

Strategic Plan

Early Childhood Recommendations

City of Springfield and Greene County

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Springfield Strategic Plan

Early Childhood Committee - Template A

Vision, Themes, Input and Inter-relationships

The Early Childhood Committee's hope for the Springfield metropolitan community in the year 2030 is that our community will provide the best home possible for our children.

Vision - Every child grows up safe, happy, healthy and successful.

Theme – Engage our community so each day every child experiences caring adults, safe places, a healthy start, an effective education and opportunities for success in life.

Although our community has made strides to improve young child outcomes, local statistics still highlight several troubling areas. Greene County ranks second from the bottom (worst) out of all Missouri counties and is almost double the State rate in child abuse and neglect. Many of these same families are involved in domestic violence issues. Indisputable evidence of the negative impact, both long and short-term, highlights the emotional, physical and financial price paid over the life of those children to mitigate the damage inflicted. Sadly, some children never overcome the adversity and face a lifetime of after-effects.

Poverty is a complex issue involving multiple factors. Current economic conditions have exacerbated the number of local children living in poverty. More than 50% of children attending Springfield schools utilize free/reduced lunches. Demand for the backpack program exceeds current supply capability with a growing waiting list. In 2009, 50% of the births in Greene County were to mothers receiving Medicaid indicating those babies were born into poverty conditions. Mobility rates in 18 of 35 elementary schools exceeded 70% which means families move frequently forcing children to change schools several times during the year. Unstable housing conditions disrupt a child's life and basic well-being.

High quality early care and education are two of the most important preventive actions we can support to ensure our children get the best possible start in life. All the research indicates early experiences or lack thereof play a role in a child's healthy development. In a large percentage of families, both parents must work to provide for their family meaning children spend a significant portion of their day in the care of others. Childcare is a significant household expense and many times provider choice is based on cost and not quality. The level of quality delivered inside the day care or pre-school greatly impacts the child's school success. Regardless whether care is public, private, home-based, or faith-based, all children should have access to affordable high quality care.

Giving children a healthy start in life includes making sure they enter kindergarten equipped with the skills needed to succeed. It is important to remember that not all children have the same opportunities to learn. Fulfilling this need will require additional funding from the community. Considering the net lifetime fiscal contribution (adults 18-64 years old) of a high school dropout at a negative \$5,191 as compared to that of a high school/GED graduate at a favorable \$287,384 makes a \$5,000 investment per child to attend high quality pre-kindergarten services a very wise decision.

Encouraging businesses to support family-friendly practices such as time off for attending parent-teacher conferences or school award ceremonies, investing in a sick-child day care, or allowing employees time to be a reading/lunch buddy put action into play.

Children do not get to choose when, where or to whom they are born. We know that abused, neglected, hungry, homeless children don't learn very well, have trouble making friends, tend to develop behavioral issues, and are more apt to drop out of school.

Children's lives will not improve until these issues are adequately addressed. It is time that we, as a community, walk the talk and demonstrate that we indeed value our children and the future they must build.

Inputs –

Awareness/education of children's issues - Many in our community go about daily life and never see children that struggle with poverty or abuse. Making our citizens aware of the problems facing young

children is a priority if we want to get something done. By and large, our community is known for stepping up to address issues once they know about them. Whether it be the backpack program, Care to Learn, or “Isabel’s House, community support is usually found. Marshalling resources into a focused and concentrated effort is a “must” given the wide range of issues we face.

Legislative/policy action - Changes in behavior and outcomes seldom occur unless legislative and/or policy action happens. Children cannot vote. If they could, they probably wouldn’t vote to cut their own healthcare, education, or childcare funding. Their future and well-being lies in the hands of adults. Our legislative priorities should always include issues that affect children’s health and welfare. Prior to making any decisions, we should ask the question “how will this affect the kids?” Legislative and policy decisions should complement parents’ efforts to raise their children realizing that not all children start life on equal footing. A good start is to establish a community expectation that child abuse and neglect and children going hungry are not acceptable in Springfield/Greene County.

Program/funding support - Some of our suggested efforts will require funding and program support through both public and private venues. While costs like providing high quality pre-k services to all children who choose to attend may seem steep at first, the cost of doing nothing or using sub-par services is much greater in the long run. Local agencies have best practice services and programs in place that are susceptible to wild fluctuations in funding cycles. It would be a great disservice to our children to lose these offerings.

Inter-relationships -

Regionalism - Because Greene County’s future workforce is primarily developed regionally, a broad based effort will be required to adequately impact the county’s economic growth. Media based awareness campaigns for early childhood issues can have an influence regionally. Centralized training and services can be provided at a lower cost than replicating them community by community. Economic problems of the rural areas tend to gravitate to the urban center where services are provided and become Springfield’s problems. A unified effort to prevent poverty, mental and physical health issues and adequately trained workers through early childhood development is a winning combination for all.

Sustainability - There is nothing more important than sustaining our educated workforce and efforts to support early childhood development will ensure that we can provide the workforce that businesses need to remain in or move to our community, thereby sustaining our quality of life and economic viability.

Minimize Poverty - Extensive research shows that children who grow up under the condition of poverty are more likely to be less successful in school, less productive as adults in the labor market, have lifelong health problems and commit crimes and engage in other form of problematic behavior. The greatest indicator of whether an adult is homeless is whether they were homeless as a child. Thus, the cycle must be broken. Providing health, education and financial supports to children in their earliest years can break the cycle of poverty and produces a return on investment of 7 to 12 dollars for every dollar invested. While the biggest impact is usually derived through legislative or policy changes, community support for proven programs and services must help fill the gaps. Much of the poverty in Greene County consists of the “working poor” in that parents work, but don’t make enough money to support their family needs.

Civic Engagement - It will require a regional focus and engagement of people at all levels to prioritize our efforts for our most vulnerable and precious resource, our youngest citizens. Public awareness of the issues they face and the programs that can successfully address those issues should bring people forward to assist in a variety of ways. The problem of knowing what works has been solved by the multitude of existing research which identifies best practices; we just need to identify how to implement them in SW Missouri.

Early Childhood Committee - Template B

Recommendations with Costs < = Top Goal

Health

Major Goal 1: Ensure that children, pregnant women and nursing mothers have easy access to nutritious foods at an affordable cost.

Assumptions: If nutritious food is available and affordable, families make better food choices leading to better health outcomes. Adequate prenatal and early childhood nutrition has positive effects on healthy brain development.

Awareness/Education

Objective 1a: All mothers are encouraged and supported (education, guidance, accommodations) in their efforts to breastfeed.

Responsible Group: WIC, hospitals, employers, pediatricians

Legislative/Policy

Objective 1b: Increase access to local grocery stores, farmer’s markets, community gardens and food pantries so that no children go hungry and they have access to healthy food.

Responsible Group: City/County Planning/Zoning, MO Grocer’s Association, Health Dept.

Program/Funding

Objective 1c: Increase the number of child care facilities that are *state licensed* so they can qualify for State food assistance.

Responsible Group: State Dept of Health, City/County Planning/Zoning, CPO, DSS

Proposed Performance Measure(s): Decreased percentage of low-birth weight babies, Lower childhood obesity rates

Estimated Cost to Achieve Goal: \$ _____
One-Time Cost: \$ _____
Ongoing Cost: \$ _16,000_

Proposed Funding Source(s): State, federal, private funding

< Major Goal 2: Support resources for current/emerging trends in early health screenings and early intervention

Assumptions: The health of children begins prior to conception and continues throughout childhood. Providing pregnancy preparation information and prenatal care in addition to early screening for developmental problems, immunizations, dental care, medical care and psychological care are all components of the healthy child.

Awareness/Education

Objective 2a: Continue to encourage cooperative efforts of health care providers to provide prenatal, obstetric, pediatric care to low-income clients.

Responsible Group: JVCHC, St John’s Hospital, Tooth Truck, Cox Care, Health Dept

Objective 2b: Find resources to maintain PAT early screening services until funding cuts are restored through the state budget

Responsible Group: School Boards/Districts, State Legislature, grants, private funding

Proposed Performance Measure(s): # of families accessing PAT screenings, # of children served thru JVCHC and tooth truck,

Estimated Cost to Achieve Goal: \$ _____
 One-Time Cost: \$ 5,000 ____
 Ongoing Cost: \$ 0 ____

Proposed Funding Source(s): State, school district, grant, private funds

Major Goal 3: The City of Springfield/Greene County will establish policy priorities that include issues affecting children’s health and welfare.

Assumptions: Healthy children grow into productive adults. Children who start life with access to preventive health care, early intervention screenings and services, dental care, mental health services for themselves and their families, as well as early treatment for acute and chronic health needs have better mental and emotional development, better attendance at school, participate in more extra-curricular school activities, have fewer referrals to juvenile services, complete more years in school, and consequently have better opportunities as adults.

Legislative/Policy

Objective 3a: Children’s health and wellness will be a legislative and policy priority. Use lobbyist (City/County) to support funding of programs, facilities and resources which promote the health of all children.

Responsible Group: State legislators, City-County Officials, Lobbying Groups

Objective 3b: Springfield City Leaders will advocate for easy and affordable access to mental health services, including social skills and parenting support, for all families, including those on Medicaid or families who cannot afford regular mental health services. Missouri Medicaid does not consistently fund counseling for low income women who are post-partum and suffer from depression and it will not fund parental training of any kind, even when offered within family counseling, thus eliminating one of the best forms of child abuse prevention.

Responsible Group: City-County Officials, Lobbying Groups, NAMI, social service agencies

Proposed Performance Measure(s): # of children’s programs retained, # children served

Estimated Cost to Achieve Goal: \$ _____
 One-Time Cost: \$ _____
 Ongoing Cost: \$ 1,000 ____

Proposed Funding Source(s): Private funding

< Major Goal 4: Springfield/Greene County leaders will assist in making health (medical, dental, mental) care accessible, easy and affordable to all children, pregnant/post-partum women and families.

Assumptions: Early Childhood experiences have a direct correlation to positive school performance. Maternal depression, both pre/post partum is linked to significant declines in school and social performance in children. Medicaid guidelines make it very difficult for families living in poverty to access providers of their choice. Due to declining reimbursement rates, more and more providers refuse to accept Medicaid clients. Other options for low income families must be found.

Awareness/Education

Objective 4a: Recognize local agencies and health care providers that offer easily accessible medical, dental and mental health care to all children and families regardless of income, insurance status or ability to pay. Simple public acknowledgment or a Mayor/Council declaration makes a difference in how individuals, providers and businesses perceive the value of their work. It is essential that City/County Leaders never under estimate the value of a simple “thank you.”

Responsible Group: Springfield City Council, Greene County Commission, MCC

Program/Funding

Objective 4b: The City/County will publicly support and promote the “Medical Home” model within our Community. JVCH, in partnership with St. John’s and other agencies (Kitchen Clinic, Health Dept, Head Start, and other medical providers) currently promulgates this model for low-moderate income families who rely on emergency rooms for their non-emergent health care. The Medical Home model fosters preventive care, thus promoting healthier lifestyles for children and families.

Responsible Group: City-County Officials, medical/dental clinics, interested citizen groups, media, social service agencies

Objective 4c: Work with local healthcare facilities and businesses to develop a cooperative sick child care facility for working families. This will ensure the proper care of mildly ill children and the continued employment of parents who do not have family sick leave at their place of employment.

Responsible Group: City Planning, public/private businesses, hospitals

Objective 4d: The City/County will support opportunities for groups who provide mental health/wellness, social skills, parenting or related programs by making training/consultation space available at no cost to legitimate and reliable (e.g. licensed) providers.

Responsible Group: City and County facility managers.

Proposed Performance Measure(s): Start up of sick child facility, number of participating businesses, yearly satisfaction and impact survey of members.

Estimated Cost to Achieve Goal:

	\$ _____
One-Time Cost:	\$ 1,500,000 (obj 4c)
On-going Cost:	\$ _ 500,000_(obj 4c), \$3,200 (obj 4a, 4b, 4d)

Proposed Funding Source(s): Shared cost (for sick care facility) by employers on a membership basis. Estimate for 20 kids/day for 240 days.

Safety

< Major Goal 1: Reduce child abuse and neglect in Greene County.

Assumptions: Per the 2009 MoKids Count Data Book, Greene County ranked second to the bottom (114 out of 115 counties) with one of the highest abuse/neglect rates in the State of Missouri. Although substantiated cases were trending downward very slightly, the recent economic downturn is working to reverse these gains.

Awareness/Education

Objective 1a: Initiate an educational/awareness campaign to inform the community of the high rates of abuse and neglect. Build in the expectation that our community values children and that abuse/neglect activity is not acceptable in our community. Highlight the costs (both short term/long term) incurred to deal with the consequences of this social ill. Create a community-wide scoreboard (dashboard) showing status.

Responsible Group: Community groups, city web developers

Objective 1b: Work to identify children at risk of becoming victims. Encourage parents to utilize proven preventative programs (positive parenting focus) like Parents as Teachers, Head Start, Parenting Life Skills, Educare, Isabel’s House, etc.

Responsible Group: Community groups, front line workers

Legislative/Policy

Objective 1c: Develop and adopt a city/county platform or policy that supports reducing abuse and neglect. Obtain public support from City Council, County Commission, Greene County School Districts, and Spfd Chamber of Commerce.

Responsible Group: MCC, CPO, Jr League, Health Dept, Universities, Schools, daycare operators, churches, Prosecutor's Office, Children's Division, Juvenile Office

Program/Funding

Objective 1d: Follow up with the various initiatives proposed by Victor Veith's visit. (i.e. child forensic certificate pilot curriculum implemented by MSU and Prosecutor's Office, Child Witness Protection Act, Ambassadors for Children). Encourage sharing and expanding of results with other major universities, teacher's groups, police/sheriff departments, and social workers as applicable.

Responsible Group: Universities, Prosecutor's Office, Children's Division, Juvenile Office, community groups,

Proposed Performance Measure(s): Substantiated abuse (DSS), # of family assessments, # of students who take special forensic classes,

Estimated Cost to Achieve Goal: \$ _____
One-Time Cost: \$ 20,000 ____
Ongoing Cost: \$ 10,000 ____

Proposed Funding Source(s): Grants, Education funding

Major Goal 2: Create a community that provides the *opportunity to work for all who have the desire to improve their economic status.*

Assumptions: There is an assumption that current limitations on financial subsidies creating a cycle of dependence that if changed, could positively impact the socio economic status of our community creating more positive living environments for the children of this community hence impacting their safety.

Awareness/Education

Objective 2a: Increase family income through promotion and assistance in filing for Earned Income Tax Credits. Partner with and help provide support for local universities and service organizations to provide free tax preparation for low-income families.

Responsible Group: City Planning

Objective 2b: Provide work supports for vulnerable working families by integrating various types of public (federal, state, local) assistance programs that address stable housing, safe and appropriate child care, health care and transportation. Combine access to services such as TANF, WIA, VITA, Food Stamp employment and training programs and others to eliminate duplicate appointments and application process.

Responsible Group: MO Career Center/Workforce Development

Legislative/Policy

Objective 2c: Advocate for state policies that allow parents (mothers and fathers) to wean off subsidies that assist with child care and other financial assistance, while establishing employment and increasing income. This would create a "step down" (gradual) approach to financial independence versus a "cold turkey" approach.

Responsible Group: Children's Division, Local Colleges/Universities, State Legislature, Mo Career Center, Government leadership in Springfield/Greene County, City/County lobbyist

Proposed Performance Measure(s): # of affordable high quality day cares, # of families using Earned Income Credit, # of quality preschool opportunities for special needs children

Estimated Cost to Achieve Goal: \$ _____
One-Time Cost: \$ _____
Ongoing Cost: \$ 25,000 ____

Proposed Funding Source(s): State Government

Major Goal 3: Establish a community priority for quality affordable housing for families.

Assumptions: At risk families can thrive in an environment where support services are readily available in an easily accessible location and available at the time of need. Exposure to certain chemical substances during the period from conception through the early years of life can interfere with the normal function of genes, proteins and other small molecules that influence brain development and cause irreversible damage to the developing architecture of the brain.

Legislative/Policy

Objective 3a: Promote the development of quality affordable housing with priority given to those that provide additional support services to children and families (as in those with a particular focus on programs/ day care for young children and that provide tools to help families to help break the cycle of poverty.)

Responsible Group: City and County Planning, developers, community groups

Objective 3b: Develop a plan to prioritize use of CDBG funds for housing development projects that support quality affordable housing with wrap-around services. Write letters of support for these projects to legislators and funding sources.

Responsible Group: City and County Planning, community groups

Objective 3c: Develop a voluntary rating system for family-friendly rental/leased housing that provides safe housing for children. Could include testing for lead, asbestos, electrical and gas systems, etc.

Responsible Group: City and County Planning, City Health Dept, landlords

Objective 3d: Create a City/County Office of Housing to manage and assess housing needs, use and prioritize the use of HUD money. Establish a housing trust fund.

Responsible Group: City/County Leadership,

Proposed Performance Measure(s): # of “family friendly” units, completed CDBG plan, # of landlords participating in rating system program

Estimated Cost to Achieve Goal:	\$ _____
One-Time Cost:	\$ 20,000__
Ongoing Cost:	\$ 100,000__

Proposed Funding Source(s): CDBG Funds

Education

< Major Goal 1: Make affordable high quality preschool/prekindergarten available for all children.

Assumption: Research has shown that for every dollar spent on high quality early childhood education, society will save \$7 to \$10 on remedial and punitive services. Quality early childhood education not only increases the cognitive skills of children, but also the softer skills of social and emotional learning that will prepare them for success the rest of their lives. They will be better prepared for productive careers and 70% less likely to commit crimes of violence.

Research consistently shows high quality programs contain common attributes including low child-teacher ratio, rich curriculum that focus on language, pre-literacy and pre-numeracy activities, social and emotional skills, health and nutrition activities, well trained teachers, structured and unstructured play and family involvement.

Legislative/Policy

Objective 1a: Establish funding to provide high quality programs through various sources that may include property taxes, state and local taxes, sin taxes, tax credits, corporate income taxes, state education funds, crime prevention and criminal justice funds.

Objective 1b: Advocate for a system that ensures all families have access to affordable high quality early childhood opportunities by:

- Increasing income eligibility for the child care assistance program
- Increasing child care reimbursement rates for providers serving subsidized children
- Ensuring children in high risk categories have access to high quality early childhood opportunities

This allows for parents to accept a lower paying job that is a pathway to a higher paying job/financial independence. It also provides these families with a confidence that their children will be well cared for, making them a more productive, loyal employee.

Responsible groups: School districts, Federal, City, County and State Government

Performance Measures: Increase in the number of children attending high quality programs so that all who choose to go have that opportunity. Improved results on the Kindergarten Readiness study

Estimated cost (ongoing): Estimates of costs from other states vary widely, (range from \$2500 to almost \$11,000 per child per year). An average is approximately \$6500/child. At minimum, a tentative estimate of the number of children who might enroll in these programs would be 400, which translates to an ongoing yearly cost of \$2,600,000.

Proposed Funding Source: Families may be asked to help pay for some of the costs and some existing revenue sources could be used (Title I, Head Start, Early Childhood Special Education) Additional support might come from a levy initiative.

Major Goal 2: Provide opportunities for all preschool/prekindergarten programs in the community become/remain high quality.

Assumption: In order to become a high quality or remain a high quality program, providers need professional development opportunities and a credential system.

Program/Funding

Objective 2a: Provide a system to identify and credential programs that are providing high quality services through the voluntary QRIS (Quality Rating Improvement System) model.

Objective 2b: Provide a method for providers to obtain professional development to maintain or improve programs for young children.

Responsible groups: Area school districts, Head Start Programs, colleges and universities, and business partnerships, community groups

Performance measures: A “one stop shop” will be established that will provide credentialing for centers, a list of high quality programs for parents, a method for the delivery of funding to centers from eligible families, and arranging for on-going professional development for providers.

Estimated costs: At the initiation of a system at least one full-time person would need to be hired to manage the process. They would be responsible for credentialing the programs, providing an ongoing and updated list of high quality providers, provide for the flow of any resources families may be entitled to and arrange for professional development opportunities. In addition to salary, office space, telephone, computer, copying, travel funds (to facilities) would need to be provided. An estimate would be \$60,000/year with technical assistance costs over and above this amount.

Proposed Funding Source: State funds. Some funding may be able to be obtained as in-kind services from school districts, colleges and universities, etc.

Major Goal 3: Advocate for continued support for ongoing proven early childhood programs such as Parents as Teachers.

Assumption: Longitudinal research has demonstrated that programs such as Parents as Teachers and Head Start help in the preparation of children for success in school.

Legislative/Policy

Objective 3a: Advocate for restoration and increased funding for Parents as Teachers and other proven programs (Educare, Head Start, etc).

Responsible groups: Area school districts, state legislature

Performance measure: Funding restored to PAT and other programs.

Estimated costs: Total cost for Springfield R-XII area PAT is around \$1.5 million/year. Including the rest of the county would be around an additional \$.5 million/year for a total of \$2 million to serve around 8,000 children, or about \$250/child. Dollar figure represents total cost for operation of program (state + local dollars).

Proposed Funding Sources: State, local government, school boards, private sources

Major Goal 4: Educate the community on the importance of affordable high quality preschool prekindergarten programs.

Assumption: When citizens and business owners understand the critical importance of early childhood programs, they will financially support these services.

Awareness/Education

Objective 4a: Develop a variety of methods to education the community such as neighborhood meetings, parent groups, media, church groups, service organizations, etc.

Responsible groups: Area school districts, local governments, MCC, community groups

Performance measure: Preschool/prekindergarten programs will be supported by the community.

Estimated costs: \$40,000 for educational campaign.

Proposed Funding Source: Grants, in kind (media), private funding