



TO: Board of Directors
FROM: James R. Haj, President and CEO
DATE: September 13, 2016
SUBJECT: Proposed FY 2016-17 Budget

Consistent with my responsibilities for The Children's Trust of Miami-Dade County and with those requirements set forth by Chapter 2000-461, Laws of Florida, I submit for your consideration the recommended FY 2016-17 budget. The budget attachments are included on pages 3-5. In addition, you have been provided separately with our Strategic Investment Highlights that summarize each of our funded initiatives at-a-glance, including the rationale and most recent program results.

This year marked the first full year of implementation of the board's strategic plan and funding guidance as adopted at the end of 2014, including priority investments made through 215 contracts with 128 agencies in the areas of:

- Parenting
- Early Childhood Development
- Youth Development
- Health & Wellness
- Family & Neighborhood Supports
- Community Awareness & Advocacy
- Program & Professional Development

Spending has been in line with the board's priorities and the approved 2015-16 budget, and thanks to additional revenues and the ongoing plan to draw down from the fund balance, we were able to invest in a number of new initiatives in the past year, including for example, a \$750,000 investment in summer youth employment in partnership with Miami-Dade County and the Miami-Dade County Public Schools, leveraging an additional \$1.7 million and providing paid work experience for more than 1,300 young people.

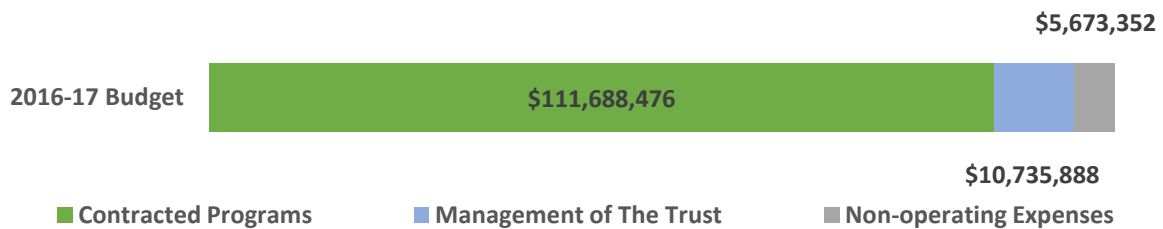
The Trust will continue to fund an expansive and high quality portfolio of prevention and early intervention programs for all children, and especially for those at greater risk due to family and community conditions. In the past year, through increased funding requirements in the new funding cycle, we have expanded our commitment, both in number and quality, to the full participation of children with special needs in all programs we fund. Over the past year, we have begun to learn more from and about the community by learning and partnering directly with residents through our community engagement team.

The Children's Trust Proposed Budget and Millage Rate Recommendation for FY 2016-17

In the 2016-17 year, our proposed budget will expand as a consequence of an 8.97 percent increase in revenue, as well as because the board, following the recommendation of its finance and operations committee, has continued to authorize increased expenditures from The Trust's fund balance over the next two years. This is aligned with The Trust's ambition to reduce its fund balance to more closely align with the best practice recommended by the Government Finance Officers' Association, which is to maintain two months' worth of expenditures as a fund balance. These increases will enable us to invest further in nearly all the priority areas within our strategic plan.

In my first months as CEO, we have focused intently on decreasing The Trust's management expenses by more than \$470,000, despite increases in the Florida Retirement System and insurance costs, as well as budgeting for a two (2) percent staff merit increase, based primarily on a decrease in budgeted positions. For the first time in six years, The Trust's management expenses are only 8.4 percent of the total budget, leaving 87 percent dedicated to funding supports for children and families.

The Children's Trust reduced its management expenses to 8.4%, ensuring 87% of the annual budget is dedicated to programs for children and families.



The Trust is proud to offer this upcoming year's 2017 budget to our community, with total expenditures of approximately \$128.0 million and total ad valorem tax revenues of approximately \$120.3 million, which represent an increase of 7.6 percent and 8.9 percent when compared to the prior year, respectively. This increase includes approximately \$7.5 million, per year, to provide additional services to children.

The budget and related attachments follow on pages 3-5, and include a recommendation that the board maintain its current millage rate of .5000 to align with our Strategic Plan and enable The Trust to fully fund existing programs and to continue to expand services in response to great community needs. The median taxable value for residential property with a \$50,000 homestead exemption for 2017 is associated with a related tax of \$41.06 versus \$38.84 in 2016, for an increase of \$2.22.

**THE CHILDREN'S TRUST
BUDGET SUMMARY
Fiscal Year 2016-2017**

THE PROPOSED OPERATING BUDGET EXPENDITURES OF THE CHILDREN'S TRUST ARE 7.6% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES.

	<u>General Fund Budget</u>	
REVENUES: Estimated at 95% of ad valorem tax levy of .5000 mills.		
Ad valorem tax revenue	\$ 120,335,148	
Interest/miscellaneous	3,720,000	
Total Revenues	124,055,148	
Fund balance/net assets, October 1, 2016	35,918,072	
Total Estimated Revenues/ Fund Balance/ Net Assets	\$ 159,973,220	
EXPENDITURES:		
Contracted Programs	\$ 111,688,476	87.19%
Operating Expenditures:		
General Administration:		
Salaries and fringe benefits	\$ 8,965,888	
Professional/legal/other contracted services	575,000	
Rent/insurance	700,000	
Travel/communications	250,000	
Supplies/postage/printing	150,000	
Promotional/dues/miscellaneous	60,000	
Total General Administration Expenditures	\$ 10,700,888	
Capital Expenditures:		
Furniture & equipment	\$ 10,000	
Computer software/hardware	25,000	
Total Capital Expenditures	\$ 35,000	
Total Operating Expenditures	\$ 10,735,888	8.38%
Non-Operating Expenditures:		
CRA refund of taxes	\$ 3,470,000	
Property appraiser/tax collector fees	2,203,352	
Total Non-Operating Expenditures	\$ 5,673,352	4.43%
Total Expenditures	\$ 128,097,716	100.00%
Fund Balance, Reserves/ Net Assets	\$ 31,875,504	
Total Expenditures, Reserves, and Fund Balance	\$ 159,973,220	

The tentative, adopted and/or final budgets are on file in the office of the above-mentioned taxing authority as a public record.

The Children's Trust
Fund balance
Fiscal Years 2015-17

Description	2015-16 Budget	2015-16 Projected	2016-17 Budget
Millage rate	0.5000	0.5000	0.5000
Beginning fund balance	\$ 34,952,627	\$ 42,484,310	\$ 35,918,072
Revenue: Ad valorem tax	110,427,812	107,114,978	120,335,148
Revenue: Interest/ miscellaneous	3,565,000	3,565,000	3,720,000
Total funds available	\$ 148,945,439	\$ 153,164,288	\$ 159,973,220
Sustain and expand direct services	\$ 91,629,176	\$ 89,796,592	\$ 99,129,176
Community awareness and advocacy	5,184,300	5,184,300	5,919,300
Program and professional development	6,640,000	6,640,000	6,640,000
The Children's Trust management and administration	11,206,045	11,206,045	10,735,888
Non-operating expenditures	4,419,279	4,419,279	5,673,352
Total expenditures	\$ 119,078,800	\$ 117,246,216	\$ 128,097,716
Ending fund balance, reserves/ net assets	\$ 29,866,639	\$ 35,918,072	\$ 31,875,504

**The Children's Trust
Core Strategies
Fiscal Years 2015-17**

Description	2015-16 Budgeted Expenditures	2016-17 Budgeted Expenditures	Dollar Difference	Percentage Difference
SUSTAIN AND EXPAND DIRECT SERVICES				
Parenting	\$ 10,455,000	\$ 12,205,000	\$ 1,750,000	16.74%
Early childhood development	15,000,000	16,750,000	1,750,000	11.67%
Youth development	41,400,000	43,150,000	1,750,000	4.23%
Health and wellness	15,400,000	15,900,000	500,000	3.25%
Family and neighborhood supports	9,374,176	11,124,176	1,750,000	18.67%
Total sustain and expand direct services	\$ 91,629,176	\$ 99,129,176	\$ 7,500,000	8.19%
COMMUNITY AWARENESS AND ADVOCACY				
Promote public policy and legislative agendas	\$ 215,300	\$ 215,300	\$ -	0.00%
Public awareness and program promotion	2,969,000	2,969,000	-	0.00%
Promote citizen engagement and leadership to improve child and family conditions	1,700,000	1,700,000	-	0.00%
Cross-funder collaboration of goals, strategies and resources	300,000	1,035,000	735,000	245.00%
Total community engagement and advocacy	\$ 5,184,300	\$ 5,919,300	\$ 735,000	14.18%
PROGRAM AND PROFESSIONAL DEVELOPMENT				
Supports for quality program implementation	\$ 3,840,000	\$ 3,840,000	\$ -	0.00%
Information technology	800,000	800,000	-	0.00%
Program evaluation and community research	1,000,000	1,000,000	-	0.00%
Innovation lab	1,000,000	1,000,000	-	0.00%
Total program and professional development	\$ 6,640,000	\$ 6,640,000	\$ -	0.00%
ADMINISTRATION AND NON-OPERATING EXPENDITURES				
Management of The Children's Trust	\$ 11,206,045	\$ 10,735,888	\$ (470,157)	-4.20%
Non-operating expenditures	4,419,279	5,673,352	1,254,073	28.38%
Total administration and non-operating expenditures	\$ 15,625,324	\$ 16,409,240	\$ 783,916	5.02%
Total	\$119,078,800	\$ 128,097,716	\$ 9,018,916	7.57%



Strategic Investment Highlights

July 2016



Strategic Plan Priority Investments

Parenting (pp. 4-5)

- Group parenting & advocacy
- Home visitation & individual parenting

Early Childhood Development (pp. 6-8)

- Quality Counts child care quality improvement
- Early care & education slots
- Developmental screening, assessment & early intervention

Youth Development (pp. 9-11)

- After-school programs
- Summer camps & reading enhancements
- Youth enrichment, employment & supports

Health & Wellness (pp. 12-13)

- Comprehensive school-based health
- Other health programs: Insurance enrollment, Injury prevention education, Food & nutrition

Family & Neighborhood Supports (pp. 14-16)

- Place-based service partnerships
- Countywide partnerships
- 211 Helpline

Community Awareness & Advocacy* (pp. 17-21)

- Promote public policy, advocacy & legislative agendas
- Public awareness & program promotion
- Promote citizen engagement & leadership
- Cross-funder collaboration of goals, strategies & resources

Program & Professional Development* (pp. 22-24)

- Supports for quality program implementation & fiscal / administrative functions
- Program evaluation & community research
- Innovation fund to pilot new strategies, methods, instruments & partnerships

Services for Special Populations* (pp. 25)

Map of Funded Service Sites (pp. 26)

Outcome Measurement Tools (pp. 27-31)

Headline Community Results Snapshot (pp. 32-34)

End Notes (pp. 35-37)

Headline Community Results Association with Investments

Family & Community Supports

Children attend quality child care



Children regularly access medical, dental & behavioral health care



Children are supported by nurturing & involved parents



Child Well-being

Children are ready for kindergarten



Students are succeeding academically



Children meet recommended levels of physical activity



Children behave appropriately in schools, homes & communities



Youth successfully transition to adulthood



* * * Priority investments in the last three sections support all headline community results.

PARENTING

NUMBERS AT A GLANCE

\$5.1 million
in 2016-17 budget

126 sites
31 programs implementing 11 EBPs

2,638 families served
in 2015-16

4,938 children supported

29%
of families have children with disabilities

62%
of families live in a high poverty neighborhood

Group Parenting & Advocacy

Programs offer parents of children birth to 18 the opportunity to connect and support each other as they learn and practice new parenting skills through structured parent and parent-child activities. Session content includes strategies for effective communication, age-appropriate child development, behavior management, child safety and injury prevention.



Advocacy programs emphasize parent leadership development and civic involvement, allowing parents to become more engaged in child-serving systems and to advocate for their own child's success as well as for improved family-centered services.

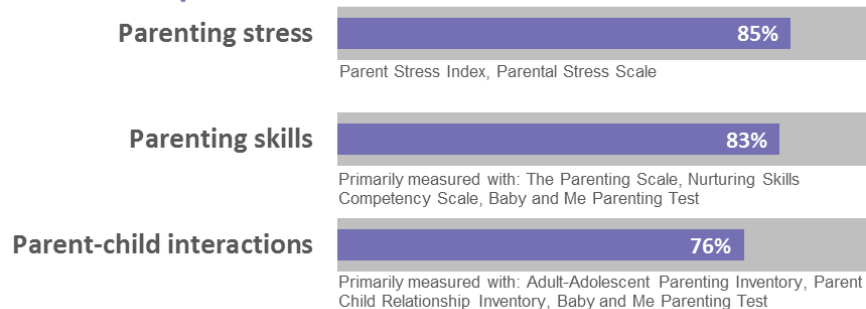
Why invest?

- All parents have questions and concerns about their children, but not everyone has trusted places for answers and support. Research shows high quality information for parents can make a difference for all families.¹
- Programs have documented a 3:1 return on investment, with a higher ratio of almost 6:1 for high-risk parents. Children of parents who participated in high quality, more intensive programs were as much as 22% less likely to later commit a crime.²

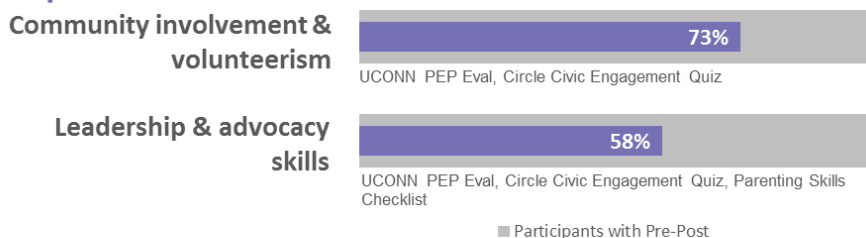
Initiative results:

Programs generally offer about 10 group sessions over a period of 3-6 months, with some programs offering individual sessions on an as-needed basis. On average this year, families attended 9 sessions.

Families attending group parenting programs showed improvement on:



Participants attending advocacy programs showed improvement on:



PARENTING

NUMBERS AT A GLANCE

\$7.1 million
in 2016-17 budget

14
programs implementing 8 EBPs

1,504
families served in 2015-16

2,687
children supported

19%
of families have children with disabilities

55%
of families live in a high poverty neighborhood

Home Visitation & Individual Parenting

Evidence-based programs (EBPs)—implemented in homes, pediatric offices and other therapeutic settings—offer education and skills-building opportunities for parents of children ages birth to 5 years, with select programs serving parents with older children.

Programs focus on child health, development and school-readiness through encouraging nurturing parent-child relationships and safe homes. Some programs serve the needs of specific at-risk subgroups and provide further individualized supports.

Additionally, through the use of developmental screenings, parents gain understanding of developmental milestones and are connected to additional resources and further assessment if risks are identified.



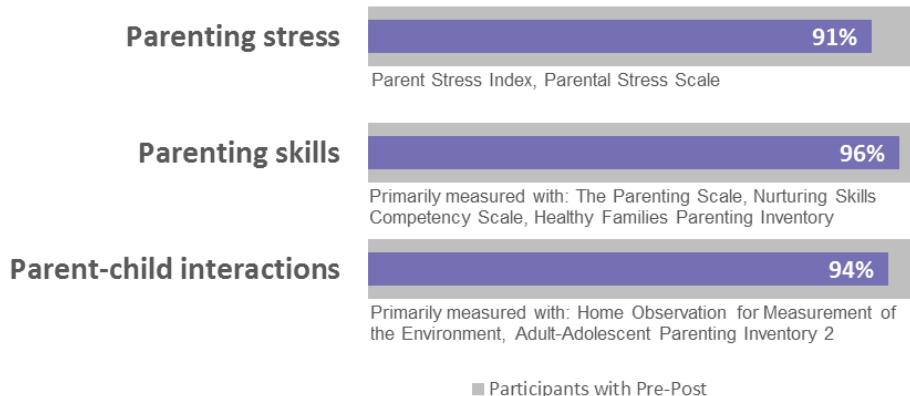
Why invest?

- Home visiting programs for high-risk or low-income families are especially effective. Well-established and researched programs have been found to have a net benefit (to child and society) valued at \$21,000 per child served. Overall, home visiting programs for at-risk families offer an estimated 5-7% rate of return on investment.³
- Nurturing families are key to ensuring children are safe and thriving, yet more than 4,000 children were in the child welfare/dependency court system in 2014, primarily due to abandonment, abuse or neglect by parents/primary caregivers.⁴ The immediate and long-term annual cost of child abuse and neglect is estimated at \$64,000 per maltreated child⁵ or a lifetime cost of \$210,012 per maltreated child.⁶

Initiative results:

Families receive 6 months to 5 years of home visiting and individual services, with visit frequency—ranging from twice per week to once every other month—based on level of need and risk. On average this year, families received 13 visits.

Families showed improvement on:



EARLY CHILDHOOD DEVELOPMENT

NUMBERS AT A GLANCE

\$9.6 million
in 2016-17 budget

422
programs participating in 2015-16

1,433
hours of quality improvement supports provided

28,095
children supported

215
children received short-term behavioral intervention

45%
of programs located in a high poverty neighborhood

Quality Counts Child Care Quality Improvement

Quality Counts is a community-wide initiative to improve the quality of Miami-Dade County's early care and education programs and professionalize the child care workforce. This voluntary quality rating and improvement system is based on nationally-recognized standards of quality and offers technical assistance and financial supports for programs, as well as ongoing, intentional professional development, career advising, scholarships and wage supplements to reduce teacher turnover. It also supports a community of practice model for directors and teachers.

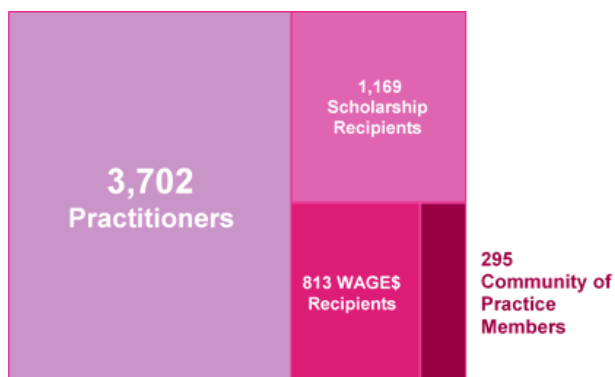


Short-term behavioral interventions and consultation with parents and caregivers are also provided for identified children whose behavior requires additional supports.

Why invest?

- 1 in 3 young children in Miami-Dade arrive at kindergarten not ready to succeed in school.⁷
- High-quality early care and education programs combining evidence-based curricula with trained, qualified teachers and coaching supports produce positive effects across multiple school readiness domains, such as social-emotional, academic and health outcomes, well into adulthood.^{8, 9, 10, 11}
- Quality programs can yield a \$7 to \$17 return for every dollar invested in reduced costs to a myriad of social systems.^{12, 13, 14} Return on investment estimates for universal prekindergarten programs range from \$3 to \$5 for every dollar invested.¹⁵

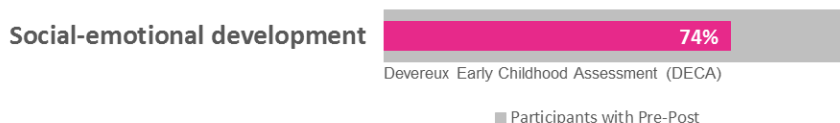
Initiative results:



Since the inception of Quality Counts:

- 82% of teaching staff who did not have a Florida Staff Credential now have one
- 28% of directors who did not have an Advanced Director Credential have attained one
- The turnover rate amongst practitioners receiving wage supplements is 7% (compared to 20% for all Quality Counts programs and about 30% industrywide)
- 64% of programs are Gold Seal Quality Care accredited

Children receiving short-term behavioral intervention showed improvement on:



\$4.2 million
in 2016-17 budget

2,200 children served through 1,430 contracted slots in 2015-16

47% of programs are located in a high poverty neighborhood

\$1.5 million
in 2016-17 budget

11 sites funded through 6 contracts in Summer 2016

523 children served in Summer 2016 for an average of 25 days of camp to date

45% of children live in a high poverty neighborhood

EARLY CHILDHOOD DEVELOPMENT

Early Care & Education Slots

Child Care Slots Match

The Trust leverages federal and state funding through match grants to community partners, including Early Head Start programs and the Child Care Executive Partnership fund that helps low-to-moderate wage-earning families and farm workers with child care costs. All slots focus on children whose parents are economically disadvantaged, with priority for children with disabilities and those deemed at risk for neglect or abuse.



Why invest?

- 1 in 3 parents of young children in Miami-Dade report difficulty finding affordable, high quality early care and education, a task even more difficult for low income and single parents.¹⁶ Less than half of income-eligible children (birth-5 below 150% of poverty) have a school-readiness or Head Start/Early Head Start program available to them.
- Funding child care slots increases labor force participation for low-income workers as child care costs can be more expensive than college tuition.¹⁷

Early Intervention Summer Programs

Summer camp programs for young children with disabilities using evidence-based curricula promote school readiness through the development of literacy, numeracy, motor and social-emotional skills. These programs fill a gap in services during the summer months for children who receive school-year early intervention and special education programming. Some programs also offer parenting workshops and parent-child interaction therapy.

Why invest?

- Early intervention for young children at risk for developmental delays is positively associated with outcomes across developmental domains including health, language and communication, cognitive development and social/emotional development.¹⁸
- Positive early experiences for children with developmental delays and disabilities are critical for success in school, the workplace and the community.¹⁹ Families benefit by being able to better meet their children's special needs from an early age and throughout their lives.²⁰
- Benefits in children's development may also reduce the need for special education placements and remedial education, thereby lowering public school expenditures.²¹

Children showed improvement on:



Outcomes are from Summer 2015

EARLY CHILDHOOD DEVELOPMENT

NUMBERS AT A GLANCE

\$1.4 million
in 2016-17 budget

723
children screened that resulted in 417 new referrals in 2015-16

98
children assessed in 2015-16

276
children served in 2015-16 for an average of 11 sessions

34%
of children live in a high poverty neighborhood

Developmental Screening, Assessment & Early Intervention

Investments are focused along a continuum ranging from universal early screening to more thorough assessment and early intervention referrals and services when indicated.

Why invest?

Miami-Dade County has a higher prevalence of children birth to 5 with special needs than the state or nation.²² Screening and supporting young children's physical, social and behavioral development is an effective, efficient way to catch problems and promote optimal outcomes during the critical early years when a child's brain and body are rapidly developing. Early detection of delays and intervention can ameliorate or prevent developmental problems, reduce later grade retention and educational costs, and improve parent-child and family relations.²³



Help Me Grow is a national initiative intended to identify children birth to 8 years who are at risk for developmental or behavioral disabilities, and connect them with community-based programs for health and developmental services.

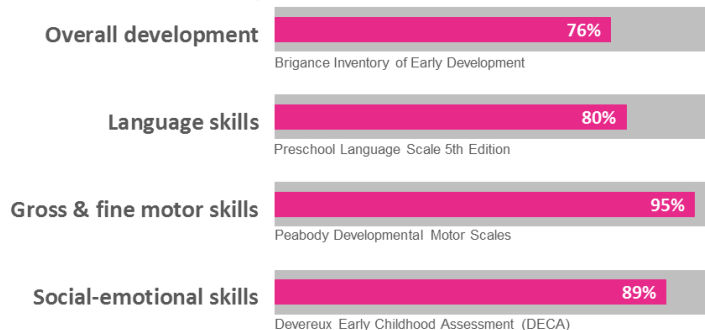
Half of children screened yield concern:



Autism Spectrum Assessment includes psychoeducational/diagnostic evaluations for children ages 2 to 5 years who present with complex behavior suggestive of a possible Autism Spectrum Disorder. Children are referred by Miami-Dade County Public Schools or Early Steps and receive thorough evaluations by highly-specialized and experienced clinicians using gold-standard assessment measures. Upon completion of the evaluation, families receive detailed verbal and written feedback of their child's test results, diagnosis and recommended interventions, as well as connection to needed school and early intervention services.

Early Discovery provides assessment, care coordination and early intervention services to children birth to 5 who do not meet eligibility requirements for the Individuals with Disabilities Education Act, Parts B/C, but nonetheless have mild developmental delays (10-29%) and can benefit from intervention. Children are referred from Early Steps and Florida Diagnostic and Learning Resources System (FDLRS) when they do not meet state eligibility. Services include short-term speech/language, occupational, behavioral and/or developmental intervention in the child's home, early care and education program or provider's office.

Children showed improvement on:



86% of Early Discovery participants currently enrolled in public schools do not need special education services

NUMBERS AT A GLANCE

\$19.7 million
in 2016-17 budget

203
sites across 74 contracts in 2015-16

12,793
children and youth served through 10,951 contracted slots

120
days attended on average

18%
of children and youth served report living with disabilities

62%
of children and youth live in a high poverty neighborhood

After-School Programs

Programs support and expand the school environment, providing elementary and middle school students with a valuable safety net of care during hours when many parents are working.

These programs stimulate academic, athletic, cultural and social learning in nurturing, supervised environments that implement evidence-based practices in reading/literacy, fitness, homework completion and social skills, as well as provide nutritious food and family involvement activities.



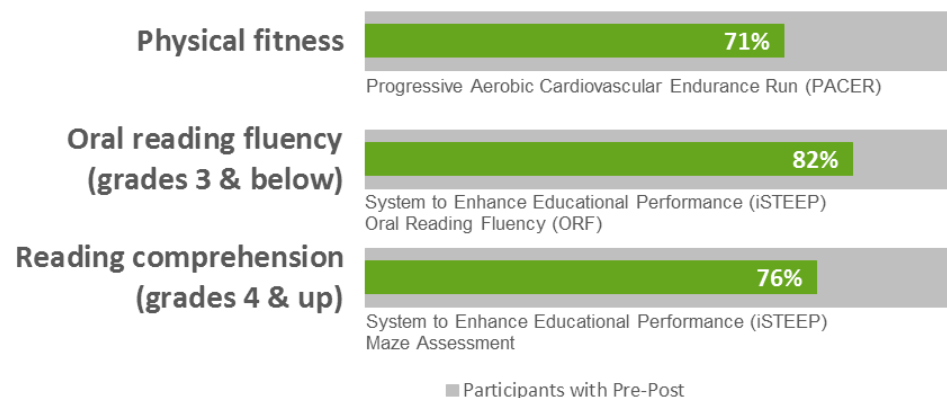
Why invest?

- After-school programs can reduce risk factors associated with high school dropout, such as academic and homework failure, high absenteeism and lack of school bonding. Just one high school dropout costs society \$390,000 to \$580,000.²⁴
- Children and youth in after-school programs can increase annual earned income by \$830 million, increase annual revenues by almost \$76 million, save more than \$12 billion in lifetime health costs and save more than \$63 million annually in crime-related costs.²⁵
- For every dollar invested in quality after-school programs tax payers save approximately \$3. Additionally, benefits from crime reduction increase the savings from \$8 to \$12.²⁶

Initiative results:

- 87% of children and youth remained engaged in programs throughout the 180 day school year, with standard programming that included 30 minutes/day of fitness activities and 2.5 hours/week of reading supports.
- After-school programs assess fitness and literacy skills 3 times per year to identify children and youth who require additional supports, as well as track outcome achievement.

Children & youth showed improvement on:



YOUTH DEVELOPMENT

NUMBERS AT A GLANCE

\$13.3 million
in 2016-17 budget

180
sites across 84 contracts in 2015-16

21,539
children and youth served in summer 2016

26
days attended on average to date

806
young struggling readers received additional small group reading intervention in summer 2015

30%
of children and youth served report living with disabilities

54%
of children and youth live in a high poverty neighborhood

Summer Camps & Reading Enhancements

Summer camps engage elementary and middle school children and youth in enriching, structured activities during a time when many students lose about 2 months of grade-level equivalency in math and reading.

Camps offer literacy, fitness, arts and social learning opportunities, while providing working parents a valuable safety net of care. Young children entering kindergarten, 1st and 2nd grade identified as struggling readers receive small group reading intervention 4 days/week from the Summer Reading Explorers program.



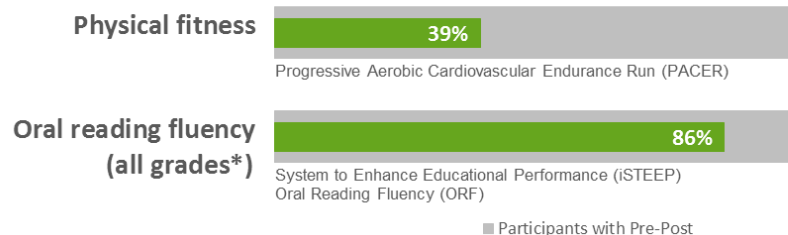
Why invest?

- Summer programs that include academic and other activities have the potential to close the achievement gap and improve academic and social outcomes for children who might not have access to educational, social and cultural resources.²⁷
- Summer learning losses when students are not engaged educationally over the summer typically require teachers to spend the first 4 to 6 weeks of a new school year re-teaching forgotten material.²⁸
- Two-thirds of the income-based achievement gap is attributed to summer learning loss by the start of high school.²⁹

Initiative results:

- The 2015 Summer Reading Explorers program assessed more than 1,700 rising kindergarten, 1st and 2nd graders at 64 camp sites, identifying 806 as struggling readers who then received small group intervention for an average of 18 sessions over the summer.
 - 74% increased reading levels or maintained at instructional level or higher
 - Children ending the summer at frustrational levels were referred for continued reading intervention supports in school
- Standard programming included an hour of fitness activities and an hour of reading supports daily for all children, typically over the course of a 6 week program (30 days).
- Summer camps assess literacy and fitness skills twice during the summer to identify children and youth who require additional supports, as well as track outcome achievement.

Children & youth showed improvement on:



*Reading Comprehension was added as a separate outcome in FY15-16

Outcomes are from Summer 2015

YOUTH DEVELOPMENT

NUMBERS AT A GLANCE

\$10.1 million
in 2016-17 budget

62
sites across
29 contracts
in 2015-16

1,971
youth served

179,000+
hours of
programming
received

23%
of youth served
report living with
disabilities

68%
of youth live in a
high poverty
neighborhood

Youth Enrichment Programs

Programs offer disadvantaged middle and high-school age youth (as well as young adults transitioning from the foster care system or living with disabilities) the ability to expand their horizons, develop important social, emotional, cognitive and physical skills, and explore opportunities that can lead them to develop lifelong interests and success.

Programs provide academic and social/life skills support while focusing on youth employment, arts, STEM, sports and/or service-learning programming.



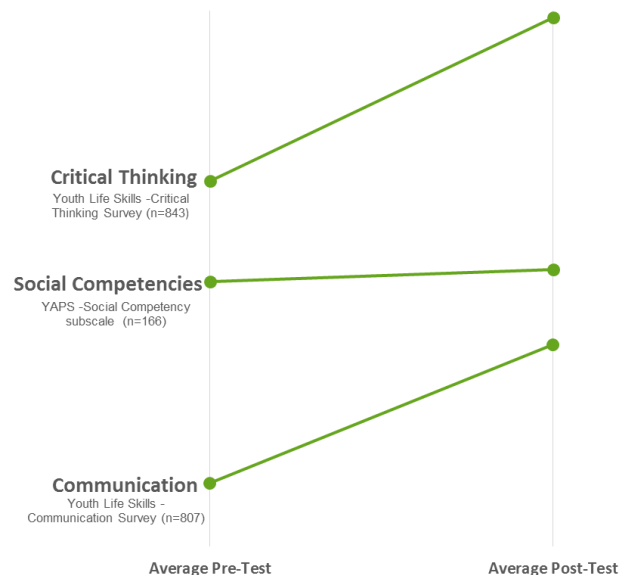
Why invest?

Research suggests that youth participating in enrichment activities³⁰ can:

- Increase academic achievement and attachment to school and learning,³¹
- Decrease risky behaviors and delinquency,³²
- Improve relationships with others,³³
- Improve growth in personal and physical development, and
- Increase post-secondary preparation while successfully transitioning to adulthood.

Initiative results:

Youth showed **change on:**



- Overall, programs measure outcomes related to educational engagement, social/life skills development, as well as skills-building in employment, arts, STEM, sports and/or service-learning (in accordance with the program design).

Partnering for impact in arts and summer youth employment

The Trust has partnered with Miami-Dade County Public Schools, Miami-Dade County and its Department of Cultural Affairs to serve additional youth with leveraged funding:

- Our match funding of nearly \$1 million to Cultural Affairs has led to arts programming for more than 94,700 children and youth across the county.
- In 2016, summer youth employment match funding of \$750,000 resulted in nearly 1,500 at-risk youth gaining paid employment—as well as high-school/college credit—opportunities across Miami-Dade County.

HEALTH & WELLNESS

NUMBERS AT A GLANCE

Comprehensive School-Based Health

\$14.1 million
in 2016-17 budget

This collaborative partnership between The Trust, Miami-Dade County Health Department and Miami-Dade County Public Schools provides nursing and social work services, as well as oral health training, vision screening and a comprehensive school health services reporting system.



The program is designed to improve access to quality health care through delivery of basic services in the school and appropriate referrals for community care.

145
public school sites across 6 contracts

Why invest?

- Schools and students with access to school nurse services benefit in many ways, including: academic achievement (reduced absenteeism and early dismissals, better grades, better education outcomes),^{34,35,36} better health and education outcomes for students with special health needs,³⁷ reduced teacher time spent on student illness or injury,³⁸ early detection of potential vision deficits and appropriate referrals for treatment³⁹ and reduced inappropriate use of emergency rooms.^{40,41}
- School-based health centers reduced health care access disparities among African American students and those with disabilities, with more dental services, less prescription drug use, more mental health services and fewer hospitalizations, with an estimated Medicaid savings of about \$35 per student per year.⁴²
- More than 51 million school hours are lost each year due to dental-related illness.⁴³ One study found children with poor oral health status were nearly 3 times more likely than their counterparts to miss school as a result of dental pain, and absences caused by pain were associated with poorer school performance.⁴⁴

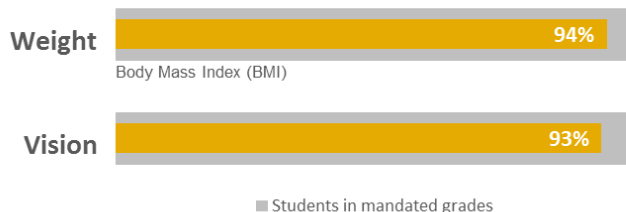
99,333
unduplicated students served through 195,385 visits

Initiative results:

- 35% (60,601) of school health visits resulted in a referral—most were to established medical providers/primary care physicians (93%), with others to guidance counselors, dental care and mental health counseling.
- 196 school health staff were trained to conduct oral health assessments, screen for oral diseases, provide oral health education, apply fluoride varnishes and identify children requiring further assessment.
- 5,139 financially-disadvantaged children received comprehensive eye exams, resulting in 4,035 receiving corrective eyeglasses.

81%
of students returned to class after receiving school health services

Students screened for:



52%
of schools are located in high-poverty neighborhoods

HEALTH & WELLNESS

NUMBERS AT A GLANCE

\$1.8 million
in 2016-17 budget

4,164
children enrolled in health insurance

3,270
adults approved for health insurance or other public benefits

620
individuals trained through 129 sessions on passenger, home, water & playground safety

327
after-school staff and parents trained on healthy eating

514,381
snacks distributed to 81 sites

88,171
suppers distributed to 25 sites

Other Programs

The Trust funds other programs that support comprehensive health and wellness services for children and families through community partners. These programs work directly with families while also supporting service providers funded within other investment areas.



Insurance Enrollment programs assist vulnerable and hard-to-reach families apply for public health insurance for their children. The initiative embeds culturally competent health navigators in local clinics to overcome barriers to care. Participants also receive assistance with applications for other benefits such as food stamps and temporary cash assistance.

Why invest?

- Health insurance increases access to preventive services, prescription drug benefits, mental health and other services, impacting continuity of care.⁴⁵ Coverage improves access to care for children and youth with disabilities ensuring a primary care provider, reducing unmet medical and oral health needs, and allowing access to specialty and ancillary services.⁴⁶
- About 48,000 Miami-Dade County children and youth under 18 lack health insurance coverage due to barriers such as unawareness, limited family literacy and English proficiency, differing family immigration statuses, excessive paperwork and other procedural hurdles.⁴⁷

Injury Prevention Education and resources for Trust-funded providers on motor vehicle, home and water safety, as well as a 4-day car passenger safety certification course.

Why invest?

- In the U.S., childhood unintentional injuries are the leading cause of death among children and youth ages 1 to 19, representing about 43% of all deaths. Each year, nearly 9.2 million children and youth are seen in emergency rooms for injuries—12,175 of them die.⁴⁸
- Injury treatment is the leading medical expense for children and youth. Unintentional injuries in the U.S. have an estimated cost of nearly \$300 billion per year.⁴⁹ In Miami-Dade County, drowning is the leading cause of death among children ages 1 to 5 years.⁵⁰

Food & Nutrition are important for growth and development during childhood and adolescence. All after-school and summer programs provide nutritious snacks that meet the U.S. Department of Agriculture requirements. This program provides snacks and supper, including monitoring, food acquisition and distribution, meal planning and facilitation of applications to Florida Department of Health (DOH) for federally subsidized food. The annual investment of approximately \$900,000 leverages an additional \$531,000 in federal funding.

Why invest?

Children whose basic nutritional and fitness needs are met, attain higher levels of academic achievement.⁵¹

Initiative results:

Sites approved for DOH funding:





FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$7.4 million
in 2016-17 budget

80
sites across 16 contracts in 2015-16

23
geographic areas served

4,185
participants, representing 2,645 families served

25%
of children/youth with disabilities served

79%
of participants live in a high poverty neighborhood

Placed-Based Service Partnerships

Comprehensive programs are designed to address challenges associated with concentrated poverty at the neighborhood level, such as low educational achievement, high rates of youth violence and other harmful conditions that threaten individual and community health. Individualized, needs-based wrap-around services are designed to stabilize the environments of high-risk children and their families.

Cross-sector collaborations are also established to assist families and communities in becoming more engaged, connected and resilient.



Why invest?

- Children growing up in high-poverty neighborhoods are much less likely to have access to high-quality schools, other public services and safe places to play that can help them thrive. Relatedly, they are more likely to have poor physical and mental health, cognitive delays, risky sexual behavior and delinquency.⁵²
- Children who reside in disadvantaged neighborhoods for sustained periods of time are less likely to achieve important adult milestones, such as graduating from high school and enrolling in and completing college.⁵³ Just one high school dropout costs society \$390,000 to \$580,000.⁵⁴

Initiative results:

- Geographic areas served: Allapattah, Brownsville, Coconut Grove, Cutler Bay, Flagami, Florida City, Goulds, Hialeah, Homestead, Leisure City, Liberty City, Little Haiti, Little Havana, Miami Beach, Miami Gardens, Naranja, North Miami, North Miami Beach, Opa-locka, Overtown, South Perrine, Richmond Heights and West Little River.
- Families receive an average of 6 months of care coordination services that include engagement in family team meetings and community-wide events.

Families & children receiving care coordination:

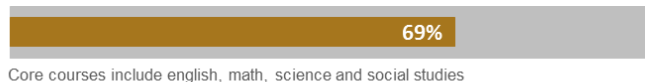
Decreased parenting stress



Reduced child problem behavior



Passed school core courses



■ Participants with Pre-Post



FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$2.4 million
in 2016-17 budget

1,417 participants, representing 974 families served

58% of participants live in a high poverty neighborhood

Countywide Partnerships

Countywide partnerships aim to provide critical supports for children, youth and families facing specific challenging life experiences.

Programs focus on providing behavioral health interventions and parent education and support services for children exposed to intensive family conflict and domestic violence, strengthening parent-child relationships for children of incarcerated parents, increasing cultural competency and support for at-risk gay, lesbian, bisexual, transgender or questioning youth (GLBTQ), preparing foster youth involved in the child welfare system for successful transition into adulthood; and improving legal education and representation for undocumented children living alone in the United States.



Why invest?

Children Exposed to Family Conflict & Domestic Violence exhibit a host of behavioral and emotional problems. For most children, a strong relationship with a parent is a key factor in helping a child heal from the effects of domestic violence.⁵⁵

Children of Incarcerated Parents lack the opportunity to form or develop a strong parent-child bond. The trauma of being separated from a parent, along with a lack of sympathy or support from others, can increase children's mental health issues, such as depression and anxiety, and hamper educational achievement.⁵⁶

Gay, Lesbian, Bisexual, Transgender, Questioning (GLBTQ) Youth whose parents are supportive have better overall mental health and self-esteem, and are less likely to experience depression, use illegal drugs, or contemplate or attempt suicide.⁵⁷

Youth Involved in the Child Welfare System generally face life "on their own" and often confront the harsh realities of life as an adult without family relationships and resources to support them. Foster youth must be aware of their rights to successfully transition into adulthood.⁵⁸

Unaccompanied, Immigrant Minors have no legal rights and are not provided with legal representation unless voluntarily provided by social service agencies. Without legal representation, unaccompanied minors can spend months to years in detention, face a judge alone, or be unjustly deported.⁵⁹

Initiative results:

Caregiver reduced risk associated with child abuse or neglect:

92%

Adult Adolescent Parenting Inventory (AAPI-2)

Children increased sense of attachment to incarcerated caregiver:

88%

Justice and Security Strategies Bonding Scale Matrix
* Results correspond to FY2014-2015

Youth improved proactive coping skills:

95%

Proactive Coping Inventory

Data for youth involved in the child welfare system will be available in fall of 2016

Youth increased knowledge of their dependency legal rights:

86%

Dependency Rights Survey

■ Participants with Pre-Post



FAMILY & NEIGHBORHOOD SUPPORTS

NUMBERS AT A GLANCE

\$1.3 million
in 2016-17 budget

46,300
callers assisted with 55,000 needs

18,500
individuals making 47,000 total searches for services

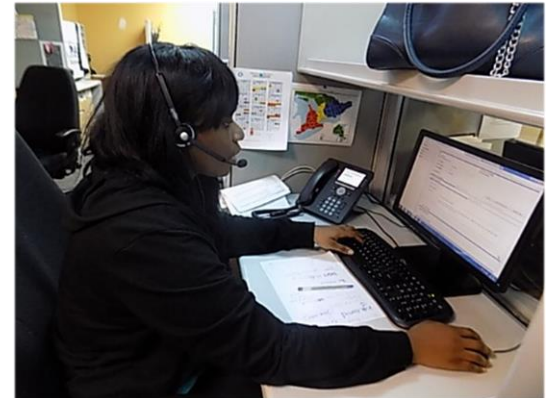
4,000 resources &
9,400 services provided by
1,200 agencies listed in the online HELP Pages

55%
of callers live in a high poverty ZIP code

211 Helpline

Miami-Dade County's 211 Helpline, fully funded by The Children's Trust, connects children and families to needed services by providing an efficient source of information and referrals for available health and human service programs.

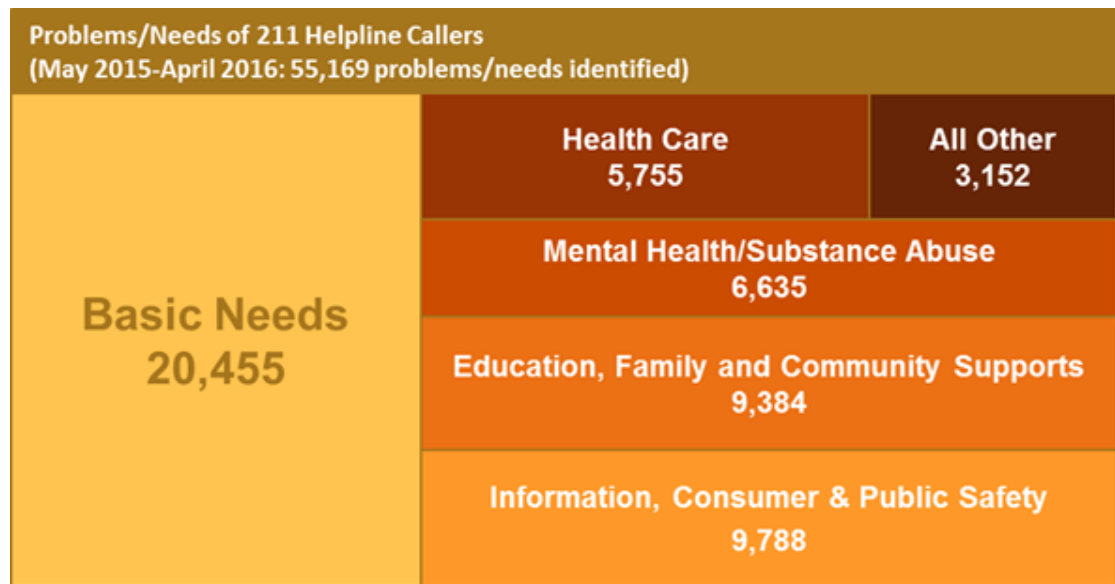
The Helpline is tri-lingual, available 24 hours a day, every day of the year and also offers crisis counseling. Trained counselors use a continuously updated resource directory, online HELP Pages, to provide information and referrals. The HELP Pages is also searchable by web-based users.



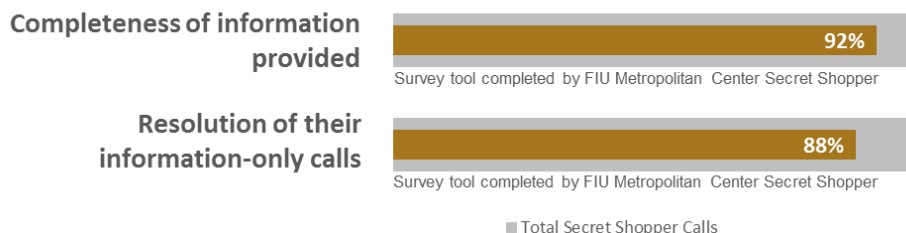
Why invest?

- The ability to link individuals in need to available information, resources and social services is the first step to providing access to services, and plays a crucial role during emergencies and natural disasters.
- A 2009 cost-benefit study identified a total social value associated with 211 services at 2.6 times their operational costs.⁶⁰

Initiative results:



211 Helpline callers satisfied with:





COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$0.2 million
in 2016-17
budget

Promote Public Policy, Advocacy & Legislative Agendas

The Trust plays a leading role in advocacy on behalf of Miami-Dade children, and continues to build a state-wide coalition through legislative leadership with a number of statewide organizations and coalitions such as the Florida Children's Council, First 1,000 Days Coalition, Early Childhood Consortium, Florida Juvenile Justice Association, Florida Covering Kids and Families, United Way and The Florida Children's Movement.



The Trust also continues its legislative leadership and advocacy efforts at the local level with partners such as United Way of Miami-Dade County and the Early Learning Coalition of Miami-Dade/Monroe to continue the Miami-Dade Advocacy Institute (MDAI), which provides advocacy trainings to child care providers, parents and advocates. Additionally, The Trust produces the weekly newsletter *Capitol Connection* each weekend during the legislative session to keep the community informed about legislative progress and actions to take on behalf of children.

Why invest?

- Miami-Dade has great disparities, poverty and challenges in some communities. Laws and public policies that improve the lives of our children are greatly needed. In order to effectuate passage of these laws at the state, local and federal levels, it is necessary to advocate for child and family issues and to sensitize legislators to the needs of our community.

Initiative results:

This past session, the public policy team worked to secure funds and the passage of several bills for children in the areas of early learning and care, health, safety, child welfare and juvenile justice, including:

- A landmark KidCare bill for lawfully-residing immigrant children, making Florida the 31st state to undo the 5 year ban for this population and cover an estimated 17,000 eligible, uninsured children from low income families
- A bill expanding the Early Steps program for infants and toddlers with developmental delays
- A bill to expunge the records of juveniles for non-violent/non-serious offenses so they can further their education and gain employment
- Along with Miami-Dade County Public Schools, supported the passage of the Value Adjustment Bill (VAB) bill that will provide greater budget certainty and additional local revenue
- The appropriation of increased funding for Early Learning, Healthy Start for prenatal care, Healthy Families to prevent child abuse and neglect and other areas of the children's budget
- The defeat of harmful legislation, including language eliminating booster seat requirements for child care providers and an after-school bill that would weaken child care standards
- To raise awareness of the importance of early child development, the public policy team was part of a statewide group that convened a partners' roundtable, held a conference attended by 700 people and developed a website as part of the First 1,000 Days Coalition.

COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$3.0 million
in 2016-17 budget

1.2 million
Trust website views

90,000
Summer camp guides distributed

60,000
After-school program guides distributed

15,000
children, youth and families attended The Trust Family Expo

Public Awareness & Program Promotion

Communication and outreach efforts foster awareness, understanding and support for our many programs and services, all geared to build stronger families and help children reach their fullest potential. Through a focused, strategic approach, we utilize a full array of modern media in the three principle languages of our community—English, Spanish and Haitian Creole.



Efforts include the execution of signature events and sponsorships (Champions for Children, Family Expo and the Young Talent Big Dreams Talent competition); grassroots community outreach; public awareness campaigns that utilize tools such as broadcast, web and print advertising; media appearances; our own televised talk shows; printed resource materials; and print and e-newsletters. Our websites demonstrate substantially increased traffic, our email marketing list grows weekly, and The Trust has now established a presence and following on five social networks – Facebook, Twitter, LinkedIn, Google+ and Instagram. These many vehicles help to advance The Trust’s position as a recognized leader in planning, advocating for and funding quality services that improve the lives of children and families.

Initiative results:

- On average, 5,547 searches on The Children’s Trust website (English and Spanish sites combined) searchable program directory are conducted monthly.
- Average monthly searches using The Children’s Trust searchable program directory nearly doubled from 2,828 in 2011-12 to 5,547 in 2014-15, representing a continuous annual increase in the use of our website by parents and caregivers seeking services.
- 20,000 copies of our monthly parenting newsletter, Parenting Our Children—published in English, Spanish and Creole—are printed and distributed each month; the e-version reaches 20,000 subscribers in Spanish and 10,000 subscribers in English.
- Approximately 13,000 viewers on average tune in for each Our Children television show episode, broadcast 5 times a year on WSVN 7.
- The Children’s Trust Facebook page closed the fiscal year with 6,363 page likes. Our Facebook posts reached 972,048 people; 412,755 organically and 559,293 paid (boosted), resulting in an average daily reach of nearly 3,000 people.
- Each month, the Heart Gallery website registers 10,774 page views on average, for a total of 129,297 over the past 12 months. Since its launch in 2008, nearly 300 children have been featured, approximately half have been adopted or are in the process of being adopted.
- Membership to the Read to Learn Book Club is managed on The Children’s Trust website and advertising, as well as grassroots community outreach, which has resulted in a total of 18,079 members since the program was launched 4 years ago.

COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$1.7 million
in 2016-17 budget

98
sites across 3 contracts

18,079
members in Read to Learn Book Club

149,293
books distributed

234
kindergarten classrooms have participated

15,000+
kindergartners with EDIs collected

Promote Citizen Engagement & Leadership

We aim to identify and strengthen community assets through citizen capacity-building, neighborhood-based resident input through population data collection and analysis, and technical assistance to encourage creative strategies for addressing chronic community issues and improving child and family conditions.

Citizen capacity-building may take the form of improving social networks, enhancing cooperative efforts and material resources, and facilitating discussion regarding educational and environmental outcomes. Empowered community residents, working in tandem with governments and organizations, are uniquely suited to generate solutions that align with their particular circumstances, culture and capacities.



Read to Learn

Increasing citizen engagement around grade-level reading

- Reach Out and Read is a national evidence-based model supporting medical providers in promoting early literacy and school readiness by giving new books to children and advice to parents about the importance of reading with their child.
- The Read to Learn Book Club distributes free books countywide in English, Spanish or Haitian Creole to approximately 4,000 3-year-old children each month, until they reach their fourth birthday. Age-appropriate books are accompanied with instructions for parents/caregivers on how to maximize learning with each book. The program also offers workshops to 100 families of 4-year-old children to support their emergent literacy.
- Miami Dade College implements the Read to Learn Books for Free program, an initiative designed to ensure that children and youth living in disadvantaged communities have access to books by maintaining 40 strategically placed public book shelves throughout the county where children can take home free books. Reading aloud activities occur at selected sites modeling to parents/caregivers early literacy development practices.

Early Development Instrument

Over the past 4 years, The Trust has partnered with Miami-Dade County Public Schools to initiate the Transforming Early Childhood Community Systems collection of community data using the Early Development Instrument (EDI) which encourages collective responsibility for all children in the community to effect change in child outcomes.

The EDI measures the percentage of kindergartners in a school and a neighborhood who are on track or vulnerable in five developmental domains (without identifying individual children). Results are mapped to illustrate the children's developmental status in a specific geographic area and how this overlaps with community resources, issues and conditions, investigating issues residents believe might influence children's health, development and educational trajectories.

A pilot using the TECCS EDI approach is underway in Liberty City, where results are being shared with families, residents, businesses and school personnel who hold a stake in the healthy development and school performance of children and youth.

As more data become available, TECCS will support neighborhood-led problem-solving to design interventions, mobilize collective action and assess progress toward goals in other communities in the county.



COMMUNITY AWARENESS & ADVOCACY

Promote Citizen Engagement & Leadership

Community engagement is a catalyst to release and support the capacity for communities to find their own solutions to problems. Launched in fall 2015, our community engagement team was created with the understanding that no amount of funding will suffice if residents themselves do not participate in the effort, through decision-making and consultation, to improve the well-being of children and families. Team members work across the county – listening, connecting and engaging – supporting participatory decision-making and helping to reveal and mobilize community assets, strengths and resources



One primary effort focuses on People Acting to Revitalize Community Space (PARCS), employing a collective impact model where community groups lead the way supported by a backbone organization that convenes and coordinates partners. Parks serve as the hub of any vibrant community and provide a means to advance the developmental foundations outlined in our strategic plan. With community support and working strategically, the team has identified parks in certain geographic areas and is working to revitalize underutilized community space. Additionally, team members regularly attend a range of meetings – municipal, community and organizational, where they serve as ambassadors for The Trust to listen and to lend support in a multitude of ways, including leveraging resources from other partners. Trust presence at these meetings and events also helps build trust and support community good will.

Why invest?

The Trust is but one member of a larger community of supportive organizations and efforts, and, as such, must work alongside residents and other community members to provide the essential foundations to enable children to achieve their potential. By listening to, connecting with and engaging stakeholders to cooperate and coordinate, the community engagement team advances The Trust's mission and vision.

Initiative results:

Trust-building, community empowerment and collaboration are by nature more challenging to quantify than other components of The Trust's operation. That said, since its official launch, the community engagement team has made significant inroads and progress in these endeavors, including:

- At Riverside Park in east Little Havana, helped convene a series of ongoing work group meetings that have resulted in community and government action to provide new lighting, renovation of equipment and facilities, provision of fitness activities and facilitated funding support by partners, including the Florida Marlins.
- At Kiwanis Park in North Miami, empowered work groups to stage community events, connect with partners such as Florida International University and Kiwanis International toward providing parenting, early childhood development and quality after-school care and coaching, ultimately converting the park into a community hub.
- Similar community action spurred at Southridge Park in South Dade and underway at two parks in Liberty City.
- Convened meetings with representatives from local universities, faith-based organizations, civic and social institutions, businesses, entrepreneurs and residents, many establishing a first-time contact with The Trust.



COMMUNITY AWARENESS & ADVOCACY

NUMBERS AT A GLANCE

\$4.2 million

in 2016-17 total budget for cross-strategy and cross-funder collaborations

\$24.1 million

in total leveraged funds

\$6.50

return on each Trust dollar invested

10

contracts

16+

collaborators

204,000

participants

Cross-Funder Collaboration of Goals, Strategies & Resources

Cross-funder collaboration takes the form of multiple funders acting as one. Aligning purposes and interests, pooling resources and knowledge to fund organizations and address complex issues to achieve results beyond what can be accomplished alone. Collaboration also offers local match dollars to bring outside funding to Miami-Dade County.



Why invest?

Collaborating with other funders and providing match funding permits The Trust to: learn from other funders' experiences and make more effective investments; scale efforts to more efficiently use resources and provide greater community impact; strengthen and grow Miami-Dade's network regionally and nationally to attract external funds; and share responsibility for providing capacity-building and technical assistance to local child-serving organizations.

Projects funded and results:

Three contracts are directly funded through this investment area; another seven contracts requiring match dollars are funded in other investment areas. Together the 10 contracts are yielding a 535% annual return on The Trust's total investment of \$3.7 million. Additionally, The Trust received a \$50,000 grant from Target to support after-school programs' fitness activities.

In this investment area The Trust supports:

- **Miami Children's Initiative (MCI)**, a large-scale social change effort in Liberty City with a cradle-to-career strategy to provide wraparound supports to children and families with the intent to break the cycle of poverty. The Trust's \$235,000 investment is leveraging \$750,000 from other funders for a 319% return. Results for 175 children in MCI's youth and after-school programs show reductions in school absences and improvement in average academic grades.
- **Catalyst Miami's Public Allies** program, a leadership training program for youth and young adults interested in guiding positive community change, combines a \$100,000 Trust investment with AmeriCorps and multiple local non-profits investing \$377,000 to provide 16 young adults with apprenticeships and leadership skills, yielding a 377% return.
- **Community-based Care Alliance**, which guides the provision of Miami-Dade County's child welfare services with the Florida Department of Children and Families, is supported with a \$55,000 investment from The Trust.

The 7 contracts funded within other investment areas include:

- Youth Development: \$750,000 towards **summer youth internships** in collaboration with Miami-Dade County and Miami-Dade County Public Schools (leveraging \$1,875,000), and \$995,000 towards **cultural arts programming** with Miami-Dade County Cultural Affairs (leveraging \$5.2 million in county and grantee match funding).
- Early Childhood Development: \$50,000 for **VPK reading tutors** with Miami-Dade County Public Schools, Miami-Dade County Head Start and Early Learning Coalition (leveraging \$588,000); and \$1,530,000 for **child care slots** for Early Head Start infants and toddlers and pre-school children with Early Learning Coalition, United Way and Redlands Christian Migrant Association (leveraging \$15,300,000).



PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$3.8 million
in 2016-17 budget

536
training sessions attended by
3,541
agency staff last year

70
agencies received
537
on-site coaching sessions

Supports for Quality Program Implementation & Fiscal/Administrative Functions

This investment enhances staff knowledge and skills to strengthen providers' abilities to effectively deliver services and manage operations. Services include training, coaching, networking and access to resources.



The aim is to support agencies to:

- Deliver evidence-based services with fidelity
- Practice strong administrative and fiscal management
- Engage in continuous learning and quality improvement
- Ensure financial sustainability and diverse revenues
- Advance parent and community engagement and resident advocacy

Why invest?

- The National Implementation Research Network notes factors such as staff competencies and organizational supports as critical to sustaining implementation of high quality programs.^{61,62}
- Staff benefit from individualized coaching when learning new skills or based on identified needs. This includes the opportunity for supportive, direct observation of staff service delivery, with real-time feedback, modeling and opportunity to practice skills.⁶³ This level of support improves implementation and increases job satisfaction.^{64, 65}
- Foundations and public agencies provide capacity building for funded providers as a means to improve contract performance, meet accountability requirements, efficiently use resources and contribute to public policy goals.^{66, 67, 68}

Initiative results:

Universal Supports:

- Evidence-based program training supports
- Inclusion of children/youth with disabilities
- Injury prevention education and resources
- Nutrition education for programs offering participant snacks/suppers
- Annual school health conference
- Access to and trainings on a national funder database through the Foundation Center
- Trust trainings around finance reporting, program implementation, grant writing, etc.

Targeted Supports:

- Peer mentoring pilot for fiscal and programmatic capacity building
- Accelerated Growth Nonprofit Forum, leadership development for executives of high performing agencies
- On-site coaching around program delivery, inclusion of children/youth with disabilities, fiscal and contract management
- Funding and individualized supports for small community-based organizations (CBOs)

Participants demonstrated knowledge or awareness on:



■ Participants with Pre-Post



PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$1.0 million
in 2016-17
budget

Program Evaluation & Community Research

The Trust leads on ensuring the availability of key data and information to inform policy decisions in support of children and families in Miami-Dade. As required by statute, research and evaluation take place at multiple levels—from county and sub-county community research to cross-site initiative-level program evaluation and individual contract-level performance monitoring and review.

There is an emphasis on applying lessons from the field to incorporate best practices in Trust-funded programming, as well as on evaluating and continuously learning from our efforts and disseminating that learning across the community.



Why invest?

- Knowing and understanding factors related to children’s well-being across Miami-Dade County’s distinct neighborhoods, from their strengths and assets to their disadvantages and needs, requires community research.
- Program evaluation helps us understand and strengthen initiative effectiveness, as well as improve performance. Evaluation is a powerful tool to inform how to optimize scarce resources for maximum impact.
- As a steward of public dollars, it is critical to ensure effective accountability processes and tools for monitoring contract performance, with an emphasis on continuous learning and improvement and connection to needed capacity development supports. The Trust’s success depends on the success of funded providers.

Current projects

- Sharing data and coordinating services to families in response to prolonged firearms violence in Miami-Dade County neighborhoods through ***Together for Children, a research-based coalition to address root causes of violence affecting our youth*** involving governmental organizations, educational institutions, law enforcement, the justice system and funding entities that are collectively leveraging resources to carry out intervention strategies that will be developed and implemented with members of the neighborhoods most impacted by youth violence.
- Assessing the **educational impact of Trust-funded programs** (attendance, behavior, academic achievement) to ensure alignment and efficiency of these services in coordination with M-DCPS.
- Creating an **integrated data system on early childhood education and transition to kindergarten** to inform school readiness practice and policies, through an Institute of Education Sciences researcher-practitioner partnership with University of Miami, M-DCPS, Early Learning Coalition and Miami-Dade County Head Start.
- Comparing and **piloting measurement tools with service providers** to identify those most appropriate for use.
- Developing a **comprehensive data strategy** to increase data quality, reduce data redundancy and create a more efficient reporting and analytics environment that provides timely access to relevant, consistent and accurate information. This includes updating the SAMIS provider data reporting system interface to improve usability.

Additionally, research and evaluation staff:

- Offer training and technical assistance on collection and use of performance measures for internal staff, service providers and the larger community
- Provide assistance to community groups gathering and interpreting local neighborhood data
- Present at local, state and national conferences
- Manage the [KidStats & Maps website](#), a source of neighborhood-level data for Miami-Dade County



PROGRAM & PROFESSIONAL DEVELOPMENT

NUMBERS AT A GLANCE

\$1.0 million
in 2016-17 budget

Innovation Fund to Pilot New Strategies, Methods, Instruments & Partnerships

The Innovation Fund seeds new ideas and pilots new program designs promoting the optimal development of children. These are ideas and programs that have not previously been developed or tested in our diverse community.

The Trust expects to build on existing community assets and encourage collaboration by offering community partners the opportunity to identify an issue, develop a potential solution or implement imaginative strategies. Not all ideas are expected to be successful, as greater discovery and insight often result from ideas or approaches that do not work as expected than from those that do.



Why invest?

- Innovation is a driver of economic growth and an important basis for developing solutions to persistent economic and social challenges. While evidence-based programs yield proven results when implemented with fidelity, there is also a need for practice-based innovations to identify and address new or evolving social problems.
- Social innovation “becomes an imperative when problems are getting worse, when systems are not working or when institutions reflect past rather than present problems.”⁶⁹ Thus, public investment in innovation is needed and justified when there is persistent “market failure,” meaning free-market actors fail to allocate resources so as to optimize social welfare.⁷⁰

Projects funded:

In early 2016, 5 proposals of 19 submitted were approved for \$250,000 innovation funding with contracts beginning in March for a 12-month period. These initial projects include:

- **iMentor**, a new-to-Miami-Dade County youth mentoring model heavily reliant on technology to maintain mentor-mentee relationships during high school and through the first year of college
- **ProjectED**, a micro-lending, entrepreneurship and life skills training program for under-employed current or former foster youth and homeless young adults
- **Museum-in-a-Box**, an interactive pop-up exhibit on health and nutrition to be displayed in schools for an extended period of time and provide students access to the exhibits at school during school hours
- **Miami Open211**, which will create an API (application programming interface) that standardizes information in Miami-Dade County’s health and human services resource directory and makes it easily accessible to searches across web platforms
- **Lessons in Jazz**, a musical interactive multimedia journey that teaches nonviolence and conflict resolution to participants interested in curbing community violence in their northern Miami-Dade community

Future plans:

The second solicitation for the Innovation Fund was released on July 1, 2016, and further funding recommendations are forthcoming.



SERVICES FOR SPECIAL POPULATIONS

NUMBERS AT A GLANCE

\$30 million

invested across service areas for children and youth with disabilities in 2015-16

185

contracts served children and youth with disabilities

21,885

children and youth served who reported living with a disability

492

children and youth served who were reported to be in the dependency system

102

youth served who were reported to be in the delinquency system

Programs for Children & Youth with Special Needs

Removing barriers to services for children and youth with disabilities is a cross-cutting strategy of The Children's Trust, with a significant commitment to include children, youth and families living with disabilities in all funded programs and services.

This involves programs designed specifically to support children and families with significant adaptive needs, as well as an emphasis on inclusive program practices. In support of the latter effort, a capacity building contract educates and supports all funded agencies in appropriately providing services that meet the needs of children and youth with disabilities.



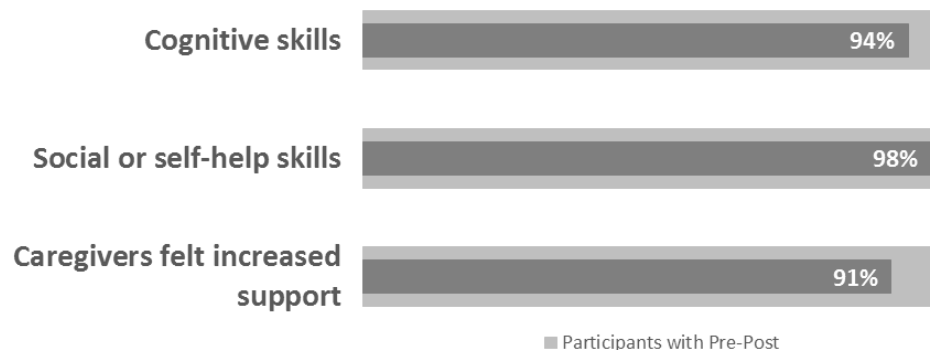
Why invest?

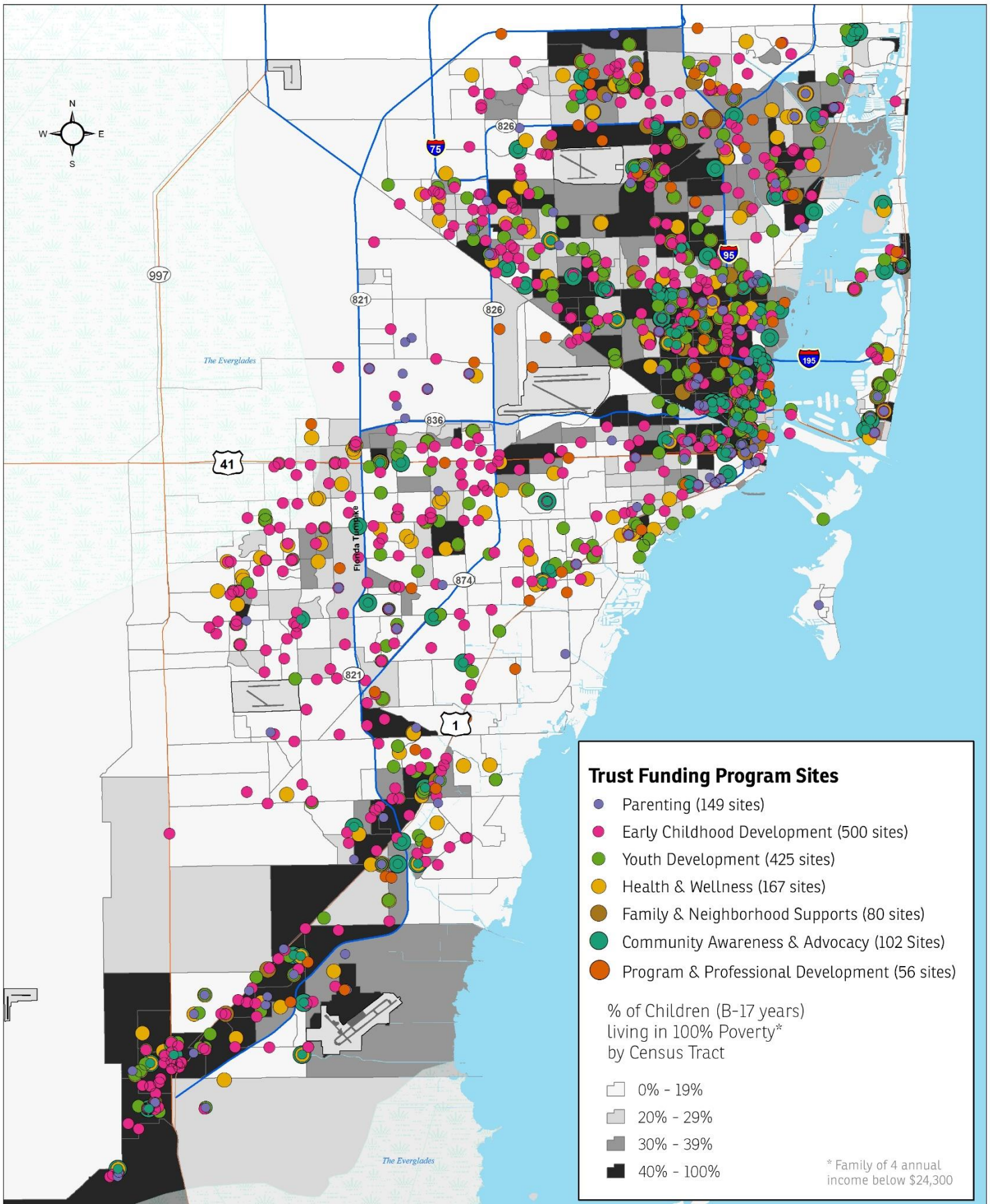
- Miami-Dade has a higher prevalence of children and youth with special needs than the state or nation—16% (versus 12 and 11%, respectively).⁷¹
- The estimated average annual cost for a family with a child with a disability is \$30,500, including child care, reduced work hours or labor force participation, health care and other social program costs.⁷² More specifically, average expenditures for individuals with autism spectrum disorder are 4.1 to 6.2 times greater than for those without this condition.
- 10% of parents of adolescents with special health care needs spent 11 or more hours weekly providing, arranging or coordinating care for their adolescent, a figure that is even higher among families with lower incomes.⁷³
- Although children with disabilities make up a small percentage of the overall child population, they account for a higher share of health-related costs.⁷⁴

Initiative results:

- Most common disability types reported are problems with attention or hyperactivity (ADHD/ADD), learning difficulties and speech or language conditions.

Children with disabilities showed improvement on:





2015-16 Program Service Sites by Funding Area

Data Source:
-The Children's Trust
-US Census Bureau
American Community Survey
2010-14 5 year estimates

Location:
Miami-Dade County,
Florida

Created by
Research &
Evaluation Dept
June 2016

The Children's Trust
3150 SW Third Ave
Miami, FL 33129
www.thechildrenstrust.org

Area	Contracted Outcomes	Associated Measurement Tools/Data Sources
PARENTING – Group, Individual & Home Visitation	Parents/primary caregivers decrease parenting stress	Parental Stress Scale-PSS Parent Stress Index-PSI
	Parents/primary caregivers increase positive parent/child interactions	Adult Adolescent Parenting Inventory-AAPI Parent Child Relationship Inventory-PCRI
	Parents/primary caregivers increase parenting skills	Attitudes of Parenting Practice Ladder Nurturing Skills Competency Scale
	Children decrease problem behavior or maintain appropriate behavior	Strengths & Difficulty Questionnaire-SDQ Eyberg Child Behavior Inventory
	Screening tools	Ages & Stages Questionnaire-ASQ-3 Ages & Stages Questionnaire-Social Emotional- ASQ-SE-2 Edinburgh Postnatal Depression Scale-EPDS Home Safety Checklist Intensive Family Supports Assessment (for indicated programs)
EARLY CHILDHOOD DEVELOPMENT (ECD) – Quality Counts	Providers increase learning environment level	Classroom Assessment Scoring System (CLASS) Infant/Toddler Environment Rating Scale (ITERS-R) Early Childhood Environment Rating Scale (ECERS-R) (based on appropriate age group)
	Providers gain gold seal accreditation	Certificate from accrediting agency
	Providers increase administrative practices (for those in administrator’s institute)	Program Administration Scale or Business Administration Scale
	Providers decrease staff turnover (for WAGE\$ participants)	Turnover rates
	Practitioners receive staff credential	Florida Staff Credential
	Practitioners improve staff/child interactions (for those receiving targeted school readiness enhancements)	Teacher Interaction & Language Rating Scale (TILRS)
	Practitioners increase educational attainment (for WAGE\$ participants)	WAGE\$ Levels
	Children improve behavioral/social concerns (for short term intervention)	Devereux Early Childhood Assessment (DECA)
ECD – Early Intervention & Summer Programs for Children with Disabilities	Children improve speech/ language skills	Preschool Language Scale – 5 th Edition (PLS-5)
	Children improve fine or gross motor skills	Peabody Developmental Motor Scales (PDMS)
	Children improve social/ emotional skills	Devereux Early Childhood Assessment (DECA)
	Children improve overall development	Brigance Inventory of Early Development
	Children improve or maintain pro-social, appropriate behavior	Behavior Assessment System for Children (BASC-2) Brigance Inventory of Early Development
	Children improve or maintain self-help skills	Developmental Programming for Infants & Young Children (DPIYC)
	Children improve or maintain developmentally appropriate early literacy skills	Learning Accomplishment Profile (LAP)
	Children improve or maintain cognitive development	Bracken Basic Concept Scale Revised (BBCS-R) Baby Doll Circle Time Child Assessment Outcome Development Checklist
YOUTH DEVELOPMENT – After-School Programs & Summer Camps	Participants through 3 rd grade will make meaningful improvement on oral reading fluency	1 minute Oral Reading Fluency (ORF)
	Participants in grades 4 & above will make meaningful improvement in reading comprehension	iSTEEP Maze
	Participants will make meaningful improvement on physical fitness performance	PACER Multi-Stage Shuttle Run
	Participants will make meaningful improvement in social-emotional learning	Piloting 3 tools – DESSA-mini, Child Trends SEL tool, Algorithm YDiLS

Area	Contracted Outcomes	Associated Measurement Tools/Data Sources
YOUTH DEVELOPMENT – Youth Enrichment Programs	Youth increase school engagement & positive attitudes towards academic success	Educational Engagement Scale for Teenagers
	Youth improve school attendance rate	Attendance Rate %
	Youth will earn a C or higher in core courses	Grades in English, Math, Science, Social Studies
	Youth improve communication/interpersonal relationship skills	Youth Life Skills - Communicating Survey DESSA Relationship & Social Awareness scales
	Youth improve problem-solving/responsible decision-making skills	Youth Life Skills - Critical Thinking Survey
	Youth increase social/life skills	Youth & Program Strengths Survey – Social Competencies
	Youth will improve fitness performance	Progressive Aerobic Cardiovascular Endurance Run (PACER)
	Youth improve their financial literacy skills	Casey Life Skills
	Youth improve work readiness/employability	Casey Life Skills
	Youth improve arts skills	YouthARTS & Science Post-Program Art Skills Assessment
	Youth increase civic engagement skills	Competence for Civic Action
	Youth improve STEM engagement	Student Attitude Toward STEM Scales
HEALTH – School-based Health	% of BMI screenings conducted (grades 1, 3, 6, 9) % of students demonstrating concerns in BMI screening referred for additional services	School health data reporting system
	% of vision screenings conducted (grades K, 1, 3, 6) % of students failing vision screening referred for comprehensive screenings	School health data reporting system
	% of students returning to class following health suite encounter	School health data reporting system
	% of students compliant with age-appropriate immunizations	School health data reporting system
	% of students referred for weight-related concerns who receive services % of students with weight-related concerns who increase physical activity % of students referred for weight-related concerns who show improvement on BMI	School health data reporting system
	% of students with care plans (IHCPs) who meet their goals % of child-specific trainings conducted for students with care plans % of students who successfully manage their diabetes % of students with asthma with less than 2 asthma-related ER visits during school year	School health data reporting system
	% of students who engage in preventative oral health care (brushing) % of students referred for oral health concerns who receive services	School health data reporting system
	% of students who maintain or improve knowledge of health education topic covered % of students who demonstrate knowledge of appropriate health behaviors(e.g., hand washing, dental hygiene)	School health data reporting system
	% of students referred for behavioral health concerns who receive services	School health data reporting system

Area	Contracted Outcomes	Associated Measurement Tools/Data Sources
HEALTH – Oral Health	% of trained medical staff members who increase or maintain their knowledge on oral health assessments & fluoride varnish application during the initial attempt	Pre/post-test of oral Health knowledge Questionnaire of 12 items & passing score of 80%
	% of trained medical staff members who increase or maintain their knowledge on oral health assessments & fluoride varnish application during the 2 nd attempt	Post- test of oral Health knowledge Questionnaire of 12 items & passing score of 80%
	% of trained medical staff members who demonstrate the application of oral health screenings, counseling, & fluoride varnish skills (observation measure)	Observation Tool
	% of trained medical staff members who retain their knowledge	Post- test of oral Health knowledge Questionnaire
HEALTH – Vision	Length of time from receipt of referral to completion of comprehensive eye exam	School health data reporting system
	% of children with vision coverage referred to their provider network	School health data reporting system
	% of children meeting eligibility criteria who receive a comprehensive eye exam	School health data reporting system
	% of children needing corrective lens as a result of the eye exams provided with glasses	School health data reporting system
HEALTH – Insurance Enrollment	# children/youth successfully enrolled in subsidized health insurance	SAMIS program data reporting system
	# children/youth who successfully access medical services	SAMIS program data reporting system
	# parents/caregivers successfully enrolled in subsidized health insurance	SAMIS program data reporting system
	# parents/caregivers approved for health insurance renewal	SAMIS program data reporting system
	% of referrals resulting in successful enrollment	SAMIS program data reporting system
	% of parents/caregivers approved for other benefits	SAMIS program data reporting system
	% of participants who retained their coverage	SAMIS program data reporting system
	% of other service referrals completed	SAMIS program data reporting system
HEALTH – Injury Prevention Education	% of participants who successfully demonstrate ability to properly install child safety seat	Florida Child Passenger Safety Checklist
	% of participants certified Car Passenger Safety Technicians	CPS Certification Exam
	% of participants who increase their knowledge & awareness of appropriate health & safety prevention	Home & Passenger Safety Trainings
HEALTH – Food & Nutrition	# of snacks, lunches & dinners served	SAMIS program data reporting system
	# of sites participating	SAMIS program data reporting system
	% of sites approved for Department of Health funding	SAMIS program data reporting system
	# of trainings provided for direct service staff & participants’ parents/ caregivers	SAMIS program data reporting system

Area	Contracted Outcomes	Associated Measurement Tools/Data Sources
PLACE-BASED SERVICE PARTNERSHIPS	Parents/caregivers will decrease stress related to parenting	Parental Stress Scale (PSS)
	Parents/caregivers will decrease stress related to parenting	Parenting Stress Index - Short Form (PSI-SF) Parental Distress Scale Parent-Child Dysfunctional Interaction Scale
	Parents/caregivers will report a decrease in their child's problem behavior	Strengths & Difficulties Questionnaire (SDQ)
	Parents/caregivers will increase positive parent/child or family interactions	Adult Adolescent Parenting Inventory (AAPI): Constructs B through E
COUNTYWIDE PARTNERSHIPS	Parents/caregivers will reduce risk associated with child abuse or neglect	Adult Adolescent Parenting Inventory (AAPI): Constructs B through E
	Parents/caregivers served will provide a stable family environment	Self-Sufficiency Outcome Scale Matrix (P2 & P3 excluding Health Insurance Adult Scale)
	Children/youth served will report a sense of attachment & bonding to the incarcerated caregiver	JSS Bonding Scale Matrix
	Children/youth will decrease anti-social/problem behavior	Child Anti-Social Behavior Questionnaire (children ages 4 & above)
	GLBTQ youth served will increase their overall mental health functioning	Beck Anxiety Inventory for Youth (BAI-Y)
	GLBTQ youth served will increase in overall resilient capacities	Connor-Davidson Resilience Scale (CD-RISC); CD-RISC 10 version
	GLBTQ youth served will increase their proactive coping skills	Proactive Coping Inventory (PCI) - adapted
	(Foster care) Youth will increase knowledge of their legal rights	Youth Training Survey
	(Foster care) Youth will establish a positive & supportive relationship with their attorney mentor	Youth-Attorney Mentor Survey
	(Unaccompanied minor) Youths will know their dependency legal rights	Dependency Rights Survey
	(Unaccompanied minor) Youths will know their legal rights	Immigration Rights Survey
	(Unaccompanied minor) Youths will report reduced symptoms of PTSD, depression, &/or anxiety	PTSD Checklist (PCL)
	(Unaccompanied minor) Youths will improve self-efficacy	Resiliency Scale for Adolescents (Sense of Mastery Scale)
	Children/youth will decrease problem behavior	Pediatric Symptom Check List-17
Youth will improve self-efficacy	Resiliency Scale for Adolescents (Sense of Mastery Scale)	
READ TO LEARN	Medical providers demonstrate knowledge of the importance of literacy	Reach Out & Read Assessment
	Medical providers talk to parents about the importance of literacy	Parent Survey
	Parents read to their children at least 3 days per week	Parent Survey
	Parents identify book sharing techniques	Parent Survey
	Parents increase understanding of school readiness	Parent Survey

Area	Contracted Outcomes	Associated Measurement Tools/Data Sources
211 HELPLINE	Help Me Grow families identified as potentially needing services for their child will be connected to appropriate referral sources for assessment & intervention	# / % of children screened yielding concerns who receive an assessment # / % of children assessed yielding concerns who receive treatment services # / % of closed family case plans by their outcome
	Successful resolution of calls: <ul style="list-style-type: none"> • Sufficient information to respond to inquiry (information-only call was resolved) • Received information on how to apply/obtain services needed (in-depth call was resolved) 	External quality assurance secret shopper calls
	Accurate referrals for services needed: <ul style="list-style-type: none"> • 211 callers were provided accurate answers & referrals consistent with client needs (information-only calls) • 211 callers received accurate referrals for in-depth calls 	85% of callers indicate the referrals provided them during their information-only calls were accurate 85% of callers on in-depth calls indicate the referrals provided them were accurate
	Help pages resource database will be updated through continual revision to ensure accuracy of information & comprehensiveness of its contents (AIRS Standard 12)	On an annual basis 100% of agency profiles in the help pages will be reviewed & contact made with agencies to maintain accuracy & completeness of information
	211 Counselors Certifications (AIRS Standard 26): Alliance for Information & Referral Systems (AIRS) & American Association of Suicidology (AAS)	65% of 211 Full-Time counselors are AIRS Information & Referral Specialist certified 65% of 211 Full-Time counselors are AAS Crisis Worker certified
	Switchboard of Miami AIRS Accreditation: Accreditation indicates the agency providing 211 services establishes practices & maintains standards consistent with a high level of service quality	Switchboard of Miami maintains its AIRS Accreditation status
	Satisfaction with 211 Services: as monitored & documented through the quality assurance secret shopper service of the 211 Helpline provided by FIU Metropolitan Center (AIRS Standards 5 & 28): <ul style="list-style-type: none"> • 211 callers' satisfaction with counselors' handling of their call • 211 callers' satisfaction with the completeness of the information provided them in response to their inquiry/need 	85% of callers are satisfied with agent's handling of their call 85% of callers are satisfied with completeness of information provided



Headline Community Results and Indicators

Miami-Dade Previous Value (Year)	Miami-Dade Most Recent Value (Year)	Change Between Years	State of Florida Most Recent Value	National (US) Most Recent Value
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Family and Community Supports

Children attend quality child care

Child care programs participating in Quality Counts ¹	200 programs 13% (2008)	404 programs 23% (2015)	↑	not comparable	not comparable
Children attending Quality Counts child care programs ¹	11,500 (2008)	25,282 (2015)	↑	not comparable	not comparable
Quality Counts early care and education staff with 60 credits / Associate's or higher degree ²	704 staff 28% (2010)	1,104 staff 34% (2013)	↑	42% (2012)	53% (2012)

Children regularly access medical, dental and behavioral health care services

Children who regularly access medical services ⁵	89% (2007)	91% (2012)	↑	86% (2012)	88% (2012)
Children who regularly access dental services ⁵	66% (2007)	76% (2012)	↑	67% (2012)	78% (2012)
Children who regularly access behavioral health services ⁵	not available	13% (2012)	N/A	9.2% (2012)	9.4% (2012)
Children who have health insurance ⁹	80% (2008)	91% (2014)	↑	91% (2014)	94% (2013)
Children who have a medical home ⁵ (personal doctor or nurse)	85% (2007)	79% (2012)	↓	87% (2012)	90% (2012)

Children are supported by nurturing and involved parents

Parents who access quality parenting programs ⁵	not available	26% (2012)	N/A	not available	not available
Parental involvement in schools ⁵ (volunteer at least monthly)	not available	47% (2012)	N/A	not available	42% (2012)
Children in households with secure parental employment ⁹ (children with at least one resident parent employed full-time)	64% (2008)	56% (2013)	↓	67% (2013)	69% (2013)
Parental expectations for child's academic attainment ⁵ (a four year college degree or higher)	not available	89% (2012)	N/A	not comparable	not comparable
Children in families that eat meals together everyday ⁵	not available	51% (2012)	N/A	44% (2012)	47% (2012)
Children in food insecure households ³	30% (2009)	24% (2013)	↓	27% (2013)	22% (2012)
Child maltreatment rate ⁶ (per 1,000 children)	5.5 (2009-10)	7.1 (2014-15)	↑	10.8 (2014-15)	9.2 (2011-12)
Unintentional child injuries resulting in hospitalization ⁷ (per 100,000)	214 (2007)	175 (2012)	↓	not available	181 (2012)
Children living in safe neighborhoods ⁵	83% (2007)	83% (2012)	↔	86% (2012)	87% (2012)
Children living in supportive neighborhoods ⁵	77% (2007)	83% (2012)	↑	84% (2012)	88% (2012)

Child Well-being

Children are ready for kindergarten

Kindergarten students entering school at or above grade level ⁴ (FAIR-K)	59% (2009)	70% (2013)	↑	73% (2013)	not comparable
Children under 6 who are read to at least 3 times per week at home ⁵	73% (2007)	81% (2012)	↑	80% (2012)	82% (2012)

Students are succeeding academically

Elementary students attending school regularly ⁴ (< 10% absences annually)	95% (2006-07)	94% (2013-14)	↓	95% (2011-12)	not available
Middle students attending school regularly ⁴ (< 10% absences annually)	93% (2006-07)	91% (2013-14)	↓	91% (2011-12)	not available
High school students attending school regularly ⁴ (< 10% absences annually)	86% (2006-07)	83% (2013-14)	↓	86% (2011-12)	not available
3rd grade students reading at or above grade level ⁴ (FCAT 2.0 exam)	52% (2011)	56% (2014)	↑	57% (2014)	not comparable
10th grade students reading at or above grade level ⁴ (FCAT 2.0 exam)	51% (2011)	52% (2014)	↑	54% (2014)	not comparable
3rd grade students doing math at or above grade level ⁴ (FCAT 2.0 exam)	58% (2011)	62% (2014)	↑	58% (2014)	not comparable
8th grade students doing math at or above grade level ⁴ (FCAT 2.0 exam)	54% (2011)	33% (2014)	↓	47% (2014)	not comparable



Headline Community Results and Indicators

	Miami-Dade Previous Value (Year)	Miami-Dade Most Recent Value (Year)	Change Between Years	State of Florida Most Recent Value	National (US) Most Recent Value
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Children meet recommended levels of physical activity

Middle school students describing themselves as being a healthy weight ⁸	78% (2007)	74% (2015)	↓	72% (2015)	not available
High school students describing themselves as being a healthy weight ⁸	75% (2007)	70% (2015)	↓	71% (2015)	68% (2015)
Middle school students meeting recommended levels of physical activity ⁸	39% (2007)	51% (2015)	↑	49% (2015)	not available
High school students meeting recommended levels of physical activity ⁸	33% (2007)	36% (2015)	↑	24% (2015)	49% (2015)

Children behave appropriately in schools, home and communities

Children who have behavioral, social and/or emotional problems ⁵	6.8% (2007)	7.7% (2012)	↑	5.0% (2009/10)	4.8% (2009/10)
Students engaging in disruptive behavior in school ⁴ (incidents per 1,000 students)	34 (2007-08)	27 (2013-14)	↓	22 (2013-14)	not available
Youth arrested for crimes ¹⁰ (per 1,000 youth ages 10 to 17 years)	28 (2009-10)	12 (2013-14)	↓	24 (2013-14)	29 (2012)

Youth successfully transition to adulthood

Teen birth rate ¹¹ (per 1,000 15-19 year old females)	36 (2007)	17 (2014)	↓	22 (2014)	29 (2012)
Youth who feel persistently sad ⁸	30% (2007)	27% (2013)	↓	26% (2013)	30% (2013)
Students graduating within four years of entering 9th grade ⁴	61% (2007-08)	77% (2013-14)	↑	76% (2013-14)	80% (2011-12)
Connected youth ⁹ (16-19 year olds who are in school and/or employed)	92% (2006)	89% (2013)	↓	90% (2013)	92% (2013)

Data Development Agenda

Children ages birth to 18 who are regularly screened for physical, developmental, social and behavioral concerns

Children's hope, engagement and well-being index

Substance-free youth

Built environment index

Data Sources: ¹Web-based Early Learning System (WELS) for Miami-Dade County; ²Miami-Dade Quality Counts Workforce Study; ³Map the Meal Gap, FeedingAmerica.org; ⁴Florida Dept of Education and Miami-Dade County Public Schools; ⁵Child Health and Well-being in Miami-Dade County: Household Survey Results; ⁶Florida Dept of Children and Families, Child Welfare; ⁷Florida Dept of Health, Hospital Discharge Data; ⁸Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System; ⁹US Census Bureau, American Community Survey; ¹⁰Florida Dept of Juvenile Justice; ¹¹Florida Dept of Health, Office of Vital Statistics

Headline Community Results and Indicators

Cross-cutting Factors (2014)	Miami-Dade	Florida	United States
Distribution of children by age - all children (birth-17 years)	547,638	4,040,283	73,324,581
Annual births	31,990	219,905	
Under 6 years	34%	32%	33%
6-11 years	33%	34%	34%
12-17 years	34%	35%	33%
Diversity of children by race/ethnicity			
Hispanic	62%	29%	24%
White, non-Hispanic	15%	43%	52%
Black	21%	21%	14%
All other	2.0%	6.1%	10%
Children who are foreign born and/or with foreign born parent(s)			
Child is foreign born	13%	5.1%	3.3%
Child has one or both foreign-born parent	52%	28%	22%
Primary home language competencies			
Children (ages 5-17) speak English only at home	34%	72%	78%
Children (ages 5-17) speak Spanish at home	58%	22%	16%
Family type			
Children in married-couple families	58%	61%	65%
Children in female householder families	33%	30%	26%
Children in male householder families	9.0%	8.6%	7.9%
Family poverty status			
Children in families with income less than 100% poverty level	27%	23%	21%
Children in families with income between 100-199% of poverty level	24%	26%	22%
Children in families with income greater than 200% poverty level	49%	51%	57%
Children with special health care needs / Children with disabilities			
Children with special health care needs	16%	20%	20%
M-DCPS students with disabilities	9.8%		

Data Sources: U.S. Census Bureau, American Community Survey 2014; Florida Department of Health, Office of Vital Statistics, 2014 births; Child Health and Well-being in Miami-Dade County: Parent Survey, 2012; National Survey of Children's Health, 2011/12; Miami-Dade County Public Schools, School Membership Oct 2014

END NOTES

- ¹ Weiss, E., & Lee, G. (2009). Parenting education is economic development. Partnership for America's Economic Success, retrieved July 2016 from <http://cebcp.org/wp-content/CB20092/Piquero>.
- ² Piquero, A., Farrington, D., Welsh, B., Tremblay, R., & Jennings, W. (2008). Effects of early family/parent training programs on antisocial behavior and delinquency. Retrieved July 2016 from <https://www.ncjrs.gov/pdffiles1/nij/grants/224989.pdf>.
- ³ Washington State Institute for Public Policy (2014). Benefit-cost analysis for child welfare programs. Olympia, WA, retrieved June 2016 from http://www.wsipp.wa.gov/BenefitCost/WsippBenefitCost_AllPrograms.
- ⁴ Our Kids (2014) and Florida Department of Children and Families (2014). Retrieved May 2016 from <http://centerforchildwelfare.fmhi.usf.edu/dev/cir11/Intake%20YTD%20Report-%20June%202014.xlsx>.
- ⁵ Gelles, R.J., & Perlman, S. (2012). Estimated annual cost of child abuse and neglect. Chicago IL: Prevent Child Abuse America. Retrieved from http://www.preventchildabuse.org/images/research/pcaa_cost_report_2012_gelles_perlman.pdf.
- ⁶ Fang, X., Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165.
- ⁷ Florida Department of Education, & Miami-Dade County Public Schools (2013). Florida assessments for instruction in reading (FAIR-K).
- ⁸ Weiland, C., & Yoshikawa, H., (2013). Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills. *Child Development*, 84(6), 2112-2130.
- ⁹ Campbell, F.A., Pungello, E.P., Kainz, K., Burchinal, M., Pan, Y., Wasik, B.H., & Ramey, C.T. (2012). Adult outcomes as a function of an early childhood educational program: An abecedarian project follow-up. *Developmental Psychology*, 48(4), 1033-1043. Retrieved from <http://doi.org/10.1037/a0026644>.
- ¹⁰ Reynolds, A.J., Temple, J.A., Ou, S., Robertson, D.L., Mersky, J.P., Topitzes, J.W., & Niles, M.D. (2007). Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families. *Archives of Pediatric and Adolescent Medicine*, 161(8), 730-739.
- ¹¹ Reynolds, A.J., & Ou, S.R. (2011). Paths of effects from preschool to adult well-being: A confirmatory analysis of the child-parent center program. *Child Development*, 82, 555-582.
- ¹² Heckman, J.J. (2015). Invest in early childhood development: Reduce deficits, strengthen Florida's economy. Retrieved July 2016 from <http://heckmanequation.org/content/resource/invest-early-childhood-development-means-deficit-reduction-florida>.
- ¹³ Karoly, L.A., Kilburn, R.M., & Cannon, J.S. (2005). Early childhood interventions: Proven results, future promise. RAND Corporation. Retrieved July 2016 from http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf.
- ¹⁴ Reynolds, A.J., Temple, J.A., White, B.A.B., Ou, S.R., & Robertson, D.L. (2011). Age 26 cost-benefit analysis of the child-parent center early education program. *Child Development*, 82, 379-404.
- ¹⁵ Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M.R., Espinosa, L.M., Gormley, W.T., & Zaslow, M.J. (2013). Investing in our future: The evidence base on preschool education. Society for Research in Child Development & Foundation for Child Development. Retrieved from <http://fcd-us.org/sites/default/files/Evidence%20Base%20on%20Preschool%20Education%20FINAL.pdf>.
- ¹⁶ The Children's Trust (2012). Child Health and Well-being in Miami-Dade County: Parent Survey.
- ¹⁷ Gould, E., & Cooke, T., (2015). High quality child care is out of reach for working families. Economic Policy Institute. Retrieved from <http://www.epi.org/publication/child-care-affordability>.
- ¹⁸ Goode, S., Diefendorf, M., & Colgan S. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. The National Early Childhood Technical Assistance Center (NECTAC). Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>.
- ¹⁹ Center on the Developing Child (2010). The foundations of lifelong health are built in early childhood. Retrieved from <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>.
- ²⁰ American Speech-Language-Hearing Association (2008). Roles and responsibilities of speech-language pathologists in early intervention: Technical report. Retrieved from <http://www.asha.org/policy/TR2008-00290/>.
- ²¹ Executive Office of the President of the United States (2014). The economics of early childhood investments. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf.
- ²² The Children's Trust (2012). Child Health and Well-being in Miami-Dade County: Parent Survey.
- ²³ Goode, S., Diefendorf, M., & Colgan S. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. The National Early Childhood Technical Assistance Center (NECTAC). Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>.
- ²⁴ Cohen, M., & Piquero, A. (2009). New evidence on the monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 25, 25-49.

- ²⁵ Oklahoma Afterschool Network (2011). Making the case for afterschool ROI: Economic return on investment for afterschool. Retrieved from <http://www.digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/97063>.
- ²⁶ Oklahoma Afterschool Network (2011). Making the case for afterschool ROI: Economic return on investment for afterschool. Retrieved from <http://www.digitalprairie.ok.gov/cdm/ref/collection/stgovpub/id/97063>.
- ²⁷ McCombs, J.S., Augustine, C.H., Schwartz, H.L., Bodilly, S.J., McInnis, B., Lichter, D.S., & Cross, A.B. (2011). Making summer count: How summer programs can boost children's learning. RAND Education. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG1120.pdf.
- ²⁸ National Summer Learning Association (2016). Smarter summers, brighter futures.
- ²⁹ National Summer Learning Association (2016). Smarter summers, brighter futures.
- ³⁰ Barber, B.L., Stone, M.R., & Eccles, J. S. (2005). Adolescent participation in organized activities. In *What Do Children Need to Flourish?* Springer US: pp. 133-146.
- ³¹ Moore, K.A., Caal, S., Carney, R., Lippman, L., Li, W., Muenks, K., Murphey, D., Princiotta, D., Ramirez, A.N., Rojas, A., Ryberg, R., Schmitz, H., Stratford, B., & Terzian, M.A. (2014). Making the grade: Assessing the evidence for integrated student supports. Washington, DC: Child Trends. Retrieved from <http://www.childtrends.org/?publications=making-the-grade-assessing-the-evidence-for-integrated-student-supports>.
- ³² Deschenes, S.N., Arbreton, A., Little, P.M., Herrera, C., Grossman, J.B., Weiss, H.B., & Lee, D. (2010). Engaging older youth: Program and city-level strategies to support sustained participation in out-of-school time. Cambridge, MA: Harvard Family Research Project. Retrieved from <http://www.hfrp.org/out-of-school-time/publications-resources/engaging-older-youth-program-and-city-level-strategies-to-support-sustained-participation-in-out-of-school-time>.
- ³³ The World Bank (2013). Life skills: What are they, why do they matter and how are they taught? Adolescent Girls Initiative Learning from Practice Series. Retrieved from http://www.worldbank.org/content/dam/Worldbank/document/Gender/1323447_AGI_LearningFromPracticeSeries.pdf.
- ³⁴ Pennington, N., & Delaney, E. (2008). The number of students sent home by school nurses compared to unlicensed personnel. *Journal of School Nursing*, 24 (5), 290-297.
- ³⁵ ASCD & Center for Disease Control and Prevention (2014). Whole school, whole community, whole child: A collaborative approach to learning and health. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wssc-a-collaborative-approach.pdf>.
- ³⁶ Weismuller, P.C., Grasska, M.A., Alexander, M., White, C.G., & Kramer, P. (2007). Elementary school nurse interventions: Attendance and health outcomes. *Journal of School Nursing*, 23 (2), 111-118.
- ³⁷ Forrest, C.B., Bevans, K.B., Riley, A.W., Crespo, R., & Louis, T.A. (2011). School outcomes of children with special health care needs. *Pediatrics*, 128 (2), 303-312.
- ³⁸ Hill, N.J., & Hollis, M. (2012). Teacher time spent on student health issues and school nurse presence. *Journal of School Nursing*, 28 (3), 181-186.
- ³⁹ Basch, C.E. (2011). Vision and the achievement gap among urban minority youth. *Journal of School Health*, 81 (10), 599-605.
- ⁴⁰ Guo, J.J., Jang, R., Keller, K.N., McCracken, A.L., Pan, W., & Cluxton, R.J. (2005). Impact of school-based health centers on children with asthma. *Journal of Adolescent Health*, 34 (4), 266-274.
- ⁴¹ Keeton, V., Soleimanpour, S., & Brindis, C.D. (2012). School-based health centers in an era of health care reform: Building on history. *Current Problems in Pediatric and Adolescent Health Care*, 42 (6), 132-158.
- ⁴² Guo, J.J., Wade, T.J., Pan, W., & Keller, K.N. (2010). School-based health centers: Cost-benefit analysis and impact on health care disparities. *American Journal of Public Health*, 100 (9), 1617-1623.
- ⁴³ U.S. Department of Health and Human Services (2000). Oral health in America: A report of the surgeon general – executive summary. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health.
- ⁴⁴ Jackson, S.L., Vann Jr., W.F., Kotch, J.B., Pahel, B.T., & Lee, J.Y. (2011). Impact of poor oral health on children's school attendance and performance. *American Journal of Public Health*, 101 (10), 1900-1906.
- ⁴⁵ Bernstein, J., Chollet, D., & Peterson, S. (2010). How does insurance coverage improve health outcomes? Mathematica Policy Research, Issue Brief No. 1. Retrieved from <https://www.mathematica-mpr.com/our-publications-and-findings/publications/how-does-insurance-coverage-improve-health-outcomes>.
- ⁴⁶ Szilagyi, P.G. (2012). Health insurance and children with disabilities. *The Future of Children*, 22 (1), 123-148.
- ⁴⁷ Dolatshahi, J., Hess, C., & Jee, J. (2013). Health care reform and children: Planning and design considerations for policymakers. National Academy for State Health Policy. Retrieved from http://www.nashp.org/sites/default/files/HCR.and_Children.revised.pdf.
- ⁴⁸ Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, & Web-based Injury Statistics Query and Reporting System (WISQARS) (2014).
- ⁴⁹ Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control, & Web-based Injury Statistics Query and Reporting System (WISQARS) (2014).
- ⁵⁰ Florida Department of Health (2013). Special emphasis report: Infant and early childhood injury. Retrieved from <http://www.floridahealth.gov/statistics-and-data/florida-injury-surveillance-system/documents/infant-and-child-emphasis-report-2013.pdf>.
- ⁵¹ Taras, H. (2005). Nutrition and student performance at school. *Journal of School Health*, 75(6), 199-213.

- ⁵² Popkin, S.J., Acs, G., Smith, R. (2010). Understanding how place matters for kids. *Community Reinvestments*, 22(1):23-26. Retrieved from www.frbsf.org/community-development/files/Spring_CI_2010a.pdf.
- ⁵³ Samuelson, K. (2015). Poverty and promise: Community revitalization with place-based initiatives. Retrieved from <https://publicpolicy.wharton.upenn.edu/live/news/462-poverty-and-promise-community-revitalization-with>.
- ⁵⁴ Cohen, M., & Piquero, A. (2009). New evidence on the monetary value of saving a high risk youth. *Journal of Quantitative Criminology*, 25, 25-49.
- ⁵⁵ Edleson, J.L. (1997). Problems associated with children's witnessing of domestic violence. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from http://www.vawnet.org/print-document.php?doc_id=392&find_type=web_sum_AR.
- ⁵⁶ Annie E. Casey Foundation (2016). A shared sentence: The devastating toll of parental incarceration on kids, families and communities. Retrieved from <http://www.aecf.org/resources/a-shared-sentence/>.
- ⁵⁷ Ryan, C., Huebner, D., Diaz, R.M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *American Academy of Pediatrics*, 123(1), 346-352.
- ⁵⁸ Child Welfare Information Gateway (2016). Rights of youth in foster care. Retrieved from <https://www.childwelfare.gov/topics/systemwide/youth/resourcesforyouth/rights-of-youth-in-foster-care/>.
- ⁵⁹ American Immigration Council (2015). A guide to children arriving at the border: Laws, policies and responses. Retrieved from <http://immigrationpolicy.org/special-reports/guide-children-arriving-border-laws-policies-and-responses>.
- ⁶⁰ Souke, J., Takenaka, A., Roberts, B., & Ng, C. (2009). Benefit/cost analysis of aloha united way's 211 program: Final report. Malama Consulting Group. Retrieved June 2016 from <http://www.211us.org/documents/MalamaConsultingFinalReportForAUW.pdf>.
- ⁶¹ Fixsen, D.L., Naoom, S.F., Blase, K.A., Friedman, R.M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Porte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- ⁶² Fixsen, D.L., Blase, K.A., Naoom, S.F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice*, 19(5), 531-540.
- ⁶³ Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: A sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.
- ⁶⁴ Aarons, G.A., Sommerfeld, D.H., Hecht, D.B., Silovsky, J.F., & Chaffin, M.J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology*, 77 (2), 270-280.
- ⁶⁵ Joyce, B.R. & Showers, B. (2002). *Student achievement through staff development* (3rd edition). New York: ASCD.
- ⁶⁶ Collins, C., Phields, M., & Duncan, T. (2007). An agency capacity model to facilitate implementation of evidence-based behavioral interventions by community-based organizations. *Journal of Public Health Management Practice*, January (Suppl), S16-S23.
- ⁶⁷ Yang, K., Hsieh, J.Y., & Li, T.S. (2009). Contracting capacity and perceived contracting performance: Nonlinear effects and the role of time. *Public Administration Review*, 69 (4), 681- 696.
- ⁶⁸ Grantmakers for Effective Organizations (2015). Strengthening nonprofit capacity. Retrieved from <http://www.geofunders.org/resource-library/all/record/a066000000IbGXCAA3>.
- ⁶⁹ Mulgan, G. (2007). *Social innovation: What it is, why it matters, and how it can be accelerated*. Oxford: Skoll Centre for Social Entrepreneurship, SAID Business School, Oxford (quote from page 9).
- ⁷⁰ Laranja, M., Uyerra, E., & Flanagan, K. (2008). Policies for science, technology and innovation: Translating rationales into regional policies in a multi-level setting. *Research Policy*, 37(5), 823-835.
- ⁷¹ For Miami-Dade: The Children's Trust (2012). *Child Health and Well-being in Miami-Dade County: Parent Survey*. For Florida & U.S.: 2011 National Survey of Children's Health.
- ⁷² Stabile, M., & Allin, S. (2012). The economic costs of childhood disability. *The Future of Children*, 22 (1), 65-96. Retrieved from <https://muse.jhu.edu/article/478965/pdf>.
- ⁷³ Park, M.J., Brindis, C.D., Vaughn, B., Barry, M., Guzman, L., & Berger, A. (2013). Adolescent health highlight: Chronic conditions (Publication #2013-08). Bethesda, MD: Child Trends and the National Adolescent and Young Adult Health Information Center at the University of California, San Francisco.
- ⁷⁴ Murphey, D., Cooper, M., & Moore, K.A. (2012). Children with disabilities: State-level data from the American Community Survey (Publication #2012-29). *Child Trends Research Brief*.