



Family Services, Inc.

An affiliate of Sheppard & Enoch Pratt Foundation

Early Head Start Community Assessment

June 2009

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I. INTRODUCTION

Early Head Start (EHS) is a federally funded community-based child development program for infants, toddlers, and pregnant women from low-income families. Its primary mission is to enhance the development of children ages 0 to 3 and to promote healthy family functioning.

EHS was developed from Head Start's long history of providing services to infants and toddlers through Parent Child Centers, comprehensive Child Development Centers and other early child development and family support organizations serving families with very young children. Advances in the field of infant development led to Head Start formally expanding to include the provision of Early Head Start services. In 1994, the Secretary of Health and Human Services formed an Advisory Committee on Services for Families with Infants and Toddlers to design EHS.

EHS programs must support the physical, social, emotional, cognitive, and language development of each child. Parenting education and the support of a positive parent-child relationship are critical. Although each EHS is responsible for determining its own eligibility criteria, the services that EHS programs must provide directly or through referral include:

- Early education services in a range of developmentally appropriate settings;
- Home-visits, especially for families with newborns;
- Parent education and parent-child activities;
- Comprehensive medical, dental and mental health services; and
- High quality child care services, provided directly or in collaboration with community child care providers.

II. PROGRAM DESCRIPTION

Family Services, Inc. (FSI), an affiliate of Sheppard and Enoch Pratt Foundation, administers the Early Head Start Program in northern Montgomery County, Maryland. This service area encompasses 15 zip codes, including Gaithersburg, Germantown, Damascus and Clarksburg (see Attachment A – EHS Service Area and Zip Codes).

The mission of the FSI EHS program is to empower families to educate their children in a healthy environment and to provide families with the tools and community linkages needed to reach and sustain self-sufficiency. The FSI EHS objectives are to:

- Provide high quality home-based child development services to pregnant women and children ages 0 to 3,
- Provide high quality center-based child development services to children of parenting teens and working parents in the Gaithersburg area,
- Utilize a strength-based model to empower parents to recognize that they are their child's first teacher,
- Coordinate services for infants and toddlers with disabilities,
- Promote family health, safety, nutrition, and father involvement, and
- Provide high quality training programs to ensure that staff members become expert in child development and family and community resources.

The FSI EHS program currently employs a multi-disciplined, multilingual, and multicultural staff to provide comprehensive home and center-based child development services to 75 children and their families. At least ninety percent of the families of children enrolled in FSI EHS meet the federal poverty guidelines. There is an allowance for 10% of the families to be exempt from the poverty guidelines if their child has a developmental delay. As of June 2009, 14 of the FSI EHS children were diagnosed with disabilities (18.7%). There are 8 children with language delays, 4 with language and gross motor delays, 1 with autism and 1 with a chromosomal abnormality (language and cognitive delays).

All children in the program have individualized development plans to meet their specific needs for growth and development. Those with developmental delays have an active Individual Family Service Plan (IFSP), which is developed and reviewed by the local Part C Agency, Montgomery County Infants and Toddlers Program (MCITP), as well as by their parent/guardian, Family Support Worker (FSW) and team leader. All children have an Individual Child Development Plan (ICDP), which is developed and reviewed by their parent/guardian, FSW, Home-based Team Leader, EHS Infant and Toddler Team Leader, EHS Health Coordinator, EHS mental health consultant and the EHS nutritional consultant. The IFSP and the ICDP track each child's strengths, needs, and progress in the areas of infant/toddler development, health, nutrition, and mental health.

The ICDP and IFSP are only a portion of the documentation the used to plan appropriate child development services with each family and child.

Other items used are as follows:

1. The Denver Scale - a developmental assessment for infant younger than 6 months.
2. The Ages and Stages Questionnaire - an assessment of the child's development in the areas of communication, gross and fine motor, and problem solving
3. The Ages and Stages Questionnaire/Social-Emotional - an assessment of the child's social and emotional development.
4. The Family Partnership Agreement (FPA) - a goal-setting plan for each family.
5. The Parents as Teachers (PAT) curriculum (available in English and Spanish) – to coach parents to take an active role as their child's first and best teacher.

III. PROGRAM DESIGN

Policy Council and staff develop the criteria to recruit and select families based on the guidelines set forth in the Head Start Performance Standards. Recruitment includes canvassing the local community, advertising at community events, soliciting referrals from past and current program participants, as well as local public and private agencies. Montgomery County Public School (MCPS) nurses and counselors at area high schools assist in the recruitment of teens for the Child Development Center. In addition, EHS staff represent FSI on several community boards and committees and are able to solicit referrals and gain community recognition. The goal of the Parent Services team is to maintain a wait list of at least 20 families to meet the needs of a year-round program with rolling enrollment.

Families who complete the application and are on the waiting list are ranked based on a set of risk criteria determined by members of the Policy Council and staff (see Attachment B - FSI/EHS Selection and Ranking Criteria). The families with the greatest need are presented to the Multi-Disciplinary Team (MDT), comprised of EHS leadership, to determine which families will be enrolled when openings become available. The MDT meets weekly to discuss the opening and closing of cases as well as to review the status of current cases.

The FSI EHS program serves a total of 75 families -- 61 through home visiting and 14 in the Child Development Center. Each family in the home-based option receives a ninety minute home visit from a Family Support Worker (FSW) each week. During these visits, FSWs meet with one or both parents/guardians and the child to teach, model, and plan appropriate child development activities from the Parents as Teachers (PAT) curriculum and Ready at Five materials. Together, parents and FSWs plan and implement individualized family services as well as Family Partnership Agreements (FPAs) to help strengthen families and make progress towards the goal of self-sufficiency.

The FSI EHS Child Development Center (CDC) provides year-round services to 6 infants and 8 toddlers. The Center operates five days a week from 7:30 AM to 2:30 PM. Children are selected from the CDC waiting list based on set criteria (see Attachment C FSI/EHS Child Development Center Ranking Form). The form addresses such criteria as number of hours worked, parental risks and housing conditions to identify the families with the greatest need for care.

The EHS program gives preference to parenting teens at local high schools with the goal of helping the teens complete their studies. The program currently has MOUs in place with Gaithersburg and Watkins Mill High Schools. The EHS bus driver picks up mothers and children each morning and delivers them to the Center. The mothers attend an early morning child development class, for which they receive MSPS credit, before boarding an MCPS bus that takes them to school. Their babies are cared for at the Center until the end of the school day when the MCPS bus transports their mothers back to the Center. At the end of the day, the EHS bus driver transports mothers and

children back home. The children of working parents are also served in the CDC. These parents/guardians are required to work or be enrolled in school for a minimum of twelve hours a week.

The Creative Curriculum is used for daily and monthly lesson planning in the CDC. All parents in the CDC receive home visits and parent/teacher conferences each year. The documents utilized in the home-based program (including the IFSP, ICDP, FPA, etc.) are also utilized in by Center teachers as they develop monthly lesson plans.

Community Connections

Through formal and informal relationships, FSI EHS is closely linked with other community service providers who work with low-income parents, pregnant teens, children from 0 to age 5, and children who have been identified as having special needs. For example:

- A close relationship with the Montgomery County Infants and Toddlers Program (MCITP) allows for expedited referrals between the two programs. Information relating to children's disabilities is shared, services are coordinated, and transitions for children with disabilities to the next level of available services when they turn three are facilitated.
- Through coordination with the Head Start program in Montgomery County Public Schools (MCPS), Head Start registration is held at FSI to assist in families as they make the transition to pre-school services when their children turn three. Additional transition services are achieved through joint staff meetings and follow-up by staff.
- Coordination with the FSI Outpatient Mental Health Clinic has established a process through which FSI EHS may refer families for counseling.
- Coordination with Gaithersburg and Watkins Mill High Schools supports school attendance by teen parents who are enrolled in the FSI EHS Child Development Center. Teens are encouraged to improve their academic performance while remaining fully involved in their child's care. This is achieved through close communication with the school-based guidance counselors, nurses, and ESL counselors
- EHS staff are active participants in the Montgomery County Interagency Coalition on Adolescent Pregnancy through which EHS receives referrals for young and teen parents.

IV. PROFILE OF MONTGOMERY COUNTY, MD

Montgomery County is a predominantly suburban area that covers approximately 500 square miles adjacent to the nation's capital, Washington, D.C. It is also bordered by the state of Virginia and Howard, Frederick, and Prince George's Counties in Maryland. The United States Census Bureau estimated Montgomery County's population to be 956,000 in FY 2007, the most populous jurisdiction in Maryland. In 2006, the county was ranked 44th largest in the entire country (out of 3,141 counties). The population is expected to continue to grow and will likely reach one million by 2011. The county is governed by a County Executive and a nine-member County Council.

Demographics

Montgomery County has become highly diverse in recent years, both culturally and socio-economically. In 1990, 34% of births in the county were to minority women, while in 2006 minority births were 61% of the total. In addition, over 80,000 foreign-born people moved to Montgomery County between 2000 and 2006. One-third of the county's population speaks a language other than English and 40% of Montgomery County's population is non-white. According to the U.S. Census Bureau's 2007 population estimate, the county racial composition is 54.4% white, 16.8% African-American, 14.3% Hispanic, 13.5% Asian and 2% bi-racial (figure totals 101% due to rounding).

Montgomery County's population growth came from an increase in births, migration from other states, and international migrants. The largest source of population growth in the area was births; the birth rate in the county has been climbing and is over 13,000 births annually since 2000. In 2007, the percentage of persons under 5 years of age was 7.1%, or just under 68,000 children. The percentage of persons under 18 years old is 24.3%. The county has also attracted new residents, over 181,000 people moved to the county between 2000 and 2005. The new residents were mainly young married couples with children. According to the 2005 Census Update Survey, the county is 53% female, 47% male and the age distribution is as follows:

6.8%	0 – 4 years old
19.1%	5 – 17 years old
12.3%	18 – 29 years old
23.1%	30 – 44 years old
27.5%	45 – 64 years old
5.8%	65 – 74 years old
5.4%	Over 74 years old

Income

Montgomery County has historically been one of the wealthiest counties in the United States. The U.S. Census Bureau reported the 2007 median household income as \$91,440. However, vast disparities in income levels exist, with large pockets of people living in poverty primarily in the central corridor of Silver Spring, Rockville, Gaithersburg, and Germantown. Traditionally, determination of needs for federally subsidized

programs like Head Start was made based on the Federal Poverty Level (FPL) created in the early 1960s. Although adjusted for inflation, the figure fails to take into account factors such as single-parent households, the cost of childcare, and makes no adjustments for fluctuations in cost of living based on geographic location. The 2007 cost of living in Montgomery County was 44.71% higher than the national average.

According to the Community Action Board Self-Sufficiency Standard for Montgomery County 2008 Summary, a family of three consisting of one adult working full-time, one school-aged child and one pre-school child requires a gross income of \$68,086 per year to be self-sufficient. The FPL for this same family is \$17,600, not taking into account the composition of the family or the area in which they live. Thus, the FPL is only 26% of the Self-Sufficiency Standard in Montgomery County.

Industry

High technology, especially telecommunications and biotechnology, is the principle economic activity in Montgomery County. Major employers include Montgomery County Public Schools, the National Institutes of Health, County Government, the U.S. Food and Drug Administration, Marriott International and Lockheed Martin. The main business concentrations are along the I-270 corridor in the west and the Route 29 corridor in the east. The County's 32,400 companies employ 386,000 workers (MD Dept. of Business and Economic Development 2007-2008). In April 2009, there were 508,111 workers in the civilian labor force and the county unemployment rate was 4.7%, compared to a rate of 2.5% for April 2008 (Maryland Department of Labor, Licensing and Regulation website).

Housing

Due to its proximity to Washington D.C. and Baltimore, housing in Montgomery County is expensive and households below the median income have very limited choices. The 247,328 owner-occupied county housing units have a median value of \$466,052 and the county homeownership rate is 68% (MC Department of Economic Development, 2009). The average monthly costs were \$1,687 for homeowners and \$1,167 for renters in 2005. The 2006 Housing Wage in the county was \$23.56 (the hourly wage needed to afford the average rent for a two-bedroom apartment). This wage is four times the state minimum wage of \$6.51 (2007 Data Book). Montgomery County has the greatest number of Section 8 Housing units in the state, with over 4,000 units. Three out of four units are in Housing Opportunities Commission (HOC) Residential Communities. Even so, the county does not have enough affordable housing to meet demand. The affordable housing supply, as a percentage of all housing, was only 4.9% in 2000 (Mont. County Collaboration Council website). There is an acute shortage of housing for low-income families.

Household Composition

In 2000, there were 324,565 households in the county for a total household population of 863,910 and an average size of 2.66 persons (Census 2000 Summary File). Of households in the county, 74.2% are families (61.8% married couples and 10.2% single parents) and 25.6% are non-families. The average age of the head of household is

50.6; 34.8% of head of households are foreign born and 12.5% of households speak Spanish (2005 Census Update Survey).

Education

Montgomery County is the sixteenth largest public school system in the United States with an enrollment of approximately 139,000 students for 2008-2009. MCPS operates 130 elementary schools, 38 middle schools and 25 high schools. Special education services are received by 12.1% of students. The immense growth in Montgomery County is reflected in its school system. From 1999-2009, enrollment has increased 10%, diversity increased by 20%, and the ESOL population has increased by 92%.

MCPS is comprised of students from over 164 countries speaking more than 134 languages. In FY 2007, there were 14,785 students enrolled in the ESOL program, with the highest concentration of students at pre-kindergarten and the lower elementary grades. Students in Pre-K to grade 2 make up 62% of the elementary ESOL enrollment and 41% of the total ESOL enrollment. Although born in the United States, most of these children have lived in non-English speaking environments and have very limited English language skills.

The 2008-2009 ethnic composition of MCPA is 39.1% white, 23.1% African American, 22% Hispanic and 15.5% Asian. At the same time the system has increased the number of AP exams taken by high school students by 262%.

The proportion of teens ages 16-19 who are not enrolled in high school and have not graduated is 6% (Annie E. Casey Foundation, 2006). Educational attainment is high in the county; the U.S. Census Bureau (2005) reports that 92.2% of residents age 25 or older are high school graduates and 63.6% have obtained a bachelor's degree or higher. Nationwide only 27.5% of adults over age 24 have a college degree.

Transportation

Montgomery County is a suburban region and thus has a variety of public transportation options. The Department of Transportation's "Ride On" bus system connects residents in various communities to local workplaces, educational institutions, recreational facilities and other essential destinations. The county operates 375 buses which make a total of 22 million trips per year. The MARC commuter rail and the Washington Metropolitan Area Metrorail system connect residents with destinations in Maryland and D.C. The mean travel time to work in the county is 31.3 minutes. The average number of cars per household is 1.9 (2005 Census Update Survey).

Child Health

The following data was obtained from the Montgomery County Collaboration Council website. The infant mortality rate in Montgomery County continues to decrease. In 2003, there were 5.1 deaths per 1,000 live births, well below the federal government's Healthy People 2000 goal of 7 per 1,000 births. Although this data is encouraging, the infant mortality rate for African American babies is almost 4 times as high as White babies. The percentage of low birth weight babies (less than 2,500 grams) was 7.7%, or

1,046 babies. The child death rate (per 100,000 children 1-14 years) was 11.1. The child abuse and neglect rate (per 1,000 children under 18) was 5.4, or 1,213 children. Between 1999 and 2003, the number of reports of child abuse and neglect for children age 0-6 increased by 51.9% and the number of substantiated reports increased by 69.4% (FPG Child Development Institute). The school age immunization rate for MCPS is 99.4%.

V. DEMOGRAPHIC TRENDS OF EARLY HEAD START ELIGIBLE CHILDREN AND FAMILIES

Children living in Poverty

The Census Bureau estimated that in 2006 there were over 6,000 families in Montgomery County with young children living under 200% of poverty. According to the Montgomery County Collaboration Council, in 2005 12,883 (18%) children under age six lived in families with low incomes (less than 200% of the FPL). The majority of children under age four living in poverty in the county are in the central corridor encompassing Germantown, Gaithersburg and Silver Spring, with additional pockets in Damascus and Poolesville. These up-county areas are all served by the FSI Early Head Start program.

The Temporary Assistance for Needy Families/Temporary Cash Assistance (TANF/TCA) county caseload was 750 in January 2009 (Montgomery County DHHS). Thirty five percent of all children receiving TCA were aged birth to five years. In January 2009, the number of county residents receiving Food Stamps was 13,759 (Montgomery County DHHS).

FARMS

The number of children receiving public school Free and Reduced-price Meals (FARMS) is used as a low-income indicator because it is based on poverty levels. To date, the MCPS FARMS program has served over 12.85 million meals. Currently, 27.4% of all Montgomery County Public School students qualify for a free or reduced-price lunch and approximately one-third of county elementary schools have over 50% of their students receiving FARMS. The closest elementary schools to FSI offices are Gaithersburg Elementary (73% FARMS), Summit Hall Elementary (85% FARMS) and Washington Grove Elementary (65% FARMS). Hungry children are more likely to be absent from school, retain less knowledge, and repeat a grade and hungry teens are twice as likely to be suspended from school. They are also 90 percent more likely to be reported in poor or fair health.

Limited-English Proficiency and School Performance

Quality childcare and educational programs are key to Kindergarten readiness and later school success. Readiness for Kindergarten can measure how well families and communities support early child development. When children enter school unprepared most do not catch up and continue to lag behind academically throughout their school years. In 2007, 67% of Montgomery County's children were prepared for Kindergarten. Hispanics and children with limited English proficiency were less prepared with 53% of Hispanics and 50% with limited English proficiency being fully prepared for kindergarten. Low-income families are less likely to use formal daycare because of its high cost. These children are less likely to be assessed as fully ready for kindergarten because they utilize informal care, such as grandparents or neighbors. FSI EHS staff speak five different languages; English, Spanish, Hindi, French, and Sinhalese.

The American Community Survey estimates that in 2008, 14.6% of Montgomery's population, or about 125,000 people, had limited English proficiency. The proportion is

even higher for Gaithersburg – about 20.6%. Students who have limited English proficiency are more likely to drop out of high school. At Gaithersburg High School the overall drop-out rate is 3.9%, while for limited English proficient students it is 6.8%. In Montgomery County, 33% of high school students complete an “academically rigorous program,” however, only 3% of limited-English proficient and 9% of FARMS students do so.

Homelessness

The Primary Care Coalition of Montgomery County estimates that 24% of the county’s homeless population is children. Homeless children face greater health problems and lower educational achievement than children with stable housing.

Montgomery County conducted a “point in time” survey in January 2009 and found 109 children living in motels, 70 children living in emergency shelters and 156 children in transitional programs. In addition, there were 398 children in permanent supportive housing (no longer homeless but receiving supportive services). These 733 children were in 354 households.

Health Insurance

The Annie E. Casey Foundation reported that 9% of children under 18 in Maryland do not have health insurance (2006). The percentage of children 0-5 who receive Medicaid increased 118.3% between 1999 and 2003 to a rate of 55.2%, much higher than the state average of 39.3% (FPG Child Development Institute). In 2009, total Medical Assistance recipients in Montgomery County number 65,667 and 31,000 of them are children (MC DHHS).

Child Care Costs

The Census Bureau estimated that 48,852 children under age 6 in the county have both parents in the labor force in 2005 (55% of all children). In Gaithersburg, where FSI EHS is located, 72.5% of women with children under age 6 are employed outside the home (2005 Census Update Survey). Reliable, licensed child care in Montgomery County is out of reach financially for many low-income families. In 2008, the Maryland Child Care Resource Network estimated average child care costs in a family with two children ages 1-2 and 3-5 years to be \$20,013 per year. A family of four who makes \$55,000 a year would spend more than a third of their income of childcare. Thus childcare is the second highest major household expense for local families.

In the FSI EHS 15 zip code catchment area, there are approximately 20,000 women in the workforce who have children under age 6 (2005 Census Update Survey). With a county poverty rate of 18%, that equates to about 3,600 mothers living in poverty who need affordable care for their children. FSI operates the only Early Head Start program in the upper county and currently has a capacity of only 14 children in the Child Development Center.

Prenatal Care

In Maryland, the percent of women receiving prenatal care in the first trimester of pregnancy has been dropping since 2000, reaching a low of 79.5% in 2007. Furthermore, less than 60% of mothers younger than 18 received care in their first trimester (Adolescent Reproductive Health Needs Assessment, 2005). Among White women, 82% received early prenatal care, compared with 73.5% of African-American women and only 63% of Hispanic women. African-American infants continue to be at greater risk, with a disparity of nearly to 2:1 in prematurity rates, and over 2:1 in infant death rates. Between 2006 and 2007 the disparity in infant deaths increased to 3:1. Preterm births have increased by 6% since 2000.

Teen Pregnancy and Births

More than 125,000 adolescents, ages 10 to 20 years live in Montgomery County. In the 2004-2005 school year the middle school (grades 6-8) population was 31,657 and there were 44,084 youths in high school (grades 9-12) (Montgomery County Adolescent Reproductive Health Needs Assessment, 2005).

By applying national rates locally, there are approximately 19,000 sexually active teens ages 15 to 19 in Montgomery County. In 2003, it was estimated that the pregnancy rate was 26.5 per 1,000 women ages 15 to 19 years which equates to about 760 pregnancies (Montgomery County Adolescent Reproductive Health Needs Assessment, 2005). In 2004, there were over 500 births to adolescents under age 20 in the county (some pregnancies ended in miscarriages or abortions, accounting for the difference). According to the National Campaign to Prevent Teen Pregnancy's "By the Numbers" calculator, the estimated cost of 500 teen births to Montgomery County is almost \$16 million.

Adolescent mothers are less likely to complete high school, have a lower annual income, are more likely to be on public assistance, and are more likely to drink, take drugs and smoke during pregnancy. Babies of teen mothers are at greater risk of being low birth weight, greater risk for abuse and neglect, are less likely to receive proper nutrition, and are more likely to have low academic achievement.

Teen births in Montgomery County increased 16% between 2002 and 2005. This increase was due to an increase in Hispanic births; the rates among Whites and African-Americans actually decreased over the same time period. In 2004, the birth rate for Hispanic/Hispanic teens was 60.3 per 1,000, while it was 32.4 for African-Americans and 12.8 for Whites (Montgomery County Adolescent Reproductive Health Needs Assessment, 2005). Hispanic births among teens ages 18-19 have increased 30% over the past decade, widening the gap with Whites and African-Americans. The county birth rate for Hispanic girls 15 to 17 was almost three times higher than for African-Americans and four times higher than for non-Hispanic Whites. In addition, Hispanic girls have lower high school graduation rates than Whites or African-Americans.

Teen Parenting Support/Drop-out Prevention

Historically, over 60% of pregnant teens drop out of high school. Children born to unmarried mothers who dropped out of high school are 10 times more likely to live in poverty (www.aecf.org/kidscount/rightstart2003). The FSI EHS program has been working to alleviate stressors on teen parents in the county for several years by dedicating slots in its Child Development Center to parenting teens attending school full-time.

On average, parents of six of the FSI EHS CDC children are working towards completion of their high school diplomas (mothers aged 14 to 18). These teen mothers attend Gaithersburg or Watkins Mill High Schools and participate in at least one hour of child-development and parenting classes each morning on site at FSI and receive high school credit for their participation. There were 90 pregnant and parenting teens at Gaithersburg and Watkins Mill High Schools alone this school year, according to MCPS school nurses and counselors. Since its inception in 2000, 54 teen mothers have been served by the program. Of the mothers who have stayed in the program, 78% are either currently in school or have graduated from high school and 78% have avoided a second pregnancy.

Recently, a great deal of attention has focused on what Montgomery County leaders describe as a crisis for many Hispanic teenagers. High school graduation rates for Hispanic youths are lower than for any other racial or ethnic group in the county. In 2008, while 94.5% of non-Hispanic Whites and 83.94% of African Americans received diplomas, only 78.13% of Hispanic graduated from high school. A 2006 survey of more than 1,000 Montgomery County Hispanic teens reports that 94% spend no time with an adult mentor and 30% said they did not feel confident that they would graduate from high school (St. George, Donna. "Many County Latino Teens In Crisis, Say Leaders, Survey." Washington Post 7 May 2009).

The FSI EHS program has recently started an out-of-school-time mentoring program for parenting teens called *The Keys to Success/ Las Llaves al Excito*. The program helps students who may be having difficulty in school and are challenged in juggling their responsibilities as parents. The program goals of providing career planning, tutoring, and academic support will enable young families to develop the necessary skills to become self sufficient. Begun as a pilot summer program in 2008, The Keys has been funded for summer 2009. Based on this success, FSI EHS is currently pursuing grant funding to expand *The Keys to Success/ Las Llaves al Excito* to a year round program.

VI. COMMUNITY SERVICES AVAILABLE TO EARLY HEAD START FAMILIES

The up-county area has the smallest concentration of public and private services in Montgomery County. A major challenge for families in need is physically accessing the services. ChildLink is a phone-in referral service through the County Department of Health and Human Services (DHHS), to guide families in accessing and connecting with appropriate resources for children birth to age 5. The DHHS Government Center houses public and mental health, and child welfare services. Montgomery County also offers food emergency services, such as the Women, Infants, and Children program (WIC), which provides food checks to pregnant women, nursing mothers, and children under age five.

The Manna Food Center serves 20,000 county residents in need of food assistance each year. Montgomery County is one of America's most affluent places to live. However, more than 25 percent of Montgomery County residents are at-risk for hunger. This irony occurs because of the high cost of living and the uneven distribution of wealth in Montgomery County. Additionally, there is a large gap between the amount of money a family must make to be eligible for programs like food stamps, school lunches, and WIC; and the much higher amount of money a family must make to meet the expense of their basic needs.

In addition to DHHS and Manna, other resources available for families in upper Montgomery County include (see Attachment D for full descriptions):

- A. Baby Steps: nurses provide universal hospital-based health screenings to new mothers and babies at Shady Grove Adventist and Holy Cross Hospitals.
- B. Care for Kids: low-cost insurance for children under 19 who are not eligible for MCHP.
- C. Child Care Subsidies: State-funded Purchase of Care (POC) vouchers and County-funded Working Parents Assistance (WPA).
- D. ChildLink: County- wide service to provide information and resources for children from birth to five years old.
- E. FSI's *DARE to be You* - workshops for preschoolers and their parents to focus on improving parent and child interaction.
- F. FSI's Healthy Families Montgomery – a nationally accredited, bilingual, home visiting service for first time parents.
- G. Gaithersburg Help: Provides food, infant formula and medical prescriptions for low income residents with referral.
- H. Judy Centers: Provide resources and information in for parents to show them how to be involved in the education of their children.

- I. LOCATE: resource and referral service through the county and state to assist families in locating and assessing quality childcare.
- J. Maryland Children's Health Program (MCHP): provides health coverage to pregnant women and children through age 19 with no insurance.
- K. Montgomery County Infants and Toddlers Program (MCITP): The Part C agency designated by the State of Maryland to serve children with disabilities.
- L. Montgomery County DHHS Service Eligibility Unit: Serves as a single point of access for a variety of private and public health services.
- M. FSI 's Outpatient Mental Health Clinic: provides individual, family, and group counseling for children, adults, couples, and families.
- N. Parent Resource Center: assists Spanish and English speaking persons as they access needed services in the community and pursue educational goals.
- O. Teen and Young Adult Health Connection (TAYA): a non-profit health care clinic for 12-35 year olds.

Disabilities Resources for Children Under Age Four

There has been a rapid increase in the number of referrals to the Montgomery County Infants and Toddlers Program (MCITP), serving children with developmental delays from 0 to 3. According to the Montgomery County Early Childhood Services Status report from September 2008, 2,255 referrals were made to MCITP that year and 3,632 children enrolled in services. MCITP offers families developmental assessments, special instruction, parent education, infant mental health, and speech, occupational, and physical therapy. Once children age out of MCITP, the Child Find Program screens children ages 33 months to five years of age with developmental delays and refers them to appropriate services.

MCITP and FSI EHS refer families reciprocally as appropriate. A minimum of 10% of the FSI EHS enrollment is children with disabilities, about 8 to 10 children each year. Each of these children receives services from MCITP. Disabilities range from gross motor delays, speech, hearing, and vision impairments, to birth defects and chromosomal abnormalities. MCITP and FSI EHS staff work together with the family to develop an Individual Family Service Plan (IFSP) for each child. MCITP staff provide therapeutic visits to EHS families in the home or at the FSI EHS CDC. As needed, MCITP will refer the families to additional programs, such as the Special Child Care program for vision-impaired or the FICC, a childcare program for severely medically fragile children.

The Children's Medical Services provides care coordination for uninsured, low income children with severe, chronic or handicapping health conditions by linking them with specialists and coordinating their care. The State provides a grant to the County, which funds the Care Coordinator through the Care for Kids Program. The Care Coordinator,

located at the Primary Care Coalition, works closely with Care for Kids families and primary care providers to assist them in completing the application and referrals.

FAMILY SERVICE NEEDS

As families enter the EHS program at FSI, they are asked what they most feel they need help in acquiring and learning in the areas of parenting and life skills. The chart below shows overall needs of EHS parents who are actively enrolled in the program for Program Year 2008.

Service	# of People Interested
Discipline for My Child	44
Stages of Child Development	37
First Aid	37
Planning Learning Activities at Home	33
Nutrition	33
Arts & Crafts	29
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Other: Medical Assistance	1
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VII. Collaboration Council for Children, Youth and Families: A Five-Year Community Strategic Plan for Montgomery County, MD FY 2007 to FY 2012

The Collaboration Council for Children, Youth and Families is the state-directed and locally authorized Local Management Board (LMB) for Montgomery County. The Collaboration Council's main purpose is to create a vision for local children, assess community needs, identify priorities, target resources, and oversee service delivery in initiatives that require collaboration among private and public agencies that serve children and families.

For its Community Strategic Plan, the Collaboration Council, in conjunction with various private and public child-serving agencies, identified needs and then prioritized them with corresponding strategies for action. Community needs were defined as the gaps between what is currently happening with children, youth, and families and what the Collaboration Council sees as its vision identified by the outcomes in The Children's Agenda.

Priority Identified Needs:

Some Young Children Are Not Ready for School

When young children enter public school unprepared, most do not catch up and lag academically throughout their school careers. Forty percent of Montgomery County's 5 and 6 year-olds are not fully prepared for Kindergarten, with even more low income, culturally diverse and limited English speaking young children not fully prepared.

Few Early Care and Education Programs are Accredited

High quality early care and education programs help prepare young children for Kindergarten. Accreditation by national professional organizations indicates the presence of quality features, especially highly trained staff. Only 5% of the nearly 1,400 local child-care providers are accredited. The data show that children who participate in high quality early care and education programs and services are more ready for Kindergarten than those children who do not participate in high quality programs.

High Parent Fees and Subsidy Co-pays Restrict Access to Child Care

Child care can consume over 25% of a local family's income, even more for low income families. The full-day care that is minimally available in low-income neighborhoods is in jeopardy as parents cannot afford the high co-payments for child care without sufficient government subsidies and providers cannot stay in business without sufficient numbers of enrolled children to cover operating costs.

Support is Not Fully Available for Parents as Their Children's First Teachers

Parents are their children's first teachers and are responsible for providing the relationships and experiences that help their children learn throughout life. While there is a local framework with several public awareness and education strategies, not all are implemented to reach as many of the estimated 55,000 families as possible.

Children's Developmental Concerns Must Be Addressed Early

Developmental delays or disabilities may pose challenges to a young child's school readiness. Federally mandated programs assess and offer some services to young children birth through age 5 with developmental delays or other special needs. However, there are gaps in early childhood education programs for 3 to 5 year olds.

Investigations for Child Abuse and Neglect Are Increasing

While the County's rate of child abuse and neglect has remained fairly constant; the population growth has led to an increase in the actual number of investigations, primarily for neglect - up 12% in recent years. Child abuse and neglect occur in families of all income brackets and household types, but those in contact with government protective services agencies are most often low income and racial and ethnic minorities.

Early and Risky Sexual Activity Shown in Adolescent Pregnancy

The rate of births among Hispanic adolescents (60.3 per 1,000 women) and African-Americans (32.4) continues to be far higher than Whites (12.8). Recent local research found that while often believing in abstinence before marriage, adolescents are more sexually active as they age. Knowledge varies regarding methods for prevention of pregnancy.

Matching Priority Identified Needs With Effective Strategies for Success:

- 1. Increase the Availability of Home-Visiting Services*
Through regular support to families and their very young children primarily in their own homes, home-visiting services educate parents and other family caregivers to anticipate and encourage social, physical, and intellectual development from birth through Kindergarten. Home-visiting services also link the family to other needed resources (health care, employment training, etc.) that can help to ensure the family's overall well-being with their children having the best possible start in life.
- 2. Increase Opportunities for Parents to Receive Education and Support in Childhood Development and Effective Parenting for Positive Outcomes*
Outreach and education efforts must be significantly enhanced to reach all parents of very young children respecting cultural, language and literacy differences. Parents must be aware of early childhood development milestones and how to access early childhood services to reinforce the message – parents are their children's first teachers.
- 3. Increase the Availability of Accessible, Affordable, Quality Child Care*
High quality child care must be made available throughout the county with accessibility to quality child care being a priority for low-income children. Well-trained staff, a safe environment, and developmentally appropriate learning materials and activities are all criteria for identifying high-quality child care programs. However, low wages for child care providers and reliance on parent

fees for program operations, including staff professional development, limit the number of accredited providers and programs throughout the county, specifically in lower income communities. Therefore, public and private support beyond parent fees is essential to provide low cost staff trainings, program consultation, and scholarships for advanced degree coursework for child care staff.

4. *Increase Access to Adolescent Reproductive Health Information and Services for Teens and Their Families*

Recent local and national findings conclude that the keys to sound adolescent reproductive health consist of teens receiving accurate information along with positive parent communication about reproductive health and having an optimistic vision of their future. A high priority must be placed on lowering teen pregnancy rates, supporting parenting teens and increasing access to adolescent reproductive health knowledge and services. Parenting teens need tremendous support in order to complete high school.

VIII. SUMMARY AND RECOMMENDATIONS

Even in times of fiscal restraint, the funding of early childhood services must remain a priority.

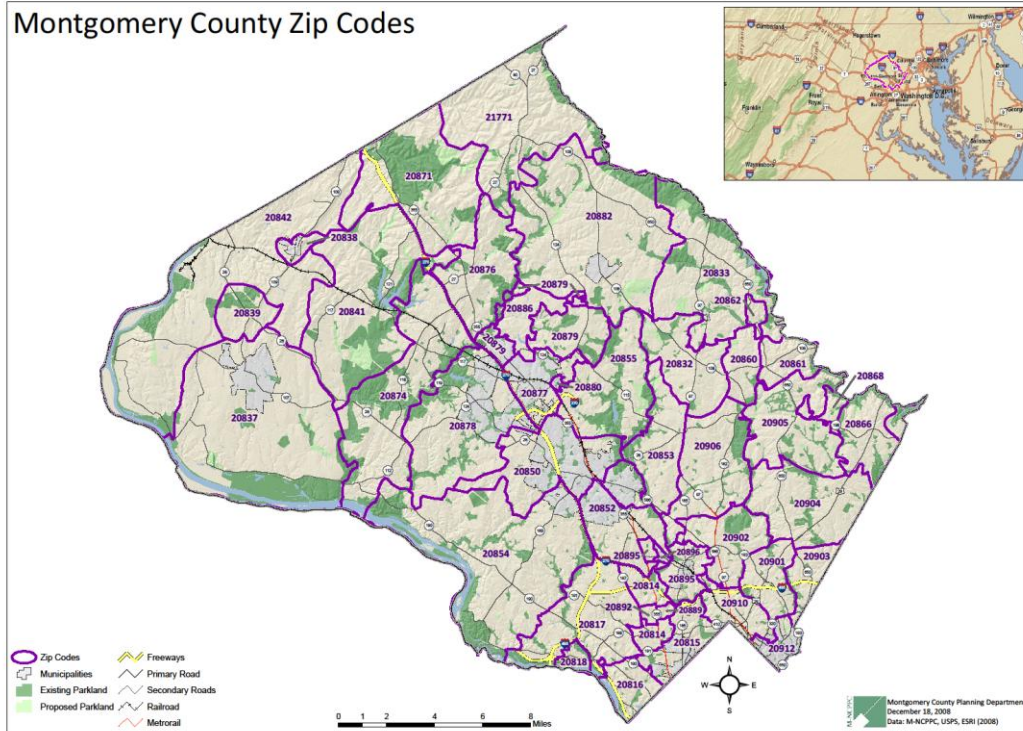
Demand for the array of comprehensive services offered by FSI's Early Head Start program is great, as evidenced by extensive waiting lists. In order to succeed in school and beyond, young children must be given the tools to build a strong foundation for a life time of learning. Parenting teens must be supported in their efforts to complete their education and develop necessary skills to support and nurture their children.

Long-range program objectives for the FSI EHS program are to:

- Plan for increased support of families surrounding child care issues
- Seek increased opportunities to provide child development services to parenting teens in the public schools
- Develop a recruitment plan to reach underserved populations in the FSI EHS catchment area
- Explore appropriate early care and education options for transitioning three-year-olds, including advocacy for an expansion of the Head Start program for threes.
- Develop robust system to capture program outcomes for families over the long term
- Articulate and present program outcomes to stakeholders in the community and solicit increased support for EHS

Attachment A

FSI EHS Service Area and Zip Codes



Fifteen U.S Postal service Zip Codes:

20837	20841	20871	20880
20838	20842	20872	20882
20839		20874	20886
		20876	
		20877	
		20878	
		20879	

Attachment B

FSI EHS Selection and Ranking Criteria

Child's Name: _____

DOB: _____

1. New EHS Family	20
2. Child is in foster care	20
3. Child has disability	15
4. First-time parent	15
5. Teen Parent (up to age 19)	15
6. Meets the Federal Poverty Income Guidelines.	10
7. Child is between the ages of 0 and 18 months, includes pregnant women.	10
8. Current child welfare involvement.	10
9. History of violence in the home.	10
10. Parent's educational level less than 8 th grade.	10
11. Parent has a disability or medical condition. Specify: physical, learning, or medical	10
12. Family is homeless (lives in a shelter, car or hotel)	05
13. Family has moved 3 or more times in the past 12 months.	05
14. Current or history of substance abuse (alcohol, prescription, street drugs)	05
15. Parent has more than an 8 th grade education, but less than high school diploma/GED	05
16. Parent has mental health issues (depression, bipolar, anxiety, etc).	05
17. Parent is incarcerated.	05
Total Points	

Parent(s) Name(s): _____

Performance Standard Requirements Community Partnership overrides the point system criteria. For example, 10%Partnership Agreements override children with disabilities. Openings also may override the points depending on the FSW program option with an opening .For example if the opening available is for English speaking client, then this will have to be place into consideration. Another example is if the child Development Center has an opening. Because of the center licensing and grant restrictions, other criteria such has age and working status of the parent may need to be considered during the MDT meeting.

Attachment C

FSI EHS Child Development Center Ranking Criteria

Availability Date: _____ Today's Date: _____

Child's Name: _____ DOB/Current Age: _____

Parent(s) Name(s): _____

Ranking Assessment	Points Possible	Points Rec'd
1. Parent is working and/or taking classes. -Working 40 hours or more/Registered for 13 credits or more -Working 25-39 hours/Registered for 12 credits - Working 12-25 hours/Cannot be registered for less than 12 credits	3 High Need 2 Moderate 1 Low Need	
2. Crisis in the home (terminal illness, death of immediate family member, homelessness/unstable housing, recent termination of employment but actively job searching).	3	
3. Child has a diagnosed developmental or physical delay.	3	
4. Parental risks that affect the care of the child (i.e. teen parent, mental illness, mental retardation, physical handicaps, emotional problems, history of drug/alcohol abuse, domestic violence).	3 (3 or more) 2 (2 risks) 1 (1 risk)	
5. Parent's level of knowledge and ability regarding good parenting practices, and how to carry them out (attachment, nutrition, discipline, routines, sleep, limit setting).	1 high 2 moderate 3 low	
6. Condition of the home and immediate environment presents serious health and safety hazards for the child (crowded housing, unsanitary, disorganization, disarray, dangerous conditions, rodents)	3 (3 or more) 2 (2 hazards) 1 (1 hazard)	
7. Level of literacy in the home (illiterate/low, grade school level/moderate)	3 low 2 moderate 0 high	
TOTAL POINTS		

Accepted: YES _____ NO _____

If Yes, Starting Date _____

Attachment D

Resources Available to EHS Families

- A. Baby Steps: nurses provide universal hospital-based health screenings to new mothers and babies at Shady Grove Adventist and Holy Cross Hospitals. Baby Steps nurses link new parents to community health services and provide appropriate follow up as needed through telephone consultations and/or home visits.
- B. Care for Kids: low-cost insurance for children under 19 who are not eligible for MCHP
- C. Child Care Subsidies: State-funded Purchase of Care (POC) vouchers and County-funded Working Parents Assistance (WPA)
- D. ChildLink: County- wide service to provide information and resources for children from birth to five years old
- E. *DARE to be You* - workshops offered in English and Spanish to preschoolers and their parents to focus on improving parent and child interaction in the areas of communication, problem solving, self-esteem, and family skills.
- F. FSI's Healthy Families Montgomery – a nationally accredited, bilingual, home visiting service for first time parents facing multiple stressors, with the goal of preventing child abuse. Home-based services begin before the baby is born, and continue on a weekly basis for at least six months.
- G. Gaithersburg Help and MANNA Food: Provides food and formula for low income residents with referral
- H. Judy Centers: Provide resources and information in for parents to show them how to be involved in the education of their children.
- I. LOCATE: resource and referral service through the county and state to assist families in locating and assessing quality childcare.
- J. Maryland Children's Health Program (MCHP): provides health coverage to pregnant women and children through age 19 with no insurance when the family's income is at for below 200% of the Federal Poverty Level. Customer must be a US citizen or have Permanent Immigration Residency Status
- K. Montgomery County Infants and Toddlers Program (MCITP): The Part C agency designated by the State of Maryland to serve children with disabilities; joint home visits, a common referral form, and weekly to monthly contact between staff in

both agencies has been instituted; work jointly to plan and implement transition services for children with disabilities. Home visitors and service providers plan joint home visits to coordinate delivery of services to children with disabilities. Center based teachers and service providers plan jointly to provide services to infants and toddlers enrolled in the center.

- L. Montgomery County DHHS Service Eligibility Unit: Serves as a single point of access for a variety of private and public health services
- M. FSI 's Outpatient Mental Health Clinic: provides individual, family, and group counseling for children, adults, couples, and families. Its professional staff includes child and adult psychiatrists, licensed clinical social workers, and licensed professional counselors.
- N. Parent Resource Center: located at Emory Grove HOC housing community and Gaithersburg Elementary School, assists Spanish and English speaking persons as they access needed services in the community and pursue educational goals for themselves and their children. The PRC hosts a Parent Homework Club, three levels of Adult ESOL classes taught by instructors from Montgomery College, and basic literacy, computer, and parenting classes.
- O. Teen and Young Adult Health Connection (TAYA): a non-profit health care clinic with the goal to reduce the number of unintended teen pregnancies and sexually transmitted infections as well as to promote responsible decision-making regarding sexual health behaviors among 12-35 year olds.

100 Years of Service



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