



Community Services Administration

BIRTH TO AGE 8 INITIATIVE:

Establishing a strong foundation for lifetime success

What is the Birth to Age 8 Initiative?

This Initiative aligns essential service providers (county, school, non-profits, etc.) together to assure children reach key developmental milestones from birth to Age 8. There are 25+ publically funded services that could touch a child/families life from birth – 8. We need to assure they collectively work toward success.

Our vision: We want to see 100 percent of identified participants *meet the state proficiency reading target by spring of third grade* and have their families receive the necessary support to succeed as well.

How will we do this?

We will oversee participant's key developmental milestones at various ages to ensure they're on track to reach a third-grade reading level by age 8.

Why is this needed?

Research shows children who are not proficient in reading by the end of third grade are less likely to succeed in school and as adults. Investing in their first eight years is critical. Systems intentionality around coordination of care toward outcomes & impact is essential for our residents.

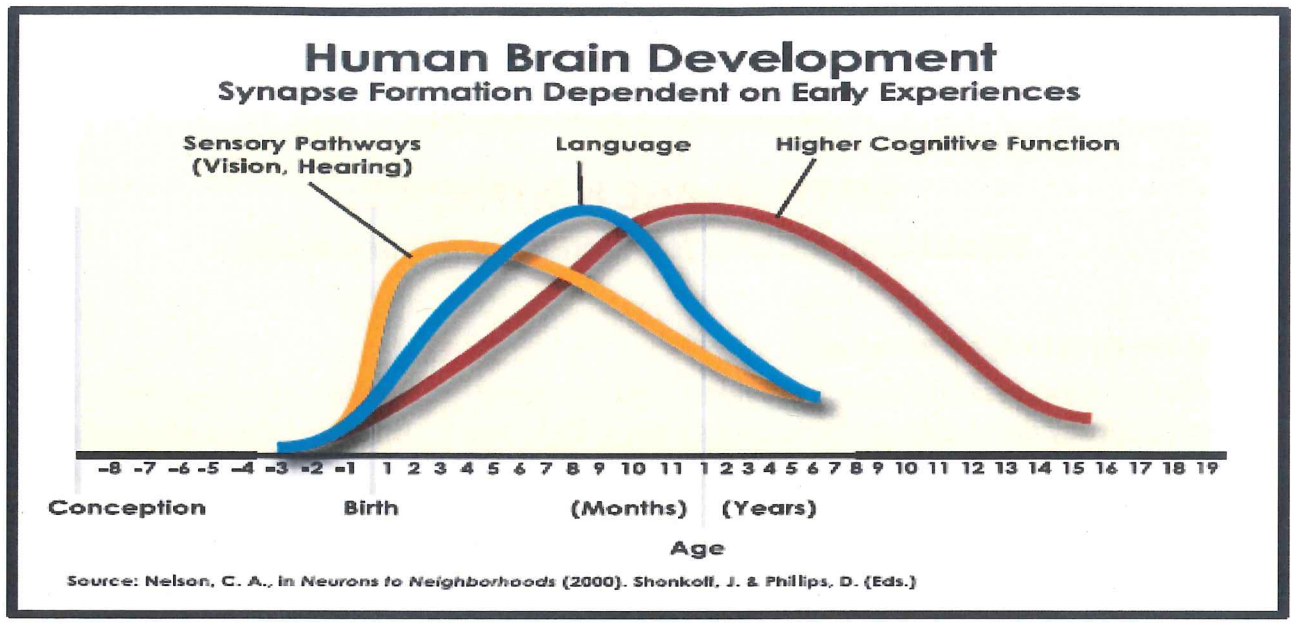
Who is involved?

The members of the initiative include the South St. Paul (6), Burnsville-Eagan-Savage (191), West St. Paul-Mendota Heights-Eagan (197), and Inver Grove Heights (199) school districts; 360 Communities; CAP/Head Start; and Dakota County Community Services, Public Health, and Social Services.

Phase 1 Target Population: (estimated to be over 4,000 in Dakota County)

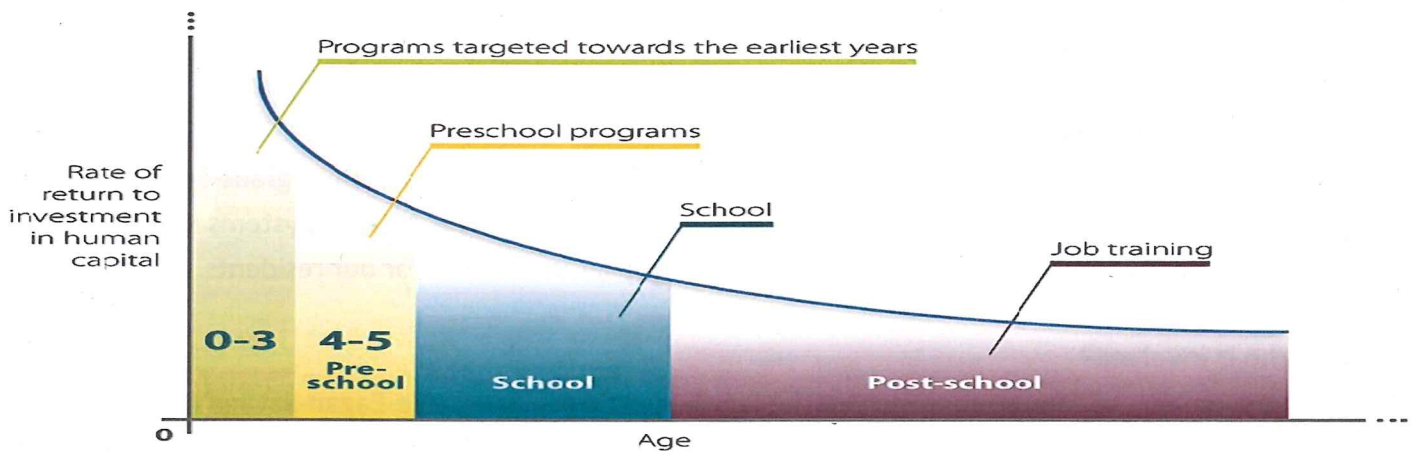
- 1) Home Visiting
- 2) Women, Infants and Children (WIC)
- 3) English Language Learners (ELL)

(Over)



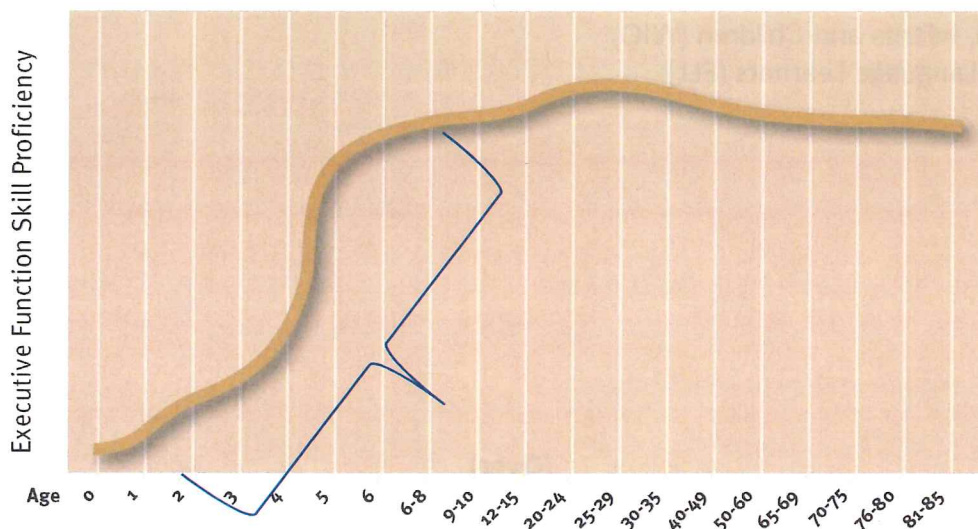
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RATES OF RETURN TO HUMAN CAPITAL INVESTMENT AT DIFFERENT AGES: RETURN TO AN EXTRA DOLLAR AT VARIOUS AGES








SOURCE: JAMES HECKMAN, "INVESTING IN DISADVANTAGED YOUNG CHILDREN IS GOOD ECONOMICS AND GOOD PUBLIC POLICY." STATEMENT PRESENTED TO THE JOINT ECONOMIC COMMITTEE OF THE UNITED STATES CONGRESS, 110TH CONGRESS, FIRST SESSION, JUNE 27, 2007. REPRINTED WITH PERMISSION.

Executive Function Skills Build Throughout Childhood and Adolescence



Birth to 8 Collaborative Initiative

Goal: Develop the capacity to track developmental progress along the continuum (Initial target group - WIC, FH HV, English Language Learners) and share this data.

	 Birth	 0 - 36 months	 3-4 Years	 Kindergarten	 8 Years / 3rd Grade
Benchmarks	Risk Factors from Assessment:	Developmental screening <i>(at recommended intervals)</i>	Early Childhood Screening	Kindergarten Assessment	3rd Grade Reading Level
*Indicators measured at each milestone:					
- Under 200% of federal poverty guidelines (FPG)	- Less than 2500 grams birthweight	- HT/WT/Vision/Hearing screening indicates concern	- School District Early Childhood Screening indicates concerns	- Kindergarten Entry Profile Screening indicates concerns	- To scores below grade level
- Parental use of tobacco	- Parent less than 20yrs old	- Behind on Immunizations			
- Maternal level of education	- Single mother	- Enrolled in MA, WIC or Social Services			
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Services available for children age 0-8 years/families					
Public Health	Dakota Healthy Families/Metro Alliance for Healthy Families. Maternal Child Health Home Visiting Women, Infants, Children	Follow Along Child and Teen Checkups			
School		Early Childhood Special Education Early Childhood Family Education	Preschool/Early Learning Early Childhood Screening		Core instruction Title One services English Lang. Learning Tiered Intervention Special Education Targeted Services
Social Services	Safe and Healthy Start Minor Parent Services	Child Abuse Prev. & Treatment Act (CAPTA) dev. screening Family Child Care Licensing, Parent Support Outreach, Disability Services			
Other Public Programs		Early Childhood Mental Health Library Programs Child Care Aware	Parks programs	School-linked Mental Health	
Headstart		Early Headstart	Headstart		
Community non-profit		Parenting Support Programs	Nursery school and preschool	Partners for Success School Based Program	
Economic Support		Medical/Food/Cash/Childcare Assistance/Early Learning Scholarships			
Primary Care		Healthcare/Check-up/Immunization schedule			

* Benchmark indicators based on standard tools. Baseline data will be determined for all benchmarks.

INDICATOR WEIGHTING SUMMARY

Factor/Metric	Baseline Estimates	Current Data Source(s)	Risk Score	Comments
Birth: Less than 2500g Birth Weight (on Birth Record)	8% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview, EC Screening Health History	5	Birthweight contributes to risk even when accounting for poverty.
Maternal Use of Tobacco (on Birth Record)	10% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview,	5	Tobacco Use associated with other substance use, predictor of below grade-level reading at 3 rd grade.
Maternal Level of Education (on Birth Record) NO HS Diploma	6% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview	5	No HS Diploma, predictor of high risk of below grade-level reading at 3 rd grade.
Maternal Level of Education (on Birth Record), HS or GED only.	18% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview	3	HS Diploma
Maternal Level of Education (on Birth Record) Greater than HS Diploma	75% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview	-3	Greater than HS Diploma, predictor of proficient reading at 3 rd grade.
Birth: Teen Parent (>20) (on Birth Record)	4% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview	3	
Birth: Unmarried Mother (on Birth Record)	30% (based on analysis of sample birth data from January 2017)	Birth Record, WIC eligibility interview	1	This is associated with poverty, but not all single mothers are poor. By itself, it isn't a strong predictor.

INDICATOR WEIGHTING SUMMARY

Factor/Metric	Baseline Estimates	Current Data Source(s)	Risk Score	Comments
0-8: Enrolled in MA/WIC/Social Services (all stages) or poverty at 200% or under. (Birth Record) (County Master Index) (WIC)	Maternal WIC participation at birth: 23% (based on sample birth data from January 2017) 0-5 cohort rate: 40% between 0-1 *WIC/HV enrollment declines after age 23 mos by about 25%, and then by another 10% after age 3, from a total of 808 for <12 mos, to 505 for 48 -59 mos.	Dakota County Master Client List; WIC interview	10	Proxy for poverty.
0-36 mos. Developmental Screening Concern (through expanded Follow-Along in Dakota County Public Health)	Data Source not yet identified	Follow-Along; WIC; Health Providers. Children referred to ECSE who don't qualify	5	Affluent families have the means and education to address concerns.
Behind on Immunizations	40% of children between 24-35 months may not have received full series (MIIIC), but by Kindergarten between 95-97% are fully immunized.	Dakota County Public Health Immunization Database	1	Proxy for regular healthcare, but alone, is not significant predictor of school readiness.
Ht Wt Concern	Data Source not identified yet.	WIC; EC Screening	1	Possible indication of food insecurity or earlier malnutrition.
Vision Hearing or Speech Concern at EC Screening	44%, DCB8 partner districts, 2015-16	EC Screening	1	Affluent families have the means and education to address concerns.

INDICATOR WEIGHTING SUMMARY

Factor/Metric	Baseline Estimates	Current Data Source(s)	Risk Score	Comments
(42 mos) EC Screening Indicates Concern (School Districts)	23% identified with cognitive, motor or Social/Emotional- DCB8 partner districts, 2015-16	EC Screening	7	Screening tool indicates need for Special Education referral.
(42 mos) EC Screening Indicates "yellow" zone identified as predictive in screening (School Districts)	Under development based on analysis of EC screening and 3 rd grade achievement data in Bloomington and Minneapolis.	EC Screening	5	Screening tool indicates concern, but does not meet threshold for Special Education referral.
KEP (Kindergarten Entry Profile) Indicates Concern	Data not yet available – a consistent measure is under discussion.	Program Eligibility – Food Shelf, WIC,	7	A concern may mean other concerns were not addressed earlier.
3 rd grade Reading Proficiency	Overall 2014-15 rates of four partner districts: 46% of third graders not proficient; 59% of students eligible for Free-Reduced Lunch not proficient.	Educational Record	Outcome measure	Third-grade reading proficiency a strong predictor of high-school graduation, higher education, thriving adult life.
Professional Judgement Override	NA	Any partner program child-family serving professional.	-5 - +10	

A score of 5 or above would alert the system to yellow. So for example:

- Poverty alone would trigger the system, as it, even without additional identified risk factors, make it less likely that a child will not be ready for school.
 - Teen parent alone would not alert the system, but would in combination with being behind on immunizations, or a health (HT/WT/Vision/Hearing) concern.
 - Behind on immunizations alone would not trigger alert, but would in combination with another concern, such as another health concern.
- A score of 10 or above would alert the system to red. For example:
- Low Birthweight and in poverty.

- Teen parent, in poverty with a child behind on immunizations.
- Unmarried mother, EC screening concern and behind on immunizations.

Points to Consider:

- Risk factors interact with each other in real-life situations in ways that confound the predictive strength of any one indicator.
- Chronic poverty is more predictive of poor outcomes than episodic poverty, but it may be hard to discern the difference between the two for this project from existing data sources.

“Differences [in school readiness] by race/ethnicity, immigrant status, family structure, maternal age at birth, and maternal physical health are initially large. For example, black and Hispanic children are less likely to be school ready than white children (by 15 to 17% points) and children of married mothers are more likely to be school ready than children of unmarried mothers (by 22 percentage points). However, these differences reduce to insignificant levels after controlling for income and other confounding factors. In contrast, the effects of poverty remain significant in the full model, with poor children 7 percentage points less likely to be school ready”

(from Starting School at a Disadvantage: The School Readiness of Poor Children, Julia B. Isaacs, Brookings Institution – data tabulated by the Brookings Institution from the Early Childhood Longitudinal Study – Birth Cohort)

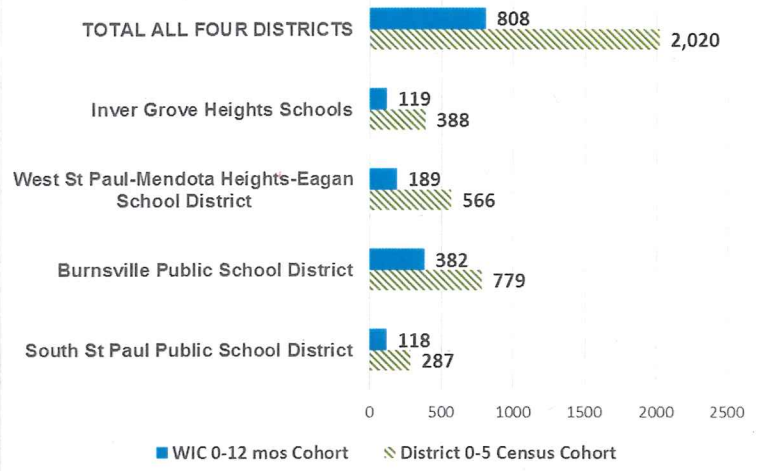
Sources:

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Reaching “kindergarten surprises”

The partnership between Dakota County’s Women Infants and Children (WIC) program and -school districts began in May 2016. A pilot with South Saint Paul was conceived to address the challenge and opportunity of “Kindergarten surprises” – the numerous children who show up for Kindergarten who aren’t on the district census, haven’t been screened or offered other enrichment opportunities, simply because the district did not know they were in the community. Developed through the Dakota County Birth to Age 8 Initiative (DCB8), the collaboration is one part of a larger strategy to better align public support efforts for families.

Figure 1: Annual Cohort: WIC (0-12 mos) and District Census

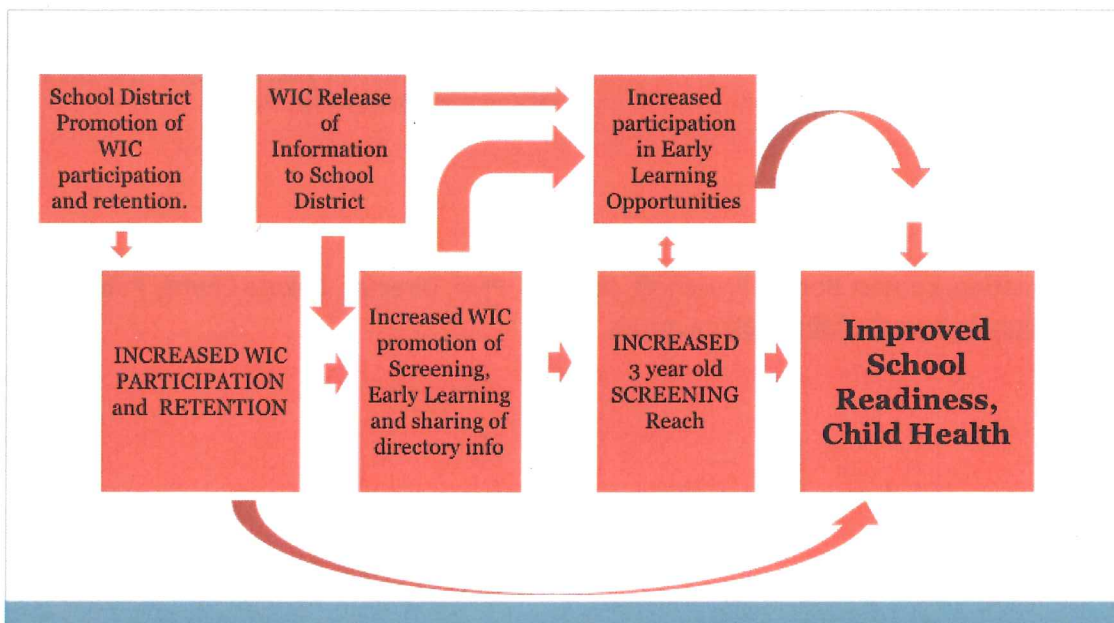


Data from Minnesota Department of Education and Dakota County Public Health WIC.

How the collaboration works

Children living in poverty are more likely to move frequently, not be on school district census rolls, and are less likely to be ready for school. However, WIC services can follow a family wherever they may live, and many families find and stay connected to WIC as a fundamental service even when they move. Through this collaboration, school districts receive contact information for families residing in their district, sent with consent by WIC. Then, school district staff make a personal connection with each family and continue to follow up with information on early childhood services and screening.

In October 2016, because of the initial success with South Saint Paul, the remaining three Birth to Eight partner districts joined the project. This includes Burnsville, Inver Grove Heights and West Saint Paul.



Positive outcomes

The project has shown very promising results in connecting families to their school district. From May 2016 – December 2016, there were **411 total referrals** from WIC to the schools. Of these referrals:

School district staff contacted 250 families (61%) over the phone.

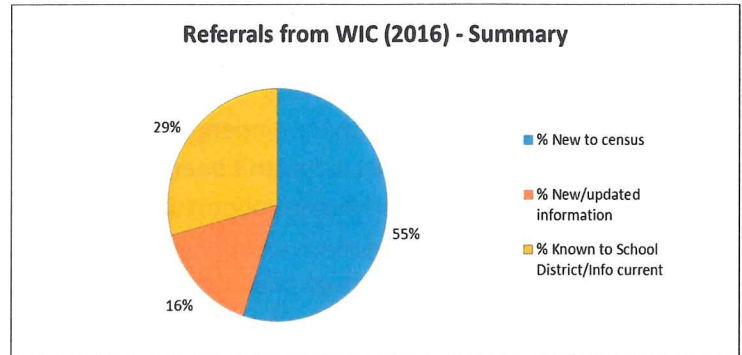
Because we know personal contact is so important to building trust we are only counting instances where a live conversation took place. 100

District staff could not have otherwise reached 71% of referred families (Figure 2).

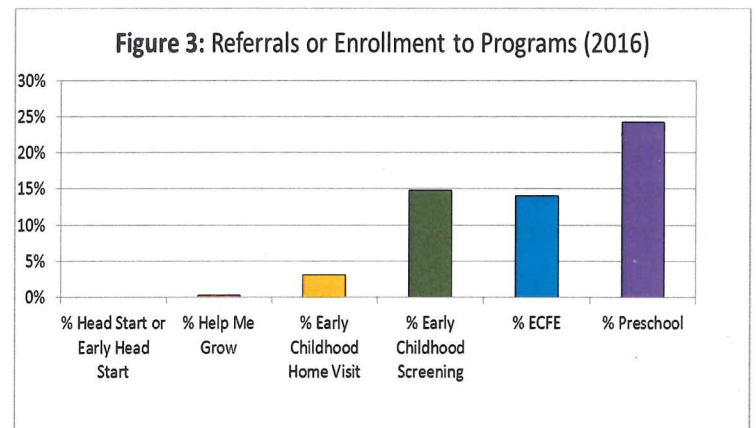
If these numbers sustain over time, each year we estimate the project will reach the equivalent of 15 -20 % of the grade cohort annually for the four district partner districts (300-400 children). These families are now on the district census and will receive information from the district.

Partner school districts have already enrolled 166 children (40 % of the total referral number) in Early Childhood Programs (Figure 3).

It should be noted that this number is likely conservative. Once school districts have contacted families, follow-up is done as a matter of course. Depending upon the age of the child, enrollment in programs and screening appointments may happen months or years from the time of the initial contact. School districts do not currently have the capacity to track WIC referred children over the full course of their pre-K interaction.



N=411 Data from May – December 2016, WIC program evaluation numbers submitted by Dakota County Birth-Eight Initiative School Districts.



Head Start and Help Me Grow are Referral, other programs represent enrollment data from May - December 2016, WIC program submitted by Dakota County Birth-Eight Initiative School Districts. N=166

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