home-based child care centers to provide close-to-home child care services. Vermont Birth to Three's primary purpose is to make Family Day Care Homes better. It does this in multiple ways, but primarily by incorporating an improvement rating system called the STep Ahead Recognition System (STARS). STARS is Vermont's quality recognition and improvement system for child care, preschool, and after school programs. Vermont Birth to Three had a BT3 Service Point score of 51.58, placing VB3 within the Moderately Effective range for targeting the at risk BT3 community. This score ranged dramatically across the three sections. VB3 scored perfectly for Section 3, System Integration. The strengths of VB3 are its ability to integrate into the needs and current infrastructure common in rural areas like the Adirondacks. Specifically, the VB3 program capitalizes on the decentralized network of Family Day Care Homes that already exist and offer services for children ages 0-3 years through integration of school readiness skills and comprehensive family care. While VB3 is an interesting model, there are some weaknesses to this system, specifically to target population reached and social issues addressed. Because this program relies on a partnership with Family Day Care Homes, there are limitations to how services can be provided to at risk families and 0-3 year old children. This program also solicits participation from child care providers and not directly from parents. The social issues addressed are limited in scope to those already covered by child care professionals, although the VB3 program does incorporate targeted issues of school readiness skills and comprehensive family care through the STARS credentialing program and the Mentoring Program/Strengthening Families approach respectively.

The Vermont Birth to Three program is administered and funded through the Permanent Fund for Vermont's Children. The Permanent Fund for Vermont's Children coordinates other initiatives alongside VB3, including the Vermont Community Preschool Collaborative, and Vermont's Mentoring Partnership. VB3 also coordinates with several statewide programs that target birth through three needs, including STARS, Peer mentoring, Teaching Strategies GOLD, and the Starting Points Network.

BT3 PROGRAM ASSESSMENT FORM

The Vermont Birth to Three program has the capacity for enhancement, beyond the unstated capacity to become established in our study area of Clinton, Essex, and Franklin Counties. VB3 could be expanded beyond its current scope to include pre-school services. A program like this in our study area could be useful in coordinating Early Head Start accreditation requirements across both Family Day Care Homes and Licensed Day Care Centers in our region. This program could potentially enhance comprehensive family care by establishing an information network across the existing infrastructure of home-based providers.

References for assessment:

- Center of the Study of Social Policy (CSSP) (2014). The Protective Factors Framework. <<http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>>; [Accessed on August 5, 2014].
- Gonyea, Becky. Executive Director, Vermont Birth to Three. (2014). Personal Correspondence.
- STARS. (2013). STARS Introduction Video. <<https://www.youtube.com/watch?v=0qyWDw3ajNc&feature=youtu.be>>; [Accessed on August 5, 2014].
- Vaczy, Joann. Vermont STARS. (2014). Personal Correspondence.
- Vermont Birth to Three Teaching Standards GOLD (VB3TSG) (2014). 2013-2014 Pilot Study and Final Evaluation. <<http://vermontbirthtothree.org/wp-content/uploads/2014/07/TSG-2013-14-Final-Evaluation.pdf?40a1cd>>; [Accessed on August 5, 2014].
- Vermont Birth to Three (VB3 website) (2014). Vermont Birth to Three website. <<http://vermontbirthtothree.org>>; [Accessed on August 5, 2014].
- Vermont Birth to Three (VB3) (2014). 2013 Vermont Birth to Three Annual report. <<http://vermontbirthtothree.org/wp-content/uploads/2014/01/2013-VB3-Annual-Report.pdf?40a1cd>>; [Accessed on August 5, 2014].

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Nurse Family Partnerships

North Country Effectiveness Score: Effective (60-79) *Form date: 7 July 2014*
Improvement Potential: Improvable (50-79)

Counties where operating: None
 Date assessed: September 14, 2014
 Assessors: C. Kraft



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input checked="" type="checkbox"/>	No – continue to B1.1; Yes <input checked="" type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input checked="" type="checkbox"/> Food	<input checked="" type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Medicaid	Title V block grants
Temp. Assist. for Needy Families	Child Care Development block grant
Healthy Start	Early Head Start
Administration for Children and Families	Tobacco settlement funds

D. SECTION SCORES

Target Population: 21/32	Social Issues: 24/31
System Integration: 21/21	Cumulative (%): 78.57

Improvability: 58/96=60.41%
Synopsis: Nurse-Family Partnership (NFP) nurse home visitors work with low-income young women who are pregnant with their first child, helping these vulnerable young clients achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency. NFP scored at 78.57% effectiveness (effective) and 60.41% improvability ("improvable")

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Nurse-Family Partnership (NFP) nurse home visitors work with low-income young women who are pregnant with their first child, helping these vulnerable young clients achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency. This program is available in all five boroughs of New York City and has expanded to Monroe and Onondaga counties. This questionnaire was compiled with information found on the internet. No attempt was made to contact a provider agency at this time.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)
NFP provides services to first time, low income mothers and their babies.

Sources of information:
NFP, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties
NFP services are currently located in NYC, Monroe and Onandaga counties.

Sources of information:
NFP, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- | | |
|------------------------------|---|
| A. Coverage is narrow | 0 |
| B. Coverage is broad | 2 |
| U. Unknown or not applicable | |
-

BT3 PROGRAM ASSESSMENT FORM

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
NFP is not available in the North Country.

Sources of information:

NFP, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations

Nurses travel to the mother's homes.

Sources of information:

NFP, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:

I have made no attempt to contact folks providing this program but it seems, from the website, that agencies such as WIC refer pregnant mothers to the program and there are various website that have contact information for new mothers as well.

Sources of information:

NFP, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

Score

Documentation:

If available, document coverage for each of the three target counties within the study area:

There are more than 500 children who are considered to be living in poverty within the three county area who would be eligible for NFP if this program were available in this three

BT3 PROGRAM ASSESSMENT FORM

county area.
Sources of information:
NYSCommAction, 2014

Total Possible	32
Section One Total	21

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programing or services 0
- B. Limited programing or services related to nutrition and health 2
- C. Moderate programing or services related to nutrition and health 4
- D. Specifically designed to provide programing or services related to nutrition and health 6
- U. Unknown or not applicable

Score 6

Documentation:

Describe key representative programs or services:
NFP nurse visitors provide information regarding pregnancy health and nutrition as well as early childhood health and nutrition. The nurses can refer client to WIC or SNAP as needed.
Sources of information:
NFP, 2014

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services:
NFP praactioners target pregnant mothers. I am not certain that this program automatically extends to another program because of HIPAA regulations.
Sources of information:
Kraft, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score 4

Documentation:

Describe key representative programs or services:
Nurses refer families to other agencies for services according to need.
Sources of information:
NFP, 2014

BT3 PROGRAM ASSESSMENT FORM

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score 2

Documentation:

Describe key representative programs or services as well as a description of public events:
It is assumed that the NFP programs work to identify eligible families but are limited in outreach services because of financial constraints as are most other agencies.

Sources of information:
Kraft, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score 4

Documentation:

Describe key representative programs or services:
"Nurse-Family Partnership nurse home visitors work with low-income young women who are pregnant with their first child, helping these vulnerable young clients achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency. "

Sources of information:
NFP, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score 3

Documentation:

Describe key representative programs or services:
NFP provides advice regarding nutrition. They provide home visits. They assist with mental health issues and provide parental education. I am not aware they provide daycare, special education (although they, most likely, refer developmentally delayed children to Early Intervention), public events or financial assistance.

Sources of information:
NFP, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

BT3 PROGRAM ASSESSMENT FORM

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score U

Documentation:
 Describe socialization support either in facilities or in community settings:
 I was unable to ascertain where or not this program brings young parents and their children into community settings.
 Sources of information:
 Kraft, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score 3

Documentation:
 Specify in-home services covered:
 NFP services are provided through nurse home visits.
 Sources of information:
 NFP, 2014

Total Possible	31
Section Two Total	24

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score 8

Documentation:
 List curricula or readiness skills offered:
 NFP works to maximize parental skills and health of both the pregnant mothers and their children which is the initial steps toward school readiness. NFP is an evidence based program.
 Sources of information:
 NFP, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score 4

BT3 PROGRAM ASSESSMENT FORM

Documentation:

List standards incorporated:

I was unable to ascertain the specific standards employed by NFP. However, it is obvious from the information available that after 35 years of studies, the NFP is a solid, well-researched program.

Sources of information:

Kraft, 2014; NFP, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

Program funding comes from a wide variety of sources. Please refer to the cover sheet.

Sources of information:

NFP, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

I was unable to answer this question based on the information available.

Sources of information:

Kraft, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

"Nurse-Family Partnership is an evidence-based public health program that was developed by David Olds and rigorously evaluated in randomized, controlled trials in Elmira, New York (1977), Memphis, Tennessee (1988) and Denver, Colorado (1994). Findings from the three trials serving diverse populations living in urban and rural settings over the past three

BT3 PROGRAM ASSESSMENT FORM

decades demonstrate that Nurse-Family Partnership produces the following outcomes:

- Improvements in prenatal health, birth outcomes (including greater intervals between births), child development, school readiness, academic achievement, and maternal employment; and
- Reductions in child abuse and neglect, early childhood injuries, mental health problems, and crime.

The program produces statistically significant, positive program effects that are repeated and enduring for up to 15 years following the child's birth."

Sources of information:
NFP, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- | | | |
|----|--|---|
| A. | Professional development opportunities are not offered or required by this program | 0 |
| B. | Professional development credits are required by this program | 2 |
| C. | Professional development credits are required by and offered through this program | 4 |
| U. | Unknown or not applicable | |

Score

U

Documentation:

Describe professional development opportunities and requirements:
I assume the nurses are required to attend professional courses but I was not able to confirm this.

Sources of information:
Kraft, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- | | | |
|----|---------------------------|---|
| A. | 1-3 hours | 0 |
| B. | 4-6 hours | 2 |
| C. | Over six hours | 3 |
| U. | Unknown or not applicable | |

Score

U

Documentation:

Describe:
NFP nurses visit each mother every couple of weeks.

Sources of information:
NFP, 2014

Total Possible	21
Section Three Total	21

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3)? In other words, would stabilization of funding stream aid in program stability?

- | | | |
|----|--|----|
| A. | No, funding for this program comes from stable sources | 0 |
| B. | Yes, funding fluctuates from year to year, but program areas remain constant | 8 |
| C. | Yes, funding fluctuates and programs have been cut due to low-funded periods | 12 |
| U. | Unknown or not applicable | |

Score

0

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe:

Funding appears to be consistent and adequate.

Sources of information:

NFP, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

Most programs can be enhanced through improved public outreach.

Sources of information:

Kraft, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program could be implemented in the North Country but it would have to be administered by one of the existing agencies, such as the county nursing programs.

Sources of information:

Kraft, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

It would be a benefit to the North Country if the NFP were available to pregnant women of the North Country.

Sources of information:

Kraft, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score

0

Documentation:

Describe potential to increase services offered:
Each NFP is a free standing, highly structured program.
Sources of information:
Kraft, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score

18

Documentation:

Describe level of effort:
It would be possible to integrate the NFP program into existing agencies within our catchment area.
Sources of information:
Kraft, 2014

Total Possible	96
Section Four Total	58

4. FORM SYNOPSIS

Section score and improvability synopsis:

Nurse-Family Partnership (NFP) nurse home visitors work with low-income young women who are pregnant with their first child and provide services to those families through the child's second birthday.

NFP nurses help young mothers during their pregnancy to reduce alcohol, drug and alcohol consumption in order to improve gestational age and birth weight. They then continue to support these mothers in the areas of health, nutrition, parental education to reduce the incidence of abuse and neglect which affects early literacy skills.

NFP scores at 78.57% which is considered to be at the high end of effective. This program only supports low income mothers but does an exemplary job of helping those mothers raise happy and healthy children, reducing abuse and neglect.

NFP is a nursing program but those nurses refer their clients to other community agencies as needed for a broad spectrum of supports related to sections 1-3. The strength lies in the nurses ability to form close personal relationships with the mothers and babies and to provide the services in the family's natural setting (home).

Nurse-Family Partnership Implementing Agencies contract with the National Service Office to provide services at a community level. These agencies are administered by a range of non-profit and for-profit entities, including state and county health departments, community-based health centers, nursing associations, and hospitals, generally through maternal and child health services.

Nurse-Family Partnership is a public health program that is supported by a wide range of federal, state and local public funding sources, including Medicaid, the Maternal and Child Health Services Block Grant (Title V), Temporary Assistance for Needy Families (TANF), Healthy Start, Title IVB and other child welfare and foster care prevention funds, juvenile justice, child abuse prevention funds through the

BT3 PROGRAM ASSESSMENT FORM

Administration for Children & Families, tobacco settlement funds, and state and local general revenue funds.

The NFP Improvability Score is 60.41% (improvable). This is a program that could be incorporated into interested agencies within our three county study area.

References for assessment:

Nurse Family Partnership (2014) <<http://www.nursefamilypartnership.org/locations/New-York>>;
[accessed September 15, 2014]

NYS Community Action Association. (2014) <www.nyscommunityaction.org>; [accessed 9/8/2014]

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Parent-Child Home Program

BT3 Service Points: Very Effective (80-100)

Form date: 7 July 2014

Enhancement Capacity: Improvable (50-79)

Counties where operating: Not present
 Date assessed: 8/1/14
 Assessors: E. Schwartzberg

County Distribution
(Absent)



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input checked="" type="checkbox"/>	No – continue to B1.1; Yes <input checked="" type="checkbox"/> NY; Yes <input checked="" type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Absence
Franklin	Absence
Clinton	Absence

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Select one	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input checked="" type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
Foundations	Title 1 funding from school districts
Legislative items	

D. SECTION SCORES

Target Population: 22/32	Social Issues: 25/28
System Integration: 25/28	Cumulative (%): 81.82

Improvability: 45/84=53.57

BT3 PROGRAM ASSESSMENT FORM

Synopsis: The Parent-Child Home Program (PCHP) is a home visiting program focused on assisting parents in stimulating their kids to learn. The PCHP scored 81.82, placing it within the "Very Effective" range of BT3 Service Points. The strengths of the PCHP are its ability to reach children at home and stands out because of its ability to enhance parent-child relationships. Depending on the administering agency of this program, it could be expanded to include outside of the home programming. For example, a PCHP can be integrated into a Family Resource Center.

Program or Provider overview:

The Parent-Child Home Program (PCHP) is a home visitation program focused on assisting parents in stimulating their kids to learn. The program is based on the theory that "critical parent-child interaction could be strengthened by modeling reading, play, and conversation for parents and children in their own homes". The Parent-Child Home Program helps families challenged by poverty, with limited education, language and with other literacy barriers. This program incorporates home visits by professionals that help the parents realize their role as their child's "first and most important teacher". Visitors use a modeling approach to gently empower parents to teach their children in an unthreatening way.

PCHP are currently unavailable in the study area of Clinton, Essex, and Franklin counties. The program is operating in New York State. The cost is between \$2500-3500 per child per year. The PCHP is similar in many ways to the national HIPPY program. We chose to assess the PCHP rather than HIPPY because it may be easier to implement PCHP in the study area as compared to HIPPY.

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programming, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

The PCHP offers services to all socio-economic groups, operates in rural as well as urban communities, and supports multi-lingual and non-traditional families. The PCHP targets underprivileged families, specifically families where the education level of parents is limited.

Sources of information:

PCHP Website, 2014, Morrison, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |

BT3 PROGRAM ASSESSMENT FORM

U. Unknown or not applicable

Score 0

Documentation:
 List counties
 Parent-Child Home Programs are absent from all counties in the study area.
 Sources of information:
 PCHP Website, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score U

Documentation:
 Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
 This answer needs to be N/A because it is not present within the three counties of the study area.
 Sources of information:
 PCHP Website, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score 6

Documentation:
 Identify methods that overcome access limitations
 The parent-Child Home Program is a home visitation program and is specifically designed to target to all families, regardless of home location. Depending on funding of the program, some families that qualify may not be visited. This limitation is to be expected for any program (both rural or urban) and is likely similar to the challenges that Early Intervention programs face.
 Sources of information:
 PCHP Website, 2014; Morrison, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score 8

Documentation:
 Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
 The Parent-Child Home Program solicits families of children ages 2-3 years, and accepts

BT3 PROGRAM ASSESSMENT FORM

children as young as 16 months into its programing. Outreach is performed by program center coordinators and home visitors. These outreach coordinators go to where families are, including food pantries, WIC offices, regional health fairs, community events, and churches.

Sources of information:
Morrison, 2014.

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- | | | |
|----|---------------------------|---|
| A. | 0-99 | 0 |
| B. | 100-249 | 2 |
| C. | 250-499 | 4 |
| D. | Over 500 | 6 |
| U. | Unknown or not applicable | |

Score 4

Documentation:

If available, document coverage for each of the three target counties within the study area: This question is hard to answer for programs like the CPHP where services are not currently offered in the study area. Based on the assumption that a program like this could reach more families than center-based programs, given enough funding, I would estimate that this program could serve more children than the Family Resource Centers (FRCs) in Clinton, Essex, and Franklin counties serve. From our assessment of the FRCs in the study area, we found that about 900 children between the ages of 0-5 are reached through FRCs. PCHP should serve at least this many children, although this is an educated guess. I've elected to select 4 for this answer.

Sources of information:
Basiliere, 2014; CCCNC, 2014; Griffin, 2014

Total Possible	32
Section One Total	22

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- | | | |
|----|---|---|
| A. | No health or nutrition-related programing or services | 0 |
| B. | Limited programing or services related to nutrition and health | 2 |
| C. | Moderate programing or services related to nutrition and health | 4 |
| D. | Specifically designed to provide programing or services related to nutrition and health | 6 |
| U. | Unknown or not applicable | |

Score 2

Documentation:

Describe key representative programs or services:
The PCHP does not directly provide health or nutrition services, nor do they focus on health as part of home visitation. This program does, however, refer families to other services covering these issues.

Sources of information:
Morrison, 2014

2.2. Are pre-birth or family planning services offered by this program?

- | | | |
|----|---|---|
| A. | No existing pre-birth or family planning services offered | 0 |
| B. | Pre-birth services offered | 2 |

BT3 PROGRAM ASSESSMENT FORM

- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

PCHP do not offer family planning services, however this program does, however, refer families to other services covering these issues.

Sources of information:

Morrison, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

While the PCHP will refer out for outside services that target some social issues of the families visited (family welfare, employment services), this program does focus on many aspects of comprehensive family care. These include parent-child relationships, parent-child attachment, school readiness skills, and parent empowerment. Parent empowerment is an important component of this program, focusing on teaching parents to teach their children - this activity helps teach parents about their own potential as educators of their children, and also as members of the workforce.

Sources of information:

Morrison, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

Public outreach is a large part of this program and is one of the main ways the PCHP solicits new families. At outreach events, which occur mainly at existing public events, PCHP representatives share information about programing, often provide small toys or crayons to children, and collect contact information from families.

Sources of information:

PCHP Website, 2014; Morrison, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1

BT3 PROGRAM ASSESSMENT FORM

- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Enhancing parent-child relationships is the main focus of the PCHP.

Sources of information:

PCHP Website, 2014; Morrison, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3
- D. Five or more 5
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

Parent education, Home visits, Public events.

Sources of information:

PCHP Website, 2014; Morrison, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
- B. Socialization support is covered, but limited to in-facility 1
- C. Socialization is a part of the program in community settings 2
- U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

The PCHP will occasionally organize play groups for parents and their chid(ren), however, most of the programming associated with the PCHP is home-based. The PCHP does refer families out for socialization support.

Sources of information:

Morrison, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
- B. Yes 3
- U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

Yes, in-home support is a key feature of the PCHP.

Sources of information:

Morrison, 2014; PCHP Website, 2014

Total Possible

BT3 PROGRAM ASSESSMENT FORM

Section Two Total

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
- B. Minimal efforts are made for school readiness and are limited to social interactions only 2
- C. School readiness skills are part of the program curriculum, at least in part 5
- D. This program has a large focus on providing school readiness skills 8
- U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

This program is focused on school readiness skills and supplies a lot of data describing the program effectiveness. For data and report access, visit: <http://www.parent-child.org/proven-outcomes-research.html>

Sources of information:

PCHP Website 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

The parent-Child Home Program follows its own set of standards. The program uses these standards to track data on site performance, attrition, and other red flags. They also have a site certification process and the national organization requires replication sites to submit a KEEP (Key Elements for Establishing Program) form each year. This form tracks fidelity to the PCHP program model.

Sources of information:

Morrison, 2014

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

Programs vary from place to place. Some sites are privately funded, while some programs are state funded and need to go through a renewal process periodically.

Sources of information:

BT3 PROGRAM ASSESSMENT FORM

Morrison, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

Transportation costs of family visitors to homes is covered through this program. Families are visited twice weekly and the ability of visitors to visit homes, similar to the Early Intervention program, can sometimes be limited.

Sources of information:

Morrison, 2014

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:

The PCHP makes data and research summaries available on their website. The PCHP makes use of several evaluation techniques including Ages and Stages. Evaluations vary from site to site.

Sources of information:

PCHP Website, 2014; Morrison, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:

Professional development is required and provided by the Parent-Child Home Programing. Family visitors are required to participate in a three-day "Turn Key" training with an additional 16 hours of training prior to their first home visit. Beyond this initial training, home visitors participate a two hour weekly supervision meeting at each site's headquarters.

Sources of information:

Morrison, 2014

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into

BT3 PROGRAM ASSESSMENT FORM

another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers.

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score 0

Documentation:

Describe programing:

Home visitors spend 30 minutes at each family's home twice weekly. Home visitors also spend an additional 30 minutes outside of the home visit preparing paperwork relating to each family's visit.

Sources of information:

Morrison, 2014

Total Possible	28
Section Three Total	25

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score U

Documentation:

Describe:

Funding varies from site to site.

Sources of information:

Morrison, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score 15

Documentation:

Describe outreach potential:

Yes, and outreach efforts are increased when and where needed.

Sources of information:

Morrison, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to 18

BT3 PROGRAM ASSESSMENT FORM

increase the target population and services offered.

U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

The Parent-Child Home Program can be expanded in scope, and the ability of each program to expand depends on who administers the program. Some programs expand outside of the home setting by hosting parent groups at Family Resource Centers (FRCs). Others PCHPs have participated in library reading programs. In both of these cases, the PCHP exclusively targets program participants to participate in these additional programs.

Sources of information:

Morrison, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

Documentation:

Describe geographic constraints or opportunities:

This is a home visitation program, and location improvement is not needed.

Sources of information:

Morrison, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- A. Infrastructure or model does not lend itself to increasing programming/services 0
- B. Improvements are possible, but impractical within this programs current scope 10
- C. Improvements are possible and would result in needed services (list possible services) 15
- U. Unknown or not applicable

Score

Documentation:

Describe potential to increase services offered:

The PCHP works closely with Early Intervention and local school districts. While the PCHP is not likely to increase the services they offer to families, they are positioned well to act as an effective referral system for additional targeted social services.

Sources of information:

Morrison, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- A. Unlikely that this is possible do to type of program or provider group 0
- B. Integration possible, but impractical or costly 12
- C. Integration possible and would result in improvements to services offered for BT3 population 18
- U. Unknown or not applicable

Score

Documentation:

Describe level of effort:

The Parent-Child Home Program can be enhanced. Some programs expand outside of the home setting by hosting parent groups at Family Resource Centers (FRCs). Others PCHPs have participated in library reading programs. In both of these cases, the PCHP exclusively targets program participants to participate in these additional programs. FRCs and Libraries

BT3 PROGRAM ASSESSMENT FORM

can integrate their services with PCHPs to increase their ability to reach at risk children. Often, the families that need to participate in FRCs and libraries the most, do not. The PCHP can be an effective method of getting at risk families to these other area resources. Sources of information: Morrison, 2014

Total Possible	84
Section Four Total	45

4. FORM SYNOPSIS

Section score and improvability synopsis:

The Parent-Child Home Program is not present in our study area, but is present elsewhere in New York State as well as nation-wide. The Parent-Child Home Program (PCHP) is a home visitation program focused on assisting parents in stimulating their kids to learn. The program is based on the theory that "critical parent-child interaction could be strengthened by modeling reading, play, and conversation for parents and children in their own homes". The PCHP scored 81.82, placing it within the "Very Effective" range of BT3 Service Points. The individual section scores ranged from 22-26 points, highlighting this programs effectiveness across all three sections of this assessment. The strengths of the PCHP, in relation to other programs assessed within our study area, are its ability to reach children at home. PCHP also scored high because it targets many social issues and overcomes barriers to access. The PCHP also has an effective outreach program in the places where it currently operates. Lastly, this program stands out among others assessed because of its ability to enhance parent-child relationships, to incorporate school readiness skills, and to foster comprehensive family care.

The PCHP's weaknesses, based on our standardized assessment across a wide range of services, are that it does not target pre-birth planning or food and nutrition. This program also does not provide opportunities for socialization outside of the home.

The PCHP has improvability potential beyond the obvious potential of being established in our study area. Depending on the administering agency of this program, PCHPs can be expanded to include outside of the home programming. For example, a PCHP can be integrated into a Family Resource Center with play groups or other activities targetting PCHP families.

References for assessment:

- Basilieri, Jamie, Executive Director Childcare Council of the North Country. 2014. Personal Correspondence.
- Child Care Coordinating Council of the North Country (CCCCNC) (2014) CCCCNC Annual Report. <<http://www.cccnc.org/pdfs/11annreport.pdf>>; [Accessed on July 11, 2014].
- Griffin, Ann., Development Director, Families First. 2014. Personal Correspondence.
- Parent Child Home Program Website (PCHP Website) (2014).<<http://www.parent-child.org/>>; [Accessed on August 1, 2014].
- Parent Child Home Program (PCHP) (2014). The Program Model. <<http://www.parent-child.org/downloads/WhatWeDo.pdf>>; [Accessed on August 1, 2014].
- Morrison, Michele, (2014) Director, Parent-Child Home Program.

BT3 PROGRAM ASSESSMENT FORM

Program/Provider Name: Even Start

BT3 Service Points: Effective (60-79) *Form date: 7 July 2014*
Enhancement Capacity: Unknown (fewer than 70 total points assessed)

Counties where operating: Discontinued program
 Date assessed: July 18, 2014
 Assessors: C. Kraft

County Distribution
(Absent)



A. DISTRIBUTION

A1.1. Is Program or provider type present in Essex, Franklin, or Clinton Counties?	
<input type="checkbox"/>	Yes – continue to A1.2
<input checked="" type="checkbox"/>	No – continue to B1.1; Yes <input type="checkbox"/> NY; Yes <input type="checkbox"/> USA
A1.2. Distribution of Services in each county	
Essex	Discontinued
Franklin	Discontinued
Clinton	Discontinued

B. ENTITY TYPE

B1.1. What is the tax designation of the Program or Provider? Non Profit	
B1.2. What services does the entity provide in the study area to the target population?	
<input type="checkbox"/> Day care	<input checked="" type="checkbox"/> Home visits
<input type="checkbox"/> Food	<input type="checkbox"/> Mental health
<input type="checkbox"/> Special Education	<input checked="" type="checkbox"/> Parent education
<input type="checkbox"/> Public events	<input type="checkbox"/> Financial assistance
B1.3 For what age of children are services?	
<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	

C. FUNDING SOURCES

D1.1. From what sources does this entity group receive funding? (List all known funding sources)	
It was a federally funded program.	

D. SECTION SCORES

Target Population: 18/20	Social Issues: 14/33
System Integration: 24/30	Cumulative (%): ~78.31

<p>Improvability: 12/18, but this is not usable because only one 18 point question could be answered.</p> <p>Synopsis: Even Start (ES) was a federal turned state program in existence from 1988-2010. Even Start supported family literacy services for parents with low literacy skills and their children ages 0-7. ES scored in the "Effective" range. We could not get a usable "Improvability" score. Three national evaluations showed ES to be ineffective. Please see the full synopsis for further discussion.</p>
--

BT3 PROGRAM ASSESSMENT FORM

Program or Provider overview:

Even Start (ES) was a federal program in existence from 2000 to 2010. Even Start supported family literacy services for parents with low literacy skills or who had limited English proficiency, and their children, primarily birth through age seven, and had three related goals:

- to help parents improve their literacy or basic educational skills;
- to help parents become full partners in educating their children; and
- to assist children in reaching their full potential as learners.

This program offered grants to support local family literacy projects that integrated early childhood education, adult literacy (adult basic and secondary-level education and instruction for English language learners), parenting education, and interactive parent and child literacy activities for low-income families with parents who were eligible for services under the Adult Education and Family Literacy Act and their children from birth through age 7. Teen parents and their children from birth through age 7 were also eligible. All participating families had to be those most in need of program services. Projects operated year-round and provided staff training and support services, such as child care and transportation, when unavailable from other sources, to enable participation in core education activities (Federal Event Start website, 2014)

Answer the following questions for each Program or Provider group

SECTION OVERVIEW

1. Target Population
2. Social Issues
3. System Integration
4. Improvability

1. TARGET POPULATION

1.1. Does the program target or limit itself from population socio-economic levels?

- | | |
|--|---|
| A. The program does not address socio-economic discrepancies, nor does it provide avenues for inclusion of socio-economically repressed populations. | 0 |
| B. Addresses socio-economic needs through programing, but does not provide assistance | 2 |
| C. Provides assistance and resources tailored to low-income families | 4 |
| D. Designed specifically for low-income and poverty-level families | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

Identify services offered by this program or provider that target low-income families. If U was selected, give evidence of sufficient inquiry (e.g. phone conversations)

This program was targeted at low income families.

Sources of information:

Federal Even Start website, 2014

1.2. What regions does this program or provider service (Clinton, Essex, or Franklin Counties)?

- | | |
|---|---|
| A. No presence in any of the target counties | 0 |
| B. Present only in one county | 2 |
| C. Present in two counties within northern New York | 4 |
| D. Present within all three counties of Clinton, Franklin, and Essex. | 6 |
| U. Unknown or not applicable | |

Score

Documentation:

List counties

ES operated in all three counties.

BT3 PROGRAM ASSESSMENT FORM

Sources of information:
Celotti, 2014

1.3. Does the program cover these three counties (Clinton, Essex, or Franklin Counties) broadly or narrowly?

- A. Coverage is narrow 0
- B. Coverage is broad 2
- U. Unknown or not applicable

Score

Documentation:

Describe range and or limitations of geographic distribution of services. If B is selected, list either school districts, villages, or cities where service is provided or absent
The coverage at the time of the program was broad.

Sources of information:
Celotti, 2014

1.4. Is this program limited in its ability to provide services to all children regardless of home location or home situation? (This question is intended to include families living geographically distant from resources or in situations that limit accessibility to programming in other ways).

- A. Limited to urban or sub-urban areas and have limited mechanisms to reach families that are geographically distant or do not leave the home for other reasons 0
- B. Has mechanisms to address access to services on a limited basis 2
- C. Provides resources tailored to access (e.g. home visits, mileage reimbursement, bussing) 4
- D. Designed specifically and able to target all families qualified to receive service 6
- U. Unknown or not applicable

Score

Documentation:

Identify methods that overcome access limitations
ES staff could meet with families at home or in community settings.

Sources of information:
Celotti, 2014

1.5. How does this program solicit children BT3 for services?

- A. Program only works with families that seek services on their own without intervention 0
- B. Reaches families for services when referred by other agencies or individuals (e.g. Including but not limited to family, neighbors, friends, healthcare, and social services) 3
- C. Seeks out families and children directly through public outreach events 6
- D. Seeks out families and children directly in their natural setting 8
- U. Unknown or not applicable

Score

Documentation:

Identify how unregistered families are reached through this program, or ways in which families could be reached to a greater extent:
ES received referrals from other outside agencies and conducted outreach events.

Sources of information:
Celotti, 2014

1.6. How many BT3 children does this program serve or would serve if created in the three counties of Essex, Franklin, and Clinton?

- A. 0-99 0
- B. 100-249 2
- C. 250-499 4
- D. Over 500 6
- U. Unknown or not applicable

BT3 PROGRAM ASSESSMENT FORM

Score

U

Documentation:

If available, document coverage for each of the three target counties within the study area:
 I don't have enough data to know how many children this program served.
 Sources of information:
 Kraft, 2014

Total Possible

20

Section One Total

18

2. SOCIAL ISSUES

2.1. Does this program or provider support health and nutrition initiatives or services (Include grocery assistance, meal plans, nutrition education, and outreach targeting food, health, or nutrition)?

- A. No health or nutrition-related programming or services 0
- B. Limited programming or services related to nutrition and health 2
- C. Moderate programming or services related to nutrition and health 4
- D. Specifically designed to provide programming or services related to nutrition and health 6
- U. Unknown or not applicable

Score

0

Documentation:

Describe key representative programs or services:
 ES was not geared toward health or nutrition education. Grant money could be spent to provide meals to individuals attending training if it were deemed beneficial to the participants at that time (e.g. provide dinner if the participant had to work then immediately attend a literacy class)(Policy Guidance, 2003).
 Sources of information:
 Federal Even Start website, 2014; Policy Guidance, 2003

2.2. Are pre-birth or family planning services offered by this program?

- A. No existing pre-birth or family planning services offered 0
- B. Pre-birth services offered 2
- C. Pre-birth services offered and records are kept regarding at risk families for future intervention of BT3 services 4
- U. Unknown or not applicable

Score

0

Documentation:

Describe key representative programs or services:
 ES was a literacy program.
 Sources of information:
 Federal Even Start website, 2014

2.3. Does the program offer comprehensive family care as a way to address social issues in the home? (e.g. parent education, family welfare, employment services, health services).

- A. No existing comprehensive family care services 0
- B. Some existing comprehensive family care services (list below) 2
- C. Several existing comprehensive family care services (list below) 4
- D. Designed specifically for comprehensive family care services (list below) 6
- U. Unknown or not applicable

Score

2

BT3 PROGRAM ASSESSMENT FORM

Documentation:

Describe key representative programs or services:

ES targeted parental literacy as well as early literacy in children. There is a strong link between poverty and literacy. Forty-three percent of people with the lowest literacy skills live in poverty, 17 percent receive food stamps, and 70 percent have no job or a part-time job. Low levels of literacy are linked with lower wages, lower levels of employment, and more frequent spells of unemployment, thus contributing to poverty. Workers who lack a high school diploma earn a mean monthly income of \$452, compared to \$1,829 for those with a bachelor's degree. A high percentage of people on public assistance have lower than average basic skills (Learning Lab, 2014). Improved literacy in mothers has been shown to improve the child's home environment in terms of pre-literacy experiences provided to those children (National Library of Medicine, 2009). Improving adult literacy can affect family welfare, health, and employment (Literacy Foundation, 2003).

Sources of information:

Learning Lab Inc, 2014; National Library of Medicine, 2009; Literacy Foundation, 2014

2.4. Are public outreach events included in this program's or providers' services. (Events and public engagement activities included in this answer should be designed to attract and detect children or families that may benefit from BT3 services but are not currently participating in organized care).

- A. Public outreach is not part of programing or services 0
- B. Limited public outreach programing or services, primarily targeted to advertising efforts 1
- C. Moderate programing or services targeting families not currently considering BT3 services 2
- D. Provides programing or services that detect children or families that may benefit from BT3 services but are not currently participating in organized care 3
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services as well as a description of public events:

I am assuming all provider agencies utilized outreach within the scopes of their budgets as do most of the other agencies being surveyed in this study.

Sources of information:

Kraft, 2014

2.5. Does this program or provider work to enhance child-parent relationships.

- A. There is no connection between parents and services 0
- B. Limited programing or services related to child-parent relationships 1
- C. Moderate programing or services related to child-parent relationships 3
- D. Specifically designed to provide programing or services related to child-parent relationships 4
- U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

There were 4 components to Even Start: child development, parent education, parent child interaction, and adult education. The focus of the program was to increase literacy in the household thereby increasing school readiness for the children in that household with the parents as active participants.

Sources of information:

Frawley, 2014

2.6. How many service areas (from Section B1.2) does this program or provider cover? List services.

- A. None 0
- B. 1-2 1
- C. 3-4 3

BT3 PROGRAM ASSESSMENT FORM

- D. Five or more 5
U. Unknown or not applicable

Score

Documentation:

Describe key representative programs or services:

ES provided home and community based parent education in the area of family literacy.

Sources of information:

Celotti, 2014

2.7. Does this program or provider incorporate basic socialization support for children and families? (Specifically, a BT3 focus on getting children and families comfortable being in a wide range of social settings).

- A. Socialization support is not covered by this program 0
B. Socialization support is covered, but limited to in-facility 1
C. Socialization is a part of the program in community settings 2
U. Unknown or not applicable

Score

Documentation:

Describe socialization support either in facilities or in community settings:

ES could have been conducted at home or in community settings.

Sources of information:

Celotti, 2014

2.8. Is in-home support and visitation part of this program?

- A. No 0
B. Yes 3
U. Unknown or not applicable

Score

Documentation:

Specify in-home services covered:

ES services were provided in home and community settings.

Sources of information:

Celotti, 2014

Total Possible
Section Two Total

3. SYSTEM INTEGRATION

3.1. How does this program or provider incorporate school readiness skills into its programming (e.g. accredited curricula, targeted curricula, school visitation, etc.)

- A. This program is not designed to incorporate school readiness skills 0
B. Minimal efforts are made for school readiness and are limited to social interactions only 2
C. School readiness skills are part of the program curriculum, at least in part 5
D. This program has a large focus on providing school readiness skills 8
U. Unknown or not applicable

Score

Documentation:

List curricula or readiness skills offered:

There were 4 components to Even Start: child development, parent education, parent child interaction, and adult education (Frawley, 2014). All aspects support school readiness in

BT3 PROGRAM ASSESSMENT FORM

young children. The ES program in Essex County used Parents As Teachers curriculum (Celotti, 2014).

Sources of information:
Frawley, 2014; Celotti, 2014

3.2. Does this program or provider follow state or nationally recognized standards for early childhood education programming (list standards incorporated)

- A. Does not follow program standards 0
- B. Follows state-wide program standards province. 3
- C. Follows state- and nation-wide program standards. 4
- U. Unknown or not applicable

Score

Documentation:

List standards incorporated:

Each ES project was directed to use instructional programs based on scientifically based reading research (as defined in section 1208) for children and adults, to the extent such research is available.

Sources of information:
Policy Guidance, 2003

3.3. Does the program or provider, or the organization encompassing it, have a constant funding stream (how variable is that funding stream) for BT3 programming included in this analysis? Please describe programming that has been reduced due to funding restrictions.

- A. This program has closed due to lack of funding 0
- B. This program has variable funding and portions of programming or services have been lost in recent years 1
- C. Funding is variable, causing variations in access to services by target populations 3
- D. Funding is constant (whether adequate for programs or not) 5
- U. Unknown or not applicable

Score

Documentation:

Describe funding variation and effects on program or provider:

According to the federal website, the Even Start federal appropriation was stable in 2000 and 2001 then began to decay annually until the program ceased after 2010. Lucianna Celotti reported that the funding for the program appeared to her, as an employee, to be generous.

Sources of information:
Federal Even Start website, 2014

3.4. Does the program or provider assist with transportation needs, either by providing a stipend to case workers or by providing transportation services or transportation stipend to families? (Note any situations where transportations services are limited due to financial reasons, but not geographic constraints).

- A. No transportation services or incentives offered 0
- B. Limited services or incentives offered (several restrictions exist) 2
- C. A wide range of transportation services and/or incentives offered 5
- U. Unknown or not applicable

Score

Documentation:

List transportation programs, incentives and restrictions:

ES staff were provided mileage reimbursement (Celotti, 2014). Projects were allowed to spend Even Start funds on transportation for participants as a support service under section 1235(3), when unavailable from other sources and when necessary for a person's participation in the Even Start program. Transportation costs had to be reasonable and

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necessary (Policy Guidance, 2003).
Sources of information:
Celotti, 2014; Policy Guidance, 2003

3.5. Does program or provider possess and use publicly accessible evaluation tools that target children and/or child-parents relationships?

- A. Evaluation criteria are not required nor used for this program 0
- B. Evaluation criteria is used, but is not required, or is required but not publicly accessible 3
- C. Evaluation criteria is used and required 4
- U. Unknown or not applicable

Score

Documentation:

Describe evaluation materials and requirements where applicable:
Each state developed Even Start indicators of program quality to guide and monitor ES programs. I am not aware whether the results of such assessments were available to the public therefore I scored this as a 3. Lucianna Celotti reported that she was asked to administer a standardized assessment to families but she thought it was for internal monitoring only.

Sources of information:
Policy Guidance, 2003; Celotti, 2014

3.6. Does programming require and/or provide professional development opportunities for staff? (These are opportunities that are beyond the scope of state or federally mandated professional requirements).

- A. Professional development opportunities are not offered or required by this program 0
- B. Professional development credits are required by this program 2
- C. Professional development credits are required by and offered through this program 4
- U. Unknown or not applicable

Score

Documentation:

Describe professional development opportunities and requirements:
Each project was required to train staff, including child care staff, to develop the skills necessary to work with parents and young children in the full range of Even Start instructional services offered.

Sources of information:
Policy Guidance, 2003

3.7. For how many hours per day does this program or provider offer services? (If services last less than an hour, round up to a full hour. If programs integrate into another program, for example visiting children at a day care facility, select the answer that reflects the greatest number of hours that program covers).

- A. 1-3 hours 0
- B. 4-6 hours 2
- C. Over six hours 3
- U. Unknown or not applicable

Score

Documentation:

Describe what part of the native range is similar in climate to New York:
Families received regular, year-round services but not necessarily daily services. Services were provided for 1.5 hours per week.

Sources of information:
Celotti, 2014

Total Possible

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Section Three Total

4. IMPROVABILITY

4.1. Are programming options constrained due to variability in funding (see Question 3.3). In other words, would stabilization of funding stream aid in program stability?

- A. No, funding for this program comes from stable sources 0
- B. Yes, funding fluctuates from year to year, but program areas remain constant 8
- C. Yes, funding fluctuates and programs have been cut due to low-funded periods 12
- U. Unknown or not applicable

Score

Documentation:

Describe:

This program has been discontinued.

Sources of information:

Frawley, 2014

4.2. Can this program or provider group's program model or organization model be enhanced through improved public outreach to target more BT3 families?

- A. Outreach does not fit into this program's or provider group's focus 0
- B. Outreach opportunities would help this program increase its influence on BT3 families but are limited in the ability to do so for some reasons (describe limitations below) 10
- C. Outreach opportunities would help this program increase this program's influence on BT3 families 15
- U. Unknown or not applicable

Score

Documentation:

Describe outreach potential:

This program has been discontinued.

Sources of information:

Frawley, 2014

4.3. Could this program model be expanded in size or scope (potentially through integration into other programs) to provide services to at risk BT3 families?

- A. This program does not lend itself to being expanded or integrated into other programs 0
- B. This program model could be expanded, but would require an outside group to provide services fitting that model 12
- C. This program could be expanded or the program's model could be expanded in scope to increase the target population and services offered. 18
- U. Unknown or not applicable

Score

Documentation:

Describe expansion potential:

This program has been discontinued.

Sources of information:

Frawley, 2014

4.4. Can the location of these programs be improved by being more geographically available or through enhanced participant transportation infrastructure?

- A. Improvements are not needed, or are not possible 0
- B. Improvements are possible, but impractical or costly 12
- C. Improvements are possible and would result in improvements to accessibility 18
- U. Unknown or not applicable

Score

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Documentation:

Describe geographic constraints or opportunities:

This program has been discontinued.

Sources of information:

Frawley, 2014

4.5. Does this program have potential infrastructure to increase services that target social issues addressed in Sections 1-3 (list issues)?

- | | | |
|----|--|----|
| A. | Infrastructure or model does not lend itself to increasing programming/services | 0 |
| B. | Improvements are possible, but impractical within this programs current scope | 10 |
| C. | Improvements are possible and would result in needed services (list possible services) | 15 |
| U. | Unknown or not applicable | |

Score

U

Documentation:

Describe potential to increase services offered:

This program has been discontinued.

Sources of information:

Frawley, 2014

4.6. Can this program be enhanced through integration into another program, or by integrating another program into it?

- | | | |
|----|--|----|
| A. | Unlikely that this is possible do to type of program or provider group | 0 |
| B. | Integration possible, but impractical or costly | 12 |
| C. | Integration possible and would result in improvements to services offered for BT3 population | 18 |
| U. | Unknown or not applicable | |

Score

12

Documentation:

Describe level of effort:

It might be possible to incorporate elements of this program into other currently existing programs. However, additional services always mean there is a need for additional funds to operate them.

Sources of information:

Kraft, 2014

	Total Possible	18
	Section Four Total	12

4. FORM SYNOPSIS

Section score and improvability synopsis:

Even Start (ES) was a federal program which started in 1988. The administration was moved to the states in 1992. The program ended in 2010. Even Start supported family literacy services for parents with low literacy skills or who had limited English proficiency, and their children, primarily birth through age seven, and had three related goals: to help parents improve their literacy or basic educational skills; to help parents become full partners in educating their children; and to assist children in reaching their full potential as learners. Interestingly enough, according to the Policy Guidance, 2003 document, three national assessments of the ES programs done prior to 2003 showed no statistically significant differences between ES families and those in the control groups. One observation was that families in the program did not take full advantage of the services offered by Even Start projects; they participated in small amounts of instruction relative to their needs and program goals. The other concern was the variability in quality of instruction. All programs met the standards for the ES program but it was difficult to guarantee that all staff were teaching participants at the same professional level. A former ES staff person,

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Lucianna Celotti, provided ES supports in Essex County. She said that when she began to work as a Case Manager for Early Intervention in Essex County, she would encounter families who had experienced Even Start. She said the families were, for the most part, very appreciative of the Even Start experience and Lucianna saw evidence of the effects of the ES program in the households she visited (the presence of books, games and puzzles).

It is, obviously, difficult to score a program that is no longer in existence. Lucianna Celotti explained how the Essex County program worked. I have no contacts for either Clinton County or Franklin County. ES's "Effectiveness Score" was approximately 78.31 (at the high end of "Effective"). The strengths of this model is that it is home and community based and there were funds to address transportation and childcare needs in order to facilitate parental education. In addition, at the time it operated in the North Country, it was present in all three counties. The weakness of the program, at least within the scope of this research project, is that it was targeted toward adult literacy and early childhood school readiness. It did not address nutrition, healthcare or other family challenges, at least not directly. Perhaps its real weakness is the fact that national evaluations of ES programming in other areas of the country showed, across the board, that there was no statistical differences between ES families and families not receiving ES services. I believe ES was administered by the Board of Cooperative Educational Services in Essex County and through Cornell Cooperative Extension in Franklin County. It was administered by the Child Care Council of the North Country in Clinton County. These agencies received their funding through the Federal grants. We were unable to accurately come up with this program's "Improvability Score" because there were less than 70 points of questions that were applicable.

References for assessment:

- Federal Even Start website. (2014) <<http://www2.ed.gov/programs/evenstartformula/index.html>>; [accessed on July 18, 2014]
- National Library of Medicine/National Institute of Health. (2009) <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3083977/>>; [accessed on July 18, 2014]
- Literacy Foundation. (2014) <http://www.fondationalphabetisation.org/en/adults/illiteracy_literacy/consequences/>; [accessed on July 18, 2014]
- Learning Lab. (2014) <<http://www.learninglabinc.org/impact-of-literacy/about-literacy.htm>>; [accessed on July 18, 2014]
- Policy Guidance for the William F. Goodling Even Start Family Literacy Programs, Part B, Subpart 3 of Title I of the Elementary and Secondary Education Act (ESEA) (September 2003) <<http://www2.ed.gov/programs/evenstartformula/legislation.html>>; [accessed on July 18, 2014]
- Lucianna Celotti, 2014. Essex County Children's Service Coordinator. (2014) Personal Correspondence.
- Frawley, R. Deputy Director; NYS Council on Children and Families. (2014) email dated June 25, 2014.
- Kraft, C. (2014) Personal Opinion