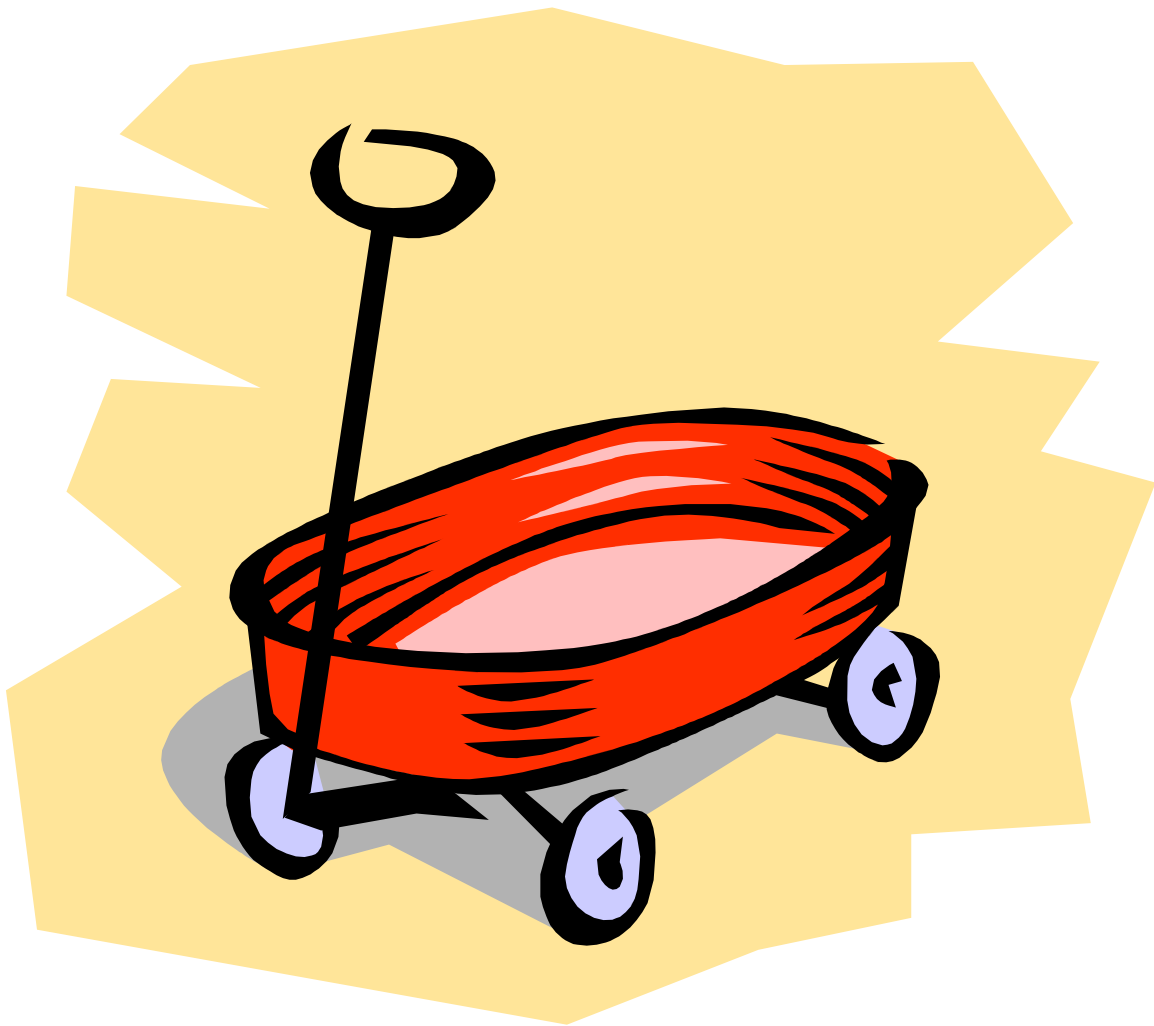


# ***Red Wagon Kids Community Plan***



**Community action making a difference in the lives of  
young children in Springfield/Greene County, MO**

**[redwagonkids.net](http://redwagonkids.net)**

# Red Wagon Kids

**A community driven project designed to benefit young children and families in Springfield/Greene County, MO.**

**Planning (Nov 2007-Dec 2008)**

**Implementation (Jan 2009-2012)**

## **Red Wagon Kids Steering Committee**

Brian Fogle                      Sr Lorraine Biebel  
Dottie Mullikin                Roseann Bentley  
Mayor's Commission for Children

## **Red Wagon Kids Community Chairpersons**

Brian Fogle                      Sr Lorraine

## **Red Wagon Kids Work Group Co-Chairs**

Roseann Bentley, Greene Co Commission, (Policy)  
Melissa Haddow, Community Partnership, (Services)  
Dr David Hockensmith, Council of Churches, (Faith)  
Sandy Howard, Spfd Chamber of Commerce, (Business)  
Dr Byron Klaus, Assemblies of God Theological Seminary, (Faith)  
Mark McNay, SMC Packaging, (Business)  
Dr John Mihalevich, Cox Health, (Health)  
Dr Peggy Pearl, Missouri State University, (Education)  
Dr Norm Ridder, Springfield Public Schools, (Education)  
Cindy Rushefsky, City Council, (Policy)  
Dr Jim Sammon, Pediatrician, (Health)  
Dr Paul Thomlinson, Burrell Behavioral Health, (Services)

## **The Honorable Mayor - City of Springfield, MO**

Mayor Tom Carlson

## **Mayor's Commission for Children Board - 2008**

Dot Atkinson	Roseann Bentley	Annie Busch
Jerry Clark	Dr Sandy D'Angelo	Dr Dave Dixon
Dr Gloria Galanes	Dr Judith Gonzalez	Conrad Griggs
Sandy Howard	Jennifer Kennally	Veronica Lowe
Dr Arthur Mallory	Dr Bernie McCarthy	Andrea McKinney
Morey Mechlin	Doug Pitt	Dr Norm Ridder
Jim Rives	Bob Roberts	John Rush
Cindy Rushefsky	Randy Russell	Dr Jim Sammon
Dr Karen Scott	Kimberly Shinn-Brown	Dr Mark Skrade
Becky Spain		

# Red Wagon Kids Community Plan for Springfield/Greene County

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# Red Wagon Kids Executive Summary

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

**Mission** - Become a “5 Promises Community” for our children so that every child experiences caring adults, safe places, a healthy start, an effective education and opportunities to help others as they grow up.

**Why is this important** – Research indicates the more children experience the “5 Promises,” the more likely they will grow up to be healthy, happy, and successful adults.

## **The Start**

Springfield/Greene County's selection for the past three years by the America's Promise Alliance as one of the “100 Best Communities for Youth” is a tribute to those individuals who work hard to help kids. However, the assessment of our community's strengths and weaknesses, completed as part of each annual application for this award, also acknowledges that significant challenges exist in ensuring that our children grow up to be healthy and successful adults. Far too many children suffer the lingering effects of poverty, as highlighted in each *Community Focus Report*.

## **The Process**

In 2008, over 160 people worked to create a community-driven plan, spearheaded by the Mayor's Commission for Children (MCC), to improve the lives of young children (birth to 8 years) in our community. Six volunteer groups representing the business, education, faith, health, policy, and service sectors collectively contributed 1600+ hours to identify initiatives that would help our youngest children. In late Spring 2008, each group proposed several initiatives to be implemented over the next three years. Over 630 community members provided feedback and critique of the proposed recommendations. This report presents the Red Wagon Kids Plan to the community.

## **The Plan**

MCC developed the final Red Wagon Kids Plan after reviewing committee recommendations, community feedback, feasibility of each recommendation, and the potential support within the community. This plan focuses on the youngest children and strives for considerable community involvement over the 3-year period. Examples of the recommendations are listed below. All recommendations as well as supporting details can be found later in the report.

**The Health Group** recognizes that there are many organizations working to provide health care services for children and acknowledges that in spite of the best intentions, many children do not receive adequate health care for a number of reasons. First steps in the process involved defining the attributes of a healthy child and finding ways to support children with a healthy start. Encouraging parents to make sure their children receive basic health (before the age of 3) and dental (before the age of 1) screenings are logical choices.

**The Education Group** proposes that we initiate a comprehensive feasibility study to explore expanding affordable and accessible high quality pre-school offerings to all children who would like to attend. The effort would be a public/private sector project utilizing current daycare providers as well as federal and state early childhood programs and public school programs.

**The Business Group** understands that as employers, it is in a great position to reach the parents of these young children. Developing family-friendly work place policies (such allowing parents to attend parent-teacher conferences) and creating a process for employers to refer employees to agencies that can help with certain issues benefits both parties.

**The Faith Group** reviewed a sampling of children's programs and services offered throughout the faith community and determined that building a database documenting these activities will allow for widespread sharing of information throughout the faith community. Replicating successful programs guided by experienced mentors will make implementation more efficient and less costly for others to start.

**The Policy Group** studied successful family-friendly cities throughout the nation. Those communities successful in promoting family-friendly policies developed and adopted a city and/or county platform in support of families and children. Additionally, development of a local legislative task force will ensure that our local policy wishes for children are represented at the State level.

**The Services (Agencies) Group** will use their collective marketing network (via emails, newsletters, presentations, trainings, etc) to send a coordinated unified educational message to their constituents. This powerful educational effort will reach thousands of people in the community on a monthly basis at additional minimal cost.

### **Next Steps**

The MCC is currently identifying community volunteers to implement the plan. Steering Committee members will guide the implementation process and champions from each sector will keep the recommendations moving forward. Progress and changes will be monitored and displayed for the community on the redwagonkids.net website.

### **Bottom Line**

We have talked the talk. Now it is time for our community to put on our shoes and walk the walk. Get involved today!

## **Description of Red Wagon Kids**

The Red Wagon Kids Plan is the outcome of a community-wide planning process focusing on the needs of children, from birth to 8 years old, in Springfield/Greene County. Modeled after the successful Vision 20-20 community planning process, the Red Wagon Kids (RWK) process has been underway since November 2007. RWK was initiated by the Mayor's Commission for Children. Six work groups focused on identifying specific recommendations and action steps to be undertaken over a three year time frame by certain sectors of the community: business, education, health, faith, policy (government) and services. These groups met throughout the winter and spring 2007-2008 to develop their recommendations. In late spring 2008, the recommendations were presented to the Mayor's Commission for Children, which reviewed them, solicited feedback from the community, developed priorities based on the work groups' recommendations and community feedback, and began the process of identifying appropriate individuals and organizations to address and implement the recommendations.

This report explains the background of the RWK process, briefly describes the effort of the work groups, and presents the recommendations each work group submitted. It concludes with a presentation of the priorities for implementation as recommended by the Mayor's Commission for Children.

## **Background**

The impetus for the Red Wagon Kids process began in fall 2005, when four organizations in our community (Burrell Behavioral Health, Community Partnership of the Ozarks, Mayor's Commission for Children, and Springfield Chamber of Commerce) jointly submitted an application to America's Promise Alliance to be considered for designation as one of America's 100 Best Communities for Young People.

America's Promise Alliance was started at the Presidents' Summit for America's Future in 1997. At that gathering in Philadelphia, Presidents Clinton, Bush, Carter and Ford (with Nancy Reagan representing President Reagan), challenged America to make children and youth a national priority. Retired General Colin L. Powell became the founding Chairman. Today, Alma Powell serves as Chair of the Alliance. In 2006, Springfield was chosen as one of America's 100 Best Communities for Young People (and has received that designation for three consecutive years). For more information about the Alliance activities, visit <http://www.americaspromise.org>

America's Promise Alliance is the nation's largest multi-sector collaborative dedicated to the well being of children and youth. Partners include corporations, nonprofit service organizations, foundations, policymakers, advocacy organizations, and faith groups that work collaboratively to ensure that children have the fundamental resources they need to succeed. These fundamental resources are captured in the Alliance's Five Promises; children who experience the five promises are more likely to grow up as healthy, successful adults.

### ***The Five Promises of America's Promise Alliance***

The five promises, described as follows, form the basis around which the Red Wagon Kids planning process and ultimate children's plan is organized.

**1. *Every child needs caring adults.*** Children need support and guidance from caring adults in their families, at schools and in their communities. These include ongoing, secure relationships with parents as well as formal/ informal relationships with teachers, mentors, coaches, youth volunteers and neighbors. Caring adults are the cornerstones of a child's development. Parents

come first. But children also need to experience support from caring adults in all areas of their lives.

**2. Every child needs safe places.** Children need to be physically and emotionally safe wherever they are — from the actual places of families, schools, neighborhoods and communities to the virtual places of media. They need a healthy balance between structured, supervised activities and unstructured time. It's important for children to be safe. But safe places alone are not enough. It is equally important that these places engage them actively and constructively

**3. Every child needs a healthy start.** All children need and deserve healthy bodies, healthy minds and healthful habits. These result from regular health check-ups and needed treatment including oral hygiene, good nutrition and exercise, healthy skills and knowledge, and good role models of physical and psychological health. Pregnancies are planned; women refrain from smoking, using drugs and consuming alcohol during pregnancy and receive quality pre-natal care.

**4. Every child has an effective education.** Children need intellectual development, motivation, and skills that equip them for successful work and lifelong learning. These result from having high quality learning environments, challenging expectations and consistent guidance and mentoring. For early childhood, this means being ready to start school, having quality pre-school experiences and effective elementary education. Parents are involved with their children's educational environment. The top predictor of success in life is whether you graduate from high school.

**5. Every child has opportunities to help others.** Children need the chance to make a difference in their families, at schools and in their communities. Knowing how to make a difference comes from having models of caring behavior, awareness of the needs of others, a sense of personal responsibility to contribute to the larger society, and opportunities for volunteering, leadership and service. Giving children opportunities to make a difference through service instills not only a sense of responsibility, but of possibility. Young people want to be involved in making the world a better place.

### ***The Red Wagon Kids Planning Process***

Red Wagon Kids Children's Plan came about as a result of the 2006 and 2007 Mayor's Summit on Children, both of which were sponsored by the Mayor's Commission for Children. The 2006 Summit explored the possibility of Springfield using America's Promise Alliance's five promises as a focal point for addressing the needs of children in our community. The 2007 Mayor's Summit on Children provided an in-depth look at the lives of local children who face the daily effects of poverty. These and other community events, including the publication of *Community Focus Reports* of 2004, 2005, and 2007 that highlighted the harmful effects of poverty on children in our area, prompted the Mayor's Commission for Children to develop a community-wide children's plan addressing the most crucial needs of children in our area. This plan was designed to focus initially on the youngest children (from birth to age 8) and to involve as much of the community as possible in its development and execution.

As the Mayor's Commission for Children (MCC) began to consider how it might best coordinate community efforts to address the needs of our youngest citizens, it searched for other communities and groups that had been successful with similar projects. At that time, MCC found no successful and genuinely community-driven plan focusing on young children. Although various organizations had developed plans addressing specific children's issues, lack of buy-in from key stakeholders and the community as a whole had prevented many of these plans from being

successfully implemented. Building on this important fact, MCC realized that community participation in developing a children's plan would be necessary for such a plan to gain extensive support. Moreover, our community already had an outstanding grass roots planning model to follow, in the form of the Vision 20-20 process.

The MCC thus set out to develop a community-driven children's plan that included widespread community involvement and was based on the five promises described earlier. To facilitate this, community leaders Brian Fogle and Sr. Lorraine Biebel were recruited to serve as co-chairs of the overall planning process. The kick-off event for RWK planning occurred on November 6, 2007 at Ozarks Technical Community College. This event was open to all members of the community. Speakers included the project co-chairs, Springfield Mayor Tom Carlson, Presiding Greene County Commissioner David Coonrod, and special guest Patrice Dills-Douglas, who shared with the audience insights gleaned from a similar initiative undertaken in Oklahoma City.

Work group co-chairs were introduced at the kick-off event and audience members were encouraged to participate on one of the six work groups.

Co-chairs were:

Sandy Howard and Mark McNay (Business),  
Dr. David Hockensmith and Dr. Byron Klaus (Faith),  
Dr. Jim Sammon and Dr. John Mihalevich (Health),  
Dr. Norm Ridder and Dr. Peggy Pearl (Education),  
Roseann Bentley and Cindy Rushefsky (Government/Policy), and  
Dr. Paul Thomlinson and Melissa Haddow (Services).

Work groups were charged with providing MCC written recommendations for addressing the most pressing children's issues by May 1, 2008.

The work groups met throughout the winter and spring, 2008. On June 3, at Evangel University, work group members, chairs, MCC members, and the general public were invited to hear the preliminary recommendations of the work groups. All work groups had completed or nearly completed their work at this point, with more than 160 people having participated in the process. Finished written reports were submitted in late June to the MCC, which reviewed and discussed the work group recommendations at a special meeting on July 29 at the Library Center and resulted in development of a suggested priority listing.

Before submitting this final plan, which prioritizes the recommendations for community action, MCC solicited citizen input regarding the work group recommendations. To do this, brief descriptions of the recommendations were listed on poster-sized sheets that were made available at Cider Days (September 20 and 21) and the Vim, Vigor and Vitality Event (September 27). People attending these events were given stickers to place by the recommendations they believed were most important. In addition, the recommendations were distributed to a focus group of 16 child care providers and the Early Childhood Education Collaborative who were also asked to provide their priorities. Although this community input does not represent a random sample of citizens and thus is not a systematic, scientific survey, this method of soliciting input provided members of the community opportunities to register their opinions and was useful to the MCC as it developed its final priorities. MCC estimates that over 630 individuals provided input in this way.

# Work Group Recommendations

Work groups, which generally met one/two times per month, were asked to identify recommendations that could be completed within a three-year time frame, with two or three initiatives or goals that could be accomplished each year in their respective sectors, although not all the groups followed this format. A description of the recommendations from each work group is provided in the following section.

Each work group kept detailed minutes summarizing its meetings and detailing progress. These minutes can be found at [www.redwagonkids.net](http://www.redwagonkids.net)

## Business Work Group Recommendations and Rationale

**Co-chairs:** *Sandy Howard and Mark McNay*

**Members:** *Rob Baird, Andrea McKinney, Virginia Fry, Conrad Griggs, Erica Frazier, Jim O'Neal, Becky Spain, Stephanie Shadwick, Stephanie Montgomery, Kimberly Shinn-Brown, Trevor Crist, Sally Hargis, Doug Pitt, Linda Turk, Dr Jennifer Baker, Bent Baldwin, John Kunze, Michael Repogle, Carol Duvall, Rita Needham, Nancy Riggs, Scott Crise, Leah Jenkins, Bob Fitzgerald, Andy Lear, Russ Marquart, Brian Hammons, Mark Conrad, Mark Turnage, Kristin Westerman, Kent Crumpley, Troy Kennedy, Karen Shannon, Sara Potter, Rebecca Schoen*

**Five meetings**

### Year 1

Businesses impact the lives of young children in many ways including giving financial support for programs and services and promoting a family-friendly work environment. Because every business is different, each will need to determine if, how and to what extent they will get involved. Identifying ways to help is somewhat limiting with the younger children versus those that are of school age.

**Recommendation 1)** Encourage businesses to give financial support for programs and services that help young children, (adopt-a-preschool or Head Start or teacher, early literacy books give aways, etc). As the planning process drew to a close, one feeling shared by those in attendance was that the discussions that had taken place were informative, eye-opening to local issues and should continue in some form.

**Recommendation 2)** Form a task force of key leaders from the business community as well as representatives from various entities representing early childhood to continue the dialogue started under Red Wagon. Work to identify specific actions the business community could undertake and support.

### Year 2

One of the best ways to reach parents of at-risk children is through their place of employment. Creation of employer-based resource centers could provide needed information to parents.

**Recommendation 3)** Establish employer-based family development resource centers housed on-site within businesses, possibly managed by the person or department responsible for HR. HR has the advantage of knowing the employee and can follow up with responses.

### **Year 3**

School administrators speak often about the power of one-to-one mentoring, and research shows the positive impact on the child when he/she is paired with another caring adult who takes a sincere interest in them. Each company will need to determine how to get involved based on the level of funds and time-off considerations.

**Recommendation 4)** Recommend that employers commit to youth mentoring and allow employees to get involved. Opportunities exist with Partners in Education, Big Brothers/Big Sisters, Boys and Girls Club, one-on-one mentoring with the schools, help with Junior Achievement program, adopt a preschool or Head Start.

## **Education Work Group Recommendations and Rationale**

**Co-chairs:** *Dr. Norm Ridder and Dr. Peggy Pearl*

**Members:** *Lolita Albers, Diane Bauer, Sara Camp, Sandy D'Angelo, Nancy Dahms-Stinson, Diane Davis, Dave Dixon, Jo Fritts, Donnis Grundy, Ron Hampton, Gail Melgren, Kim Meyer, Peggy Mitchell, Nate Quinn, Missy Riley, Randy Russell, Carol Scott, Kimberly Shinn-Brown, Sandra CH Smith, Lloyd Young, Brad Toft, Dolores Eckerstein, Sherry Hailey, Jeff Paul, Patricia Deck, John Reece, Laurie Duncan*

**Four meetings plus committee work.**

### **Year 1**

Research indicates that young children can benefit by attending high quality pre-school. A number of local organizations believe pre-school offerings should be available and affordable to any who wish to attend. A SWOT analysis performed by the Good Community helped with the development of a process outline for the study. Feedback indicates overwhelming community support for making high quality pre-school available to all children. Many groups have expressed interest in being included in the feasibility process.

**Recommendation 1)** Complete a comprehensive study on the feasibility of expanding high quality pre-k offerings to all who wish to attend, including the affordability and accessibility of doing so.

## **Faith Work Group Recommendations and Rationale**

**Co-chairs:** *Dr. David Hockensmith and Dr. Byron Klaus*

**Members:** *Emily Bowen, Jim Bradford, Jeff Dorn, Don Emge, Vance Free, Erica Harris, Lisa Highley, Jeff Hittenberger, Mary Ann Jennings, Donna Jones, George Lattimer, Kathy Lorts, Justin Kochs, Gail Melgren, Peggy Mitchell, Johan Mostert, Juli Nelson, Melody Palm, Angela Reid, Christine Ryder, Kathy Sheppard, Mary Stone, Norma Tolbert, Janet Dankert, Cyndi Love*

**Five meetings plus committee work**

### **Year 1**

Faith organizations play an important role in the community. They serve not only in a spiritual context, but can mobilize huge numbers of volunteers and resources to help with special projects or those in need, or even act as mentors to other faith groups. Awareness of the

programs/services offered to children and parents is low. Several pastors were invited to describe their activities (both small and large) for children with the planning group. The group then tried to identify all known programs and that conversation is what sparked most the recommendations.

**Recommendation 1)** Ask faith organizations to share short examples of successful programs or services they do for young children and/or their families. Collect these stories and post on a central site for others to view.

Determine the extent of the faith community's involvement in the 5 Promises. Activities of the faith community are often done in isolation from others. It is beneficial for others to become aware of the relevant programs that are already funded and supported by the faith community. By building a database of programs/services, other faith groups could be encouraged to look and see what is going on, who is doing it, and the resources required to replicate it. Churches could mentor other churches so the learning curve is lessened.

**Recommendation 2)** Initiate a research project to collect data about what faith groups are doing for young children in Springfield/Greene County. Information collected is in greater detail than that in Recommendation 1.

**Recommendation 3)** Develop a method to disseminate the above data to the faith community. (via newsletters, websites, etc)

## **Year 2**

Faith organizations have the opportunity to educate and raise awareness about local children's issues and resources with their constituents on a regular basis. Talking points are simply seen as a way to put teachable moments on children's issues before the congregation.

**Recommendation 4)** Develop faith-based talking points for pastors highlighting children's issues or reinforcing the 5 Promises which can assist them in their development of written and oral communication to their congregations.

It was felt that the gathering of programs and database development should be complete before a resource fair is held since they could provide the foundation.

**Recommendation 5)** Hold a faith-based resource fair that highlights current services/programs as discovered in Recommendations 1-2. This event provides a sharing opportunity for churches to mentor other churches in providing successful programs to children and families.

## **Health Work Group Recommendations and Rationale**

**Co-chairs:** *Dr. Jim Sammon and Dr. John Mihalevich*

**Members:** *Dr. Jim Blaine, Kristina Brown, Andrea Croley, Gabe Curtis, Donna Devries, Kevin Gipson, Nancy Hoeman, Kecia Leary, Michele Marsh, Jon Mooney, Dr. Chan Ngo, Teri Reed, Nadine Ridder, Eddie Spain, Susan Uffmann, Paulette Wasmer, Vicki McMillen*

**Eight meetings**

The Health Group reviewed local statistics, conditions and built a definition of a “healthy child.” In-the-trenches snapshots were provided by doctors and dentists from JVCHC and various service providers.

### **Year 1**

Statistics indicate 52% of babies born in Springfield/Greene County in 2006 were to mothers on Medicaid. 19% of women smoked during pregnancy, which can lead to future medical conditions for the baby. 89.5% of mothers did receive adequate pre-natal care. Specific populations show higher rates of risk factors. For example, among women with less than a high school education, 91.3% of births were to mothers who received Medicaid, 47.6% reported smoking during pregnancy, and 11.9% received inadequate prenatal care. The first trimester of pre-natal care is most important to the future health of both mother and baby. There is a potential for problems with premature and/or low birth weight babies, and health problems or complications that could be attributed to inadequate prenatal care, or to the use of tobacco, alcohol or other drugs.

**Recommendation 1)** Set a community expectation of healthy behavior for them and their child. Start educational campaign focused on those who are pregnant or are thinking about becoming pregnant to *“avoid smoking, alcohol and drugs. Take your folic acid” and see your doctor NOW!*

Local statistics indicate the rate of immunizations for young children is decreasing. This is an alarming trend and one that puts all children at risk for contracting childhood diseases that have been eradicated in the past 50 years. A great deal of misinformation exists about the safety of immunizations. Parents need to understand the importance of immunizations and what can happen if the gains of the past are lost.

**Recommendation 2)** Execute educational campaign highlighting the importance of immunizations.

### **Year 2**

Basic health screenings provide broad brush preventive services. The earlier conditions are identified, the quicker help can be found and hopefully mitigate the conditions. Many of these services are free of charge, yet remain under-utilized.

**Recommendation 3)** Promote a community expectation to providers and parents that young children should receive basic health screenings (vision, hearing, speech, developmental, nutritional, social and emotional development) by age 3 and a dental screening by age 1.

The idea of a health home for every child is certainly not a new concept, but including case management for the family is somewhat new. The medical home description from the American Academy of Pediatrics is the reference document from which the health home idea was crafted. Development of a health-home model for children would provide better-coordinated care, contain or reduce costs and allow integrated care for the whole child.

**Recommendation 4)** Support the local process currently underway that addresses development of the health-home model for children under age of 18 including incorporation of a case management system.

Springfield/Greene Co continues to report high rates of child abuse/neglect and domestic violence. Many local organizations work hard to eliminate the problem as well as serve the needs

of victims. Recommendations that addressed abuse and neglect or the safety of children scored high as priorities during community feedback sessions.

**Recommendation 5)** Write a letter of support to the Child Advocacy Center, Family Violence Center, Victim Center, Isabel's House and others from the Red Wagon Health Group in acknowledgement of their critical and valued efforts in stemming the domestic violence and child abuse/neglect incidents in Greene County.

### **Year 3**

Development of an integrated electronic medical record system would allow for access to needed medical information for patient care by all providers and streamline the treatment process. It would assist those individuals impacted by high mobility. This process complements the health home recommendation.

**Recommendation 6)** Support development of a secure digital system to house all patient medical information.

## **Policy (Government) Work Group Recommendations and Rationale**

**Co-chairs:** *Roseann Bentley and Cindy Rushevsky*

**Members:** *Dot Atkinson, Barbara Brown, Pam Bryant, Velynda Cameron, Dana Carroll, Amy Chenoweth, Nancy Cooper, Nora Cox, Mary Lou Datema, Becky Dodds, Kathleen Featherstone, Gretchen Gambon, Betsy Collins, Ralph Graham, Nicole Piper, Cindy Platz, Terri Reid, Gloria Galanes*

**Five meetings plus committee work**

### **Year 1**

To establish real and lasting change, public policy must be addressed. Greene County's overall ranking of 56 out of 114 counties in the Mo Kids Count 2007 report indicates that our children are doing less well than children in nearly half the counties in the state. A SWOT analysis of what is going right, and not-so-right for our children, provided part of the baseline for recommendations. Four sub-groups were formed as a result of the SWOT; 1) courts/criminal justice/foster care/child abuse, 2) strengthening families/keep kids safe, 3) health/mental health 4) education/pre-school/childcare rating/subsidies. Each group developed specific recommendations.

**Recommendation 1)** Advocate for increased funding for Parents as Teachers program at the state level. Continue to build awareness locally of the availability of this free program.

**Recommendation 2)** From a policy standpoint, support the Red Wagon Kids Education Committee's proposed study for possible expansion of pre-k opportunities locally for all children who want to participate.

Missouri has one of the lowest childcare subsidy rates in the nation. Low-income parents are forced to make childcare choices based on cost versus quality. This issue is being addressed at the state-level, but progress is slow and needs a grassroots push.

**Recommendation 3)** Support current efforts to raise eligibility rates up to 185% of Federal Poverty Level and reimbursement rates up to current market rates for child care

subsidies. Support a biometrics system to reduce misuse. Establish a waiting list if funding is less than needs.

**Recommendation 4)** Adopt a city/county platform affirming the importance of strong families and the cities' and county's role in supporting them.

### **Year 2**

**Recommendation 5)** Establish a local legislative task comprised of city, county, local legislators, judiciary representatives, public school board members, child advocates and not-for-profit groups. Meet twice a year to assess and review the climate for children in our county.

The Community Focus Report 2007 has repeatedly identified the high rate of child abuse and neglect as a dangerous red flag for our children. Although the rate has been declining in the past 5 years, it remains at one of the highest levels statewide. This statistic contributes to Missouri being listed in the top 5 states for having the highest rates of child abuse fatalities in the country.

**Recommendation 6)** Adopt a comprehensive community plan to end child abuse and neglect.

### **Year 3**

Research ties quality of care young children receive to success in school and life. Many childcare providers give high quality care to their children, however some do not. Establishing a standardized rating system sets benchmarks for providers to hit to ensure that the service they provide is most beneficial to children. This rating could be tied back to reimbursement rates, increases in funding/personnel development for early childhood workers.

**Recommendation 7)** Support the Quality Rating System (QRS) proposal for qualifying childcare providers currently being proposed at the state level. The proposal includes provisions for delivering high quality care, training for childcare professionals, family education opportunities as well as business education for the providers.

St Charles County continues to rank as one of the best counties in Missouri for kids according to MOKIDSCOUNT data. One reason cited for this success is their passage of a local children's tax that directs dollars specifically to children's issues.

**Recommendation 8)** Propose a children's tax be put on the ballot. If passed it would help fund programs and services for children in Greene County. Use the Community Children's Services Fund model, which is set up by state statute.

## **Services Work Group Recommendations and Rationale**

**Co-chairs:** *Melissa Haddow and Dr. Paul Thomlinson*

**Members:** *Pam Bryant, Annie Busch, Deborah Calhoun, Shannon Cavender, Josh Comp, Ashley Dewitt, Teresa Dickey, Kim Gillman, Sr. Sheryl Hernandez, Melissa Riley, Vonda Wallace, Cherie Horst, Yolanda Lorge, Bill Mawhiney, Wes Pratt, Julie Randolph, Jim Rives, Jim Schmidt, Karen Scott, Stephanie Svoboda, Maura Taylor, Cheri Wasmer, Terry Egan*

**Four meetings**

### **Year 1**

Collectively service agencies come in contact with a great number of families and children. They have the capability to unite in delivering the same message through many channels to a large amount of the at-risk population and those who work with them. This could provide a very powerful marketing tool.

**Recommendation 1)** Create an on-going communication and “social marketing” network comprised of all service agencies and regularly distribute targeted agreed upon messages (inspirational, educational, resource advisories, etc) to parents and other caring adults.

One of the best ways to prepare children for school is to engage them in early literacy efforts, including reading daily to/with them from birth through kindergarten. Agencies have several entry points with families to introduce and model this activity.

**Recommendation 2)** Build a collaborative effort between all agencies to highlight the importance of early literacy activities and build a love of reading and learning through children’s book distributions.

### **Year 2**

**Recommendation 3)** School readiness initiative – communicate proven messages (10 Things that You Can Do to Prepare Your Child for School), focusing on the importance of sustained attendance beyond kindergarten. Incorporate agreed upon readiness skills (social and emotional skill builders, anti bullying, etc) into existing activities.

**Recommendation 4)** Increase the awareness among agencies of the importance proper social and emotional development plays in success in school and later life and how to help parents use teachable moments to build these skills in their children. Use the Deveraux Early Childhood Assessment (DECA) and strategies where possible.

### **Year 3**

**Recommendation 5)** Focus all agencies on efforts to address childhood obesity and other significant childhood health issues. Encourage more outdoor activities and healthy diet education.

**Recommendation 6)** Grow and develop more safe places (safe havens for little ones in trouble or danger). Determine if/how agencies can work with the best practice “Safe Places” model.

**Recommendation 7)** Develop collaborative between businesses and agencies to provide opportunities for parents to model helping others with their children, as well as opportunities for children to help other children.

## **Priorities Established by the Mayor's Commission for Children**

The goal of the Red Wagon Kids Initiative was to develop a children's plan for Springfield/Greene County by incorporating community input and focusing primarily on the needs of children from birth to age 8. This section presents a priority ranking suggested by the Mayor's Commission for the proposed work group recommendations, including how those priorities were set and the structure designed to keep the process moving forward.

### **The Process**

In determining the priorities for the recommendations submitted by the work groups, the Mayor's Commission considered the following factors:

- The recommendations presented by the work groups and the priorities provided by the work groups;
- Whether a recommendation already has a champion (a group or individual) who is already proceeding with implementation;
- The input from members of the community, who sometimes supported different priorities from the work groups;
- The feasibility of a particular recommendation and the extent to which it could reasonably be implemented in the foreseeable future (1-3 years out); and
- The extent to which a recommendation was supported by information in the *Community Focus Report*, either by addressing a red flag issue or further enhancing a blue ribbon issue.

### **The Structure**

The Mayor's Commission for Children does not provide direct services to children; rather, it is charged with making the community aware of children's issues and mobilizing the community to improve the lives of children in Springfield/Greene County. Thus, its role with respect to the Red Wagon Kids recommendations is two-fold: 1) to provide support to individuals, groups and organizations that are already implementing the RWK recommendations and 2) to identify champions who will undertake the recommendations not currently being implemented and provide guidance and support to those individuals, groups and organizations. The following structure is designed to keep the RWK moving forward.

### **Role of the Steering Committee**

Steering Committees (SC) have been identified for each of the six areas represented by the work groups (business, education, faith, health, policy, and services). The SC's charge is to help ensure that the recommendations for its sector are implemented. SC's have the freedom to add members and to recruit organizations and groups to help implement the recommendations. It is responsible for making regular progress reports to the Mayor's Commission.

### **Role of the Mayor's Commission Liaison**

Each Steering Committee includes at least one member of the Mayor's Commission to serve as a liaison between the Committee and the MCC. That member is responsible for information flow between the Committee and the MCC and for letting the MCC know in what specific ways the MCC can support the work of the SC.

### Role of the Champions

Champions may be individuals, groups, or organizations that actually implement the Red Wagon Kids recommendations. They may be existing groups and organizations, or they may form as *ad hoc* groups specifically to work on particular recommendations. Several champions emerged throughout the RWK planning process who volunteered to take on one or more recommendations. Champions are those who have the expertise and commitment to make the recommendations happen. Members can be added/deleted as needed to complete the required actions. Time frames given are only suggestions and may be altered as each group chooses. With that background, the Mayor's Commission provides the suggested list of priorities for implementing the Red Wagon Kids' recommendations.

Note: MCC Liaisons are part of the steering committees.

Committees are in the process of forming to address implementation of first recommendation.

#### Business Group

MCC Liaison	Steering Committee
Sandy Howard Veronica Lowe Becky Spain	Stephanie Montgomery, Mark McNay, Marc Turnage, Nancy Ragan

Time	Recommendation	Champions	Group members
Yr -1 Winter 09	Form a task force to continue dialogue and look for specific ways business can help children		Business work group
Yr -1 Spring 09	Set up system to train employers how to refer employees to agencies that can help		
Yr -1 Fall 09	Continue exploring ways that help businesses get employees involved in mentoring programs		
Yr -2 Winter 10	Identify programs/services that businesses can adopt or give financial aid to		

#### Education Group

MCC Liaison	Steering Committee
Dr Norm Ridder Kimberly Shinn-Brown	RWK Education Committee

Time	Recommendation	Champions	Group members
Yr – 1 In process	Complete a comprehensive feasibility study on expanding affordable accessible high quality pre-school offerings	Dr Missy Riley, Kimberly Shinn-Brown	Being formed

### Faith Group

MCC Liaison	Steering Committee
Bob Roberts, Conrad Griggs	Dr Hockensmith, Dr Klaus

Time	Recommendation	Champions	Group members
Yr 1 In process	Collect data about what faith groups are doing for children in Spfd/Gr Co Combines examples previously shared by churches via website	Dr Johan Mostert	AGTS graduate students
Yr 1 Jan-Mar 09	Design system to disseminate data gathered above with faith community.		
Yr 1 June 09	Develop list of faith-based talking points	Rev Emily Bowen Rev Juli Nelson	
Yr 1-2 Late 09-10	Hold a faith-based resource fair for faith groups to share information with other faith entities	Dr Jeff Dorn Kathy Sheppard	

### Health Group

MCC Liaison	Steering Committee
Dr Jim Sammon Dr Mark Skrade	Dr John Burson, Nadine Ridder, Andrea Croley,

Time	Recommendation	Champions	Group members
Yr 1 Winter 09	Children receive basic health (before age 3) and dental (before age 1) screenings		RWK Health committee
Yr 1 Summer 09	Set community expectation for healthy mothers-healthy babies campaign		
Yr 2 Apr-May 10	Execute an educational campaign about the importance of immunizations		
Yr 3 In Process (limited)	Encourage/support local process underway that creates health home model for children under 18, including case management.		
Yr 3 In process (limited)	Develop integrated electronic system to house medical records in one place		

### Policy Group

MCC Liaison	Steering Committee
Roseann Bentley, Cindy Rushefsky	Perry Epperly, Bob Dixon, Sara Lampe,

Time	Recommendation	Champions	Group members
Yr 1 Win/Sprg 09	Adopt a city-county platform that supports children and families	Roseann Bentley, Cindy Rushefsky, Gretchen Gambon, Dot Atkinson	RWK policy committee, being formed
Yr 1 Win/Sprg 09	Build awareness of this free program to families. Advocate for increased funding for PAT at state level.		

Win/Sprg 09	From policy standpoint, support RWK Education committee and proposed study for expanding preschool opportunities.		
Yr 1 Summer 09	Form task force of elected leaders and key advocates to review/make policy recommendations on children's issues		
Yr 1 Aug 09	Adopt community plan to decrease child abuse/neglect -add to city/county platform		
Yr 1 (limited) in process	Support current efforts to implement quality rating system for childcare providers		
Yr 1 (limited) in process	Support current efforts to increase child care subsidies for day care & preschool		
Yr 2-3	Study, and if feasible, propose children's tax for ballot issue		

### Services Group

MCC Liaison	Steering Committee
Kimberly Shinn-Brown, Jennifer Kennally	Brad Toft, Missy Riley, Pat Gartland

Time	Recommendation	Champions	Group members
Yr 1 Winter 09	Increase awareness among agencies of need for proper social/emotional development for success in school/life. Integrate into everyday activities. Help parents recognize teachable moments.	Mary Stone, Don & Amy Green, Elaine Woodson,	
Yr 1 Summer 09	Build collaboration between agencies to highlight importance of early literacy and build a love of reading and learning thru book distributions.		
Yr 1 Apr-Aug 09	Distribute list of 10 things every child should know before entering kindergarten		
Yr 1 Sprg 09	Build social marketing network with all agencies promoting a unified message each month.		
Yr 3 (limited) In Process	Increase the number of affordable/accessible safe places for young children. (needs further study)		
Yr 3 (limited) In process	Agencies work together to tackle common health problems in children, such as obesity (support activity currently underway)		
Yr 3 (limited)	Identify opportunities where children and parents can help others (needs further study)		

## **Appendix A**

### **Business Work Group Final Report (as submitted)**

#### **Overview**

The business sub-committee of the Red Wagon Kids initiative consisted of 30 members from the business community representing manufacturing, law firms, small business, investment firms, banking, accounting firms, developers, as well as a handful of individuals representing various organizations in the community. The subcommittee began meeting in December, and that has resulted in thoughtful discussions about the challenges facing our community's youngest children, particularly birth to 8. We held educational sessions and brought in outside speakers, provided information on what was happening nationally, and asked for feedback to priorities and rank the various ideas that evolved through several group discussions.

The sub-committee acknowledges that significant research data shows a public-private benefit of investing in early childhood with a direct impact on economic development and workforce development in the long term. As such, the sub-committee agreed that business must be a part of the solution and that many employers will have a willingness and interest to get involved, and in many cases the resources to do so, either through human capital (volunteer time) or financial investment or both.

There already exist many opportunities for business to get involved with school-age children, notably the Partners in Education program and mentoring programs with various non-profit entities. However, the opportunity to make a difference in those early, formative years of birth to age 5 proves more difficult. The sub-committee has identified the following possible access points:

#### ***Possible access points to reach parents and children birth to 5:***

- Business workplace (through parents of children and by mentoring or working with children)
- Community events such as CoxHealth Baby Affair event (what if additional info was provided on parenting skills, financial future, relationship skills, etc.)
- Parents as Teachers program (less than 40% of families use this)
- Childcare providers
- Early Headstart Program/OACAC
- Hospitals
- Pregnancy Care Center – works with all socioeconomic status for expectant parents

It is clear that the most effective means for the business community to impact the challenges in the birth-5 age group is through the employer's workforce by assisting families in their employ.

#### ***Start with what works***

The business sub-committee agreed it is important to utilize existing programs to the fullest extent possible and expand on them. In many cases, there are great programs already in place that are under-utilized. By engaging the business community to increase awareness of and encourage participation in these programs, the impact could be significant. While the list is lengthy, several specific examples include:

- Character Ed program managed by the YMCA (with Chamber support)
- Operation Us workshops available through a federal "Healthy Marriage" grant
- Partners-in-Education program which links businesses with elementary schools and is a joint effort between Springfield Public Schools and Springfield Area Chamber of Commerce

- Programs provided through the “Strengthening Families” federal grant managed by OACAC
- “Hunger Hurts Kids” backpack program
- “Care to Learn” fund for hunger, health, and hygiene needs

***Important Points to Consider When Developing Solutions***

There are two sets of criteria to consider that will increase chances for any potential program’s success. First, what must we consider as it relates to the business community? Secondly, how can we most successfully reach the intended audience?

***Critical to success of anything implemented in the business community:***

- Must identify business role
- Must be sustainable
- Is it achievable?
- Can it be measured?
- Must gain buy-in of business community
- Must be able to articulate cost of business and cost savings to business (through retention, productivity, job satisfaction, etc....)
- Must be process driven (not problem/solution driven)
- Must be easy to implement
- Is it appropriate for business to engage in this way?
- What is business community willing and able to do?
- How do we deliver “program” in a comprehensive way?
- Must identify contact points for birth to 5
- Utilize core assets to bring solutions (bankers teach financial literacy, architects teach class about shapes and blocks, etc.)

*What must we do to reach target audience? What should we know about target audience for any program to be successful?*

- Business community must identify ways to help families, must get to know families (employees) personally to determine their individual needs
- Must earn parental trust for any program to be successful
- Father’s role from child’s birth to 18 months is critical
- Baltimore model – “3-legged stool” – stable job, fatherhood role, strong marriage
- Must be communicated carefully to target audience to send appropriate message and not unintentionally offend
- Suggested programs must be sustainable
- Business must understand specific needs of partner school rather than use a template, understanding that each school is unique.
- “Bridges to Poverty” foundation will increase chances of success
- Client word of mouth will be best referral source and is most crucial access point for getting families engaged
- Timing... must make program available at the time the client is most in need of it, not when convenient for us
- Need to address both parents and children/students
- Lack of availability of quality childcare is inherent problem, in part due to lack of a statewide quality rating system
- Lack of adequate childcare subsidy in state of Missouri affects ability for parent to work
- Must meet long term need – educating parents is a critical component
- Must also address immediate needs (hunger, healthcare, sanitary/hygiene items)
- Parent involvement critical

- Systems issues are extremely important– basic needs healthcare/childcare subsidy, etc...
- Need to provide/identify opportunities to follow child throughout their youth and partner with the family

Here is a partial listing of the websites we utilized and the organizations we contacted during the research phase:

- Community Focus: A Report on Greene County
- Center for Law and Social Policy: [www.childareandearlyed.clasp.org/](http://www.childareandearlyed.clasp.org/)
- National Center for Children in Poverty: [www.nccp.org/](http://www.nccp.org/)
- United Way (Success by 6 Initiative): [www.unitedway.org/sb6](http://www.unitedway.org/sb6)
- Committee for Economic Developed (CED): [www.ced.org/projects/kids/php](http://www.ced.org/projects/kids/php)
- Joint Center for Poverty Research: [www.jcpr.org](http://www.jcpr.org)

## **Business Recommendation 1**

### **1. List recommendation**

We recommend that businesses financially support initiatives that are specifically targeted at birth to eight.

### **2. What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

There are many initiatives already underway in our community that target the birth-8 age child, yet are in constant need of additional funding.

- Care to Learn fund which provides essential services such as hunger, health, and hygiene
- Backpack program which sends children home with a backpack of food on Friday afternoons

There are also other ways to provide support:

- Provide financial support to an adopted school or preschool with a clear understanding of the needs of that individual school
- Adopt a teacher for training, supplies, or fieldtrips
- Utilize the extern program to bring teachers into the business environment
- Encourage charitable contributions of employees by making a corporate match

### **3. Why is this important?**

As our community continues to see more and more families qualifying for the free and reduced lunch rates and an increase in the poverty level, our schools and preschools and other social service organizations that serve these families will all be counted on to do even more.

Support from the business community will have a meaningful difference in the child's ability to show up to school ready to learn. Ultimately, the better prepared for school they are today, the better prepared they will be for the workforce in the future.

### **4. What, if any, evidence or best practice supports this recommendation?**

Certainly there are many barometers that measure the increase in poverty in families in our region. We were able to derive most of our data from reviewing the most recent Community Focus Report Card, which outlines the free and reduced lunch rates, and the growth within the Springfield R-XII District as compared with the state.

5. **Is this a year 1, 2, or 3 project?**  
Year 1 project, and then ongoing.
6. **Identified resources that can help and how? Who is in the best position to champion the effort?**  
The Springfield Area Chamber of Commerce is in the best position to communicate to its membership. Additionally, businesses should consider their core assets when considering financial support for these initiatives.
7. **Which Promise/s does this address?**  
This will deliver on the promise of every child deserves to have caring adults.
8. **Are there known person/s interested in staying involved with moving recommendation forward?**  
Several members of the committee expressed interest, but we would suggest sending a request out to the entire committee to assess interest as well.

## **Business Recommendation 2**

1. **List recommendation**  
We recommend that employers commit to youth mentoring. The task force identified numerous opportunities to implement a youth mentoring program within a business, including the following:
  - Participate in Partners-in-Education program
  - Encourage involvement in one-on-one mentoring through SPS, Big Brothers/Big Sisters, and Boys and Girls Club
  - Adopt a preschool through programs such as SPS Wonder Years or OACAC Head Start programs.
  - Commit to teach budgeting and financial basics to young children in K-3 in partnership with existing Junior Achievement program
2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*  
School administrators speak often about the power of one-on-one mentoring, and research shows the impact on the child when he/she is paired with another caring adult who takes a sincere interest in them.  
  
One critical aspect for success in this area is the need for the organization who will be the recipient of the volunteer mentors to be adequately prepared for the volunteers. Ensuring there is full support from all levels within the organization is paramount for a beneficial volunteer experience that will encourage continued involvement.
3. **Why is this important?**  
Businesses becoming actively engaged with children in grades kindergarten through third will increase the chances that students will be reading at grade level by 3<sup>rd</sup> grade, a critical benchmark. Additionally, mentors will be filling the gaps by children who come from disadvantaged homes where there is little parental support or involvement or whose parents are unable to assist with homework.
4. **What, if any, evidence or best practice supports this recommendation?**

One specific example is the mentoring that takes place from community volunteers at Campbell Elementary. By all measures, Campbell Elementary has significant challenges and yet continually outperforms other elementary schools in various categories. Despite the high percentage of children on free and reduced lunch and high mobility, children at Campbell are exceeding in school. This is due to the strong administrative staff and the partnerships with the business and faith communities.

**5. Is this a year 1, 2, or 3 project?**

Year 1 project, and then ongoing.

**6. Identified resources that can help and how? Who is in the best position to champion the effort?**

The Springfield Public Schools, Boys and Girls Club, Big Brothers/Big Sisters, OACAC Head Start and various business organizations. Additionally, businesses should consider their core assets when establishing corporate/school partnerships. A financial institution might consider forming a team to teach the financial literacy classes to all K-3 children in their partner school. An architectural firm could work with young children in a preschool environment teaching them about 3-dimensional shapes, spatial properties, etc.

**7. Which Promise/s does this address?**

This will deliver on the promises of every child deserves to have caring adults and an effective education.

**8. Are there known person/s interested in staying involved with moving recommendation forward?**

Several members of the committee expressed interest, but we would suggest sending a request out to the entire committee to assess interest as well.

### **Business Recommendation 3**

**1. List recommendation**

Establish employer-based family development resource centers. These centers would be housed on site within businesses, managed by the person or department responsible for HR within the business. Additionally, small employers could have access to “virtual resource centers” through other community organizations in order to provide the same information to their employee base. These virtual resource centers could be in collaboration with organizations such as the Springfield Area Chamber of Commerce, Southwest Area Manufacturers’ Association, Community Partnership, or others.

**2. What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

One of the most critical components of the early childhood challenges we face are the parents of at-risk children. The sub-committee had much discussion on this topic, and recognized that one of the best ways to reach those parents is through their place of employment. These resource centers would provide information to parents in a number of areas.

**3. Why is this important?**

Providing parents with life skills training and the tools to be better parents will ultimately mean we are working to break the cycle. Several of the ideas discussed included:

- Provide personal financial literacy training

- Host relationship or communication classes during a lunch'n'learn setting to improve family communications
- Establish a corporate wellness program
- Educate employees about community resources that exist
- Ensure new parents are aware of the Parents as Teacher program and encourage their involvement
- Partner with a local clothing bank to allow employees access to professional clothing at modest prices
- Encourage GED completion and make available the time to complete classes (use Penmac's career center)
- Establish family-friendly policies

**4. What, if any, evidence or best practice supports this recommendation?**

Working with employees by providing communications classes will work to improve the family dynamic. There is significant evidence that shows that families where the spouses have an effective relationship will perform better in school, and be less apt to be involved in substance abuse or crime.

Additionally, providing the chance for employees to learn about financial literacy will create the opportunity for the family to manage their finances in a way that could improve their economic health and overall well-being.

Establishing policies that will allow a parent to attend a parent-teacher conference or a PTA meeting will increase parental involvement in the child's school, and research shows a direct correlation to the children's performance based on parental involvement.

**5. Is this a year 1, 2, or 3 project?**

Year 1 project, and then ongoing.

**6. Identified resources that can help and how? Who is in the best position to champion the effort?**

The business community will have to be educated on how to implement this model, and perhaps more importantly, why they should. Three groups that could be utilized by appealing to their membership are the Springfield Area Chamber of Commerce, the Southwest Area Manufacturer's Association, and Springfield Area Human Resources Association.

**7. Which Promise/s does this address?**

This has the potential to address all five promises.

**8. Are there known person/s interested in staying involved with moving recommendation forward?**

Several members of the committee expressed interest, but we would suggest sending a request out to the entire committee to assess interest as well.

### **Business Recommendation 4**

**1. List recommendation**

Form a task force that would be ongoing, for at least several months. This task force would comprise key leaders from the business community as well as representatives from

various entities representing early childhood. This would be a continuation of the work already begun, but would be a smaller working group with a very defined focus.

**2. What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

During the committee discussions, it became clear to members that we really had just scratched the surface on how to address the problems that exist. There was a great deal of knowledge shared between the early childhood constituencies and the business community. While much good came from the discussions, the committee felt it was important to continue the dialogue.

**3. Why is this important?**

While the initial discussions and this committee's recommendations provided insight on ways the business community can engage in the area of early childhood, there was a lack of practical guidance about how to do so. Continued discussions about specific ways to plug in will be important in establishing a template to share with the business community. Additionally, the reality that some in the business community are unaware of the challenges that exist in early childhood and how that impacts the health of our community is perhaps the single most critical issue we will have to face. An ongoing task force could also identify ways to continue to educate the employer community on the needs that exist.

**4. What, if any, evidence or best practice supports this recommendation?**

Two specific examples of the "end result" we might strive for would be the sustainability effort in Springfield, as well as the Character Ed program. In both cases, the success of the programs has been due in part to specific recommendations on how to implement in a business setting, with various options so as to appeal to businesses of all sizes and sectors.

**5. Is this a year 1, 2, or 3 project?**

Year 1 project, and then ongoing for implementation.

**6. Identified resources that can help and how? Who is in the best position to champion the effort?**

The best resources are select members from the business sub-committee who expressed an interest in continuing on. One possibility would be a partnership between the Mayor's Commission for Children and the Springfield Area Chamber of Commerce.

**7. Which Promise/s does this address?**

This has the potential to address all five promises.

**8. Are there known person/s interested in staying involved with moving recommendation forward?**

Several members of the committee expressed interest, but we would suggest sending a request out to the entire committee to assess interest as well.

## Appendix B

### Education Work Group Final Report (as submitted)

#### Overview

Please provide a brief overview of the steps/activities the group used to arrive at the suggested recommendations. (*guest speakers, lit reviews, web searches, etc*)

- Internal expertise from committee members
- Lit Reviews
- Web searches
- Round table discussions
- Brainstorming sessions
- Discussions with other community groups (i.e. Good Community group)
- Survey of existing services and resources

RWK Education subcommittee also discussed the following issues:

- “three-K” (preschool for 3 year olds)
- infant/toddler care and quality
- the benefit of greater collaboration between and among programs serving young children;
- Quality rating system (QRS)

Were there recommendations discussed that should be handed off to another planning group? If so, designate the group and briefly describe the topic.

- Additional stakeholders need to be invited into the discussion to ensure broad-based support for equitable preschool access
- A more thorough county-wide assessment of current opportunities and the characteristics of programs serving children birth to age 8 would be beneficial to future planning efforts.

Any additional comments:

- See attached process and timeline draft for additional recommendations from the subcommittee.
- See attached SWOT analysis from Good Community Committee.

#### Education Recommendation

##### 1. List the recommendation

Equitable access to Pre-K for children in Springfield and Greene County.

- ##### 2. What issue/problem does this address? (include any stats, known local conditions, size of problem)
- Many children come to Kindergarten without having a preschool experience. A quality preschool experience often helps children make a smooth transition into the group setting, which positively impacts children’s success.

##### 3. Why is this important?

##### 4. What, if any, evidence or best practice supports this recommendation?

- A. Perry Preschool <http://www.highscope.org>
- B. Abecedarian Study
- C. Federal Reserve Bank of Minneapolis

- <http://www.minneapolisfed.org/pubs/fedgaz/0303/earlychild.cfm>  
D. New Mexico Pre-K Initiative  
<http://nieer.org/resources/research/NewMexicoReport0507.pdf>

5. **Is this a year 1, 2, or 3 project?** Start year 1 and continue 3+
6. **Identified resources that can help and how? Who is in best position to champion the effort?**  
Consortium of stakeholders to ensure broad-based support would be the best group to champion the effort. **Resources:** Public schools, Head Start, child care providers, private schools, City of Springfield, Educare, Community Partnership, Child Care Resource and Referral, Council of Churches, faith-based organizations.
7. **Which Promise/s does this address?** Caring adults, Safe Places, Healthy Start, Effective Education
8. **Are there known person/s interested in staying involved with moving recommendations forward?**  
All Red Wagon Kids Education Subcommittee members

### **Education Recommendation 1**

#### **A process for consideration of Expanding Pre-K Education to provide equitable access to the children of Springfield and Greene County.**

The committee met Thursday, February 28, 2008 at 4:00pm at the Kraft Administration Center to discuss and define a proposal for equitable access to preschool for children in Springfield and Greene County and to identify the critical steps for how that process might best work.

#### **Process and Timeline:**

##### *Inquiry Phase (2 months):*

- Seek approval of the Red Wagon Kids project steering committee;
- Designate/develop/explore a public/private partnership as the lead for the project;
- Designate the Red Wagon Education Committee as the advisory group to the lead partner in the project;
- Identify additional stakeholders in the Pre-K project including current providers and add representatives to the advisory group;
- Invite school districts in the county to join the advisory group if interested in doing so;
- Identify staff assistance for the project;
- Identify communication strategies to keep all stakeholders and the public informed and engaged in the process.

##### *Feasibility Study Phase (6 months)*

- Identify relevant research regarding pros and cons of various models and the key characteristics of the communities in which those models were launched. Informal research includes conversations with contacts in states that have successfully implemented a universal access model;
- Develop/choose criteria for measuring “quality” which would serve as the benchmark for potential partners/providers (i.e. QRS – Quality Rating System);
- Reach consensus around definition of key terms and core elements of high-quality preschool services using MO preschool Standards as a framework.

- Identify potential enrollment with particular consideration to populations not currently eligible for or receiving preschool opportunities;
- Investigate benefits and drawbacks of serving both 3 and 4 year olds versus serving only one of the age levels;
- Identify potential funding streams and regulations specific to those funding streams;
- Assess the interest of local school boards in expanding access to Pre-K services.

*Start-Up Phase (?? months)*

*Implementation Phase (?? months)*

**The following SWOT analysis was led by Missy Riley during sessions with the Good Community Group.**

**Strengths**

- Consensus among us found that it is very much needed
- Board and staff results, talk, etc.
- Return on investment (bang for buck)
- Strong research data on effectiveness
- Success in other areas
- Desire, leadership strong; discussions have been held
- Needs are evident, quantifiable; children touch an emotional heart string. Body of knowledge regarding the benefits
- Current leadership and campaign
- Document return on investment
- Interested groups, facilities available
- City-County-Schools relationship
- Volunteers in community
- Collaborative nature of a multitude of service providers
- Community Interest
- Use of existing structures
- Local models to support quality—Republic EC cohort
- State EHS model
- Existing infrastructure through existing providers
- Research on return on investment
- Public-Private working relationship
- Emotional issue, national momentum; local consensus; district credibility
- Access not required
- Opportunities
- Local models already in place
- Family systems approach
- History of community collaboration
- Proven results in other parts of country
- Research supports this notion. Long term impact is positive, involves kids and benefits kids
- Provides supportive environment for children and gives kids a step up on the educational process
- Community leadership supports and there is acceptance of concept by community; build from current programs
- Builds confidence in children, strengthens community
- A strong core of committed workers that understand and support these efforts. There is solid research that documents the cost effectiveness of such programs.
- QRS initiative; more children ready to enter kindergarten

## **Weaknesses**

- Uncertain how deep this shared understanding is among the general population
- Media; lack of state funds
- Funding; competition with private sector; lack of state program
- No state funding or support
- “Bootstrap mentality” in the Ozarks; anti-tax sentiment; interfering with parental roles
- Facility needs already documented
- Teachers salary issues need to be addressed
- Poverty; free and reduced lunches
- Many who don’t have access to services; lack of understanding
- Voters not convinced of the problem/issue; economy
- Lack of provider input to process up until this point
- Disconnected/fragmented EC systems; inadequate funding; private providers may view as a threat; lack of state system; lack of spirituality; wrap-around; moving too fast?
- Funding, putting other entities out of business
- Maintaining consistency for children
- Community resistance to government control, tax increases
- General lack of awareness by community of need for pre-kindergarten and benefits
- Lack of qualified teachers
- Need for before and after school programs
- Need for more school space
- Cost
- Wrap-around care
- Mobility issues; weak philosophical support
- As a whole, the community is not sold on this type of initiative. Lack of critical mass to initiate a tipping point for support
- Need for transportation for those who can’t get there
- State is looking at a comprehensive state system

## **Opportunities**

- Plug into the community! Broaden very active current initiative towards youth
- Involvement of other communities and private sector
- Groundswell/timing; pilot program for State
- Passing tax
- Win or lose it will educate the population
- General support for education
- Oklahoma City example-MAPS/MAPS for KIDS
- Sunset-five year major community push
- Private and public providers; lots of support from individuals and community
- Need to do something soon
- To partner with existing programs
- Help meeting families’ overall needs
- State systems emerging and opportunity to influence state system
- To avoid duplication through utilization of existing resources
- Greene County could serve as pilot program
- To educate the general population
- A current network of child care provides a strong base to build on
- Diversity based on current assets
- OACAC; Private Pre-Kindergartens; Wonder Years

- Partner equitably with those already offering services, get partners on board early
- Units within the community can work together
- Network of providers exists in the community
- Help children and build services down through public schools
- Rigor, build confidence
- People on a whole do seem to accept that our hope of the future resides in the youth of today and many churches have grasped this vision.
- Headstart; QRS initiative

### **Threats**

- The current fragility of this consensus
- Economic woes; lack of leadership
- Talk shows; private preschools; national election soaking up media attention
- Tax environment; private sector competition
- Perception on part of many that this isn't necessary
- Home school
- Could hurt other initiatives; school, health, city or others if with every vote there is a money question
- Community push-back on any tax increases
- Other governmental needs and tax initiatives
- National, State and local challenges
- Those who oppose these types of progress
- The current economy
- Take away from current provider pool
- Lack of participation by private child care providers in the discussion
- Sustainability; public dollars
- If implemented in Springfield, how to get other cities in Greene Co to agree and see need
- Community resistance
- Perception that "you're trying to raise my kids for me or take them from me"
- Perception of "mandate" as opposed to "access/opportunity"
- Asking for funds at this economic juncture
- Backlash of childcare providers
- Parents don't want outside influence
- Social Engineering
- Sustained funding
- High cost
- Transportation needs
- Impact on daycare centers
- Resistance by taxpayers
- Resistance to notion of pre-kindergarten by non-parents
- Rabid Right
- Folks hate to let go of "sacred mother" concept
- No clear national consensus
- Poverty, Mobility
- Social engineering fear
- County-wide initiative when some other districts already have programs in place

## **Appendix C**

### **Faith Work Group Final Report (as submitted)**

#### ***Overview***

The Faith Community Work Group used the expertise of its members and others to solicit suggestions for process and direction. Leaders within the faith community who were already doing good work on behalf of children through congregations and para-church organizations were contacted and their input solicited. Two clergy persons created “sermon seeds” in response to the first recommendation and that resource is part of this report. Members with technical ability and capacity volunteered time and talent for the recommended research recommendations are ready to carry those resources into the implementation phases.

We discovered that there is already much great ministry going on in behalf of children in our community and are encouraged that our work will build on that work by encouraging and stimulating the sharing of ideas within the faith community.

#### ***Overview of the steps taken***

Regular monthly meetings were held from December 07 to April 08. A synthesizing focus helped the group realize that much good work was already being done by Springfield faith-related organizations. We did not need to reinvent the wheel, rather we needed to connect people and their stories to inspire and instruct like-minded people. We realized that the first step might just be awareness among faith groups of what is already being done and how those current efforts might be templates for usage among other faith organizations.

Our work was largely informed by the expertise of those in the meetings. Our recommendations are not complex, but focus on doable strategies for faith-related organizations large and small. They include creating great awareness but also greater information so that we might move beyond simply listing what is being done to a more informed awareness of where faith based efforts might be obvious and effective in the current Springfield context.

#### ***Recommendations appropriate to another planning group***

Our recommendations focused on what we feel are reasonable for the faith community in Springfield to facilitate the Red Wagon Kids initiative. We have no particular recommendation that should be handed off to another planning group.

### **Faith Recommendation #1**

#### **1. List recommendation – Consciousness Raising and Initial Resources**

Provide “sermon seeds” to pastors to assist them in developing written and oral communication with their churches about the community’s five promises to all its children.

#### **2. What issue/problem does this address? *(include any stats, known local conditions, size of problem in community, etc)***

Communities of faith are grounded in the premise that life is a gift from God, reflects the image of God, and has intrinsic value. Therefore, it should not be neglected or abused in any way, but should be nurtured. (i.e. the five promises to all children). However, many pulpits and church programs are silent about the issue of child neglect and abuse.

There may be a need for pastors to have resources which link Biblical texts and contemporary illustrations to the problem of child neglect/abuse and the priority of the five promises to all children. Pastors who preach about this issue will reinforce the Church’s asserted valuing of human life.

3. **Why is this important?**  
Pastors influence many people through their preaching and writing. Those congregants are generally people who care about fulfilling God's ideals if they understand what those ideals are and how they can help.
4. **What, if any, evidence or best practice supports this recommendation?**  
. . . the fact that there is still a need for better nurturing of all a community's children and the fact that congregations still gather weekly to hear proclamation from their pastors, who potentially can speak to this need.
5. **Is this a year 1, 2, or 3 project?**  
Already completed. Resources already available in electronic and print media. This resource could certainly be subsequently expanded if it proves helpful to pastors.
6. **Identify resources that can help and how? Who is in the best position to champion the effort?**  
Rev. Juli Nelson    Rev. Emily Bowen
7. **Which Promise/s does this address?**  
All five of them
8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**  
Rev. Juli Nelson    Rev. Emily Bowen

**Faith Recommendation #2  
Merged with #4 - Call for Programs**

1. **List recommendation – Sample Models of Ministry to Children in the Community**  
Provide information on selected models of ministries currently in use that are designed to have a positive impact on children in congregations and communities
2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*  
In faith communities steeped in tradition it is often challenging to begin new and creative ministries. Example models of faith based children's programming in the community can give religious leaders a place to begin in thinking about and designing ministries focused on healthy children.
3. **Why is this important?**  
Churches and other faith communities are an ideal base for community programs that lift up the value of children and nurture healthy development.
4. **What, if any, evidence or best practice supports this recommendation?**  
Outside of the school system faith organizations have for frequent and consistent contact with children than any other single group of organizations.
5. **Is this a year 1, 2, or 3 project?**

A number of models are available now and resources could be subsequently expanded using the results of research conducted in recommendations 3 & 4 and become a part of the resource packet or fair in recommendation 5

**6. Identify resources that can help and how? Who is in the best position to champion the effort?**

Information on sample models identified in the course of the group's work are attached.

**7. Which Promise/s does this address?**

All five of them

**8. Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**

**Faith Recommendation - #3  
Develop Database of Faith Programs/Services for Children**

**1. List recommendation – Quantitative Research**

It is recommended that research be undertaken to determine the extent of the faith community's present involvement in activities that reflect the Five Promises of the Red Wagon campaign.

**2. What issue/problem does this address? (include any stats, known local conditions, size of problem in community, etc)**

This recommendation addresses determining the existing response of the faith community.

**3. Why is this important?**

The activities of the faith community are often done in isolation of state and community programs. It is important for both decision makers and the community to become aware of all the relevant programs that are already funded and supported by the faith community.

**4. What, if any, evidence or best practice supports this recommendation?**

This recommendation seeks to identify the "best practice" models that exist in the community.

**5. Is this a year 1, 2, or 3 project?**

This is likely to be a 3 year project, with results provided every year.

**6. Identify resources that can help and how? Who is in the best position to champion the effort?**

Graduate students at AGTS will be utilized to do the telephone interviews as part of their curriculum in Research Methods for the Social Sciences, a course that is offered in the fall at AGTS every year.

**7. Which Promise/s does this address?**

This recommendation potentially addresses all five promises.

**8. Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**

Dr Johan Mostert, AGTS

## **Faith Recommendation - #4 Call for Programs**

### **1. List recommendation - Qualitative Research**

It is recommended that a qualitative, web-based research survey be created and disseminated to determine the extent of the faith community's present involvement in activities that reflect the Five Promises of the Red Wagon campaign. This short, 15-question survey will be disseminated utilizing email sets of churches or members that belong to the Council of Churches and is designed to capture current activities as well as information helpful for additional Faith Committee research recommendations and the dissemination of resources. Specifically, this survey is designed to allow churches to 'tell the story' about their program and its impact. Overall, the web-based survey asks respondents to identify and describe one outstanding program, ministry, or effort that their church has implemented (where applicable) aimed at increasing the quality of life for children birth- 8 years old. A current version of the online survey can be found at:

<http://www.survsoft.com/esurv.php?s=24070&k=593-0-5204>.

### **2. What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

While some activities of the faith community have been identified by the committee, no formal research or comprehensive list exists identifying activities conducted by faith-based groups or churches in the area that specifically assist children and their parent's birth – 8 yrs.

### **3. Why is this important?**

This initial recommendation will be utilized to facilitate the collection of other necessary data and provide contact information for the advertising of Faith committee events and the dissemination of resource material (i.e. 'Sermon Seeds'). It is possible that such information on current activities (if permission is granted) could be utilized as an example and as a resource for other churches or faith-based groups who desire to contribute to their communities or to the initiative. It is also likely that such data will also inform the committee on other strategies or other recommendations needed to effectively engage the faith-community in this effort. It is significant to note that this survey contains all necessary ethical elements of social science research surveys, including informed consent, voluntary participation, and a yes/no question which allows respondent's to indicate whether or not the information provided can be utilized as a potential resource for others.

### **4. What, if any, evidence or best practice supports this recommendation?**

This recommendation seeks to identify current models and activities that currently exist in the community.

### **5. Is this a year 1, 2, or 3 project?**

This is likely to be a one to two month project, given work already completed.

### **6. Identify resources that can help and how? Who is in the best position to champion the effort?**

CRA, LLC and Liquidus Tech, LLC have offered to assist in the collection, confidential storage, and interpretation of results. A report will be presented to the faith committee identifying results, conclusions, and limitations.

### **7. Which Promise/s does this address?**

This recommendation potentially addresses all five promises.

8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**

Christina Ryder, MA

**Faith Recommendation - #5  
Disseminate Information from Research Efforts**

1. **List recommendation**

To create a resource guide and/or fair that highlights current services and/or models for children and families provided by the faith community

- target members of the faith community
- possibly include a training or motivational speaker to foster enthusiasm around service and encourage collaborations, replication, and communication among participants

2. **What issue/problem does this address? (include any stats, known local conditions, size of problem in community, etc)**

Springfield children are in need:

- The state average for free/reduce lunch is 40.7%; Greene Co is 38.9%
- State number of child abuse and neglect cases per 1000 is 32.7; Green Co is 62.5
- Too many families are living in poverty—inadequate healthcare, housing, and average earning
- Crime is increasing and the local jail is overcrowded.

With hundreds of churches and faith organizations in the Springfield community providing services to children and families, it is difficult for all church leaders to be aware of the variety of services currently available and/or needed in the community.

3. **Why is this important?**

With limited resources (funding, volunteers, time, etc.) available, partnerships and collaborations are crucial to the long-term success of the community.

4. **What, if any, evidence or best practice supports this recommendation?**

Best practice research shows the more times children experience the “5 Promises,” they are more likely they will be healthy and happy, successful, graduate from school and become productive citizens. A resource fair will increase the number of opportunities for children to have these positive experiences by providing a starting point for interested members of the faith community to gather information and inspiration to begin, and/or build upon, quality programs to benefit Springfield children.

5. **Is this a year 1, 2, or 3 project?**

The resource fair could be completed in year 2, but it is dependent upon completion of recommendations 1-3 (qualitative research, quantitative research, and resource guide development).

6. **Identify resources that can help and how? Who is in the best position to champion the effort?**

Multiple faith community leaders and organizations are currently engaged in the process. These resources, along with the hundreds of churches in the community, should be maintained for effective distribution of information. The Council of Churches is best equipped to identify a future champion of the resource fair project.

**7. Which Promise/s does this address?**

The resource fair will address all five promises by allowing local faith organizations to share information on a variety of programs currently delivering on one or more promise and allow them to collaborate and partner with others that can bolster and/or enhance quality programming for young children and families.

**8. Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**

Three individuals currently participating on the faith committee are willing to continue their involvement in the development of a resource fair:

Jeff Dorn, SHAPES Mentoring  
Erica Harris, Lighthouse  
KathySheppard, Christ Episcopal Church

## Appendix D

### Health Work Group Final Report (as submitted)

The Health Group listened to several guest speakers talk about various situations where children are not receiving adequate health care. While all of us agree that available and affordable health care for all children is a need, our RWK group will not be able to make this change at the local level, although we can advocate for such changes. During early discussion, we tried to define what constitutes the healthy child and developed the following description.

#### What Makes a Healthy Child?

Attributes listed (not in any order) by the group

- Healthy relationship between parents
- Pregnancy/prenatal
  - Start with planned pregnancy
  - Adequate proper pre-natal care (all needed medical, emotional, nutritional, dental care)
  - Smoke/drug/substance abuse free. Develop global screening process which ID those who need special services or are at-risk
  - Provide maternal education before birth (parenting info, breast feeding, what to expect, ID/educate the family support group) Intro to PAT, Baby help line, assign primary care giver for baby/Mom, encourage use of health (medical) home (case mgmnt)
- Accident prevention
  - Safe baby proof home (crib use, car seats, safe sleep, upgrade as child grows older)
- Social and emotional development
  - Work with parents to understand developmental milestones and realistic expectations
  - Proper nurturing and bonding with parents in stable environment (brain development)
  - Provide structure for the child to follow (ie regular bedtime, bath time, brush teeth, etc)
  - Early literacy activities
- Selection of child care provider
- Develop the health-home concept (includes health, mental health, dental, etc)
- Immunizations/ early screenings (flashpoints and expectations)
  - School screenings
- Health needs (on-going)
  - Ensure continued regular medical, oral care with pediatrician (fluoride treatments)
  - Importance of good nutrition, exercise

#### Health Recommendation 1

##### 1. List recommendation

Goal is to have healthy mothers and healthy babies. Increase awareness via a media campaign to all women about the importance of providing a healthy start for both them and their child. Set a community expectation asking adherence to healthy behavior. Something like -

“Pregnant? Avoid smoking, drugs, and alcohol.”

Take your folic acid/prenatal vitamins. See your doctor NOW!

2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

This addresses the potential for problems with premature and/or low birth weight babies, and those with health problems or complications that could be attributed to inadequate prenatal care, or the use of tobacco, alcohol or other drugs.

Stats - 52% of births in GC are to women on Medicaid (indicator of low social economic status). 19% of women smoked during pregnancy. 89.5% of women received prenatal care during first trimester.

Specific populations show even higher rates of these risk factors. For example, among women with less than a high school education, 91.3% of births were to mothers who received Medicaid, 47.6% reported smoking during pregnancy, and 11.9% received inadequate prenatal care.

3. **Why is this important?**

Ensuring that pregnant women seek and receive adequate pre-natal care very early in the process is one of the best prevention tools available. Taking adequate amounts of folic acid Reducing/eliminating future health and developmental costs associated with effects of smoking/drinking alcohol.

4. **What, if any, evidence or best practice supports this recommendation?**

**Smoking:** Pregnant women who smoke cigarettes are nearly twice as likely to have a low-birth weight baby as women who do not smoke. Smoking slows fetal growth and increases the risk of premature delivery

**Alcohol and illicit drugs:** Alcohol and illicit drugs can limit fetal growth and can cause birth defects. Some drugs, such as cocaine, also may increase the risk of premature delivery.

All women who could become pregnant should take a daily multivitamin containing 400 micrograms of folic acid, starting before pregnancy. When taken before and early in pregnancy, folic acid helps prevent certain serious birth defects of the brain and spine. When taken throughout pregnancy, folic acid also may help reduce the risk of having a premature and low-birth weight baby.

References

- > MMWR 57 (1) 5-5 Jan 11 2008 (folic acid)
- > Cramer et al. (2007) Evaluating the social and economic impact of community based prenatal care. Public Health Nursing 24 (4), 329-336
- > O'Conner & Whaley (2007) Brief intervention for alcohol use by pregnant women. AJPH 97 (2), 252-258. (Counseling intervention by WIC nutritionists)

5. **Is this a year 1, 2, or 3 project?** Year 1

6. **Identified resources that can help and how? Who is in the best position to champion the effort?** Secure a drug and/or insurance company to help underwrite costs. MSU Public Health, St John's Cox, OTC, March of Dimes

7. **Which Promise/s does this address?** Healthy Start

8. **Are there known persons interested in staying involved with moving recommendation forward?**

## Health Recommendation 2a

1. **List recommendation**

Support the planning process currently underway that addresses creation of a health home (medical home) model for children under 18. This should include incorporating advanced health home facilitation, which is much different from a gatekeeper function.

Educate providers (physicians, mental health professional, dental) and community about the benefits of using the health home model.

We acknowledge that the hospitals, JVCHC and Health Dept are working to develop a model to serve low-income children.

2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*

Development of the health home model would 1) provide better coordinated care, 2) hopefully contain or reduce costs, and 3) allow integrated care for the whole child.

Awareness of the health home model is not understood by the average citizen. Their participation in the process will take some level of education and explanation as to WIIFM.

3. **Why is this important?**

Providers incur significant costs by treating patients in the emergency rooms. Patients use ER's for a number of reasons (i.e. because they are open 24 hours, insurance usually covers, lack of primary care physician, etc). Issues such as transportation, availability, diagnosis/delivery of wrap around services, and inadequate reimbursement to providers are barriers to implementing the health home model. There is a need for continuous coordinated care for chronic illnesses.

4. **What, if any, evidence or best practice supports this recommendation?**

The American College of Physicians, American Academy of Pediatrics (AAP) and numerous other groups have written position papers stating principle needs and the benefits of this type of health care model. At this time, reimbursement (Medicaid) and some insurance does not sufficiently cover costs and has been a deterrent to groups planning to adopt this model.

5. **Is this a year 1, 2, or 3 project?**

Initial planning is already underway by a local health group.

6. **Identify resources that can help/how? Who is in best position to champion the effort?**

Current planning partners - hospitals, pediatricians, family practitioners, JVCHC, Health Dept, 3<sup>rd</sup> party payers

7. **Which Promise/s does this address?** Healthy Start

8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**

Michele Marsh Teri Reed

## Health Recommendation 2b

1. **List recommendation**  
Encourage and support development of a secure integrated digital personal data system to house all patient medical information. Help gather resources for small pilot program, (perhaps with JVCHC or WIC)
2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*  
Development of this system would allow access to needed medical information in order to integrate patient care. It would streamline the treatment process. Ready access to information for those most affected by mobility issues would streamline treatment.
3. **Why is this important?**  
Currently information is seldom shared between doctors. Patient information collected, housed and accessible to all physicians treating an individual provides a better snapshot of what has happened and treatment received.
4. **What, if any, evidence or best practice supports this recommendation?**  
VA Hospitals have an integrated system
5. **Is this a year 1, 2, or 3 project?**  
Year 1
6. **Identified resources that can help and how? Who is in the best position to champion the effort?** Will require buy-in from hospital/s, doctors and insurance co. Perhaps approach MFH or a major tech company for grant. Need to do pilot group first. Involve organized local health groups
7. **Which Promise/s does this address?** Healthy Start
8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**  
Eddie Spain                      Michele Marsh

## Health Recommendations 3a

1. **List recommendation**  
Increase public education and awareness about the importance of immunizations using community marketing campaign. Approach a drug manufacturer to help fund.
2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*  
There continues to be a great deal of misinformation surrounding side effects of immunizations. As a result, more parents are choosing to opt out of making sure their child receives proper immunizations. This puts children at risk from outbreaks of diseases and illnesses that were once squashed in the past due to effective immunizations.

3. **Why is this important?**  
Immunizations are in place to prevent the outbreak of contagious infection.
4. **What, if any, evidence or best practice supports this recommendation?**  
The American Medical Association (AMA), American Academy of Pediatrics (AAP) support the continued use of immunizations.
5. **Is this a year 1, 2, or 3 project?** Year 2
6. **Identified resources that can help and how? Who is in the best position to champion the effort?** Family practitioners, pediatricians, JVHC, Spfd/Gr Health Dept, PAT, CDC, Immunization Coalition
7. **Which Promise does this address?** Healthy Start
8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**  
Nancy Hoeman Gabe Curtis

### Health Recommendations 3b

1. **List recommendation**  
Promote the community expectation to both providers and parents that young children should receive basic health screenings (vision, hearing, speech, developmental, nutritional, social & emotional development) by the age of three and one dental screening by the age of one. Identify natural entry points (regular pediatrician visits, PAT, dentists, child care facilities, health dept, WIC, JVCHC), that can be used to remind parents of this expectation.
2. **What issue/problem does this address?** *(include any stats, known local conditions, size of problem in community, etc)*  
Addresses delayed diagnosis of unfavorable conditions and developmental problems. Insurance programs currently do not pay for all of these screenings. Add a check off box on the immunization card that shows these completed.
3. **Why is this important?**  
The above listed screenings provide broad brush preventive services. The earlier conditions are identified, the quicker help can be found and hopefully mitigate the aggravating and serious conditions.
4. **What, if any, evidence or best practice supports this recommendation?**  
There is extensive research that supports the use of these early screenings thru AAP and Parents as Teachers.
5. **Is this a year 1, 2, or 3 project?**  
Year 1
6. **Identified resources that can help and how? Who is in the best position to champion the effort?** Pediatricians, family practitioners, JVHC, Spfd/Gr Health, Parents as Teachers, child care providers, DFS, MSU Public Health

7. **Which Promise does this address?** Healthy Start
8. **Are there known person/s (phone, email) interested in staying involved with moving recommendation forward?**  
 Andrea Croley    Susan Uffmann    Dr Jim Sammon    Dr Kecia Leary

**Health Recommendation 3c**

1. **List recommendation**

Write a letter of support to the Child Advocacy Center, the Family Violence Center, the Victim Center and Isabel’s House to acknowledge our support for their critical and valued efforts in stemming the domestic violence and child abuse/neglect incidents in Greene Co.

The Red Wagon Health Group promotes the expectation that the above agencies will continue to collaborate and share necessary linkages with each other so those they serve receive timely, compassionate, quality care.

2. **What issue/problem does this address?**

Spfd/Greene Co continues to report higher rates than the State average for domestic violence and child abuse/neglect. These issues have plagued our community for years. While the level of substantiated CA/N is slowly decreasing in the county, we are still above State and National averages.

*The number of child abuse reports generated is high, but substantiated cases continue to decrease. Child abuse/neglect fatalities are of concern as the increasing trend started to become of concern. However, 2006 numbers showed a decrease. Statistically, a child is most at danger from abuse and neglect during the first two years of life when trust, empathy and self-imaging develop.*

<i>Greene Co - Child abuse/neglect (substantiated &lt;18yrs/1000 children)</i>	<i>Greene Co - Child fatalities due to abuse/neglect</i>
2003 – 10.9	2003 – 2            2005-5
2005 – 8.5	2004 – 4            2006-2
2006 – 7.91	

The Child Advocacy Center saw about 880 children last year. Of these, about half were from Greene County. 88% were sexual abuse cases. 47% of cases affected children under the age of 6.

Domestic violence calls as reported under in Public Safety section of the 2007 Community Focus Report are shown below.

2004 – 4,877	2005 – 5,286	2006 – 5,590
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3. **Why is this important?**

Researchers believed for decades that a baby was born with his/her brain mostly “wired” according to the genetic code inherited from the parents (i.e. nature). We now know that, compared with other animals, humans are born with very undeveloped brains. Only the most basic functions are wired at birth (breathing, sucking, swallowing) in order to keep the baby alive. All of the brain’s subsequent wiring will take place within the context of the

child's environment (i.e. nurture). At birth, the brain is 25% of its total weight; by age two- the brain is 90% of its total weight!

Brain growth, development, and learning are extraordinarily rapid during the first three years of life in particular. In this short time, a child develops from a sperm and egg to become a child who can walk, talk, and even argue. Brain development slows after this but steadily progresses until around age ten when the brain undergoes a pruning process whereby underutilized connections are removed or reassigned. Risk factors to growth and overall brain development include child abuse and neglect, substance abuse, and poverty.

Early attachment and social interactions influence lifelong social/emotional development. In fact, the *quality of the relationships* the child experiences directly affects the way the child's brain is organized and wired.

Repetition is extremely important to the proper wiring of the brain. Repeating tasks sending the same message, albeit good or bad, over and over again-results in anatomical and chemical changes in the brain, and in most cases, can be advantageous. Child abuse/neglect, however, creates an environment whereby repetition of stressful interactions is particularly damaging to a young child's brain and subsequent overall development. Children who experience abuse and neglect are more likely to have trouble developing relationships later in life.

The brain mediates threat from abuse/neglect with a set of chemical, psychological, and physical changes within the brain. Over-stimulation of certain areas of the brain can create a context for aggressive and violent behavior, poor self-control, lack of empathy, and poor problem solving abilities to occur.

The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on the links between childhood maltreatment and later-life health and well-being. Over 17,000 individuals chose to undergo a comprehensive physical examination and provided detailed information about their early childhood experience of abuse, neglect, and family dysfunction.

The Study suggests these experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the U.S. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from an understanding that many of these problems arise as a consequence of adverse childhood experiences. For more info, Google "ACE Study" or see <http://www.cdc.gov/nccdphp/ace/index.htm>

4. **What, if any, evidence or best practice supports this recommendation?** N/A
5. **Is this a year 1, 2, or 3 project?** Year 1
6. **Identified resources that can help and how? Who is in the best position to champion the effort?** The above mentioned agencies are the recognized champions
7. **Which Promise/s does this address?** Caring adults, Safe places
8. **Are there known persons interested in staying involved with moving recommendation forward?**

## **Appendix E Policy (Government) Work Group Final Report (as submitted)**

### **Overview**

The first meeting of the Public Policy Committee was held in December, 2007. There are 16 people on the committee. The first effort was to complete a SWOT review of the quality of life for children in our community; Springfield/Greene Co and all the municipalities therein.

To establish real and lasting change for children, public policy must be addressed. Greene County's overall ranking of 56 of 114 counties in the Kids Count report of 2007 indicates that children in our county are doing less well than children in nearly half the counties in the state. Outcome measures tracked annually by Kids Count include birth weights, rates for abuse, infant mortality and poverty, access to health care among many others. They tell us that our youngest residents don't always have the support and resources they need for a healthy and happy start in life.

In January, we divided the large group into four sub-groups including:

Group 1	courts/criminal justice/foster care/ child abuse
Group 2	strengthening families/ keeping children safe
Group 3	health and mental health
Group 4	education/preschool, quality child care

These sub-groups reviewed research articles and heard statistics from the state and Kids Count surveys of Missouri counties. Victor Vieth's presentation and book "Unto the Third Generation: Ending Child Abuse in 120 Years" impacted our thinking. The extremely high rate of child abuse (among the highest in the state) in Greene County was of great concern and was noted repeatedly. Many in our group had heard Rob Grunewald of the Federal Reserve put the economic costs to society in perspective when children do not get the support they need in the early years.

*Throughout the above discussions, two over-arching priorities surfaced:*

**1. Adoption of a city/county platform affirming the importance of strong families and the cities' and county's role in supporting them.**

**2. Creation of a regional legislative children's commission loosely based on the state-wide Children's Services Commission.** It would include representation from the three branches of government; legislators, city and county elected officials, judiciary and executive departments dealing with children's issues, public school board members, child advocates and not-for-profit groups. This group would meet at least twice a year to assess and review the climate for children in our county.

In March, topics were distilled using the familiar colored-dot method of determining priorities from in each group. Top items were then reviewed and a specific recommendation to address each was developed. Recommendation sheets are attached.

## **Policy Recommendation 1**

### Victor Vieth's Battle Plan to End Child Abuse and Neglect

#### ***List Recommendation:***

Adopt a comprehensive community plan to meet the goals and follow the timeline laid out in the article "Unto the Third Generation: A Call to End Child Abuse in the United States within 120 Years" by Victor Vieth. We need to effectively communicate the plan to government officials at the city, county, state and federal level and recruit them to enact supportive legislation. The following recommendations by Victor Vieth should be implemented to meet the "Battle Plan":

1. Every suspected case of child abuse will be reported and be a quality report.
2. Every child reported will be interviewed by someone who is competently trained to interview a child about abuse. In addition, the investigation of all child abuse allegations will be conducted by a competently trained investigator.
3. Every substantiated case of child abuse must be prosecuted by a trained prosecutor skilled at handling child abuse cases.
4. Every caseworker will be trained and competent to investigate and work with child abuse victims and their families.
5. Every caseworker will be a community leader trained in prevention.
6. Every caseworker and attorney will have access to national trainings, publications and technical assistance.

#### ***What issue/problem does this address?***

Child abuse and neglect rates in Greene County are higher than state averages. A recent report by the national organization, Every Child Matters, listed Missouri in the top five states for having the highest rates of child abuse fatalities in the country. In 2007, the regional Child Advocacy Center reported a record number of children served with over half from Greene County and most children were under six years of age. Child abuse and neglect is identified as a "Red Flag" in the 2007 Springfield/Greene County Community Focus Report. A "Red Flag" is a selected community problem needing immediate attention.

#### ***Why is this important?***

Child abuse and neglect affects everyone in our community. It is widespread across economic and social lines. It weakens both our economy and democracy. An economic impact analysis by Prevent Child Abuse America (PCAA) released in January 2008 estimates the cost of child abuse and neglect to the United States was nearly 104 billion dollars last year, and a companion report highlights the unavailability of federal welfare funding for programs and services known to be effective at reducing incidences of child abuse and neglect. The PCAA report documents the pervasive and long-lasting effects of child abuse on children, their families and society as a whole. The nearly 104 billion dollars cost of child abuse and neglect includes more than 33 billion dollars in direct costs for foster care services, hospitalization, mental health treatment and law enforcement. Indirect costs of over 70 billion dollars include loss of productivity, as well as expenditures related to chronic health problems, special education, and the criminal justice system. In Greene County alone, the cost of foster care for abused and neglected children was approximately 2.5 million dollars. The toll of human suffering due to child abuse and neglect is, of course, incalculable.

***What if any, evidence or best practice supports this recommendation?***

Multiple states have adopted legislation and policies to support many aspects of Vieth's Battle Plan. Darrell Moore, Greene County Prosecuting Attorney cites legislation that the state of Arkansas has adopted:

- Support and adequately fund Child Advocacy Centers
- Improve the operation of the abuse and neglect hotline. Allow reporting by phone, online or fax.
- Enact Vieth's suggested Children's Bill of Courtroom Rights
- Implement a change on mandated reporter requirements in schools: Arkansas Code 12-12-507(c) 1) No privilege or contract shall prevent anyone from reporting child maltreatment when he or she is a mandated reporter as required by this section. 2) No school, Head Start program or day care facility shall prohibit an employee or volunteer from directly reporting child maltreatment to the child abuse hotline. 3). No school, Head Start program or day care facility shall require an employee or volunteer to obtain permission or notify any person including an employee or supervisor, before reporting child maltreatment to the child abuse hotline.
- Recommend collaboration by several agencies to develop and introduce age-appropriate, research-supported, child abuse prevention curriculum to children in public schools.

***Is this a year 1,2, or 3 project?***

The concept of a "battle plan" to combat child abuse was brought to the Springfield community in February by several collaborating agencies and headed by the Greene County Prosecuting Attorney's office. Since the presentation by Victor Vieth, the following initiatives have taken place:

1. The Council of Churches has implemented an adopt-a-caseworker program (Ambassadors for Children)
2. Missouri State will offer some of Victor Vieth's recommended mandated reporter training classes beginning Fall 2008.
3. Local state Representative Bob Dixon has introduced a Children's Bill of Courtroom Rights (HB1611) in this current legislative session.

***Identified resources that can help and how?***

According to Victor Vieth's "battle plan" to combat child abuse and neglect, it should be a community generated response by:

**Faith-based community** - the Ambassadors for Children program can be furthered supported by the **business community** for in-kind services or donations to support identified resources for foster children.

**University/college community** - provides comprehensive training/required courses for persons entering a field where they will be likely to be mandated reporters. This can be furthered developed by working with all related departments to implement higher education training for frontline professionals.

**Government community**- frontline professionals and current groups will support local and state legislators in developing and creating legislation to support the previously mentioned programs through the enacting of laws and appropriation of funding. Create a "community environment" that educates the community as a whole on identifying the precursors of child abuse and neglect. Look towards other states that have implemented initiatives that can be adopted in Greene County and the state of Missouri.



7. Which promises does this address? PAT addresses Promises 1, 2, 3 and 4.

8. Known persons interested in staying involved?

Missy Riley, PAT Director, Springfield Public Schools

Mary Lou Datema, Wonder Years Instructional Coach, Springfield Public Schools

\*U.S. Department of Education, Office of Special Education and Rehabilitative Services, A New Era: Revitalizing Special Education for Children and Their Families, <http://www.ed.gov/initiatives/commissionboards/whspecialeducation/>

\*\*Annie E. Casey Foundation, Kids Count 2004 data [www.kidscount.org](http://www.kidscount.org)

### **Policy Recommendation 3**

#### **Pass a Community Children's Services Fund sales tax Greene County**

##### ***Issues/Problems the fund would address and why it's important***

Greene County's overall ranking of 56 of 115 (of the 114 counties and St Louis City) on the 2007 Kids Count report indicates that children in our county are doing less well than children in nearly every nearly half of counties in the state. The outcome measures tracked annually by Kids Count are indicators that Greene County's youngest residents do not have the supports and resources available in other areas. Indicators analyzed in the Kids Count report have been determined to be influenced by public policy emphases.

A child's health status, family stability, access to mental health services, parents who are prepared to be parents, access to substance abuse treatment, all of these indicators are vitally important to the health and productivity of our community. The provision of a stable funding stream to support organizations offering support for these important services would allow for increased capacity and facilitate long-term planning free from budget processes at the city and state levels.

Community leaders have identified "Red Flags" to call attention to especially troubling indicators for Greene county's youngest citizens and the funds generated by a sales tax dedicated to children under 19 could be used to address many of the red flag issues including: Red Flag 1 - Low-birth weight babies, Red Flag 2 - Lack of prenatal care, Red Flag 3 - Smoking during pregnancy and childbirth preparation, Red Flag 4 - School drop-out rates, and Red Flag 5 - Abuse and neglect.

St Charles County citizens voted for such a tax in 2004. According to the most recent Kids Count data book, St Charles county ranked #2 in the state in 2005 and to #1 for kids in 2006 and 2007 while Greene moved from #59 to #55 to #56 overall over the same period. In the ranking for Child Abuse and Neglect, St Charles is #1 compared to Greene's ranking of #110. Greene's highest ranking according to the outcome measures<sup>1</sup> studied by Kids Count is in the area of Free and Reduced Lunch (#26). Greene's second lowest ranking of #106 is for the indicator of Dropouts among all counties in the state and St Louis City.

##### **Here are the statutory parameters of the Community Children's Services Fund**

Revenues collected and deposited in the community children's services fund may be expended for the purchase of the following services:

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<sup>1</sup> outcome measures include: Free & Reduced Lunch, Mothers <12 years of education, Low Birth Weight, Infant Deaths, Child Deaths, Child Abuse & Neglect, Out-of-Home Placements, Dropouts, Teen Births, Teen Violent Deaths; Kids Count 2007 Data Book.

(1) Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth; respite care services; and services to unwed mothers;

(2) Outpatient chemical dependency and psychiatric treatment programs; counseling and related services as a part of transitional living programs; home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs which promote healthy lifestyles among children and youth and strengthen families;

(3) Individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

### **Evidence to support this recommendation**

The successes in St. Charles County in improving the lives of children indicate that locally based, non profit organizations can address local needs effectively with stable funding available. The county saw an 18.5% decrease in teen pregnancy between 2005 and 2006 as well as improvement in the birth weights of babies born to teens, and has seen decreasing numbers of teen runaways. Capacity to serve children's needs has increased in St. Charles County as their 2007 budget supplied a range of services from short-term respite care to school-based mental health providers (see attached). One example of increased capacity in St. Charles County is the respite provided by their crisis nursery which proved services "to an additional 795 children and 100% of the children served were able to remain in their family home. Over 85% of the parents who received services learned at least two new coping skills for handling crises, reducing the need for further services" according to the 2006 annual report.

The successes seen by Mecklenburg County in North Carolina support the importance of providing stable, local funding for Greene County. Mecklenburg offers multiple substance abuse services and allows more people to get services in their own communities by spending \$60 per capita. Mecklenburg County offers the broadest range of services in the state by using local dollars.

What has been called an "intolerable" number of child abuse and neglect cases in Greene County could also be addressed by the fund. St. Charles County recorded a 25% drop in the percentage of substantiated cases of abuse over two years according to their 2006 annual report.

### **Timeline for getting the Children's Fund on the ballot**

Getting the Children's Fund on the ballot is an effort that could be accomplished in a short (one year or less) period of time or be a longer range effort (up to three years).

### **Resources to pass Community Children's Services Fund sales tax in Greene County**

Helpful resources to accomplish the effort to place the Children's Fund on the ballot could include: Kids Count information, census data, and budget data from counties with the tax in place. Child-serving groups, agencies and organizations are best positioned to champion the effort to place the issue on the ballot. Many of the agencies that receive funding in St. Charles county have analogous child-serving agencies in Greene County including: a crisis nursery (Isabel's House), community based mental health providers (Burrell Behavioral Health, Murney Clinic, Center of Change, etc.), a program to serve homeless and transitional youth (Rare Breed), school-based prevention services (Safe Schools, Healthy Kids, Caring Communities). These agencies and organizations (and their umbrella organizations if any) as well any child-serving organizations in Greene County have the potential to realize a funding source from the revenues generated each year.

If each of these child serving agencies partnered in sharing the potential benefits with their supporters, staff, and clients, the chances for success would be greatly increased.

### **How the Community Children's Services Fund addresses the Five Promises**

Promise 1 – Caring Adults is addressed by provision of funding to programs and services for unmarried parents, and by funding programs that focus on prevention, home-based and community-based family intervention programs.

Promise 2 – Safe Places for young people who are in crisis or homeless and need access to temporary shelter would be provided by expansion of our present, under funded services.

Promise 3: A Healthy Start is addressed by home-based and community-based family intervention programs; unmarried parent services; crisis intervention services, inclusive of telephone hotlines; and prevention programs which promote healthy lifestyles among children and youth and strengthen families.

Promise 4: An Effective Education is addressed by the availability of individual, group, or family professional counseling and therapy services; psychological evaluations; and mental health screenings as well as community-based family intervention programs.

Promise 5 - Opportunities to Help Others is addressed as our community's capacity to provide services increases. In the area of prevention programs which promote healthy lifestyles among children and youth and strengthen families, our youth would have opportunities to be a part of accomplishing our community's goal of improving the lives of the youngest residents.

### **Persons interested in staying involved in moving recommendation forward**

Amy Chenoweth    Nora Cox    Kathleen Featherstone

## **Policy Recommendation Group #4**

Policies that could help improve our children's lives:

### **Child Care Subsidy**

#### **1. Recommendations**

- a. Support efforts to raise eligibility to 140% of federal poverty with transitional assistance up to 185% of FPL.
- b. Support efforts to increase provider reimbursement rates to reflect current market rates.
- c. Support future efforts to implement the Biometrics system to decrease fraud and to shorten provider reimbursement time.
- d. Support establishing a waiting list if appropriations do not match need.
- e. Ensure that local/county-wide recommendations do not compete with state-wide initiatives.

#### **2. What issue/problem does this address?**

High-quality affordable care for families at or below 185% of FPL.

**3. Why is this important?**

The MO child care subsidy program is not just a social-welfare service, but it is an investment in early childhood education and working families that produces long-term social and economic benefits.

Numerous economic studies show that every \$1 invested in quality early child care programs returns nearly \$2 in the short term to the state economy by increasing the earning potential of working families. Longer returns could be up to \$17 because children are more likely to be successful in school and in the future workforce as adults.

When we invest in early childhood...

Working parents are...

More productive employees who make higher wages and make a greater contribution to the MO economy.

Children are...

More likely to...be prepared for school, have higher achievement scores, graduate from high school, and earn more money as adults.

Less Likely to...repeat grades in school, become teen parents, engage in criminal acts, and rely on social welfare programs as adults.

**4. What, if any, evidence or best practice supports this recommendation?**

These recommendations will improve and enhance an already existing MO practice.

**5. Is this a year 1, 2, or 3 project?**

This is an on-going effort and we must support and encourage the legislative process. There is current legislation that needs to be supported.

**6. Identified resources that can help and how? Who is in the best position to champion the effort?**

State-wide advocacy organizations across MO such as: Partnership for Children and Citizens for MO's Children. As well as, other agencies/organizations including: Missouri Child Care Resource and Referral Network, Community Partnerships, Chamber of Commerce, etc.

**7. Promises addressed**

Caring Adults, Safe Places, Healthy Start and Marketable Skills

8. Nicole Piper                      Dana Carroll

**Quality Rating System**

**1. Recommendations**

- a. Support the concept of developing a Quality Rating System (QRS).
- b. Support efforts to implement QRS through a well-developed, comprehensive infrastructure.
- c. Support voluntary provider participation initially.
- d. Encourage subsidy reimbursement rates linkage to the QRS levels.



## **Preschool Opportunities**

### **1. Recommendations**

- a. Define the number of children to be served by the county-wide Pre-K initiative being considered.
- b. Ensure that potential funding is used in areas that will have the greatest impact. (i.e. number of children served)
- c. Consider expanding existing preschool opportunities. (i.e. Head Start, Title 1, Wonder Years, private preschools, etc.)
- d. Consider additional factors such as transportation, before and after care, summer care, teacher qualifications, etc.
- e. Consider the business impact of offering only 3-5 year old care on existing providers. (i.e. in relation to the infant/toddler care provided)
- f. Ensure that local/county-wide recommendations do not compete with state-wide initiatives.

### **2. What issue/problem does this address?**

High quality affordable care for families

Needs to address families overall child care needs—before/after care, transportation, etc.

### **3. Why is this important?**

Find children in the greatest need and address their out of home pre-k opportunities.

Address ALL needs of children and families

### **4. What, if any, evidence or best practice supports this recommendation?**

There is current research out there that looks at a variety of strategies. We need to consider their successes and failures. We also need to consider supporting existing child care programs.

### **5. Is this a year 1, 2, or 3 project?**

Preschool opportunities are a multi-year endeavor.

### **6. Identified resources that can help and how? Who is in the best position to champion the effort?**

Missouri Preschool Project, Head Start, private child care, state-wide advocacy organizations, Missouri Child Care Resource and Referral Network, Community Partnership, United Way, etc.

### **7. Promises addressed**

Caring Adults, Safe Places, Healthy Start, and Marketable Skills

8. Nicole Piper                      Dana Carroll  
Missy Riley                         Kimberly Shinn-Brown

## Appendix F Services Work Group Final Report (as submitted)

Community Goal	Objectives/Action Steps
Create an ongoing communications and “social marketing” network comprised of all participating agencies that will regularly distribute “agreed upon” messages (inspirational, educational, resource advisories, opportunities for involvement, etc.) to parents and other “caring adults.”	<ul style="list-style-type: none"> <li>• Develop inventory of agencies communication methods</li> <li>• Decide on/develop messages based on Five Promises</li> <li>• Develop and implement distribution system for messages</li> </ul>
Grow and develop more safe places (safe havens for little ones in trouble or danger) in our community—perhaps using the “Safe Places” model, which has been proven in other communities.	<ul style="list-style-type: none"> <li>• Meet with Rare Breed to determine how agencies can work with the Safe Places model for children 0-8.</li> <li>• Include baby/child home safety information in existing communication channels.</li> </ul>
Collaborative, interagency campaign to build social and emotional skills among the very youngest children.	<ul style="list-style-type: none"> <li>• Raise awareness of agencies about the importance of SE skills</li> <li>• Identify “best practices” for parents to teach empathy, self-control, etc. at teachable moments</li> <li>• Encourage partnering agencies to use DECA assessment and strategies where possible</li> <li>• Encourage agencies to incorporate character ed and developmental assets model</li> </ul>
Collaborative, interagency campaign to address childhood obesity and other significant childhood health problems.	<ul style="list-style-type: none"> <li>• Provide agencies with health diet information, including Fit for the Future kits, for distribution</li> <li>• Work with youth care and child care providers to encourage outdoor activities</li> </ul>
Collaborative, interagency effort to build literacy and love of reading /learning through book distribution.	<ul style="list-style-type: none"> <li>• Engage partnering agencies in PIRC book donation/distribution</li> <li>• Integrate health-related books into WIC offices to promote literacy</li> <li>• Expand “prescription books” program to other agencies</li> <li>• Encourage father engagement in reading to/with kids through PTA, others</li> <li>• Explore Food for Thought idea with Ozarks Food Harvest—i.e., kids get a book with the food distribution</li> </ul>
Develop collaborative between agencies and business sector to provide broad based opportunities for parents of 0 to 8 year olds to model helping others, and provide appropriate opportunities for the kids themselves to help others.	<ul style="list-style-type: none"> <li>• Incorporate into #1 as a one of our messages—how to model helping behaviors for little ones</li> </ul>
School readiness initiative—e.g., communicating proven messages (10 Things That You Can Do to Prepare Your Child for School), focusing on importance of sustained attendance beyond kindergarten, etc.	<ul style="list-style-type: none"> <li>• Incorporate “10 Things” into #1</li> <li>• Child-serving agencies incorporate agreed upon readiness skills into existing or anticipated activities—replacing less important activities with school readiness skill builders (including emphasis on social/emotional skills—anti-bullying, etc.)</li> </ul>