

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

I. PROPOSAL SUMMARY AND RESPONSIBILITY

Organization name: United Way of Dane County

Project/Program title: Parent Child Home Program for Dane County

Program/Project Start Date: 8/1/2011 Program/Project End Date: 7/31/2012

Proposed Funding: First Year: \$46,090 Total: \$46,090

Grant Administrator:

Name & Title: Elisabeth Marx

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Madison, WI 53704

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Signature: _____ Date: 2/28/11

Program Director/Project Manager/Principal Investigator (if different above):

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II. PROPOSAL STATEMENT

United Way of Dane will launch a Parent Child Home Program home visiting program for 50 low-income at risk children ages two to four. For 23 weeks each year the home visitor brings a gift of a book or educational toy and models to the parent how to play, read and interact with their child to build language and emergent literacy skills and promote school readiness. Two special characteristics of our program will be that AmeriCorps members and volunteers will serve as home visitors and there will be an emphasis on recruiting these home visitors from the communities being served. The

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

Parent Child Home Program has an extensive evaluation based showing its effectiveness in getting children ready for Kindergarten. We will serve two very low-income neighborhoods and expect the demographic breakdown of the children to be about 20-30% African-American, 30-40% Latino and 30-40% White.

III. PROPOSAL ATTRIBUTES

Please provide and discuss the following information for the type of program/project you propose:

A. Direct Service Programs:

1. The location, size and socio-economic characteristics of the community served by your proposed program.

The Parent Child Home program will serve children and families in Dane County, Wisconsin. Dane County is a vibrant community for many people. Madison, home to more than half of our 500,000 Dane County residents, is a university town, a state capital, and a center of innovation. In jobs and economic success as well as in school performance, while the top tier of Madison's residents excel, there is a growing divide between their success and the attainment of many low-income, African-American, Latino, Southeast Asian, and other less advantaged residents. Poverty is growing at a staggering rate: 52,615 residents of Dane County lived in poverty in 2008, up 35% from 38,815 in 2005, and the recession is making that rate even higher. In 2008-09, 50% of the students in the Madison Metropolitan School District came from low-income families, up from 24% in 1995-96. The city is also becoming more diverse. A leading indicator, the percent of Madison public school children from communities of color rose from 27% to 49% from 1995 to 2008.

We plan to focus the home visiting program on two neighborhoods with great concentrations of poverty and from which a large portion of children enter school without the basic skills to be successful in kindergarten. These neighborhoods are the south side of Madison and Sun Prairie, a small town due east of Madison. In the three elementary schools serving the south side, between 65% and 72% of the children receive free or reduced lunch, a common proxy measure of poverty. Only 29% to 37% of incoming students demonstrated readiness on the district's Kindergarten screener, compared to 64% for the district as a whole. In Sun Prairie, we are targeting the area of town with an elementary school nearing 50% of students participating in free and reduced lunch program. While Sun Prairie does not conduct a Kindergarten screener, we are targeting students at risk for being inadequately prepared for Kindergarten.

2. The unmet needs of the community that your proposed program addresses, and how you identified those needs.

United Way of Dane County has supported programs to support the healthy development of young children for decades. Five years ago we decided to launch an initiative to increase and accelerate our impact on support young children's healthy development and getting them ready for kindergarten. Our Born Learning initiative started when we convened a group of community leaders to review the school readiness of children entering kindergarten in Dane County. This

The Oscar G. & Elsa S. Mayer Family Foundation Proposal Information Form

group found that 42% of our young children were entering kindergarten without the skills they needed to succeed in school. We examined how poverty plays a critical role in early childhood development. How a child growing up in poverty has about 800 to 1,000 words of vocabulary upon entering kindergarten, whereas a child from a literacy-rich household has a vocabulary of 8,000 to 10,000 words. A child needs a broad vocabulary as a backstop to the process of learning to read and write: How can you recognize a word you do not know? For too many children in Madison and Dane County, this is a major challenge: 27,914 of Dane County children are poor; that is 11% of Dane County children and 28% of Madison children.

After nine months of reviewing research and data, and talking with community experts, United Way's Born Learning Delegation released a Mobilization Plan and committed to increasing the number of children who are fully prepared for kindergarten from 59% to 75% by 2013. We selected four strategies to pursue to meet that goal: (1) All children are screened for developmental delays through medical providers, professionals or community-based programs. (2) All children have access to high quality early childhood experiences that encourage positive development. (3) All caregivers have access to resources that help them become successful as their children's first teachers. (4) The Dane County community is aware of the link between high quality early childhood experience and school readiness. Our focus on helping parents and other primary caregivers of young children learn how to nurture their young children's development is because parents have the greatest opportunity to influence their child's development. We have launched all of these strategies through collaborative partnerships and received tremendous community support. One of our signature strategies is expanding the number of families that receive high-quality home visiting.

3. The research findings, best practices and/or curriculum models on which the following program elements are based. Include (1) the choice of format or setting, (2) the duration, and (3) the intensity.

Home Visiting is a research-tested strategy to help parents become more effective in promoting the health and development of their children. As you well know, there are a variety of home visiting models with somewhat different goals, program designs and research-validated outcomes. United Way of Dane County has helped develop and supports several home visiting programs that use the Parents as Teachers (PAT) model, notably KinderReady and Welcome Baby. We are asking for support from the Oscar G. and Elsa S. Mayer Foundation to launch the Parent Child Home Program home visiting model in Dane County. This program will engage four AmeriCorps members to provide educational home visits to parents with children ages two and three with a variety of risk factors, such as low-income or teen mother (see question 7).

The Parent Child Home Program (PCHP). The PCHP is an evidence-based and research-validated program to help young children develop the skills needed to be ready for school. Parents received twice-weekly home visits for 23 weeks each year for two years, a total of 92 visits and 184 hours of parent education and coaching. Each program week the home visitor brings a gift of a book or educational toy and models to the parent how to play, read and interact with their child to build language and emergent literacy skills and promote school readiness. The program has a greater than 85% success rate in retaining families in the program for the full two years.

The Oscar G. & Elsa S. Mayer Family Foundation Proposal Information Form

The Parent Child Home Program has been evaluated in replication sites as diverse as New York City and rural South Carolina, with children and families who are native speakers and English Language Learners. All point to the program's effectiveness in building children literacy and school readiness. One example:

- For over 35 years, the Pittsfield, MA Public Schools have provided The Parent-Child Home Program to Title 1 eligible families as a central component of their early childhood initiative. Since 1992, the district has been administering the Daberon (a nationally validated school readiness assessment) to all incoming kindergartners, and analyzing this data to assess the impact of the Title 1 preschool program on kindergarten readiness. The data has consistently demonstrated that the preschool experience, specifically participation in both The Parent-Child Home Program and pre-K sequentially, significantly improved children's school readiness. The Daberon data from Pittsfield for 2005, shows that those children who completed The Parent-Child Home Program and Pre-K entered kindergarten on average 10.15 months developmentally above their chronological age, compared to an average of 3.30 months above chronological age district wide. Those children who only had Pre-K and not The Parent-Child Home Program were on average only 4.86 months above their chronological age.

Three longitudinal, "gold standard" research studies affirm its long-term impact not only on school readiness, but also on later school success:

- Longitudinal, multi-site, randomized control trials found that Parent-Child Home Program children gained 17 points on IQ assessments, going from 84.9 to 101.9, whereas the combined control groups' IQ remained stable (89.9 to 90.4). A statistically significant increase in receptive vocabulary was also found in Program children and not in the control groups.
- A multi-site, longitudinal, location-randomized evaluation of Parent-Child Home Program participants found that as of third grade there was a statistically significant reduction in the need for special education classes for Parent-Child Home Program graduates as compared to controls (14 percent vs. 39 percent).
- A longitudinal randomized control group study of The Parent-Child Home Program found that low-income children who completed two years of the Program went on to graduate from high school at the rate of middle class children nationally, a 20% higher rate than their socio-economic peers, 30% higher than the control group in the community.

Please refer to the accompanying annotated bibliography for a full review of research on the program outcomes.

There are five critical aspects of implementation of the PCHP that we will follow:

- First, we are prioritizing *recruiting home visitors from the same communities our participating families live in*. Families tend to be more open to people they know face similar life circumstances and community resources (i.e. schools, community center).

The Oscar G. & Elsa S. Mayer Family Foundation Proposal Information Form

- Second, *focusing the home visits on developing the skills a child needs to be ready for kindergarten*. Home visiting program outcomes can become diluted when the home visitor starts to function more like a case manager than a parent education coach/role model. The PCHP home visitors focus each visit on modeling for parents various ways to teach their child through reading, play and games and will leave books and toys to allow them to continue these activities throughout the week. A social worker at the agency follows up with parents on issues the parents have asked for help with.
- Third, the home visitors will *sustain weekly visits* for two years, long enough to have coached the parent in new ways of interacting with their child that emphasizes conversation, reading and playing educational games together that build skills.
- Fourth, the AmeriCorps members will *recruit volunteers to provide home visits* using the PCHP model as well as provide home visits themselves. The Parent Child Home Program (PCHP) has a strong body of research showing it to be extremely effective when implemented with paraprofessionals who are culturally and linguistically connected to the families they visit. Nationally about 30% of PCHP home visitors were former program clients. We will work diligently to recruit AmeriCorps members and volunteers from the communities we will be serving to fill these positions. The key is that volunteers must commit to at least a full year of visits and agree to participate in the weekly meeting of home visitors to learn the next week's curriculum and to share challenges and opportunities. By including community-based volunteers in the home visiting team we make the weekly team meeting more closely attuned to community issues and increase the program's cost effectiveness.
- Fifth, at periodic intervals, the home visitors will support the parent to complete a research-tested child *developmental screener* called the Ages and Stages Questionnaire (ASQ). The questionnaire is scored to determine how well the child is progressing compared to typical development. If the screener indicates a child has a probable developmental delay, the child will be referred to a physician or early intervention services.

United Way of Dane County currently collaborates with Children Service Society and the Center for Families (a merger of the Respite Center, Family Center and Exchange Center for the Prevention of Child Abuse) to provide home visits to 219 families in Dane County. This program will allow us to serve 50 low-income and at-risk young children and families with weekly home visits to help prepare these young children for kindergarten

4. The program director's experience with this and similar services; the preparation or credential requirements of the program staff; and the role of volunteers (if any).

The program will be led by staff at United Way and the Center for Families. Teri Weiland, will serve and Program Coordinator. Teri has a Masters in Social Work and has lead the home visiting programs at the Center for Families for five years. Teri will supervise the AmeriCorps members and volunteer home visitors. Lynn Riley at CSSW has a Masters in Social Work and nearly fifteen years of child welfare experience. Lynn currently oversees the KinderReady program and will oversee the social worker for the Parent Child Home Program. Kathy Hubbard, Director of Born Learning initiatives at United Way, will oversee the collaboration. Kathy, who has a Masters in Social Work, has worked for more than 20 years overseeing programs in the areas of early childhood and education and was staff to the

The Oscar G. & Elsa S. Mayer Family Foundation Proposal Information Form

Born Learning delegation. Elisabeth Marx has a Masters in Nonprofit Management, 25 years experience in nonprofit management and program evaluation, serves as Program Director for United Way's Mobilizing Skilled Volunteers AmeriCorps program and will serve as grant administrator.

5. Your community partners in this program, and the reasons for those partnerships.

We are very pleased to be at the nexus of collaboration between two premier agencies serving children and families in Dane County: the Children's Service Society of Southwestern Wisconsin (CSSW) and the Center for Families. These organizations have agreed to collaborate on the hire of a single Program Coordinator to oversee the Parent Child Home Program (who will be based at the Center for Families), a Social Worker to provide wrap-around support to the families (who will be based at CSSW), and four AmeriCorps members to provide home visits (who will be based at the Center for Families). Referrals will come from both agencies and matches between the families and home visitors will be made based on location, language and other demographic factors rather than agency affiliation. The National Center for the Parent Child Home Program will provide training, technical assistance and data collection and analysis on all the participating families. The AmeriCorps members are part of a United Way program; they are part of a team of 26 members across four agencies.

The reasons for this complex partnership are multiple. First, CSSW and the Center for Families are the lead agencies working on home visiting with United Way on our Born Learning initiative. Historically, the Center for Families has served families with children birth to age two and CSSW has served families with children ages three and four. It has become clear that they need to work closely to connect with families as needed throughout these years and that by working together they can serve the families seamlessly from birth to age five. The division of responsibilities is straightforward: the Center for Families will supervise and lead the AmeriCorps members and volunteers in the educational home visits. CSSW will follow-up with the families on issues needed attention from a trained social worker that emerge as part of the home visits (i.e. the family mentions trouble paying the utility bill or the needs to check the child's eye sight). United Way spearheads the Born Learning initiative, collects and analyzes data and runs the AmeriCorps program overall.

6. Laws, regulations and/or policies (e.g., accreditation standards, staffing levels, facilities availability, etc.) applicable to the proposed program, and measures you take to comply with them.

Our home visiting programs follow all regulations and laws by the city, county and state that apply to home visit of young children and their families, such as child abuse reporting, HIPAA (as appropriate).

7. Evidence you use to determine the at-risk status of participants in the proposed program.

The program will focus on children with at least one significant risk factor, as identified by research on barriers to young children's healthy development, notably parents' low-level of

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

literacy and/or education, teen parents, poverty, history of educational delays/challenges for older siblings, early health problems. Based on current home visiting programming through this partnership, we expect 20-30% to be from African-American families, 30-40% of Latino families, and the rest Caucasian or other immigrant.

8. Evidence you use to determine the school readiness at kindergarten of children in the program.

Throughout the children's participation in the program, we will use the Ages and Stages Questionnaire to assess whether they are on-track developmentally. The American Academy of Pediatrics recommends screening all young children for developmental delays as a regular part of their ongoing health care. The reasons are strong. Research shows that when professionals use reliable and valid screening instruments – such as the *Ages and Stages Questionnaire* -- they are able to identify 70% to 80% of children with developmental delays. By contrast, research has also shown that child health specialists, including physicians, fail to detect delays more than 70% of the time when they rely on clinical judgment alone. Pediatricians have a limited amount of time during exams to cover the myriad of subjects related to a child's health and development. For very poor children, who in most cases do not get regular care, the pediatrician is more likely to concentrate on catching major health problems, rather than catching less obvious developmental delays. Getting a child medical or other early intervention services prior to kindergarten has huge academic, social and economic benefits. Children participating in the program who show signs of development delays will receive the appropriate referrals. Thus, when they are entering kindergarten they are more likely to "pass" the kindergarten readiness screener, which we will ask all participating families to have their child take.

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

IV. OUTCOMES AND EVALUATION

| Desired Outcome(s) | Action Steps to Achieve Outcome | Indicators of Progress/Results (interim benchmarks) | Timeline for Activities / Estimated Completion | Evaluation and Measurement Methods * |
|--|---|--|---|---|
| Output: 50 families are positioned to access information on how to promote their child's Kindergarten readiness | Community outreach and information sharing with professionals positioned to refer appropriate families | 50 at-risk children are enrolled in the Parent Child Home Program | 50 families enrolled by January 2012 | Program participant tracking with the on-line Management Information System maintained by the National Center for the PCHP |
| Intermediate outcome: 43 children develop cognitive, social, emotional, and physical skills that make them better prepared for Kindergarten and their parents learn how to foster these skills | Home visitors are trained in the PCHP curriculum and implement it faithfully during their home visits with the enrolled families. The program send birthday cards, holds periodic socials, and engages in other activities to help assure retention of families in the program. | 80% of the 50 enrolled families will receive two half-hour home visits weekly for one year. | October 2011 – June 2012 | Program participant tracking with the on-line Management Information System maintained by the National Center for the PCHP |
| Intermediate outcome: Children with potential developmental delays are connected to intervention services. | The home visitors are trained to work with the parents to do the Ages and Stages screener with their child. | 80% of the parents complete the Ages and Stages Questionnaire regarding their child's development. The program social worker connects 90% of the child identified as having potential developmental delays to needed services. | October 2011 – June 2012 | Program participant tracking with the on-line Management Information System maintained by the National Center for the PCHP and the SPHERE system that tracks Ages and Stages results for all children screened in Wisconsin |

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

| Desired Outcome(s) | Action Steps to Achieve Outcome | Indicators of Progress/Results (interim benchmarks) | Timeline for Activities / Estimated Completion | Evaluation and Measurement Methods * |
|--|--|---|--|--|
| Intermediate outcome: Children are performing within developmental norms for their age. | The program coordinator administers the Parent and Child Together (PACT Child's Behavioral Traits (CBT) assessments at the end of the program year. | 70% of the children who are enrolled in the program and received at least 40 of the 46 scheduled visits perform within norms for children their age. (This is the end of the first year of a two year program.) | June 2012 | PACT and CBT scores tracked on the program participant tracking with the on-line Management Information System maintained by the National Center for the PCHP. |
| End outcome: Children are ready for Kindergarten | The program coordinator administers the Parent and Child Together (PACT Child's Behavioral Traits (CBT) assessments at the end of the program year. Madison-based children participate in the Kindergarten screener, | 80% of the children who are enrolled in the program and received at least 87 of the 92 scheduled visits perform within norms for children entering Kindergarten | June 2013 | PACT and CBT scores tracked on the program participant tracking with the on-line Management Information System maintained by the National Center for the PCHP. |

* Describe internal or external procedures used to evaluate the outcomes and the effectiveness of any of the activities listed above.

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

V. ADDITIONAL PROPOSAL INFORMATION

Please comment on each of the following points for our consideration in reviewing this proposal and in making our grant award decisions:

A. Please cite and explain any outcomes that are expected to yield social returns on an investment in this proposal, that is, outcomes leading to specific social benefits or social cost reductions.

Research on the Program has consistently demonstrated that parents who participate in the Program exhibit more and consistent positive interaction and affect toward their children. The Program has consistently documented from pre- to post-program participation an increase in warm, responsive, and steady routines and interactions. Studies have also reliably shown that children who participate in the Program enter school with the requisite social-emotional skills (e.g. impulse control and attention to tasks).

Parent-Child Home Program research has consistently demonstrated that Program participants out-perform at-risk control or comparison groups on cognitive measures and have often closed the achievement gap with middle-class children. Randomized controlled trials demonstrated cognitive benefits for toddlers immediately after Program participation. Follow-up studies at third grade showed long-term gains in intellectual abilities (e.g. math and reading achievement). More recent quasi-experimental studies have shown higher rates of school readiness among former Program Cost Effectiveness participants than their counterparts in a comparison group; and a subject-randomized controlled trial has demonstrated higher high school graduation rates for Program children than those in their school district and nationally.

The Parent-Child Home Program's Return on Investment (see attachment for details):

- An independent report, produced by the City of New York Office of the Comptroller, calculates savings of \$210,000 per child due to reduced need for special education services resulting from home visiting programs that demonstrate reductions in the number of children entering school with developmental delays and subsequent decreased need for school-age special education services. (Hevesi, Alan G. "Building Foundations: Supporting Parental Involvement in a Child's First Years." A Report from the City of New York)
- Further analysis of the data from the same report by the City of New York Office of the Comptroller estimates that participation in The Parent-Child Home Program could increase a participant's lifetime earnings potential by between \$600,000 and \$1 million dollars. (ii Hevesi, Alan G. "Building Foundations: Supporting Parental Involvement in a Child's First Years." A Report from the City of New York Office of the Comptroller. 2001.iii Madden, J., O'Hara, J. M., & Levenstein, P. (1984). Home again. *Child Development*, 55, 636-647.)
- A separate study of the job creation and earnings creation effects of The Parent-Child Home Program shows that the Program increases state residents' earnings by 5.66%. The study finds that The Parent-Child Home Program has such a high ratio of earnings effect to net program costs because the Program achieves a considerable increase in the high school graduation rate at a relatively low two year program cost per child (\$4500). The

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

study estimates that if The Parent-Child Home Program were implemented nationally the long-term effects on the economy would include: 300,000 jobs; \$53 billion in generated earnings; and · \$42 billion in long-run annual government revenue. (iv Bartik, Timothy J., “The Economic Development Effects of Early Childhood Programs.” A Report for the Partnership for American’s Economic Success. 2008. 23.)

B. Please indicate whether your organization is proposing a multi-year funding commitment. If you are making such a proposal, please address the following two conditions:

We are asking for a one year grant. We are hopefully that our high level of performance will lead you to support a second or even third year of funding, to give us ample time to secure long-term funding.

C. Please comment on the expected effect of an award for a lesser amount than the full amount of the proposed funding. Please mention any factors of which the Foundation ought to be aware (e.g., any possible segmentation or rescheduling of the work) if it were to reduce the amount of its award compared to the proposed funding.

The challenge with reducing the grant award is that the funding supports a three-legged stool: the AmeriCorps members as home visitors, the Center for Families program coordinator and supervisor, and the CSSW social worker to follow up on the families’ needs. Without any of these parts the program is not whole. To answer the obvious question – Doesn’t United Way have a pool of money with which it could make up the difference? – the answer is no. With the economic downturn, the United Way’s campaign is flat. To meet our obligations to our priority programs, we have cut other program investments and cut back our own staff and operating expenses. Last year we even dipped into our reserves. No, there is no unassigned pot of money.

D. Please comment on the timing of an award. Please tell us if the timing of its receipt would be significant to your organization or to the proposed program or proposal. In your comment, please address the effect of a delayed award, or of an award that may be divided, for example, between calendar years or fiscal years.

The AmeriCorps members start in August 2011 and continue through July 2012. A delay in the award much later than July makes uncertain whether we can engage the AmeriCorps members on this project or assign them to other funded service opportunities.

E. Please mention anything else that you would especially like The Oscar G. & Elsa S. Mayer Family Foundation to know about your organization, its work, and/or your proposal.

We are very proud of our long-term partnership with the Mayer family and grateful for their leadership in Madison and Dane County. Oscar chaired the first United Givers Fund in Madison in 1950. His leadership at that crucial period in our history epitomized the generosity and spirit of his gifts of vision, energy, time, and resources to United Way of Dane County. The longevity of our partnership is remarkable: Decades of support through Oscar Mayer and Kraft’s workplace campaigns. Sixteen years of sponsorship of Days of Caring, with its 3,000 plus volunteers. An exceptional history of successful campaign chairs, with Nick Meriggioli diligently working in the wings this year in preparation for his leadership in 2012. Support

The Oscar G. & Elsa S. Mayer Family Foundation
Proposal Information Form

through Oscar G. Mayer Foundation donations. This remarkable partnership is integrated into all of the work we do and who we are at United Way of Dane County.

We were delighted to catch up with Hal last year and find, though our paths did not frequently cross over the past few years, our philanthropic interests and work continue to run parallel. We both have decided to focus our work in targeted areas where we can have significant impact. We both are pursuing research-based initiatives designed to result in significant improvements in the human condition. We both have dedicated a significant portion of our work to children.

VI. PROPOSAL ATTACHMENTS

When you submit your Proposal, please attach

- A. A resume, curriculum vita, or biography of the Program Director, Principal Investigator, or Project Manager for the work of this proposal.
- B. A completed RFP-Proposal Operating Data Form. (Please submit this form in the format of an MS Excel spreadsheet file.)
- C. A completed RFP-Proposal Budget spreadsheet (also in Excel).